



DOMESTIC VIOLENCE AGAINST WOMEN: SOCIAL REPRESENTATION OF THE HEALTH COMMUNITY AGENTS

VIOLÊNCIA DOMÉSTICA CONTRA A MULHER: REPRESENTAÇÕES SOCIAIS DE AGENTES COMUNITÁRIOS DE SAÚDE

VIOLENCIA DOMÉSTICA CONTRA LA MUJER: REPRESENTACIONES SOCIALES DE AGENTES COMUNITARIOS DE SALUD

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ABSTRACT

Objective: to analyze the structure and content of the representations of the community health agents about domestic violence against women. **Method:** a descriptive study of a qualitative approach based on the theory of social representations held in Family Health Units of the Municipality of Rio Grande/RS. The data were collected through free evocations and interviews, which were treated by EVOC 2005 software and contextual analysis. In a total of 115 agents, 27 participated in the interview. **Results:** the central terms were aggression, physical aggression, cowardice, lack of respect and sorrow. It is a representation based on negative aspects and structured to contain the dimensions: concept, attitude and image. **Conclusion:** it is expected that the results are problematized in the of health staff working daily and used for the prevention, identification and expansion of strategies for fighting domestic violence. **Descriptors:** Community Health Workers; Violence Against Women; Nursing.

RESUMO

Objetivo: analisar estrutura e conteúdo das representações dos Agentes Comunitários de Saúde acerca da violência doméstica contra a mulher. **Método:** estudo descritivo, de abordagem qualitativa, fundamentado na Teoria das Representações Sociais, realizado em Unidades de Saúde da Família do Município de Rio Grande/RS. Coletaram-se os dados por meio de evocações livres e entrevistas, os quais foram tratados pelo software EVOC 2005 e análise contextual. De um total de 115 agentes, 27 participaram da entrevista. **Resultados:** compuseram o núcleo central os termos agressão, agressão física, covardia, falta de respeito e tristeza. Trata-se de uma representação fundamentada em aspectos negativos e estruturada por conter as dimensões: conceito, atitude e imagem. **Conclusão:** espera-se que os resultados sejam problematizados no cotidiano de trabalho da equipe de saúde e utilizados para a prevenção, identificação e ampliação de estratégias para o enfrentamento da violência doméstica. **Descritores:** Agentes Comunitários de Saúde; Violência Contra a Mulher; Enfermagem.

RESUMEN

Objetivo: analizar la estructura y el contenido de las representaciones de los Agentes Comunitarios de Salud acerca de la violencia doméstica contra la mujer. **Método:** estudio descriptivo, de enfoque cualitativo, fundamentado en la Teoría de las Representaciones Sociales, realizada en Unidades de Salud de la Familia del Municipio de Rio Grande/RS. Se recogieron los datos por medio de evocaciones libres y entrevistas, los cuales fueron tratados por el software EVOC 2005 y el análisis contextual. De un total de 115 agentes, 27 participaron de la entrevista. **Resultados:** compusieron el núcleo central los términos agresión, agresión física, cobardía, falta de respeto y tristeza. Se trata de una representación fundamentada en aspectos negativos y estructurada por contener las dimensiones: concepto, actitud e imagen. **Conclusión:** se espera que los resultados sean problematizados en el cotidiano de trabajo del equipo de salud y utilizados para la prevención, identificación y ampliación de estrategias para el enfrentamiento de la violencia doméstica. **Descriptores:** Agentes Comunitarios de Salud; Violencia Contra la Mujer; Enfermería.

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INTRODUCTION

Violence against women is a behavior that affects their citizen condition. It is a violation of human rights that affect their physical, mental and social integrality.¹ This multifactorial and multidimensional phenomenon reflected in various aspects of women's lives, including work, social relationships, and health, making the patient vulnerable and with few coping strategies.²

In 2006, Law N° 11,340, Maria da Penha Law, was enacted to prevent or curb domestic violence against women recognized by the United Nations (UN) as one of the three best legislation in the world in fighting violence against women. This law represented a real breakthrough because, through it, women have gained rights, protection, and strengthening of autonomy. Also, this law sparked public debate aimed at raising awareness in society to intensify the fight against this type of violation.³

It was found that throughout the country, 99% of women have heard of Maria da Penha Law. Nevertheless, it is estimated that more than 13 million and 500 thousand women aged 16 or more, have suffered some aggression, which represents 19% of the female population. Of them, 31% still live with the abuser and 14% still suffer some violence. Nevertheless, after the sanction of the Maria da Penha Law, 66% of women report feeling more secure.⁴ According to the "Map of Violence of 2012", the rate of female homicides in Brazil is 4.4 victims per 100 thousand women, thus occupying the seventh position among 84 countries studied.⁵

Since its inception in 2005, the Center for Assistance to Women has contributed significantly to the adoption of public policies aimed at combating violence against women and the effectiveness of the Maria da Penha Law. This center began to accumulate functions of reception and guidance, and referring the complaints to the relevant bodies for investigation. In 2014, some 20,000 complaints were forwarded to law enforcement agencies and the justice system. There was a 50% increase in the records of false imprisonment and 18% in the number of reported rapes. According to the ranking of Federative Units, the Federal District occupies the 1st place with 158.48 calls by a group of 100.00 women, followed by Mato Grosso do Sul with 91.61. The State of Rio Grande do Sul occupies the 9th position in the ranking with 3,222 records for a total of 5,489,827 women, getting 58.60 in the record rate.⁶

Considering that the Family Health Units (FHU) have professionals who experience problems of the community and maintain ties with the locals, it is believed that can be great allies in the identification and prevention of violence against women, as well as assistance victims since they are a gateway to the health system. The FHS is characterized by the development of a set of promotion and health protection, disease prevention, diagnosis, treatment, rehabilitation and maintenance of health.¹

The FHD team is composed of at least a nurse, general practitioner or family, technical or nursing assistant and Community Health Agents (CHA). In addition to these, they can integrate staff dentists, social workers, and psychologists, among others.⁷ The professionals that care model built with the community brings them closer to each member of the family, bond creating a welcoming space and confidence.⁸

The CHA has a key role in these basic health interventions, being seen as a community facilitator, a transforming agent of health. Thus, it is an extension of health services to communities, because in addition to working there, is a member of it and has her personal involvement, which enables the strengthening of the bond between professionals and community.⁹

Assistance for victims of violence, qualified listening, acceptance, respect and coordination between the different services in an integrated care network are key to overcoming this problem that victimizes women.¹⁰ It is believed that the representation that professionals in general and the CHA, in particular, have about DVAW directly affects the quality of care of these victims. Is showing that there are few scientific studies that investigate the social representations (SS) of domestic violence, it was decided to support this research in the Social Representation Theory (SRT).

The SR is characterized as a set of explanations, beliefs, and ideas that allow evoking an event, person or object. They produce and determine behavior, communicate and express.¹¹ Thus, assuming that the representations of the CHA about DVAW, being permeated by beliefs, values and culture, influence the care provided to the victim and the questioning of care, aimed at analyzing the structure and content of social representations of community health workers about domestic violence against women.

METHOD

This is a descriptive study with a qualitative approach based on the theory of social representations. It is a project of the cut entitled “Social representations of domestic violence against women, including family health professionals, in the city of Rio Grande/RS.” This theory is complemented by the structural approach, which proclaims that the representation is organized around a central core (CC). In this, there are the elements that give meaning to representation.¹²

Thus, in the upper left quadrant of the four frame houses, the most common and readily evoked terms are located. The peripheral system is more flexible than CC, allowing the integration of experience and history. The first element and the second periphery are located in the two quadrants on the left and right lower the contrast area formed by raised bit words, but more readily elements comprising expressing representation variations arising subgroups.¹³

The setting of the study was composed of 19 FHUs in operation, seven in rural and 13 in an urban area. The teams totaled 271 professionals, of which 29 were nurses, 24 were doctors, 40 were nursing technicians and 178 were CHA. Data were collected between July and November 2013, by the techniques of free evocations and interviews. The free evocations “allow updating of implicit or latent elements that would be lost or masked in discursive productions”.^{14:66} For this technique, all active ACS in FHUs were invited, excluding those who refused the invitation and those who were away due to vacation, leave or absence. Thus, there were 115 CHAs participating in the evocations.

First, a questionnaire with closed questions was applied relating to the personal and socio-professional situation. Next, it was requested to the subjects that evoke five words or expressions against the inducer term “domestic violence against women.” After the free evocations, it proceeded to the interviews. This technique elucidates information relevant to the object of research in the production of a discourse.¹⁵

For the definition of respondents, maps were elaborated with the geographical location of FHUs. It is believed that the proximity of the units results in similar representations, divided the map into four urban and six rural areas, raffling an FHU of each mapped area. Then, at least two CHA were invited per unit. There were units where three or four CHAs were ready to answer the interviews, totaling 27 respondents. For the

preparation of the series of interviews rescued the meaning of DVAW for CHA. From a personal point of view, they investigated a possible experience of the situation of violence in the family environment and the conduct adopted, and, as the work environment, we investigated the care provided to victims.

The data were analyzed by both techniques, one for the free evocations, and the other for the interviews. For evocations, the Programs Ensemble software Permitting L'Analyse des evocations 2005 (EVOC) were used created by Pierre Verges in 1994. This program allows making the organization of words, considering the frequency and order of evocation for the construction of the frame four houses.¹³

The processing of data obtained through the interviews took place from context analysis, which is an adaptation of content analysis, it represents a larger unit that contains the recording unit and enables understanding of its meanings.¹⁶ To articulate these two techniques, it was selected the data collected in interviews, statements containing the words that make up the framework of four houses of this study. To preserve anonymity, the lines were identified by CHA plus letters of the Arabic number corresponding to the order of collection of evocations. The project was approved by the Research Ethics Committee in the Health Area - CEPAS of the Federal University of Rio Grande - FURG under N° 020/2013.

RESULTS

Of the 115 CHAs, eight were male, and 107 were female. The age of participants ranged from 24 to 65 years old, predominant age range of 30 to 39 years old with 45.2%. They had a steady partner and lived with him 76.5% of the CHAs. It was showed that 77.4% had completed high school and 16.5% were enrolled or had completed higher education. The work ranged from a few months to 17 years, predominantly 65.3% with two to five years. About participation in an event or course on DVAW, developed in the workplace, 78.3% said positively.

The corpus formed by evocations of CHA front of the inducer term “domestic violence against women” totaled 572 words, with 193 different. On a scale of 1 to 5, the Average Orders of Evocation (OME) range was 3 and the minimum frequency⁸. The lower frequency words were excluded, resulting in an average rate of 14. The analysis of these data resulted in four houses table:

O.M.E.	<3			>3		
Average Freq.	Term evocated	Freq.	O.M.E.	Term evocated	Freq.	O.M.E.
≥14	Lack of respect	25	2.560	Fear	21	3.238
	Aggression	21	2.095	Revolt	16	3.188
	Cowardice	18	1.611	Low self-esteem Submission	15	3.467
	Physical aggression	16	2.688		15	3.067
	Sadness	14	2.786			
<14	Abuse	13	2.857	Humiliation	12	3.000
	Suffering	12	2.750	Drug addiction	08	3.250
	Power abuse	11	2.909			
	Ache	10	2.200			
	Impunity	10	2.800			
	Violence	09	2.778			

Figure 1. The structure of Social Representations of CHA about domestic violence against women. Rio Grande/RS, 2013.

In the upper left quadrant, depending on the frequency and range, located possible CC, formed by the terms aggression, physical aggression, lack of respect, sadness, and cowardice. This was the most readily evoked, while the lack of respect was the most frequent. It is observed that the SR in the DVAW is based on negative aspects.

The CC shows that it is a structured representation, it contains image, concept, and judgment. About the concept, the CHA evoked aggression, as the image evoked physical aggression and judgment was expressed in terms coward and lack of respect.

It is noteworthy that, although in interviews the terms lack of respect and sorrow have not been expressed literally, its meaning was awarded the disrespect and sad terms. Those linked to the emotional sphere can represent a feeling triggered in the professional and the victim. In this study, sadness referred to the feeling of CHA as a victim of domestic violence. The cowardice term was mentioned only in an interview. In it, the informant thought physical violence against women as cowardice, however, questioned the factors that trigger, waving to the possibility of the blame for the violent outcome be the victim. Contextualizing the emergence of some terms of CC, it is observed that the respondents had an SR structured on the phenomenon under study:

The disregard for women, for they think that we are the weaker sex [...] is aggression in general. (ACS-25)

To me, violence against women is a physical one. (CHA-19)

I have faced violence in the family environment. It was fightING, to get to blows several times. The reason was that he drank too much, drank almost every day, came home on aggressive [...]. I was in a state of nerves; I was scared. I did not know what to do, did not know whether left or stay, it was horrible, so sad. (CHA-02)

Regarding violence against women, I have two points of view, of cowardice and of

leading the abuser to do that [...]. I have this broader view, not only is the Big Purple's eye of the woman, I try to wonder what led the offender to do so. (CHA-4)

In the upper right quadrant, located the first periphery, it is included the terms low self-esteem, fear, rebellion, and submission. This is a quadrant with predominantly negative feelings. The terms low self-esteem submission and refer exclusively to the victims and express the cause and the consequence of DVAW. The feeling of fear of the perpetrator may be triggered both the victim and the professional. The victim, in fear, does not break with the violence and the professional fear reprisals against themselves or their family, to try to help the victim. The feeling of revolt is generated in the professionals when faced with violence and intensifies when supporting the victim and she decides to stay in violent relationships.

Her face twisted [...] black eye, cut mouth that could not hide based [makeup to cover marks], what I said [...], low self-esteem [...] (CHA -14)

She reported this violence from her husband; he said that he drank. When he did not drink was a good person [...] already saw her submission. (CHA-01)

He goes to her house [...] she is afraid [...] that I do not know why back [...] I do not understand it. (ACS-22)

Where do you report, you cannot continue working. How are you going to keep working? You work with fear; you cannot do anything. Even more, than they threw you have to live in the environment that works, everyone knows who I am, the address! (CHA-08)

They talk about violence but do not want to talk to anyone. The first thing they say is: "Do not speak to anyone, for God's sake, I will tell you, but if you say to someone say that is a lie thy." Of course, I will not go talking, it cannot, it is very complicated. We were hoping to get in the house and the woman not be a black eye, is revolting. (CHA-22)

The lower right quadrant is the second periphery, the terms humiliation, and drug addiction. These elements refer to degrading

situations to which the victim is subjected by the abuser and also show the use of drugs as a trigger violence.

Violence against a woman for me is much humiliation, the woman goes through much submissions, much depends on the husband; it is a horrible thing to have to depend while catching that person, it is very complicated. (CHA-09)

Violence against women is permeated by drugs, drink means total family dysfunction. It is the flagship of a family after entering destroys it. (CHA-11)

In the lower left quadrant, there are the elements of contrast. In this analysis, the terms found were: abuse, abuse of power, pain, impunity, suffering, and violence. The abuse and abuse of power reinforce cowardice terms and lack of respect, present in CC. The DVAW can generate physical and emotional pain also generates suffering, it is observed that this quadrant is strongly marked by the emotional sphere associated with feelings of the front victim to violent act.

Although the term impunity is not explicit in the statements, it can reveal the naturalization of violence in society, lack of knowledge about women's rights, fear of the consequences of a complaint and also the bureaucracy that may involve a police complaint and the lack of punitive measures to the perpetrator. Such aspects may represent the existence of a minor sub-group having a different representation of others.

I do not know if it was about respect or was scared, we had no action, we were quiet and thought that it was normal, the master of the house, the man has the power, and we do not have! (CHA-06)

I talked to the person she was in pain, she had fallen at first. I told her she needed to do a Ray X. It was hurting a lot, and she said she could not because they would ask how it happened and she could not explain. I did not want it to be processed [...] (CHA-12)

I will be right in her house for some time; then she told me she suffered, her husband was beating her head on the wall, that she was afraid to have something [...] (CHA-22)

The boyfriend of my daughter did not accept the separation. I was really afraid that he found it in the center and do something. She never meant to be part of it. I did it, I was in the police, but the police said I was not the victim. My daughter would have to go. He even filed a complaint, did nothing, he just said it had to be her, it had to be the victim and not me. This happened, I do not know if it is legal or not. (CHA-17)

DISCUSSION

In our society the SR are rules, they correspond to practical needs, including suit, through transformations, the development of science to everyday life.¹¹ Analyzing the representations of the CHA on DVAW allows building coping possibilities of violence.¹⁷ This theme is present, being widely discussed and investigated in various areas of knowledge to be a public health problem.¹⁸

The components of an SR are structured from three dimensions: concept/information, attitude and image/field representation.¹¹ The concept is the information, the knowledge that a group has to an object, and this study was identified by CHAs with the term aggression. The attitude is the opinion, the trial that is about the object in question, expressed by cowardice terms and lack of respect. About the image or mental sensations that indicate the prints or objects that people leave in our brain, physical aggression evoked professionals.

The CC representation, stable and resistant to change, related to the collective memory, giving meaning, consistency and permanence to representation.¹⁹ The terms aggression and physical aggression, present in this quadrant, indicates a conceptual dimension and imagery of representation, respectively. While physical violence is the most easily recognized is the psychological violence the most common, being practiced in the form of threats, control, and scene.²⁰ In this sense, it is necessary that professionals can recognize the different forms of DBAW, not restricted to physical violence.

The terms of lack of respect and cowardice relate to judgments of the professionals about the offender's actions. The feeling of sadness was verbalized by a professional as a victim of domestic violence. It was found that there are few publications that address this aspect.

The peripheral elements have as one of its functions to protect the CC. In them are contained the terms less frequently evoked less readily, but significant to represent. Shown are more sensitive and unstable to context.¹ condition In the first periphery arise the terms low self-esteem, fear, rebellion, and submission. Low self-esteem and submission relate to how professionals visualize the victim. The feeling of fear is evident in both the victim and the CHA because they live in the community where they work and feel threatened by helping the victim.²¹

The revolt is seen as a feeling of the resulting professional repeated victim of reconciliation with the aggressor. It is believed that because of this, the ACS feel unmotivated to support it and carry out the notification. Approximately 34% of women in case of violence seek care at USF or specialized care services to women return to live with the abuser in the hope of improving the relationship conjugal.²²

The influence of gender roles, culturally recognized or naturalized, is evident in the interviews. According to studies, women have as an argument for continuing the relationship financial dependence merged with emotional dependence. On the other hand, man is also perceived as the holder of power, submission in this relationship is determined by a wish that the husband or partner change their behavior.²³

A survey of CHA in the northwestern region of Rio Grande do Sul State, identified gender inequality in discourse, with male domination, as well as the power and authority of man as provider and head of the household and women as subordinate. This reality is perpetuated more frequently in the domestic sphere, where the causes are multifactorial, including drugs, social inequality, and unemployment.¹

In the second periphery, the terms humiliation and drug addiction appear. Humiliation as a triggered and drug addiction is feeling like one of the causes of violence. It stands out a study in which the explanation for violence moves in two axes, first in education aimed a macho culture and the experience of childhood violently, and second by the use of drugs. Many have reported offenders lived in an environment where it was common and constant DVAW thus they reproduce the feat coming from the childhood. However, the experience in a violent home does not mean that people who live these situations can also act violently, the problem is to assign a causal relationship between this acontecimentos.²⁴

Drug use is seen as a potentiator of aggression, decisive for the occurrence of conjugal aggression.²⁴ A study in Ethiopia showed that almost 70% of husbands were drug users, where more than three-quarters (78.0%) of women reported that they had experienced at least one type of domestic violence.²⁰

In the contrast, the area was found the elements abuse, abuse of power, pain, impunity, suffering, and violence. The abuse and abuse of power demonstrate the judgment of the offender's actions and DVAW

generates suffering and pain. Professionals associate the term pain to the victim's feelings about the bodily sensation as a result of physical aggression. Impunity is reminiscent of small or long resoluteness of measures to punish the offender.

Nursing is essential in coping process to DVAW. It articulates knowledge and practices for the individual and collective care and building dialogue spaces for the purpose of intervention and social transformation, expanding the understanding of the complexity of violence.²⁵ It is important for nurses to understand the RS of the CHA, they are responsible for continuing education and the daily work of these professionals.

Nurses and their health care team, and the ability to welcome and listen to the victim need to develop a holistic look at the assistance.²⁶ Ensuring that care occurs in full valuing biological, psychological, legal and socioeconomic issues. It is essential that professionals can identify women in situations of violence, contributing to their empowerment and the consequent disruption of the cycle.²⁷

CONCLUSION

DVAW is a public health problem, which permeates the work of professionals in the different levels of action, constituting a phenomenon that needs to be investigated together with other professionals and in different settings categories. The theoretical support used in the research was adequate, allowing the proposed objectives were achieved. As limiting aspects highlights the difficulty of discussion of the results, the small number of scientific publications relating to this subject matter.

About FHSs the work of the CHA, as members of the multidisciplinary team, it is of fundamental importance. However, his performance at the level of prevention, diagnosis, and recovery of victims needs to be constantly problematized for the design of coping strategies appropriate to the situation of each family. Furthermore, training related to epidemiological data, women's rights and the support available LAN, state and national level need to integrate continuing education programs for better professional performance.

Knowing the social representations of the CHA enables understand their care practices in daily work with the situation of violence. Thus, it is expected that the results obtained in this research are problematized in the FHS

team's daily work, especially by the nurse as a leader. Likewise, for the prevention and identification of domestic violence, as well as the expansion of targeted strategies to face this phenomenon. The aim is also that the practices of health professionals can be instruments that contribute to the transformation of values and hegemonic defended and accepted customs, mediated by a denaturalization attitude of gender violence.

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Submission: 2016/03/19

Accepted: 2016/08/22

Publishing: 2016/10/01

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