REFLECTIONS ON VIOLENCE AGAINST WOMEN IN THE PERSPECTIVE OF MADELEINE LEININGER

REFLEXÕES ACERCA DA VIOLÊNCIA CONTRA A MULHER NA ÓTICA DE MADELEINE LEININGER

REFLEXIONES ACERCA DE LA VIOLENCIA CONTRA LA MUJER ÓPTICA DE MADELEINE LEININGER

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ABSTRACT

Objective: to reflect on violence against women from the perspective of Madeleine Leininger. **Method:** qualitative, descriptive, theoretical reflective study, developed upon consultation in the scientific literature, through books and periodicals in databases. **Results:** the discussion of the theme related transcultural care to the issue of violence, seeking subsidies to health care, and enabled the reflection on the importance of Leininger's theory for a differentiated and comprehensive care in different cultures. **Conclusion:** the transcultural theory gives nurses the opportunity to discover practices that can influence care. **Descriptors:** Violence Against Women; Nursing Theory; Transcultural Nursing.

RESUMO

Objetivo: refletir acerca da violência contra a mulher na ótica de Madeleine Leininger. **Método:** estudo qualitativo, descritivo, tipo reflexão teórica, desenvolvido mediante consultas na literatura científica por meio de livros e periódicos das bases de dados. **Resultados:** a discussão da temática relacionou o cuidado transcultural à questão da violência, buscando subsídios à assistência de saúde possibilitou a reflexão da importância da teoria de Leininger para se obter um cuidado diferenciado e integral nas diferentes culturas. **Conclusão:** a teoria transcultural oportuniza ao enfermeiro a descoberta de práticas que podem influenciar no cuidado. **Descritores:** Violência Contra a Mulher; Teoria de Enfermagem; Enfermagem Transcultural.

RESUMEN

Objetivo: reflexionar acerca de la violencia contra la mujer en la óptica de Madeleine Leininger. **Método:** estudio cualitativo, descriptivo, tipo reflexión teórica, desarrollado mediante consultas en la literatura científica por medio de libros y periódicos de las bases de datos. **Resultados:** la discusión de la temática relacionó el cuidado transcultural al problema de la violencia, buscando subsídios a la asistencia de salud posibilitó la reflexión de la importancia de la teoría de Leininger para obtenerse un cuidado diferenciado e integral en las diferentes culturas. **Conclusión:** la teoría transcultural oportuniza al enfermero la descubierta de prácticas que pueden influir en el cuidado. **Descriptores:** Violencia Contra la Mujer; Teoría de Enfermería; Enfermería Transcultural.

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INTRODUCTION

The word violence, from a Latin origin, comes from the expression "vis", which means force and refers to the notion of oppression and use of physical superiority of one person over another. Its roots lie in social, economic and political structures as well as in individual conscience.¹ The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, named the Convention of Belém do Pará, was the first specific treaty to combat violence against women (VAW).

The convention was based in the South American continent but open space for other countries to engage at protection of women's rights and recognition of this problem today's society.²

The term VAW was defined in this Convention as "any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere". Thus, this act is associated with varied problems of a complex and distinct nature, tied to issues of power and coercion, conscious will and impulse, determinism and freedom. It consists, therefore, in a violation of human rights.⁴

In the context of human rights violations, VAW is a challenging issue. Victims of violence report a life based on submission, with feelings of shame, humiliation, distress, which characterize the tension and difficulties of talking about the situation.⁵ These feelings signal a drastic decrease in quality of life, leading women to vulnerability and few coping strategies.⁶

Nurses have a relevant role in this context, acting in the process of coping together with the health team and providing support for ethical and professional action. It is necessary that this problem be approached without prejudice, and professionals who welcome people in such circumstances need knowledge and preparation, through approaches since undergraduate training up to continued education.

It is believed that the transcultural theory created by Madeleine Leininger can support this reflection whose purpose is to establish a bridge between nursing as a profession of the official health system and the family and popular network, focusing on care as a culture and on the phenomena of health and nursing. This theory arguments that care has characteristics that are universal for the birth, development, maintenance of life and recovery of health, and it can be used in

different social and cultural contexts, such as in situations of violence.⁷

Thus, we adopted the transcultural care theory of Madeleine Leininger in this reflective study for the classification of the elements of care, but also the cultural context, values and ways of life, preserving the characteristics of different cultures, analyzing the facts from the perspective of the group and the norms that guide actions and conducts.⁸

OBJECTIVE

- Reflect on violence against women from the perspective of Madeleine Leininger.

METHOD

This is a qualitative, descriptive study, of the type reflective analysis. The study was based on studies found in the literature (books, scientific articles and manuals) that enabled a critical-reflective approach contextualized and grounded on the scope of the theme. The guiding question was: "How can the Madeleine Leininger's transcultural theory assist nurses in dealing with situations of violence against women?".

The collection of the bibliographical material occurred during the course of Nursing Theories of the Graduate Nursing Program of the Federal University of Rio Grande do Sul. The search for studies was held in August 2016, and the terms "care" and "violence against women" were used for the research. The articles were selected on the *homepage* of the Virtual Health Library (VHL).

The text was organized in two categories: first, a discussion on the subject of violence against women and, in the second, a reflection on the importance of linking transcultural care to victims of violence.

We believe that through this reflection it will be possible to point out the relevance of the use of the transcultural care theory, especially for the characteristic of focusing on care as a differentiated, integral and human act, present in different cultures.

RESULTS AND DISCUSSION

♦ Violence against women: a violation of rights

Women who experience a relationship based on violence often see suicide as a way to break free, to end suffering and pain.⁹ The difficulty in seeing a solution to the problem is anchored in life courses with a long history of violence, which in many cases start in childhood. Thus, fear is a feeling that is present in the daily life of the victims, and

increases the risk of developing depressive symptoms or exacerbated anxiety.¹⁰

Despite long histories of violence, the events are cyclical and other factors such as financial and emotional dependence contribute to sustain the situation. In 70% of the cases, violence is perpetuated by the intimate partner; excluding ex-husbands and ex-boyfriends, the number rises to 89%, and in 10%, the perpetrators are relatives, neighbors, friends and strangers.¹¹

In the attempt to change this scenario, special attention has been given in the last decades to the issue of violence, be it in specific collectivities or even in individualized interests, taking as an example the various global legislations, conferences and international declarations. Based on the magnitude and visibility of violence against women, changes in legislation and social and cultural aspects brought to light the problem of violence against women and gender-based issues.¹²

In 2006, Law nº 11,340, named Maria da Penha, was recognized by the United Nations (UN) as one of the three best laws in the world in the fight against violence against women. This law represented a real breakthrough through which women gained rights, protection and empowerment in their autonomy. Furthermore, the law triggered a public debate aimed at raising awareness of society in order to intensify the fight against violence.¹³

Despite protective legislation, cultural issues still inhibit the women's initiative to denounce abuses and pursue their rights. According to Federal Supreme Court data, in 90% of the cases, women give up the complaint against the aggressor.¹⁴ This decision comes after a long journey, because it involves feelings of guilt, loneliness and helplessness.

The dominating role of men, consolidated in society through time, has been reproduced in the family context. Women were taught that their well-being, autonomy and survival do not depend on their intelligence, but on their physical beauty and their attractions in the view of men. Since young age, they were trained to develop skills to play in the future the roles of mothers and wives.¹⁵

In this sense, the VAW is based mainly on masculine power over women. Patriarchy is recognized as the trigger for differences between women and men, with the later holding the role of family providers, with the need and right to study, leaving women at a disadvantage and in a situation of inferiority.¹⁵

The perpetuation of violence is this way transmitted throughout generations, through the naturalization of such attributes, in a culture that reinforces the differences between women and men, in a detrimental, pejorative and misleading manner in what concerns women.¹⁶ Cultural constructions refer to a set of norms that regulate human actions and come from the beliefs, values and modes of survival of a population group.¹⁷ It is in daily life that culture is passed on from generation to generation and that different customs are apprehended and accepted as truth. However, considering that they are merely roles established by tradition, they can be modified.

VAW is a Public Health problem and investments on the creation of an institutional culture, aimed at identifying women in situations of violence are still necessary. The same applies for the instrumentalization of health professionals, to prepare them to face these situations.¹⁸

Health services have the duty of serving as places of reception and elaboration of projects to support women in situation of violence. An academic training focused on institutional recognition, involvement and support is paramount for the implementation of actions aimed at comprehensive care.¹⁸

VAW is a current topic that has been widely debated and investigated in the different areas of knowledge. It is a complex social phenomenon that requires an adequate support network, where professionals can identify situations of violence, effectively guide, intervene and contribute to the strengthening of health policies and practices.¹⁹

♦ Transcultural care and violence against women

The Sunrise Method, developed by Leininger, aims to explain how the components of the theory influence the health status of individuals, families, groups and institutions. The care offered is permeated by cultural principles. This method outlines the main components of the theory, instrumentalizing the researcher/professional to identify the main elements, the levels of abstraction and the method of study of care in a global and comprehensive perspective. The model also considers human beings as inseparable from their culture and social structure.⁷

The Sunrise Model focuses on transcultural care on four levels, ranging from cultural and social structure to individuals, families, groups and institutions. The dimensions about

livelihoods and significance in health issues related to the humanistic and scientific aspects of human care, well-being and health are also considered.⁷

Such a model presents the cultural congruent care development through actions and decisions that involve three aspects: a) the cultural preservation/maintenance of care, which includes cultural professional actions and decisions of aid, support and training that help the customers of particular culture to preserve or maintain a given state of health or recover from an illness and face death; b) cultural adjustment/negotiation of care, including professional actions and decisions of aid, support and training to help customers in a particular culture to adapt to a satisfactory or good state of health, or negotiate such state or face death; and c) cultural repatterning/restructuring of care encompassing professional decisions of aid, support and training to help people change their ways of life, in the search for new or different patterns that are culturally significant and satisfactory or that support beneficial or healthy life patterns.²⁰

The cultural differences present in the Brazilian reality reflect the need of the nurses to gain different knowledge, from the way in which societies conform to the meanings attributed to the phenomena experienced. In this way, the importance of the transcultural theory for nursing in the care of victims of violence stands out, through the Sunrise Model.

In the scope of women's health, for example, popular beliefs and knowledge are often related to ancestors, especially in the case of maternity, in which society views the "mother being" as the main function of women, where the established role involves caring for others, such as children and the household.²¹

Men, in general, are expected to be responsible for the financial resources of the family, concealing fear and insecurity in the face of challenges. The inequality of power attributed to women and men qualifies as submissive, and words such as "culture and machismo" are commonly used to justify the motivations and rights of the aggressor for the practice of violent acts. The inferiority on the part of these women is maintained for the sake of the family, or even for the maintenance of the image of what suppose to be an ideal woman.²²

For Leininger, culture represents as a system learned from birth through language and socialization that is shared by members of the same cultural group, receives influence

from external and environmental factors, and is dynamic, and therefore changeable.⁷

Such a view contributes to the identification of means to provide culturally appropriate nursing care, taking into account factors that influence the people's health, well-being, illness and death.⁷ Care is based on promotion and prevention, analyzing the facts from the perspective of the group and the norms that guide their actions and conducts.⁸

Prevention of violence requires an exchange between the health team and the family group. The Sunrise Model can be used to map the causes of violence, acting on the social dimension, environment and way of life, analyzing the factors of education, kinship relationships, technology, religion, economic factors, traditions and legal norms.⁸

Thus, giving voice to women allows the apprehension of stories and the elaboration of actions that meet their real needs. Based on the knowledge of the individual and social realities, nursing seeks the foundation to plan its care actions. Caring is a social act, with potential for transformation of the current welfare situations.²³ Adequate hosting, satisfaction with care, security and encouragement to freedom can be decisive in the re-standardization of humanized care.

In light of the transcultural care theory, it is fundamental that nurses understand the meaning of the care practices specific in each culture and their influence with the purpose of making care comprehensive and welcoming. This theory allows the classification of care elements, thus favoring evaluation and diagnosis.²¹

Nursing should act with the aim to improve the quality of life of the victims of violence, especially contributing to the disruption of this cycle, providing a facilitating assistance that is built upon and based on scientific knowledge, and yet adjusted to cultural values, beliefs and way of life of the individuals. By doing so, the health care provided will be meaningful, beneficial and satisfactory.⁷

CONCLUSION

The use of the transcultural theory supports the exercise of critical and reflective care. The theory gives nurses the opportunity to discover specific practices that may influence care.

For Leininger, nurses should make use of specific values and practices of care, through the identification and consideration of beliefs

and the cultural values of the people, giving them singular connotation.

It is necessary to address violence against women with technical and scientific knowledge, expanding the discussions with professionals from different areas with a view to interprofessional articulation to both prevent violence and help victims to recover, as well as strategies aimed at coping with this phenomenon. It is also intended that the practices of health professionals be instruments that contribute to the transformation of hegemonically defended and accepted values and customs, mediated by an attitude of denaturalization of gender violence.

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