ORIGINAL ARTICLE

ANALYSIS OF PROFESSIONAL PRACTICES IN HEALTH CARE FOR WOMEN IN SITUATION OF SEXUAL VIOLENCE

ANÁLISE DAS PRÁTICAS PROFISSIONAIS NA ATENÇÃO EM SAÚDE ÀS MUJERES EM SITUAÇÃO DE VIOLENCIA SEXUAL

ABSTRACT

Objectives: to analyze the speeches of professionals those assist women victims of sexual violence; to understand the relationship of professional practice with the emancipation of gender oppression. Method: an exploratory study of qualitative approach developed at the Institute Candida Vargas in João Pessoa/Paraíba/Northeastern Brazil, with 12 professionals. A semi-structured interview guide was used in the construction of the data, then, analyzed by Technical Analysis of Discourse. The research project was approved by the Research Ethics Committee, CAAE n° 028/11. Results: the speeches identified in the interviews enabled the creation of two subcategories: 1. Understanding the Professional on relations between men and women due to the distribution of power and 2. Attention to women victims of sexual violence; barriers to emancipation of gender oppression. Conclusion: when identifying barriers of the process of work, it is recommended that the reorientation of professional training in order to foster a work with a transformative potential on the condition of women's oppression. Descriptors: Violence Against Women; Gender Identity; Women's Health.

RESUMO


RESUMEN

Objetivos: analizar los discursos de los profesionales que atienden a las mujeres víctimas de violencia sexual; entender la relación de las prácticas profesionales con la emancipación de la opresión de género. Método: un estudio exploratorio con abordaje cualitativo, desarrollado en el Instituto Cándida Vargas en João Pessoa/Paráiba/Nordeste de Brasil, con 12 profesionales. Una guía de entrevista semi-estructurada fue utilizada en la construcción de los datos, y luego analizados por la Técnica de Análisis del Discurso. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE n° 028/11 Resultados: los discursos identificados en las entrevistas permitieron la creación de dos categorías: 1. La comprensión de los profesionales acerca de las relaciones entre hombres y mujeres debido a la distribución del poder y 2. La atención a las mujeres víctimas de violencia sexual: las barreras a la emancipación de la opresión de género. Conclusión: para identificar los obstáculos en el proceso de trabajo, se recomienda la reorientación de la formación profesional con el fin de fomentar un trabajo con potencial transformador de la condición de opresión de las mujeres. Descriptores: Violencia Contra la Mujer; Identidad de Género; Salud de la Mujer.
INTRODUCTION

Violence against women is a phenomenon of multiple determinations, defined as any act based on gender relations that result in physical and psychological harm or suffering to women. It refers to the hierarchy of power, conflicts of authority and desire to dominate and annihilate the other, and is sometimes used consciously in marital relations as a mechanism for women’s subordination to partner.

Violence affects the physical and the psychological of the woman, resulting in potential losses in health and social life. Women in situations of gender violence have more symptomatology than those who do not go through this situation and seek health services more frequently with acute and chronic complaints arising from episodes of physical, psychological and moral. Yet the problem is not displayed, so little recognized in diagnostic or recorded in the medical records.

In 2002, violence accounted for approximately 7% of all deaths of women aged 15-44 years old in the world and half of those killed had as offender someone with whom she had close relationships, be it current or former partner, husband or boyfriend. In some countries, up to 69% of women have been physically assaulted, and 47% reported that their first sexual intercourse was forced.

Given the high prevalence of violence since three decades, this phenomenon has aroused the interest of society, because of the serious consequences that entails and because of the direct impact on the health of the individual, when it comes to cause death-resulting from injuries and physical or emotional trauma. For these reasons, the violence was recognized as a public health problem in the mid 90’s.

The coping of the phenomenon requires understanding of the Gender category, since violence against women results from unequal power relations socially determined and not biologically/naturally. Gender inequalities, historically produced and legitimated by culture and society put women in a position of inferiority and unworthiness. In this context, violence is used as a mechanism for maintaining and confirmation of male power over women.

Facing this reality, and pressured by the manifestations of social movements in defense of women’s rights, organizations and governments have sought ways to address the problem with the creation of services and legal instruments - such as the Maria da Penha Law, of the Women’s Police Stations and shelters plus they have developed routines to guide the actions of health professionals in order to identify, support and refer women victimized.

The health care provided to women victims of gender violence, does not yet satisfy an answer to the problem. This stems from poor visibility of violence against women in some sectors, such as hospitals emergency, which mostly do not yet have tools to identify the problem, showing the predominance of the traditional model/biologist health care, intervention whose purpose is physical damage. Furthermore, the specialization of knowledge and practices tend to facilitate the detachment of the professional users, who are seen as a set of cells and organs disconnected from their social class.

When the focus is sexual violence one of the most hideous is the gender and human rights violations, sexual and reproductive rights, the issue is rarely addressed in the areas of theoretical reflection in the field of public health and public health policies. Despite this violent act represented, along with physical assaults, about 70% of the reasons that lead women to seek health services, 50% seek attention to sexual violence and 22% seek emergency services. The care provided by health professionals to women victimized by sexual violence is also inchoate, not limited to full and careful with the marks left on the body.

Health professionals, when addressing and intervening in cases of sexual violence are limited to the following clinical protocols of care, such as the provisions in the Manual for the Prevention and Treatment of Injuries Resulting from Sexual Violence against Women and Teens, denying individualized care to different situations they face.

The issue of violence against women should be inserted as object of activity of health professionals should be free of prejudice and technically prepared to offer a proper assistance, since health services are part of the path followed by women in situations of violence, especially the urgency they seek immediately to the occurrence of aggression.

This study understands the need to analyze the practices and professional assistance to women living in hardship, extreme physical and psychological, resulting from violence in one of its most acute: the sex. Regarding the problem exposed, it raised the following questions:

Which knowledge that guides professional practice in the care to women suffering sexual
METHOD

This article is an excerpt from a linked project CNPQ <<The work of professional practices in care of women in situations of domestic violence and its relation with the emancipation of gender oppression>>.

An exploratory study of a qualitative approach, since no measurable investigated facts about the meanings that the intent of policies addressing women's health takes effect as if the work of professional practices in the city of João Pessoa/Paraíba, Northeast Brazil.

There was adopted the concept of qualitative research where quality refers to meanings, values, which are at the level of subjectivity and require modes of apprehension and analysis differentiated, because the quality is so real/material and the quantitative level.  

The study setting was the Institute Candida Vargas (ICV), which acts as a specialized hospital for women during the period of maternity under the administrative council. Motherhood provides outpatient, inpatient and emergency with spontaneous and referenced. The ICV also has several specific programs, such as the Kangaroo Mother Program, Milk Bank and Assistance Program to Women in Situation of Sexual and Domestic Violence, known as ICVio.  

In this study, there was used the following inclusion criteria for the study subjects, professionals working in ICVio and were willing to participate in the study, in view of the interest in investigating the service of attention to women victims of sexual violence. Thus were excluded professionals who were not on the scale of work on the day of the interview for the production of empirical material and interviews decontextualized theme and object of study.

The subjects of the study were 12 health professionals: a worker doctor, four nurses, two psychologists, three social workers and two nursing techniques, aged between 24 and 60 years old.

Regarding the production and analysis of empirical data, the research began after the presentation of the project to the institution and obtained authorization by the responsible department. The length of the interviews was September 2012. Subsequently there was application of the research instrument: semi-structured interview scripts, which were previously scheduled to happen in professional and service individually observing the privacy of all respondents.

The empirical analysis began with transcribing the interviews, printing and reading. The second stage corresponded to the identification of themes/figures in the speeches on the different questions posed to respondents. Then the texts were decomposed and organized into blocks of meaning by coincidence/divergence issue. The empirical material was analyzed by the technique proposed by Discourse Analysis Fiorin in that discourse analysis should be employed by researchers in any area of performance as a tool for understanding texts or produce them and to meet specific objects of study.

Discourse analysis has shown the social and ideological positions of the subjects on how they understand that violence against women and their professional practice, based on the given testimonies. Throughout the process of analysis and discussion, empirical material was related to literature to anchor social positions revealed in the themes identified and allowed the identification/construction of empirical subcategories that explain the phenomenon investigated. The discourses identified in the interviews enabled the creation of two subcategories: 1. Understanding the Professional on relations between men and women due to the distribution of power and 2. Attention to women victims of sexual violence: barriers to emancipation of gender oppression.

This study followed the Resolution 196/96 of CNS/MS, which regulates the ethics of human research and was approved by the Ethics Committee of the University Hospital Lauro Wanderley (HULW), according to protocol number 028/11.
RESULTS AND DISCUSSION

In João Pessoa/Paraíba/Brazil, women victimized by sexual violence can be met and have their case identified in the Program of Assistance to Women in Situations of Sexual and Domestic Violence - ICVio. Among the procedures performed in the program, may be cited classification of urgency and hosting by multidisciplinary team composed by the doctor, nurse, social worker and psychologist.

The care for victims of sexual violence follows a flowchart, organized according to the occurrence of violence is immediate or remote, with or without pregnancy resulting from violence. In cases of sexual assault occurred within 72 hours, the service follows the following scheme: anamnesis, gynecological examination and semen collection, emergency contraception, prevention of sexually transmitted diseases (STDs), guidelines for police reports (BO), the Medical Legal Institute (IML) compulsory notification and referral to specialized clinics. In cases of sexual violence that occurred after the 72 hours, the collection of semen is not indicated, but investigates the existence of pregnancy and oriented, especially in cases of a probable termination of pregnancy.

In relation to the health professionals of ICVio, the maternity owns about 800 employees. This research investigated the professionals who made up the multidisciplinary team assisting in ICVio, among them doctors, nurses, psychologists, social workers and nursing techniques, aged 24 and 60 years old.

Understanding the professionals on violence against the distribution of power

The understanding of social relations between men and women is needed ransom theory of the gender approach, since this perspective seeks to explain how the company builds the differences in roles for men and women and how they assign the unequal social status of the different sexes. It is worth clarifying that the term sex refers to the anatomic-physiological characterization of individuals, and gender refers to the socially constructed gender is the social dimension of human sexuality. 18

The asymmetry of power socially attributed to male and female figures translate into power relations and domination, in which man is placed in a position of superiority, and the woman in a position of submission. Inequities in social relations between men and women manifest themselves in different ways and in different spaces, and violence as its most extreme manifestation.

In this study, health professionals interviewed had explanations for the hierarchical relationships between the sexes, approaching with social communications for the unequal relations between men and women, as one can identify the following account:

[...] [The violence] is a historical process [...] It's a cultural context [...] is primarily a result of machismo, that there is much in the culture [...] power of man over woman (E1).

As the interview reveals E1, the professional considers violence as a manifestation of power relations between men and women, in which the first has the power to dominate women, and that the duty to submit to a relationship, culturally legitimized. So in crises or threats to break this domination of traditional behaviors reconquest of power and authority lost or simply to prevent this loss will not only be possible, in the symbolic universe of hegemonic masculinity, but necessary. 19 This understanding is also expressed in the interviews:

[...] Violence against women is happening because the woman is no longer the same, it is not just at home taking care of the children, until today she earns more than the husband, no longer that of the home and went to the world, and most men do not understand it and seek to punish violence (E2).

[...] The man continues with the thought that she has to obey him, and when the woman does not do what he asks, that's a reason to rape her, think owns the world (E3);

[...] The man thinks he can still dominate a woman thinks she has to obey him, machismo even [...] And in fact it is not today, it was always so [...]. The man has in mind what he says at all (E4).

According to the interviews, some professionals understand violence as a consequence of male resistance to the financial and social emancipation of women, and perhaps for this reason, treat them with violence, in order to reaffirm male power over women, especially in marital relationship. In these situations, the conflict in the relationship between the couple assumes a configuration of a “crisis in gender relations”, in which violence is used in an attempt to restore ancient social positions lost with female emancipation. 2,17

This social change brings new experiences and is difficult to be lived by man. Tension
The means of support and assistance to women in situations of sexual assault have after effects and interfere with the degree of damage caused by abuse, regardless of the degree of violence suffered. The emergency department is one of the main places that women victims of violence resort, due to injuries resulting from assault. In this sense, it emphasizes the importance of providing a support network able to offer comprehensive care to consider the health needs and to acknowledge and act efficiently on issues from violence experienced. Therefore, it is necessary that the health sector is able to provide assistance that aims at minimizing the trauma and sequelae.

Therefore, the need of multidisciplinary approach in the care of women who suffer sexual violence is directly related to the complexity of the situation and the multitude of consequences for victims, since such violence can cause physical health problems, reproductive and mental well of family and social problems.

In assisting women victimized by sexual violence, the host is critical to humanized and individualized, and is paramount to establishing bonding, empathy and solidarity with the suffering of women. The host corresponds to the act or effect of host implies an action approach, one “being with” and “near”, is an attitude of inclusion, which is one of the most relevant guidelines ethical-aesthetic -political National Policy Humanization of the Unified Health System.

The emergency services have difficulty engaging in welcoming professional woman victimized. Moreover, faced with prejudice, which makes listening to the situation experienced by women, this problem is related, among other factors, to moral and cultural values those the majority of health professionals has over the issue, which affects its ducts assistance.

In addressing the prospects of the performance of the healthcare professional, the subjects of this study revealed during the interview process, the role of health professionals still shows up unwanted , and highlighted key points that could result in a service, often ineffective:

[...] Our biggest obstacle is actually the lack of humanization by professionals (E1)

[...] The difficulty, I think are related to training [...] Not all professionals have the profile to work with this type of event, [...] There are some obstacles in this regard (E2)

Respondents emphasize the unpreparedness and lack of profile of professional service to assist women victims of
The potential to empower abused women. Besides the strength to act in attention to cases of violence, add to the difficulties of professionals to recognize and act on the problem, since, in addition to the ‘prejudices’, violence is a phenomenon that exposes situations with which professionals were not qualified, or to diagnose and even to handle. Another obstacle is that health services have a low number of professionals in relation to the demand of users and have weak coordination and integration with the network of support services for victims. The Politics of Public Health for Women recommends the use of support services as a means to deal with violence in order to achieve the restructuring moral, psychological and social status of women. When asked about the knowledge/recognition of referral services for women in situations of violence, most professionals cited: the Specialized Women's Police Station, the Reference Center for Women and some NGOs. Reported that their usual routine follows with the more immediate care and, subsequently, with the referral of women to the services described above. However, the interviewees unaware of this operation and do not have an instrument against a reference, making limited assistance to the emergency room:

Need to have a network of reference and counter reference (E1)

Here in João Pessoa is the reference center of women; the NGO has called March 8, also providing care (E2)

The routing is done, you know? But we do not have the return […] When you leave here, we do not know more […] I do not know if the service is social contact. We are the only party to heal and serve. Oh this is with the bureaucratic social service (E3)

In fact there is only a reference. The counter reference not unfortunately is one of the flaws (E4)

We know that sexual violence need to make a call, follow a protocol, but then what? That's why we headed for the center of reference, because there is psychological, legal (E6)

The assistance to women victimized by sexual violence cannot be limited to emergency procedures, since abuse can cause health and social consequences that arise in a large space of time between the assault and the first effects. In this context, it is important to have a network of care as a strategy that has the empowerment of women in situations of violence, in order to promote women's emancipation.
Network is a coordinated set of services to offer wide range of care options, since violence is a complex problem that manifests itself in multiple ways. The reports of the professionals interviewed, however, point to a possible weakness of this network, it seems disjointed and does not strengthen the bond with the woman, resulting in its withdrawal by the service, frustrating the intent to encourage theoretical completeness and effectiveness attention, as well as discrediting the intentions of female liberation of gender oppression.

**CONCLUSION**

Health professionals had social explanations about gender violence, but reported exercise health practice is not consistent with the principles of humanization, denying sometimes essential care to women victims of sexual violence, paying attention fragmented, based on traditional knowledge (biological), and following clinical protocols with a focus on physical damage. The work of attention to women seems to be also affected by the lack of recognition and strengthening of a network of institutional support, hinged, enabling continuity, comprehensiveness and effectiveness of health services offered. To do so it is required a higher professional qualification, to be sensitive and resolving the status of women victims of violence.

To be recognized barriers of care afforded to women victimized by sexual abuse is expected to subsidize, with knowledge, the organization of health work that seeks to promote the emancipation of gender oppression. To do so, it points to the need to use new strategies and approaches specific to the professionals, in the qualification and continuing education in order to foster a work in healthcare with the potential to transform reality, and make health care spaces reception, care and protection, not of oppression and victimization.

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