VIOLENCE AGAINST WOMEN: UNDERSTANDING THE INTERDISCIPLINARY ACTION

VIOLÊNCIA CONTRA A MULHER: COMPREENDENDO A ATUAÇÃO INTERDISCIPLINAR VIOLENCIA CONTRA LA MUJER: COMPRENDIENDO LA ACTUACIÓN INTERDISCIPLINAR

Maria Cintia Gomes¹, Margaret Olinda de Souza Carvalho e Lira², Michelle Christini Araújo Vieira³, Sued Sheila Sarmento⁴, Israel de Lima Florentino⁵

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 Categorical. **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 deficiência 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 interdisciplinaria en situaciones de violencia contra la mujer. **Método:** estudio cualitativo, descriptivo, con nueve profesionales del equipo de emergencia de un hospital universitario. Los datos fueron recolectados a partir de entrevista semiestruturada y interpretados por la técnica de Análisis de Contenido, en la modalidad Análisis Categorical. **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, el 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 inter profesionales sobre la actuación y cuidado a la mujer agredida en emergencias hospitalarias. **Descritores:** Violencia contra la Mujer; Violencia Doméstica; Violencia Sexual; Urgencias Médicas; Atención Hospitalaria.

¹Nurse, Specialist in Nursing in Emergencies and Emergencies, Universidade Federal do Vale do São Francisco/UNIVASF. Petrolina (PE), Brazil. E-mail: mariacgomes20@hotmail.com; ²Nurse, PhD, Professor of Nursing, Universidade Federal do Vale do São Francisco/UNIVASF. Petrolina (PE), Brazil. E-mail: olindalira@gmail.com; ³Nurse, PhD Professor in Public Health, Universidade Federal do Vale do São Francisco/UNIVASF. Petrolina (PE), Brazil. E-mail: michelle.christini@gmail.com; ⁴Nurse, Master Professor in Psychology, Universidade Federal do Vale do São Francisco/UNIVASF. Petrolina (PE), Brazil. E-mail: sued.sheila@gmail.com; ⁵Nurse, Resident in Intensivism, Universidade Federal do Vale do São Francisco/UNIVASF. Petrolina (PE), Brazil. E-mail: israel_enfermagem@hotmail.com.

INTRODUCTION

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 69 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.³⁻⁴

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 formation, 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.

he 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 overcame 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

to make a service with more quality [...].
(V04)

This gender issue opens space for discussion, because, when consulted on ways to approach women in conditions suspected of violence, the men involved revealed a certain resistance, on the part of women to be attended by them, making the situation more difficult to be conducted. Differently from the attendance conducted by the participants women, who, reported that they felt sensitized with situations of violence against women and that this could interfere negatively in their conducts.

They also indicated other impediments that hinder a better approach to such situations, as the deficiency in security and the intense demand that, in view of this, contribute to the physical space becomes small and prevents the reserved approach that these situations require.

Besides the lack of knowledge about the theme, about the flow, the time, which has no time, we do not have the time to do it.
(V05)

And the security of the health service that is served, in the case of the military police and also the surveillance personnel hired for this patient to be attended and the aggressor does not come, say, to find her in the sector that is being attended to, it again. [...] difficulty in sexual violence for not having a more adequate structure, [...].
(V08)

Difficulty, 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.

[...] we have to analyze what kind of violence we are talking about because what I observe very much in the emergency is that the cases of violence that are reported are more explicit cases, more evident cases that have left deeper marks at the level physically. (V03)

♦ **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

institutions, including the hospital itself, as a reference for these situations.

Here at the hospital unfortunately I think that only those who have this more precise data are only the personnel of the notification. (V06)

We call social work and psychology for them to suggest to the patient to make the newsletter. (V07)

Here only the Women's Police Station and the Reference Center for Women's Care.
(V04)

♦ **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.

I think if I had such a place, [...] the privacy issue for them. (V09)

Here the service could have a flow, have a flowchart right, so a protocol! For us to systematize the service. (V07)

Participate in some training or seek more information on the subject and on the flows. (V05)

The demand is very great, very great even if the professionals in certain situations can not handle all the care with the patients. [...] there is a lack of this more accurate look at the emergency team. (V04)

Humanization process [...] create spaces for reflection in this direction with professionals [...] the initial approach, the issue of the flow chart, perhaps an update of how it works. (V03)

DISCUSSION

Although the World Health Organization recommends that spaces equipped with conditions and professionals prepared for resolute and intersectoral care be provided to women in situations of violence¹², 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 2014¹⁷, 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 situation of violence is united and articulated by two aspects: the intrasectorial and intersectoral. The first one composed by health services⁴, 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

1. World Health Organization. Library Cataloguing-in-Publication Data. Global status report on violence prevention 2014 [Internet]. Geneva: WHO; 2014 [cited 2015 Dec 12]. Available from: http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/
2. Garcia LP, Duarte EC, Freitas LRS, Silva GDM. Domestic and family violence against women: a case-control study with victims treated in emergency rooms. *Cad Saúde Pública*. 2016; 32(4): e00011415. Doi: <http://dx.doi.org/10.1590/0102-311X00011415>
3. Oliveira CS, Delziovio CR, Lacerda JT. *Redes de Atenção à Violência* [Internet]. Florianópolis: UFSC; 2014 [cited 2015 Dec 12]. Available from: <http://violenciaesaude.ufsc.br/wp-content/uploads/2016/02/Redes-1.pdf>
4. Arboit J, Padoin SMM, Vieira LB, Paula CC, Costa MC, Cortes LF. Health care for women in situations of violence: discoordination of network professionals. *Rev Esc Enferm USP*. 2017 Apr; 51:e03207. Doi: [10.1590/S1980-220X2016113303207](https://doi.org/10.1590/S1980-220X2016113303207)

5. Vieira EM, Hasse M. Perceptions of professionals in an intersectorial network about the assistance of women in situation of violence. *Interface comun saúde educ*. 2017 Mar; 21(60):52-62. Doi: <http://dx.doi.org/10.1590/1807-57622015.0357>
6. Gomes NP, Erdmann AL. Conjugal violence in the perspective of "Family Health Strategy" professionals: a public health problem and the need to provide care for the women. *Rev Latino-Am Enfermagem*. 2014 Jan/Feb; 22(1): 76-84. Doi: <http://dx.doi.org/10.1590/0104-1169.3062.2397>
7. Visentin F, Vieira LB, Trevisan I, Lorenzini E, Silva EF. Women's primary care nursing in situations of gender violence. *Invest Educ Enferm* [Internet]. 2015 [cited 2016 Aug 05];33(3):556-64. Available from: <https://aprendeenlinea.udea.edu.co/revistas/index.php/iee/article/view/24465/20485>
8. Ministério da Educação (BR), Empresa Brasileira de Serviços Hospitalares. Plano de reestruturação do Hospital de Ensino da Universidade Federal do Vale do São Francisco - Dr. Washington Antônio de Barros [Internet]. Petrolina: EBSERH; 2013 [cited 2016 Aug 05]. Available from: http://www.ebserh.gov.br/documents/15796/103444/plano_de_reestruturacao_hedwab_univasf.pdf/e8940436-ffd9-4811-be81-b22a36988836
9. Minayo MCS, Deslandes SF, Gomes R. Pesquisa social: teoria, método e criatividade. 28th ed. Vozes: Petrópolis: Vozes; 2009.
10. Farago CC, Fofonca E. A Análise de Conteúdo na perspectiva de Bardin: do rigor metodológico à descoberta de um caminho de significações. *Rev Linguagem* [Internet]. 2012 [cited 2016 July 16];18:1-5. Available from: <http://www.letras.ufscar.br/linguagem/edicao18/artigos/007.pdf>
11. Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução nº 466 do Conselho Nacional de Saúde de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos [Internet]. Brasília: Ministério da Saúde; 2012[cited 2015 Dec 14]. Available from: http://conselho.saude.gov.br/ultimas_noticias/2013/06_jun_14_publicada_resolucao.html
12. Facuri CO, Fernandes AMS, Oliveira KD, Andrade TS, Azevedo RCS. Sexual violence: a descriptive study of rape victims and care in a university referral center in São Paulo State, Brazil. *Cad Saúde Pública*. 2013 May; 29(5):889-98. Doi:
- <http://dx.doi.org/10.1590/S0102-311X2013000500008>
13. Hasse M, Vieira EM. How health professional assist women experiencing violence? A triangulated data analysis. *Saúde debate*. 2014 Sept; 38(102):482-93. Doi: <http://dx.doi.org/10.5935/0103-1104.20140045>
14. Di Giacomo P, Cavallo A, Bagnasco A, Sartini M, Sasso L. Violence against women: knowledge, attitudes and beliefs of nurses and midwives. *J Clin Nurs*. 2017 Aug;26(15-16):2307-16. Doi: 10.1111/jocn.13625.
15. Silva EB, Padoin SMM, Vianna LAC. Violence against women and care practice in the perception of the health professionals. *Texto contexto-enferm*. 2015 Jan/Mar;24(1):229-37. Doi: <http://dx.doi.org/10.1590/0104-07072015003350013>
16. Oliveira RNG, Fonseca RMGS. Health needs: the interface between the discourse of health professionals and victimized women. *Rev Latino-Am Enfermagem*. 2015 Mar/Apr;23(2):299-306. Doi: <http://dx.doi.org/10.1590/0104-1169.3455.2555>
18. Fórum Brasileiro de Segurança Pública. Anuário Brasileiro de Segurança Pública [Internet]. São Paulo: Fórum Brasileiro de Segurança Pública, 2015 [cited 2016 Dec 12]. Available from: http://www.forumseguranca.org.br/storage/download//anuario_2015.retificado_.pdf
19. Garbin CAS, Dias IA, Rovida TAS, Garbin AJI. Challenges facing health professionals in the notification of violence: mandatory implementation and follow-up procedures. *Ciênc Saúde Coletiva*. 2015 June;20(6):1879-90. Doi: <http://dx.doi.org/10.1590/1413-81232015206.13442014>
20. Sousa MH, Bento SF, Osís MJD, Ribeiro MP, Faúndes A. Filling out the compulsory notification in health services that care for women who suffer from sexual violence. *Rev Bras Epidemiol*. 2015 Mar;18(1):94-107. Available from: <http://dx.doi.org/10.1590/1980-5497201500010008>
21. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Linha de cuidado para a atenção integral à saúde de crianças, adolescentes e suas famílias em situação de violências: orientação para gestores e profissionais de saúde. [Internet] Brasília: Ministério da Saúde; 2010 [cited 2016 Aug 20]. Available from:

Gomes MC, Carvalho e Lira MOS, Vieira MCA et al.

Violence against women: understanding...

http://bvsmms.saude.gov.br/bvs/publicacoes/li_nha_cuidado_crianças_familias_violencias.pdf

22. Lei nº 11.340, de 07 de agosto de 2006. Diário Oficial da União [Internet]. 2006 Aug 07 [cited 2016 July 30]. Available from: http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11340.htm

Submission: 2017/07/26

Accepted: 2017/11/23

Publishing: 2017/12/15

Corresponding Address

Maria Cíntia Gomes
Rua André Vidal de Negreiros, 277, Ap. 04
Maria Auxiliadora
CEP: 56330-420 – Petrolina (PE), Brazil