



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

TERMS OF VIOLENCE EXPERIENCED BY WOMEN ATTENDED AT A UNIT OF HEALTH OF INTEGRATED FAMILY

MODALIDADES DE VIOLÊNCIA VIVENCIADAS POR MULHERES ATENDIDAS NUMA UNIDADE DE SAÚDE DA FAMÍLIA INTEGRADA

MODALIDADES DE LA VIOLENCIA SUFRIDAS POR LAS MUJERES ASISTIDAS A UNA UNIDAD DE SALUD DE LA FAMILIA INTEGRADA

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ABSTRACT

Objective: to investigate the methods of gender-based violence committed against women enrolled in primary care. **Method:** an exploratory study with a quantitative approach. Data were collected by interview technique in Unit Integrated Family Health in João Pessoa/PB/Northeastern Brazil with 400 women. Descriptive statistical analysis was performed by calculating measures of central tendency and dispersion. The research project was approved by the Research Ethics Committee under protocol nº 006/10. **Results:** 59% of women claimed to have suffered some kind of gender violence, in which the psychological prevailed, representing 42.8% of cases, followed by sexual violence with 27.3%, with 25.8% equity and 19% with physical. **Conclusion:** gender violence occurs frequently in everyday users of health services and has a poor coping. It is necessary that services are more effective in the prevention, detection, and support for victims of violence. **Descriptors:** Primary Health Care; Violence Against Women; Gender and Heal.

RESUMO

Objetivo: investigar as modalidades de violência de gênero praticadas contra as mulheres cadastradas na atenção básica. **Método:** estudo exploratório, com abordagem quantitativa. Os dados foram coletados por técnica de entrevista numa Unidade de Saúde da Família Integrada em João Pessoa/PB/Nordeste do Brasil com 400 mulheres. A análise estatística descritiva foi realizada pelo cálculo de medidas de tendência central e de dispersão. O projeto de pesquisa foi aprovado pelo Comitê de Ética e Pesquisa, sob o protocolo nº006/10. **Resultados:** 59% das mulheres alegaram ter sofrido algum tipo de violência de gênero, na qual a psicológica prevaleceu, representando 42,8% dos casos, seguida pela violência sexual com 27,3%, patrimonial com 25,8% e física com 19%. **Conclusão:** a violência de gênero ocorre com frequência no cotidiano de usuárias dos serviços de saúde e tem um enfrentamento deficiente. Faz-se necessário que os serviços sejam mais efetivos na prevenção, detecção e apoio às vítimas de violência. **Descritores:** Atenção Primária à Saúde; Violência Contra a Mulher; Gênero e Saúde.

RESUMEN

Objetivo: Investigar los métodos de la violencia de género contra las mujeres matriculadas en la atención primaria. **Método:** un estudio exploratorio con enfoque cuantitativo. Los datos fueron recolectados mediante la técnica de la entrevista en la Unidad Integrada de Salud Familiar en João Pessoa / PB / Noreste de Brasil, con 400 mujeres. El análisis estadístico descriptivo se realizó mediante el cálculo de medidas de tendencia central y dispersión. El proyecto de investigación fue aprobado por el Comité Ético de Investigación bajo protocolo nº 006/10. **Resultados:** el 59% de las mujeres declararon haber sufrido algún tipo de violencia de género, en el que prevaleció lo psicológico, lo que representa el 42,8% de los casos, seguida de la violencia sexual con el 27,3%, con un 25,8% de capital y 19% con discapacidad física. **Conclusión:** la violencia de género ocurre frecuentemente en los usuarios habituales de los servicios de salud y tiene una pobre supervivencia. Es necesario que los servicios sean más eficaces en la prevención, detección y atención a las víctimas de la violencia. **Descriptor:** Atención Primaria de Salud; La Violencia Contra la Mujer; Género y Salud.

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INTRODUCTION

Violence is a phenomenon of global proportions highly complex, which is present in all cultures, social structures, ethnic, political and economic organizations. It involves the entire population irrespective of social class, religion, ethnicity, sexual orientation, and in many ways with regard to health, public safety and human rights affecting the population with different intensities at different times.¹⁻⁴

Recognition of the need for this issue to be of concern world was the result of a hard work of several groups integrated feminist movements in which awakened consciousness, previously dormant, demystifying the impossibility of coping with generations of women and families in situations of violence.⁵

Despite the various fields of struggle, coping, visibility and recognition of the practice of violence against women as a human rights violation, this awareness is the need for changes to articulate the political, legal and cultural. About this literature⁶ it shows the consonant, is to say that there have always been women in all historical periods who fought in defense of equal rights and opportunities, and position themselves against injustice and inequality. What really turn are the strategies used by them to acquire their visibility in society and achieve their goals.

Therefore it is important to recognize the progress made, the possibility of listening to voices that have been silenced for a long time, but still cannot celebrate the fall, much less eradicate this form of violence. Due to the culture remains rooted over the years of the fragility of the woman and man's dominion. This thought prevents progress in gender equality and makes many men do not take being violent and many women do not recognize the violence.⁷

Violence is a phenomenon difficult to name the variety of meanings. Thus, it can be defined as an attitude imposed by individuals, groups, nations, where there is a possibility of causing physical harm, emotional or moral, to himself or others. Furthermore, omission, refusal to provide help, care and assistance to those in need is also considered violence.⁸

As already seen that violence is a very broad term, the current study focuses on gender violence that is expressed in many ways and affects all races, ages and social classes, being more expressive in familiar surroundings and with the aggressors, mostly intimates as a partner, ex-partner, family and acquaintances, and repetitive occurrence

delimiting called cycle of violence.⁹

In this case, if conceptualized domestic violence as any action or omission based on gender that causes you death, injury, suffering physical, sexual or psychological and moral or property damages perpetrated within the family, by any person to keep loving relationship in which the offender lives or has lived with the victim, regardless of cohabitation.¹⁰

Law 11.340, named Maria da Penha Law, has generated visibility to the issue of violence against women and for men perpetrators of violence, since this crime is no longer a crime with low potential offensive to those who practice it. Thus, offenders can be kept away from the victim through protective measures when it finds them at risk. In case of arrest in flagrante the aggressor may remain imprisoned for up to three years. The Maria da Penha Law considers the modalities of violence classified as physical, sexual, psychological / moral equity, which will be discussed and adopted in the analysis in this study.

Studies⁷ show that women in situations of violence are frequent users of health services, have vague complaints and chronic, and in general the results of their tests are presented within normal values. However, another study counters this claim and reveals that many abused women do not seek health care when they experience physical symptoms such as pain, injury to numerous species, or suffering from a sexually transmitted infection or even an unwanted pregnancy resulting from rape. Often violence becomes an invisible phenomenon for professionals working in the unit due to the unpreparedness of the same in owning a holistic look at the patients, thus contributing to the recurrence of cases.¹

To try to change this reality, the study¹² conducted by the unit staff were taught how to deal with these women victims of violence who seek health services. Initially they were sensitized to the issue at hand. When performing the query was noticed that the more professional is trained harder it becomes easier to detect through a listening interested in your problem without pre-judgments.

"Because violence is considered a serious social and public health to be faced in Brazil," 13:473 the health sector can play a decisive role in preventing violence against women, contributing to early detection. However, for there to detect and prevent injuries to the situations of violence is necessary humanized care to women, a universal language and a multidisciplinary approach.¹⁴

Accordingly, this study seeks to identify the types of violence committed against women enrolled in primary; frequency occurring physical violence against them and who are the authors of aggression.

METHOD

Exploratory study with a quantitative approach, developed in the Integrated Unit Town Green, located in District III Health of the Municipality of João Pessoa, in the months from January to March 2010. The service was selected by convenience and the study was conducted in the four Family Health Units within it. Were invited to participate in the study all women registered at the Integrated Family Health mentioned who attended the unit during the collection period. Women's participation in the research was negotiated taking into account the ethical principles of respect for his will, and the transparency of the project's purposes. This group comprised those who agreed to participate in the proposed work, by signing the consent form, in compliance with the criteria established in Resolution 196/96 of the National Health Council, which provides for conducting research with human.

The population consisted of all women seen at the health study. A random sample of 400 women being defined based on the demand of users for the services selected, ensuring participation of all women scheduled or inserted by spontaneous demand in the period.

Data were collected from a form has been validated with information regarding sociodemographic characteristics of women (education, family income, social strata, race / ethnicity, religious practice, marital status, length of marital status, profession,

occupation / charge), data related to exposure to domestic violence, family and marital contemplating aspects of physical, psychological, sexual, patrimonial defined according to the Maria da Penha Law, and data referring to facing women victims of violence. The instrument was employed through the interview technique, the opportunity of assisting women in the service of primary care in the National Health System (SUS).

Descriptive statistical analysis was performed by calculating measures of central tendency (mean) and dispersion (standard deviation) for continuous variables and frequency for categorical variables. For data analysis we used descriptive statistics through SPSS software version 11.5. The results were presented using graphical and tabular representation. For purposes of analysis, this study used the theoretical gender understanding that the construction of female identity, defined according to cultural standards, imposes on women a social position hierarchically inferior to men and that this has direct implications on their experiences, beliefs in their daily lives and their health, especially those who experience violent relationships.

RESULTS

Figure 1 shows that 235 (59%) of respondents spent or undergo some kind of gender-based violence, whether sexual, psychological, or physical assets and 165 (41%) of respondents did not suffer any kind of violence.

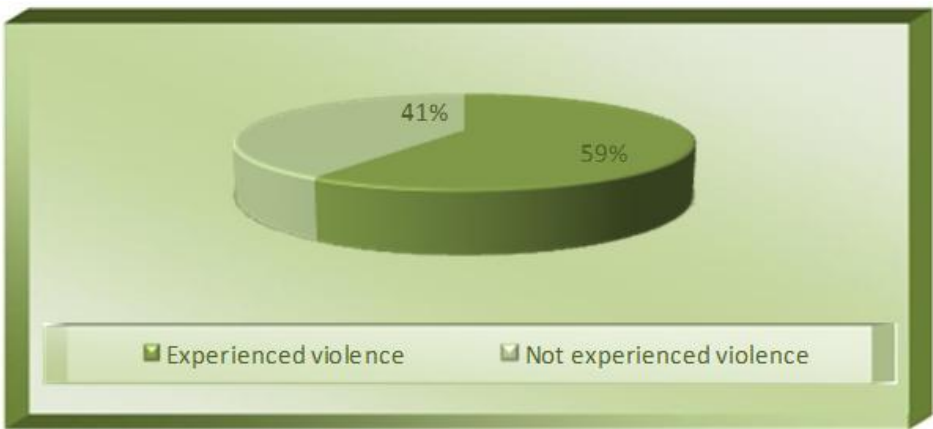


Figure 1. Percentage of women in situations of gender violence (n = 400). João Pessoa - PB, 2010. Source: Field research, 2010.

Of the total respondents (N = 400), 171 women (42.8%) undergo psychological violence; 109 (27.3%) suffer or have suffered sexual violence, 103 (25.8%) experienced

some kind of violence asset; and 76 (19.0%) reported some incident of physical violence in their lifetime. As can be shown in Table 1.

Table 1. Frequency distribution of the forms of violence against women (N = 400). João Pessoa, 2010.

Variables	n	% (n=400)
Physical violence	76	19%
Sexual violence*	109	27,3%
Psychological violence	171	42,8%
Patrimonial violence	103	25,8%

Source: field research, 2010.

In Figure 2 shows that the 76 women (19%) experienced physical violence 44% said to be rare these episodes, 26% reveal occurrence

once, 4% claim to suffer assaults every weekend and 26% claim to be frequent aggressions coming to experience them daily.



Figure 2. Frequency of violence in women (N = 76). João Pessoa - Paraíba, 2010. Source: Field research, 2010.

Through the analysis of Table 2 it is clear that the main perpetrators in relation to the situation of gender violence against women in situations of violence is physical, sexual,

psychological or equity, were teammates and former teammates followed by family and both.

Table 2. Distribution of offenders regarding the situation of gender violence against women (N = 235). João Pessoa, 2010.

	Physical Violence	Sexual violence	Psychological violence	Patrimonial violence
Companion and former	79,7%	87,2%	74,9%	80,8%
Relatives	17,6%	11%	14,6%	11,5%
Both	2,7%	1,8%	10,5%	6,7%

Source: Field research, 2010.

DISCUSSION

There are many forms of violence against women and several concepts are assigned to this issue. Thus, violence is defined as the intentional use of physical force or power, threatened or actual, against oneself, against another person, or against a group or community, that either results in or has high possibility of resulting in injury, death, psychological damage, developmental disability or deprivation. This is a broad definition that is not limited to the use of physical force, but also includes acts of power relations as threats, intimidation, omissions and negligences.¹⁵

Based on this comprehensive concept of violence in the present study revealed that 235 (59%) of respondents spent or undergo some kind of gender-based violence, whether

sexual, psychological, or physical asset.

The percentage of violence against women was high and consistent with other studies. According to a study¹⁶ whose sample were Brazilians of both sexes, reveals that 59% of respondents stated that they know any woman who has suffered physical abuse (65% of women and 53% men). Study conducted in 19 health services in the Greater São Paulo with 3,193 users aged 15 to 49 years reveals a prevalence of 76% with respect to any violence. Survey 1922 with 14 users of public health services of the country revealed that the total number of women interviewed 60.6% (1,165) have experienced some type of intimate partner violence (IPV) in life.

Study with 413 records from an anonymous telephone service for support and guidance in the areas of rights and violence against women between 2004 and 2006¹⁸, 213 calls

(51.5%), violence was the main subject of the calls.

Health services figures on violence against women tend to be higher in relation to other research scenarios, since women in situations of violence most frequently use these services. In a study conducted in health and safety in a localized region of the city of São Paulo, the psychology professionals surveyed believe that violence is present in the lives of virtually all users who seek health services, even though many of them do not seek the service to talk about it. Generally professionals perceive the violence for a chance to be a consultation because of depression or multiple repeated queries for no apparent reason.

To classify forms of violence against women has become based on definitions contained in Maria da Penha Law which provides for physical, psychological, sexual, patrimonial and moral. This study included four of the five types of violence, they were: physical, psychological, sexual, patrimonial.

Psychological violence showed a significant quantity of victims with 42.8%, which was expected to compare with other studies. Study²⁰ conducted with women living in the metropolitan area of Brasília, Distrito Federal states that psychological violence prevailed among the other types of violence, with 80.2% lifetime and 50% in the last six months. In a study of psychology professionals interviewed said the most common form of violence experienced by their users seeking psychological service is through verbal assaults committed by partners or family.

It is noteworthy that even with a significant number of cases, psychological violence is often disregarded by women as violent act not appearing as synonymous with violence. Some authors¹² show up in line with the present study and points out that the population generally prioritizes physical violence in relation to psychological, due to physical damage easily observable on a victim who has suffered this type of violence, since the psychological perception is difficult because there is palpable, but has similar severity.

However, one study¹⁶ showed that this reality is changing the lives of Brazilian women, stating that the understanding that psychological violence is a domestic violence should be punished is a strong indication that there is a cultural change since the adoption of the Law Maria da Penha. Before that, there was a lack of comprehension and understanding broader than it would be very restricted domestic violence, that is, only

physical aggression. Even sexual violence was not interpreted as domestic violence, because for many women "had not" rape within a marriage.

Several studies show a higher prevalence of physical violence on the sexual. Study¹⁸ conducted with 413 records from an anonymous telephone service for support and guidance in the areas of rights and violence against women between 2004 to 2006 reveals that sexual violence was less frequent with six cases (1.4%), but was conjugated with other violence during calls. Since violence is only computed as "reason for call" when it is a factor that moved the user to connect. While physical violence prevailed with 76 records (18.4%).

The prevalence of physical violence throughout life was (58.6%) and in the last 12 months (32%), while the prevalence of women who experienced sexual violence was 28.8% and 15.5%, respectively.²⁰ The result of the first population-based study with nationwide conducted with men and women to document the occurrence of partner sexual violence intimate in Brazil indicate that the entire Brazilian population experiencing episodes of sexual violence, albeit in and unequal magnitudes smaller than those of physical and psychological violence. These data demonstrate that partner sexual violence affect men and women with an overall prevalence of 8.6% and that one in ten women reported at least one occurrence in life, being 2.2 times more frequent than among men.²¹

In contrast to the studies presented above, this study reveals an amount more cases of sexual violence in relation to physical violence with 27.3% and 19% respectively, possibly to include a direct question in topics such as forced abortion, sex use of force or blackmail, preventing the use of any contraceptive method and denial about using condoms. The use of direct questions has higher chances of positive responses and is closer to reality in certain cases.^{19,16}

Regarding violence asset some authors indicate their invisibility, since in their study with attendance sheets women victims of violence there was no record relating to this type of violence. Emphasizes the importance of new research that creates visibility issue, since before the Maria da Penha Law comes into force this issue, which was not widely discussed.

In this study, 19% of women who experienced physical violence, most of them with a prevalence of 44%, which portrayed these episodes of violence are rare. The

findings of the study are similar pesquisa²³, held in Porto Velho, where more than half (68.7%) of women victims of domestic violence reported having been beaten for the first time after starting the marital cohabitation and about (31.3 %) of them reported the occurrence of violence since the time he met his companion. Moreover, many of them also shared the attacks occur more frequently at weekends and at night.

Another study¹⁷ also confirms this research to investigate the recurrence of episodes of physical violence by the perpetrator revealed that women were victims of violence once in São Paulo (SP) with 37.9% and in the Area of the Forest of Pernambuco with 35.2%. However, other women said they had suffered many episodes with 23.4% of the reports in SP and 32.7% in MPAs. The rest said that the episodes occurred infrequently.

The present study reveals that the main aggressors were teammates and former teammates followed by family. The results are consistent with other studies; research¹⁸ reveals that marital violence perpetrated by husbands, ex-husbands, boyfriends and ex-boyfriends appears in 168 calls, corresponding to 40% of the total. Another publication¹¹ held in the Police sector Psychology for Women in the metropolitan region of Porto Alegre for the period 2006-2008, confirms the prominent position of the companions against violence against women: 70.1% of the cases the offender was companion of the victim, and 3.1% was unknown.

Second study conducted in a Specialized Police Service to Women located in the South of Brazil, and the sample of ten women who lodged complaints, reports that the assault was considered the limit situation for some women interviewed in their study forcing the same Specialized Police searching for a service to Women to denounce their abuser in most cases were their husbands / partners. The aggressor identified according to some authors was the partner with respectively 49.10% and 50.2%, the latter being a result perpetrated mainly by paramour and formers.

Second study²⁴ conducted with 884 medical records with women victims of violence in the NGO SOS women during 2001-2003, the causes of the second assault victims were addiction and jealousy with 36.9% and 19.9% respectively. Another research held on health and safety in a localized region of the city of São Paulo with professionals corroborates with the previous study since both the districts and the DDM alcohol abuse by partners was indicated as the main cause

of violence, followed jealousy. In this sense some authors¹¹ warn in their study that the use of alcohol and drugs by abusers and 59.3% with a history of violence in the family of origin with 57% induces a greater likelihood of practicing violence against his wife because alcohol abuse can change the individual's personality emerge making impulsive personality can affect a family relationship in a negative way and those who witnessed violent episodes previously may believe that violence is natural and begin to perpetuate this practice.

CONCLUSION

The present study revealed high rates of violence against women. Of the 400 women interviewed, 59% claimed to have suffered some kind of gender violence. Psychological violence prevailed, representing 42.8% of cases, followed by sexual violence with 27.3%, with 25.8% equity and 19% physical. The main perpetrators were teammates and former teammates with more than 74% in all types of violence.

Violence is marked by invisibility due to the difficulty of addressing this issue becoming an intervention more difficult. The results showed that gender violence occurs frequently in everyday users of health services and has a poor coping. It is necessary for health services, as a gateway to these women, are more effective in preventing, detecting and support victims of violence through a structured network, welcoming and free from prejudice.

A woman who decides to terminate need support and guidance, it is not always ready to leave the violent situation. Thus, the permanence of women in a relationship marked by violence permeates several factors such as family history, self-esteem, emotional status, economic status, lack of social resources and family. In practice, there are still difficulties in the holistic approach to women and their families, as well as a limited understanding of the healthcare team about the different contextual situations (social and cultural) and the cycle of violence.

The lack of training for health professionals is a major problem to be overcome in the process in which these professionals have the habit of focusing only on the treatment of diseases that these women say they have, prescribing medications and do not look to the bigger problem that is implied in his words, facial expressions and exaggerated demand service. These professionals must become more aware of these signs of suffering and

violence, always looking to talk to women seeking the service even if they do not want to talk about it, because if they seek the service is because they need help and the health sector has obligation to provide this return to the population. Even though these women feel welcomed and confident to talk about it, yet we encounter another problem of lack of training of these professionals during college to deal with the issue, and may cause embarrassment to both the professional and for the patient.

The approach to gender issues during graduation is essential for professionals to understand the extent that these issues, if not discussed, may be negative for the relationship between men and women especially in the family, but can dominate anywhere that there is a relationship directly between the sexes. Thus, the issue of gender can only be understood through the sociocultural context and manifests through the necessarily relational aspect of gender categories, that is, you can only think and / or conceiving females than males and vice versa. Therefore, in addition to studies on the perception of women is relevant research with male perpetrators, to a broad understanding of the situation and effective action on the problem.

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Submission: 2013/01/26
Accepted: 2013/04/20
Publishing: 2013/05/01

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