

*NURSING CARE IN RELATION TO WOMEN VICTIM OF DOMESTIC VIOLENCE IN
PRIMARY HEALTH CARE*

**CUIDADOS DE ENFERMAGEM EM RELAÇÃO A MULHER VÍTIMA DE VIOLÊNCIA
DOMÉSTICA NA ATENÇÃO PRIMÁRIA À SAÚDE**

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Abstract: Objective: Reflecting on nursing care in relation to women victims of domestic violence in Primary Health Care. **Method:** This is a theoretical-reflexive study with data collection in March 2021, through the databases Latin American and Caribbean Literature on Health Sciences (LILACS), National Library of Medicine (PUBMED) and Scientific Electronic Library Online (SCIELO). Six studies from the last ten years (2010-2020) were selected, using content analysis for the categorization of articles. **Results:** Two categories emerged on nursing care for women who are victims of violence in primary care and training of nursing professionals in the recognition of domestic violence. **Final notes:** The difficulties that nursing professionals have in caring for women in situations of violence are related to lack of qualified training, bringing a feeling of helplessness and unpreparedness in the face of situations experienced in clinical practice, such as referral to referral services and familiarity with the compulsory notification form.

Keywords: Nursing Team; Primary Health Care; Violence against Women

Resumo: Objetivo: Refletir sobre cuidados de enfermagem em relação à mulher vítima de violência doméstica na Atenção Primária à Saúde. **Método:** Trata-se de um estudo teórico-reflexivo com a coleta de dados em março de 2021, por meio das bases de dados: Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), *National Library of Medicine* (PUBMED) e *Scientific Electronic Library Online* (SCIELO). Foram selecionados seis estudos dos últimos dez anos (2010-2020), utilizando a análise de conteúdo para a categorização dos artigos. **Resultados:** Emergiram duas categorias sobre o cuidado de enfermagem a mulher vítima de violência na atenção básica e capacitação dos profissionais de enfermagem frente no reconhecimento da violência doméstica. **Considerações finais:** As dificuldades que os profissionais de enfermagem têm ao cuidado a mulheres em situações de violência estão relacionadas à falta de formação qualificada, treinamento e capacitação, trazendo sentimento de impotência e despreparo perante as situações vivenciadas na prática clínica, como o encaminhamento aos serviços de referência e a familiaridade com a ficha de notificação compulsória.

Palavras-chave: Equipe de Enfermagem; Atenção Primária à Saúde; Violência contra a Mulher.

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INTRODUCTION

The World Health Organization defines violence as the intentional use of physical force, power or threat against one another, to another, to a group or even to their peers, resulting in damage not only of a physical nature (bodily injuries), but also psychological and even death ⁽¹⁾. There are several forms of violence that people can be affected as well as can happen in several strata, and one of them is violence against women, this is considered a violation of human rights to the female gender, regardless of ethnic, social class, religion, cultural issues, economic factors, among others, and may bring several traumatic consequences to the life of this woman ⁽²⁾.

In 2018, 4,519 women died because of violence against women in Brazil, most of them black people living in the north and northeast regions, highlighting the cause of death from femicide in which the perpetrators of this crime were their partners/partners who lived in their family life ⁽³⁾.

According to Law n° 11,340, from August 7, 2006, known as the Maria da Penha Law, that protects women who suffer/suffered any type of violence in Brazil, it defines that violence to women is "any action or omission that causes death, injury, physical, sexual or

psychological suffering and moral or patrimonial damage" bringing various classifications as to the typologies of violence, such as domestic violence and intrafamily violence ⁽⁴⁾.

About violence in the domestic sphere, it is every environment of coexistence of people who live in the same place without having a biological family bond. In relation to the intrafamily, it is understood as a group of people who have some kinship, whether biological or not that are interconnected for some reason, affinity or will ⁽⁴⁾. The terms of both domestic and intrafamilial violence show similarities between their concepts but presenting small distinctions between their definitions ⁽⁵⁾.

In view of this phenomenon of a criminal nature, it has become a serious public health problem. In this sense, health professionals, especially nursing professionals, should be prepared to care for these women in situations of violence in health services, such as Primary Health Care (PHC) since this type of service is the gateway to the care of women in situations of violence ⁽⁶⁾.

The role of the nursing team in PHC in the care of women victims of domestic violence is related to welcoming, empathy, therapeutic listening, creating bonds and trust between nurse-patients to create a good

interpersonal relationship, because many women have resistance to share about the violence they suffer in their family life ⁽⁷⁾.

Health professionals who are going to assist these victims must have the skills and skills to combat violence. However, there are still disagreements about identifying what roles they should have in identifying physical signs of violence and referral to public security, justice and social services. The performance of the professionals shows that they ignore certain characteristics of the epidemiology of violence against women, especially with prenatal service ⁽⁸⁾.

As for nursing professionals, there is still a lack of training in the care of people in situations of violence, being one of the main gaps is the lack of training, training and training of the same, bringing a feeling of helplessness in the face of the situations experienced and the nursing processes that should be applied in clinical practice, as well as in the referral to reference services ⁽⁷⁾.

Perhaps due to the lack of training for women's care, nursing professionals understand that domestic violence is only identified by physical signs, discarding other indicators that are extremely present in victims of violence against women ⁽⁹⁾, may be inserted in several contexts of life, including private, domestic and family, making it necessary that the reception and care of these

victims be effective, proactive, humanized and ethical in the face of the challenges and problems that the health sector ends up facing in their daily lives ⁽¹⁰⁾.

In view of this contextualization, the objective of this study was to reflect on nursing care in relation to women victims of domestic violence in PHC.

METHOD

This is a theoretical-reflexive study on nursing care in relation to women as victims of domestic violence in PHC. Data collection occurred in March 2021, through the electronic databases/portals of the Virtual Health Library (VHL): Latin American and Caribbean Literature on Health Sciences (LILACS), and Medical Literature and Retrieval System Online (MEDLINE) and Scientific Electronic Library Online (SCIELO).

The Descriptors in Health Sciences (DeCS) and the Medical Subject Headings of the U.S. National Library of Medicine (Mesh): Nursing Team AND Violence against Women were used; Primary Health Care AND Violence against Women; Group of Enfermería AND Violencia contra la Mujer; Atención Primaria de Salud AND Violencia contra la Mujer, in the Portuguese, English

and Spanish languages in the last ten years (2010-2020).

The inclusion criteria were studies that relate the role of nursing in the care of women who suffer violence in PHC. Exclusion criteria were studies that address violence against women without nursing participation in care and/or related to other types of violence, such as against children, adolescents and the elderly.

For the analysis of the included studies, the content analysis of Bardin ⁽¹¹⁾ was used following the three phases indicated by it 1) pre-analysis, 2) exploration of the material and 3) treatment of the results, inference and interpretation. They were categorized for the reflexive discussion on the theme addressed.

RESULTS

The bibliographic search resulted in 703 studies in the first selection made by reading titles and abstracts, which excluded duplicate articles (14) and those that did not meet the inclusion criteria (668) and studies related to a multiprofessional approach on domestic violence and/or related to other types of violence.

Through the first selection of studies, 21 studies were pre-selected, among which were read in full, 15 found in MEDLINE, 5 in LILACS and 1 in SCIELO, did not meet the

study objective because they were related to the approach of victims of violence in the hospital, forensic, palliative, psychiatric and mental health and other languages. Thus, the sample resulted in six articles.

In view of the analysis of the selected studies, two categories emerged for the discussion on: I) Nursing care for women who are victims of violence in primary care; and II) Training of nursing professionals in the recognition of domestic violence.

DISCUSSION

I) Nursing care for women who are victims of violence in primary care

PHC is an environment that favors the identification of women victims of domestic violence because they are assisted in these services and because it is considered a gateway service as well as because of the structure of the same and its exchange with the family and with the habitat of the population ⁽¹²⁾.

The characteristics that help in the identification of women victims of violence are related to economic and affective dependence on the partner, fear of the aggressor, external judgment and even death due to threats. As well as, due to physical injuries, signs of coercion, psychological and emotional aspects that can be perceived

during the nursing consultation or even at times of specific procedures and in home visits. Thus, it is notable that different types of violence can be identified, as domestic violence defined as violation of women's rights, and can be classified as physical, verbal, moral and psychological, and physical, identified as one of the best known (9).

The care of women who are victims of domestic violence involves comprehensive care in the physical and biological, psychological, social, legal aspects. Identifying and understanding the feelings experiences of victims of violence, in addition to physical injuries, allow interventions to be resolute. For this, communication and reflexive listening are strategies that mark the efficiency in care, in which nurses report the existence of problems between communication and listening to the care of these women (13). Another aspect of care is to enable support, encouragement, empowerment so that women feel protected, respected and safe when seeking care in health services, thus preserving their mental health (14).

On the other hand, the nurse who works in PHC can identify the victims in relation to the consequences left by violence, since they can generate marked trauma to these victims, such as, which will affect their

biopsychosocial state, which may be a precursor of depressive symptoms, isolation, fear and inability to make decisions and others.

In the legal sphere, nurses must help victims to seek their rights and protection. In this sense, there is unpreparedness of the nursing team regarding the knowledge of legislation and compulsory notification, which generates insecurity, fear and difficulties in providing correct information in the care of people in situations of violence (13).

Interpersonal relationships between nurses and women victims of domestic violence must be based on the creation of bonds so that they can encourage and empower their rights and their decisions in the face of intimate partner violence, as well as favor the feeling of trust, belief in secrecy, empathy, trust in the professional. On the other hand, it favors the professional the emancipation of technical-scientific knowledge, skills and competencies to assist women in violent situations (10).

In view of this, nursing care for women victims of domestic violence should be based on promotion, safety, reception, respect, planning of strategic actions, public policies and legislation in force for the protection and prevention of the consequences that violence has on the lives of these women. As well as welcoming, qualified listening,

bonding, encouraging to report, detailed physical examination and psychoemotional approach, in which primary care services should be prepared to receive/assist these women in situations of violence ⁽⁹⁾.

In addition, there are still failures in care because they are not familiar with the compulsory notification form, in the reception, in the referral to the psychologist, to the social worker and public safety, with no return and close monitoring by the nurse who works in primary care ⁽¹²⁾.

As for the knowledge of PHC nurses about violence against women, it is observed that there is a need for an interdisciplinary approach in public, social, legal and education services ⁽¹⁵⁾.

The knowledge of professionals about the care of women victims of violence, is deficient since they do not have qualified training, do not know the epidemiological characteristics of violence, do not know what correct conduct to take against cases, as well as the lack of an instrument that guide this type of specific care, which hinders care, decreases sensitivity in welcoming the victim and hinders referral to public safety ⁽¹⁶⁾.

It is important that nurses know how to identify the appropriate behaviors, but due to the complexity of the problem of violence, a broad and interdisciplinary approach is

necessary, covering prevention and protection actions against violence ⁽¹⁶⁾.

In addition to the systematization of nursing care for women victims of domestic violence, nurses who work in PHC have the function of training their team ⁽¹²⁾. For this, specific skills and skills have been developed so that they can train others, which is not evident in some studies ^(6,7,8,9,10,12). In this sense, it is perceived that it is important that the nursing professional seeks qualification strategies for this.

II) Training of nursing professionals in the recognition of domestic violence

The recognition of PHC nurses includes what domestic violence is and its important role in care in the face of it, whether in anamnesis, physical examination and qualified listening, still presents difficulties caused by fear and insecurity in caring for victims of domestic violence, lack of specific training and professional training ⁽¹²⁾. As for unpreparedness, it still exists due to the academic training of health professionals in relation to the identification and care of people in situations of violence, generating a feeling of insecurity ⁽¹⁷⁾.

Moreover, PHC nurses have knowledge and interest on the theme of violence against women, presenting

knowledge about women's protection policy, compulsory notification and identifying this phenomenon as a public, social, judicial, economic and cultural health problem ⁽¹⁸⁾. Although some nurses include in their professional practice a planning of actions related to the care of women victims of violence, they reported that they did not take training courses to work in the area. there is disqualification in the laws and decrees that support these women and the need to strengthen the health networks that receive this public ⁽¹⁸⁾.

As for the knowledge of primary care nurses about violence against women, there is a good result of the participants' violence, epidemiological profile, care for the victims, as well as identifying the characteristics of the aggressor ⁽¹⁵⁾. Moreover, when courses are offered that train these professionals on the care of victims of violence, it demonstrates a satisfactory point to the results after its conclusion that they feel more prepared and qualified to serve this public ⁽¹⁷⁾.

The challenges that primary care services face regarding violence against women shows that nurses who are on the front line of care should be trained to perform humanized, educational and ethical functions and conducts. However, it is still observed within PHC services the scarcity of their preparation in biopsychosocial recognition,

requiring continued education to improve and fulfill the gaps in interdisciplinary care ⁽¹²⁾.

The limitations that many professionals present are the lack of preparation and training regarding the approach of violence against women, presenting failures since their training process consequently with a deficiency not only in the care in the face of cases of violence, but the development of professional skills and skills ⁽¹⁹⁾.

It is notorious that nursing professionals who have been inserted in primary care services are familiar with the theme so that they can play their role before women in critical situations regarding violence, as well as develop necessary conducts to feel supported and supported in relation to referring specialized networks and notification as a tool to identify cases of domestic violence.

FINAL NOTES

It was evidenced that the difficulties that nursing professionals have in the care of women in situations of violence are related to lack of qualified training, being identified feeling of helplessness and unpreparedness in the face of situations experienced in clinical practice, such as referral to reference services

and familiarity with the compulsory notification form.

It should be reflected what difficulties this basic health care is facing, providing professionals with training, through continuing education, instrumentalizing them to identify and understand the feelings and experiences of the victims, so that it is easier to receive and quality care.

Future studies on the role of the nursing team in PHC on victims of violence against children and adolescents and the elderly are suggested, whose approach is completely different, and these professionals should be aware of these types of signs of violence.

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