ORIGINAL ARTICLE

VIOLENCE AGAINST WOMEN: UNDERSTANDING THE INTERDISCIPLINARY ACTION

VIOLENCIA CONTRA A MULHER: COMPREENDENDO A ATUAÇÃO INTERDISCIPLINAR

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ABSTRACT

Objective: to understand the strategies of interdisciplinary action in situations of violence against women.

Method: qualitative, descriptive study with nine professionals from the emergency team of a university hospital. Data were collected from a semi-structured interview and interpreted by the Content Analysis technique, in the Categorical Analysis modality. Results: seven of the participants reported knowing how to identify suspicious signs of violence against women, but they describe limitations and insecurities that interfere with the satisfactory performance during the service attributed to the lack of theoretical knowledge about the subject, overcrowding and deficiencies in external security and physical structure of the workplace.

Conclusion: the lack of theoretical and practical knowledge and the deficiencies in working conditions were limitations that affected the emergency team's role in providing care to women in situations of violence. The results will contribute to reflections of interprofessional teams on the performance and care of women attacked in hospital emergencies. Descriptors: Violence Against Women; Domestic Violence; Sexual Violence; Emergencies; Hospital Care.

RESUMO

Objetivo: compreender as estratégias de atuação interdisciplinar em situações de violência contra a mulher.

Método: estudo qualitativo, descritivo, com nove profissionais da equipe de emergência de um hospital universitário. Os dados foram coletados a partir de entrevista semiestruturada e interpretados pela técnica de Análise de Conteúdo, na modalidade Análise Categorial. Resultados: do total de participantes, sete referem saber identificar sinais suspeitos de violência à mulher, mas descrevem limitações e inseguranças que interferem no desempenho satisfatório durante o atendimento atribuídas ao pouco conhecimento teórico sobre a temática, à superlotação e a deficiências na segurança externa e na estrutura física do local de trabalho. Conclusão: a insuficiência de conhecimento teórico e prático e as deficiências nas condições de trabalho foram limitações que afetaram a atuação da equipe de emergência no atendimento à mulher em situação de violência. Os resultados contribuirão para reflexões de equipes interprofissionais sobre a atuação e cuidado à mulher agredida em emergências hospitalares. Descritores: Violência contra a Mulher; Violência Doméstica; Violência Sexual; Emergências; Assistência Hospitalar.

RESUMEN

Objetivo: comprender las estrategias de actuación interdisciplinar en situaciones de violencia contra la mujer.

Método: estudio cualitativo, descritivo, con nueve profesionales del equipo de emergencia de un hospital universitario. Los datos fueron recolectados a partir de entrevista semiestructurada y interpretados por la técnica de Análisis de Contenido, en la modalidad Análisis Categorial. Resultados: del total de participantes, siete se refieren saber identificar signos sospechosos de violencia a la mujer, pero describen limitaciones e inseguridades que interfieren en el desempeño satisfactorio durante la atención, atribuidas al poco conocimiento teórico sobre la temática, la hacinamiento y las deficiencias en la seguridad externa y en la estructura física del lugar de trabajo. Conclusión: la insuficiencia de conocimiento teórico y práctico y las deficiencias en las condiciones de trabajo fueron limitaciones que afectaron la actuación del equipo de emergencia en la atención a la mujer en situación de violencia. Los resultados contribuirán a reflexiones de equipos interprofesionales sobre la actuación y cuidado a la mujer agredida en emergencias hospitalarias. Descriptores: Violencia contra la Mujer; Violencia Doméstica; Violencia Sexual; Urgencias Médicas; Atención Hospitalaria.

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Violence against women is a global public health problem, which compromises physical and emotional health. In cases of physical violence, injuries are the main reason for the search for emergency and emergency care services worldwide, corresponding to 42% of women's visits, which may result, in their own death.¹

In Brazil, the scenario of violence against women is similar to the situation in the world, and, according to information from the Information System of Notifiable Diseases, it has 11,152 thousand visits to women in emergency services distributed in the country, where 623 were situations of domestic violence.² situations that require, the professionals of the health team, specific knowledge and the development of skills for appropriate approaches to women, in addition to favoring interactions with support services, as a mechanism for guaranteeing comprehensive, equitable, efficient and effective care.³⁴

Such requirements are contrary to the results presented in surveys⁵-⁷ that accuse the professional unpreparedness to recognize situations of violence against women, where they identify the professional practice usually limited to the complaint/conduct, consequence of the biomedical format, centered in the cure of the disease. In addition, these professionals are often unaware of other support services to which they can guide and refer women who are victims of violence, often because of overcrowding in emergency units, whose attention is limited to treating physical injuries without that there is time to accept it and relate the injuries to episodes of violence against women.

It is in this context that this research addresses the understanding of strategies of interprofessional action in suspected or confirmed situations of violence against women, including domestic and/or sexual, in the Emergency/Emergency sector of a University Hospital in Pernambuco.

OBJECTIVE

Understanding strategies for interdisciplinary action in suspected or confirmed situations of violence against women.

METHOD

A qualitative, descriptive study, with the data produced between December 2016 and February 2017, at the emergency unit of the University Hospital of the Federal University of the São Francisco Valley, located in the city of Petrolina (PE), a reference for the 53 municipalities of the Network Interstate Health Care of the Submédio São Francisco (Pernambuco-Bahia).⁸

Participants were nine professionals from the interdisciplinary team who met the criteria for inclusion in the sector for more than three months and attended to women in a suspected or confirmed situation of domestic and/or sexual violence. Resident professionals and professionals were excluded from their activities during the period of data collection.

The data were produced by the semistructured interview technique⁹, in the search to find answers to the guiding question: what are the attitudes of health professionals of emergency and emergency services in the face of suspected or confirmed situations of violence against women?

The results were treated by the Content Analysis technique, in the Categorical Analysis modality,¹⁰ a perspective characterized by a set of methodological instruments that can use systematic procedures and objectives of description of the contents and that apply to extremely diversified discourses, especially in the area of communication.

The technique is organized from three stages: 1) initial analysis, phase in which the unit of analysis is established, taking as reference, the organization of the material by means of floating reading and knowing the content of the text related to the keywords and/or propositions on a particular subject; 2) selection of the units of meanings, at which time the categories of analysis are determined that refer to the selection and classification of the data that deal with the identification of the subjects addressed in the texts with more common and frequent meanings and 3) categorization and subcategorization, defined as a procedure of classification of elements that are presented in the texts, thus forming categories for their interpretation.¹⁰
The research project was approved by the Ethics and Research Committee of the Federal University of the Valley of São Francisco (CEDEP/UNIVASF)/protocol113333/2016, and followed the principles of Resolution 488/12.11

RESULTS

Participants were aged between 28 and 36 years, five females, all married, two Nursing technicians, three nurses, one psychologist, one social worker and two physicians. Six of them studied at public universities. The training time ranged from two to 16 years, while the time spent in the service investigated ranged from six months to two years.

The data collected were organized into four categories: Knowledge about violence against women; Caring/Care from the perspective of different professional categories; Conduct/Attitudes regarding situations of violence against women; and Suggestions to Improve Care.

♦ Category 1 - Knowledge about violence against women

Only two participants affirmed their proximity to the theme of violence, during the academic training, one of them with practical experience. As for the others, only one referred to an individual search for knowledge.

did not understand, what types like that? The types of injuries? The types of nature? [...] Ah, it is usually a passionate conflict. (V08)

I have seen both of them, the aggression of the woman to the man and the man to the woman, but generally what I see here, are the companions being the aggressors. (V07)

Any kind of violence?! [...] aggression by strangers and domestic violence caused by the partner. (V05)

Despite the content of the above statements, when the participants were questioned, about “feeling prepared to serve women in suspected or confirmed situations of domestic and/or sexual violence,” only four affirmed positively.

I think so. From so much we see, already has a notion, is already getting used like this … psychologically at the beginning was a bit complicated […]. (V09)

Others, however, attribute their unpreparedness to the lack of opportunities and approaches during graduation.

I did not have any preparation at the undergraduate level, I never had contact with this subject, no, I started to have it after I became interested in the master’s degree, that the supervisor works in that area, I wanted to and that’s where I started reading because of the tests […], but I did not have contact in the graduation, I was not prepared, I never did any course and nor in the attendance never had nothing, capacity directed towards this. (V05)

There were those who, even admitting that they had technical competence, it seemed that besides not having the necessary ability to take care of these situations, they felt lack of interaction between the members of the team.

Prepared from the technical […] point of view: yes! Maybe not from the social point of view, it is! (V08)

I say that […] we try theoretically, but when it is in practice, we see ourselves in very different situations that have things that we really do not know how to deal with. So, the multiprofessional team needs to have all the support, that sometimes we only find one side, but the other does not give you that answer to interact with the whole team. So sometimes it gets very difficult […]. (V02)

♦ Category 2 - Care/Care from different professional categories

Although they state that they can identify signs of suspected violence, they are limited to physical injuries.

[…] many times the type of injury, the number of injuries, by the story that the patient tells, sometimes she has difficulty reporting the occurrence and sometimes confuses, and sometimes says different versions of the same event. (V08)

When it is a discordant complaint. Sometimes she arrives, […] as has already happened here, to get a patient with a swelling, a very big lesion on her face and she says it was a blow, she was walking and she hit her head. (V05)

[…] people already try to identify if they have any type of injury, especially in the intimate region, […] and also when we talk to family members, escorts, that we seek to collect some kind of information about the relationship she has in the house, that sort of thing. (V02)

It was noticed that the difficulties overcome the facilities: the gender of the professional, the insecurity to which they are exposed, insufficient physical space and excessive demand.

It is difficult for a woman to pass on … the type of violence, to open her, to inform her more precisely because she has to pass it on to a man, she feels more difficult […] I also have difficulty get […] all the information...
Violence against women: understanding institutions, including the hospital itself, as a reference for these situations.

- Category 4 - Suggestions for improving care

In this category, the participants expose weaknesses in the service that can be repaired on the one hand, by the professional's own interest, participating in training and seeking to keep up to date, and, on the other hand, by providing a favorable environment for the development of professional skills, since are directly interrelated with the quality of care provided by the interdisciplinary team in the context of urgency/emergency and the information produced from this care.

Difficult, it enters into the question of the patient's reception, of acquiring the confidence of the patient. (V06)

In addition, they admitted that cases of violence against women go unnoticed because of factors such as overcrowding and lack of a more critical and careful look.

- Category 3 - Conduct/Attitudes towards situations of violence against women

Concerning the conduct of cases of violence against women, a lack of knowledge about the dynamics of care for these situations is perceived, since, in addition to declaring referral only to the psychosocial service of the hospital itself, they appeared to be unaware of other services of the health network and network of assistance to women in situations of violence. A minority of participants (three) mentioned some network

discussion

Although the World Health Organization recommends that spaces equipped with conditions and professionals prepared for resolutive and intersectoral care be provided to women in situations of violence, this was not the case in this study, whose results allowed us to perceive a lack of familiarity and knowledge about care for women in a situation of violence, because few professionals had the opportunity to get information during graduation and, later, even seeking to qualify, the initiatives did not positively impact the attendance.

These findings are also present in research results developed in Ribeirão Preto, with
primary care physicians and nurses, in which 87% of the participants agreed that the knowledge interferes positively with the care provided.\(^{13-4}\)

This lack of knowledge was initially perceived, when they were questioned about the identification of types of violence and all of them demonstrated that they did not know this classification, and that they later admitted, their difficulties in recognizing and assisting women victims of violence. It is noticed that the look or recognition of the situations was restricted to the relatives' reports, discordant complaints and physical evidence, which can be attributed to the fact that the research site is a referral service to attend traumatic orthopedic situations.

Without looking at it, a professional can judge that treating only the physical injury, contemplates all the needs arising from that situation, which corroborates study results\(^{15,16}\), in which it was evident that the service was based on the logic complaint/conduct, characteristic of the biomedical model.

It should be noted that 47,646 cases of rape have been reported in police stations and IPEA research estimates show an average of only 10% of reported sex crimes in 2014\(^{17}\), which points to underreporting when one realizes that a large number of women still have difficulties to view the situation experienced and access available services.

When analyzing the results, we noted a lack of interest in investigating and reporting violence to women, since the professionals were not only unaware of the attendance frequency, but, also, did not proceed with the notification with adequate completion of the investigation/notification form and concomitant referral to the Psychosocial Service. Why does this occur: ignorance about filling? Short time to meet demand? Lack of commitment to provide data that will subsidize public policies?\(^{18-9}\)

The organizational structure of the network of assistance to women in situations of violence is united and articulated by two aspects: the intrasetorial and intersectoral. The first one composed by health services\(^6\), and the second branch, related to the intersectoral network, encompasses organs and institutions that interface with this care.\(^{20}\)

In dealing with situations of domestic violence against women, it is incumbent upon interdisciplinary teams to provide written or verbal reports, to carry out preventive actions aimed at women, aggressors and their families, particularly children and adolescents, among other duties reserved by local legislation, if any, but this was not confirmed in this research, since few collaborators mentioned adopting such attitudes in their practice of care. These are behaviors that refer to the omission and reinforce our understanding that health services are privileged spaces for the identification of situations of violence against women.

### CONCLUSION

The results of this research establish limitations of the interprofessional team in emergency care for women in situations of violence. Theoretical knowledge, little practical experience and deficiencies in working conditions, regarding external security (policing) and physical structure, have directly interfered in the identification and conduction of cases of violence against women.

The staff's interest and availability for training were found in order to better prepare them for action in these situations. These results are provocative about the need to rethink practices of the professionals on the care of women in hospital emergencies.

The research presented, as a limitation, the low availability of environment appropriate to the application of interviews.

### REFERENCES


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Submission: 2017/07/26
Accepted: 2017/11/23
Publishing: 2017/12/15

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