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VIOLENCE AGAINST WOMEN WITHIN A BIOPSYOCIAL CONTEXT: A CHALLENGE FOR THE NURSING PROFESSIONAL

VIOLÊNCIA CONTRA A MULHER DENTRO DE UM CONTEXTO BIOPSIOSOCIAL UM DESAFIO PARA O PROFISSIONAL DA ENFERMAGEM

VIOLENCIA CONTRA LA MUJER EN EL CONTEXTO BIOPSIOSOCIAL: UN DESAFÍO PARA EL PROFESIONAL DE ENFERMERÍA

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ABSTRACT

Objective: to analyze the care of the Nursing team, considering the bio-psychosocial aspects, to women victims of violence, hospitalized in emergency and trauma services. **Method:** quantitative-qualitative study. Participants were professionals of the Nursing team. The quantitative data originated from hospital records and was analyzed with absolute and relative frequency indexes, with the aid of SPSS, version 16. The discursive data was analyzed by the Content Analysis Technique in the Categorical Analysis modality. **Results:** 24.6% of women victims of physical violence were identified. The Nursing professionals deal with these women in the way they believe to be the most adequate and use the strategies they know, to face reality. **Conclusion:** health professionals need to evaluate the care of women victims of violence and to create awareness spaces on the issue. **Descriptors:** Violence; Wounds and Injuries; Women's Health; Nursing Care.

RESUMO

Objetivo: analisar o cuidado da equipe de Enfermagem, considerando os aspectos biopsicossociais, às mulheres vítimas de violência hospitalizadas em serviços de emergência e trauma. **Método:** estudo quanti-qualitativo. Participaram os profissionais da equipe de Enfermagem. Os dados quantitativos são originários dos registros do hospital e foram analisados com índices de frequências absolutos e relativos, com o auxílio do SPSS, versão 16. Os dados discursivos foram analisados pela técnica de Análise de Conteúdo na modalidade Análise Categorical. **Resultados:** foram identificadas 24,6% de mulheres vítimas de violência física. Os profissionais de Enfermagem lidam com essas mulheres da forma que acreditam ser a mais adequada e utilizam as estratégias que conhecem para enfrentar a realidade. **Conclusão:** os profissionais da saúde necessitam avaliar o cuidado à mulher vítima de violência e propiciar a criação de espaços de sensibilização sobre a temática. **Descritores:** Violência; Ferimentos e Lesões; Saúde da Mulher; Cuidados de Enfermagem.

RESUMEN

Objetivo: analizar el cuidado del equipo de Enfermería, considerando los aspectos biopsicosociales de las mujeres víctimas de violencia, hospitalizadas en los servicios de emergencia y trauma. **Método:** estudio cuantitativo y cualitativo. Asistieron los profesionales del equipo de Enfermería. Los datos cuantitativos son originarios del registro del hospital y se analizaron con índices frecuencias absolutos y relativos con ayuda del SPSS versión 16. Los datos discursivos fueron analizados mediante la técnica de análisis de contenido en forma análisis de categoría. **Resultados:** fueron identificadas 24,6% mujeres víctimas de violencia física. Los profesionales de Enfermería enfrentan con estas mujeres de la manera que ellos creen ser la más adecuada y utilizan las estrategias que conocen para enfrentar la realidad. **Conclusión:** los profesionales de salud necesitan evaluar el cuidado de las mujeres víctimas de violencia y promover la creación de espacios de sensibilización sobre la temática. **Descriptores:** Violencia; Heridas y Traumatismos; Salud de la Mujer; Atención de Enfermería.

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INTRODUCTION

Women throughout the world have been victims of physical violence regardless of the social class in which they live. Much has already been done to control this health problem worldwide, but with few positive results. With respect to gender violence, few articles deal with the emancipation of women from their oppressive condition.¹ The health problems experienced by women victims of violence are innumerable, ranging from emotional aspects to physical injuries, such as bruises and other sequelae.²

It should be understood that the greatest challenge to be faced, beyond cultural and educational barriers, would be the small number of professionals trained to deal with cases of violence against women.³ In this context, professionals should be prepared to identify the phenomenon, in a holistic way, with a look at marks or wounds that are often not apparent.⁴

In this sense, care in an urgency and emergency hospital is focused on injury caused by trauma and does not include a "look" at female violence. It is important to understand that the health care unit cannot and should not be reduced to just a medical practice. It is necessary that there is a commitment to consider the social and psychological aspects that are related to the process of becoming ill.

The use of instruments that are capable of tracking situations of violence against women will certainly facilitate the performance of the various professionals who have the opportunity to assist those women who resort to urgency and emergency services for help. The Nursing professional establishes a greater contact with these women, remaining with them from the moment of reception until the return schedule.

Care is fundamental for this woman to feel welcomed in the health service and, the nurse being the care professional, must establish an integral and humanitarian bond with these women, considering their individuality and human needs above all. Therefore, to identify as the Nursing professionals of an Emergency and Trauma hospital that attended to women who were victims of violence, was a stimulating framework for the construction of this study that aimed to analyze the care of the Nursing team, considering the bio-psychosocial aspects, to women who are victims of violence hospitalized in emergency and trauma services.

METHOD

Exploratory and analytical study, with a quati-qualitative approach. To collect the qualitative data, an interview script with open questions was used, applied to Nursing professionals working in the Medical and Surgical Clinic of an emergency and trauma hospital in the city of João Pessoa-PB. The quantitative data originated from the hospitalization records of the hospital, through a guiding instrument. For this, the hospitalization records of the women who were admitted to the emergency hospital, victims of physical violence, in the year of 2013. The data collected was grouped by causes related to violence.

The sample was random and, taking into consideration the inclusion and exclusion criteria, a representative sample of the population was obtained. The qualitative data were analyzed by the Content Analysis technique in the Categorical Analysis modality. The thematic categories, with their sub-themes, contemplated for this analysis were: Nursing care of the women who are victims of violence: the reception, the work process, coping strategies for the care; violence as a problem: biological, social and psychological aspects.

The quantitative data were analyzed with absolute and relative indexes and frequencies, with the aid of SPSS, version 16. All ethical precepts were observed and the project was approved by the research ethics committee of the University Center of João Pessoa - UNIPE, CAAE: 0188.0. 162,162-09.

RESULTS AND DISCUSSION

Data from hospital admission records were divided into women's records by: origin; age group; race / color; type of physical violence; diagnosis; hospitalization unit and destination. A total of 634 hospitalizations were identified in the year of 2013, due to physical violence, of which 24.6% were women. Of these, 49% came from the interior and outskirts of the city. The predominant age group was between 11 and 49 years of age, with those aged 20 to 39 years of age being the most affected (77.7%). Some studies have shown an increased risk for younger women.⁵⁻⁶ Others have shown little relation to the age factor.^{1-2,7} Regarding race/color, it was observed that (80) 51% of the hospitalized women were black. American studies show a higher prevalence among African-Americans.

Table 1. Distribution of women according to race/color in a trauma hospital. João Pessoa (PB), Brazil, 2013.

Race/color	n=155	%
White	16	10.3
Black	80	51
Brown	59	38

The types of violence were classified according to the record of the cause of the hospitalization. Of the 155 hospitalized women, 47.9% were victims of physical aggression; 19.3%, victims by white weapon; 15.4%, by firearm and 17.4% by rape. Physical

assault and rape may be related to gender, financial submission, and jealousy. Fire arm and melee violence may be associated with robberies, involvement with the police, theft and drug trafficking. As the table below shows:

Table 2. Distribution of women according to the type of violence in a trauma hospital. João Pessoa (PB), Brazil, 2013.

Type of violence:	n=155	%
Rape	27	17.4
Agression with a fire arm	24	15.4
Agression with melee weapon	30	19.3
Physical Agression	74	47.9
Total	155	100

With respect to the trauma-related diagnosis, it was observed that thoracic trauma (32%), is the most frequent diagnosis for women, followed by cranial encephalic trauma plus face trauma (30,2), fracture of

limbs (15%), trauma (10%) in the genitals and (3%) in others. Of these, 10.3% required surgical treatments. Data distributed in table 3.

Table 3. Distribution of women according to the diagnosis in a trauma hospital. João Pessoa (PB), Brazil, 2013.

Diagnosis:	n=155	%
Traumatic Brain Injury	10	6
Traumatic Brain Injury + Face trauma	32	20.6
Face trauma with or without surgical treatment	10	6
Abdominal trauma with or without surgical treatment	5	3.2
Thoracic trauma with or without surgical treatment	28	18
Multiple Injuries	42	27
Fracture of limbs	12	7.7
Trauma to the spine	2	1.2
Trauma to genitals	10	6.4
Blurred injuries	4	2.5

◆ Interview Record Data

The data of the interview records consisted of two themes and sub themes: Nursing care for women who are victims of violence: reception, work process, coping strategies for care. Violence as a problem: biological, social and psychological aspects. The data that emerged was interpreted, seeking the meanings and significance of the research context.

- The care of women who are victims of violence
- The host

Welcoming is a techno-assistential care tool that provides changes in the professional/user relationship. Based on the ethical and humanitarian relationship, recognizing the user being an active participant in the health production process.³

Welcoming the user well ensures a quality and humanized care, especially, when, faced with women who are victims of trauma, this more attentive care facilitates the promotion of integral care, taking into account a holistic view that each professional must have of the human being to be cared for.³

When analyzing the statements below, it is clear that the host is weakened before the Nursing team and, in some cases, is delegated to other professionals and others. It is perceived that the focus is the procedure.

It is difficult because here everything is very fast, the agent attends to several women at the same time (Nursing technician)
Here these women already come from the welcoming down there at the reception agent, only from continuity to treatment (Nursing technician)

They hardly talk to us, we ask the psychologist very often (nurse)

The Nursing team has, in its work essence, the care, and that this must be present in all procedures related to the service for the user. In a study carried out in an emergency and trauma hospital located in the capital of Ceará, with 382 users, it was verified that the greatest difficulties experienced by the users, referred to the lack of information and respect in care.⁸ It is important to highlight the importance of greater Nursing activity in the welcoming, understood as an activity not restricted to the entrance door of the service.

♦ The work process

Most consider that care is the same for all, and at no time do they fail to provide the necessary and prescribed care that are summarized in "hygiene and comfort, application of medications, dressings, among others." But as they begin to reflect on what they feel, think, and do to deal with these women, they begin to express the preconceptions, the differences, as the lines below show.

They are aggressive, poorly educated, with little education, they get beaten because they want to, they say they were beaten and they do not know why they are involved in crime and, generally, with criminals, they want to rule us, it is difficult to deal with them (Nursing technicians)

There are people here who always come back beaten, and it's always the same story, there's nothing more to do (Nursing technician)

The problem of female violence is very difficult, it is linked to culture, social condition, they have nowhere to go and they always return to the same situation of danger, it is no use talking (nurse)

The health / disease process seems to be directly related to the difficulties these professionals face in dealing with the biopsychosocial model of female violence. This fragility may be a reflection of the academic training and qualification and the non-qualification of these professionals for the task. Health professionals are not prepared to serve women who are victims of domestic violence. Studies reveal that many professionals do not know the protocol of services, and do not articulate with them, a situation that compromises referrals. Such occurrences suggest the professional's unpreparedness and has been mentioned in several studies, being the absence of the thematic in the graduation, one of the indicated reasons.⁹⁻¹¹

Coping Strategies

In this category the reflections of Nursing workers about how they see violence, especially physical aggression, and what they care about most are grouped.

For me, violence is a social, political and economic problem and that women are easy victims because they are fragile, there is lack of choice [...] I am afraid yes, we can be victims too (nurse)

I'm scared, angry, when I know that a coward beat a woman, life for them is not worth anything, if they have to shoot you to get revenge, they will, the laws do not solve anything (Nursing technician)

I have suffered violence, yes, I am afraid, I do my work without going into detail. I get nervous when I know that the reason for the hospitalization was violence (Nursing technician)

It is noticed that, the fact of being women, they feel the fragility and the difficulty of facing the problem at close quarters, because it is difficult to solve and that can be victims also just because they are women. Gender-based violence focuses mainly on women as a health issue. It is estimated that this problem is a major cause of death in women aged 15-44 years.¹² With regard to women's health, women's vulnerability, to certain diseases is more related to discrimination in society than to biological factors. For some authors, the problem is considered to be a social problem, whose attention falls to other fields and not to health.¹³

♦ Violence as a problem

♦ *Biological aspects*

Aggression against women is a challenge for health professionals. There is still a belief that the decision to live or die belongs to women and must be respected, it is part of "their destiny".

She has a scar on her face and her mouth was crooked. The husband, who caused the cut, she was already here for aggression and had been attacked by the same person, but now she was already separated, it looks like a karma, there is nothing to do. (Nursing assistant)

She fractured her jaw after a heavy one that took of the companion, had to do a surgery, the scar became enormous (Nursing technician)

Some physical traumas are forever marked, mostly, in the face, an area more exposed to show male authority over the more fragile sex. Gender-based violence affects the biopsychosocial integrity of the victim. There are several symptoms and developmental disorders that can manifest themselves, such as: diseases in the digestive

and circulatory systems; muscular pains and tensions; menstrual disorders; depression; anxiety; suicide; use of drugs; posttraumatic stress disorders; besides physical injury; deprivation and murder of the victim.¹⁴⁻⁵

Some studies indicate that women who experience violence, bring an indirect speech and almost always speak of other complaints. This shows an obscure aspect driven by fear and male domination.¹⁶⁻⁷

Understanding the complexity surrounding conjugal violence, favors the recognition of the aggravation and allows the widening of the perspective of violence as an object of health, encouraging the incorporation of attitudes, beliefs and practices that transcend purely technical care.¹⁸

The psychological and social aspects

Emergency trauma hospitals require a service that can be activated immediately on the suspicion of physical aggression, so that the health professional is clear about his/her role and obligation to intervene, not only as a sensitized citizen, but as a representative of the Public Power.

We get to know the story with the patient, because she usually arrives lucid, arrives talking to you, telling what happened and you have the privilege of having a conversation with her, very intimate, because you are alone and if you have the technique to interview, she ends up telling (Nurse)

Among the social resources that are activated are the family, and health and safety institutions, which constitute their social support network. In this route, there are several doors of entry, that is, different services that should work in an articulated way to provide qualified assistance to the woman.¹⁹ The Nursing workers need to have preparation and support to face and deal with conflict situations in the care for this type of patient, especially, "when the trauma is caused by the companion".

In facing this problem, women follow paths that involve the interaction of intrapsychic and social processes, such as family and institutional relationships, which may be risky or protective of violence.²⁰

Through the lines, it can be affirmed that daily living with victims of aggression generates conflicts and difficulties for Nursing workers.

The confrontation to support some situations of the daily work is used by the workers in order to "solve" the problem. The first defense corresponds to the fragmentation of the technical-patient relationship. It is also noticed that, in the

institution, there is no protocol for this type of care. It is therefore necessary to recognize this problem of violence against women as a public health problem.²¹ and that the participation of several governmental and non-governmental bodies is important in this context, especially with health professionals, who face the problem in their daily work lives. Thus, training with a view to domestic violence as an object of health is essential,²² especially, for Nursing, mainly, because it is a health body formed mostly, by women.

CONCLUSION

The challenge of knowing how Nursing professionals plan, confront, think and execute the care of a hospitalized patient victim of violence, opportunized a reflection of the workers themselves on the subject, because, for a moment, they stopped to look and think about this daily work that until then it was only executed. It became evident that each one deals with this care in the way that it believes to be the most adequate and uses the strategies it knows to support and face this reality.

The main difficulties of these workers are, mainly, the lack of preparation to deal with this type of patient; and the lack of institutional commitment both in relation to the psychological support to the workers, as well as this qualification, focused on the attending and care of the patients.

It is believed that the understanding of social relations is acquired through the construction of a collective political consciousness, and it is emphasized that, above all, public health services need to self-evaluate themselves and to provide spaces for discussion about the theme.

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