

THE ROLE OF PRIMARY HEALTH CARE NURSES IN THE CARE OF WOMEN VICTIMS OF VIOLENCE

ATUAÇÃO DO ENFERMEIRO DA ATENÇÃO PRIMÁRIA À SAÚDE NO ATENDIMENTO ÀS MULHERES VÍTIMAS DE VIOLÊNCIA

Marina Borges Bueira da Silva¹, Janaína Samantha Martins de Souza² e Juliana Matte³

ABSTRACT

Violence Against Women (VAW) is recognized as a significant violation upon human rights, specifically encroaching upon women's entitlements to life, health, and physical well-being. It has the potential to impact women across different social classes, age groups, beliefs, marital statuses, and sexual orientations, regardless of geographical location. This study aims to determine the specific responsibilities and contributions of primary health care nurses in providing care for women who have experienced violence. To accomplish this goal, we conducted a preliminary investigation using a quantitative methodology in April 2022. This investigation involved administering a questionnaire consisting of 12 questions to a sample of 25 primary health care nurses in the municipality of Bento Gonçalves/RS - in the south of Brazil. We used descriptive statistics to analyze the data. The primary findings indicate a deficiency in the understanding of existing legislation pertaining to violence against women among nurses, as well as a lack of adequate training provided by higher education institutions for future professionals. It is crucial to provide comprehensive training to healthcare professionals on legislation, enabling them to effectively inform victims about their rights and relevant support services.

Keywords: violence; women; nursing; primary care; violence against women.

RESUMO

A Violência Contra a Mulher (ACM) é identificada como uma das principais transgressões aos Direitos Humanos, violando seus direitos à vida, à saúde e à integridade física, podendo afetar mulheres de diversas classes sociais, faixas etárias, crenças religiosas, status civil e orientações sexuais, em qualquer região do mundo. Nesta perspectiva, este estudo tem como objetivo identificar a atuação do enfermeiro da Atenção Primária à Saúde no atendimento às mulheres vítimas de violência. Para tal, realizou-se uma pesquisa exploratória com abordagem quantitativa por meio da aplicação de um questionário, em abril de 2022, composto por 12 questões à 25 enfermeiros da Atenção Primária à Saúde do município de Bento Gonçalves/RS. Os dados foram analisados por meio da estatística descritiva. Os principais resultados mostram que existe desconhecimento dos enfermeiros em relação à legislação vigente para os casos de violência contra a mulher, bem como a falta de preparo dos futuros profissionais por parte das instituições de ensino superior. Dessa forma, é imprescindível uma capacitação que prepare o profissional de saúde quanto à legislação para que ele consiga orientar a vítima sobre seus direitos e assistências disponíveis a seu favor.

Palavras-chave: violência; mulheres; enfermagem; atenção primária; violência contra a mulher.

¹ Graduada em Enfermagem pela Faculdade Nossa Senhora de Fátima. Faculdade Nossa Senhora de Fátima, Rio Grande do Sul, Brasil. E-mail: marinaborges1710@yahoo.com.br. Orcid: 0009-0000-3289-8618

² Doutora em Medicina e Ciências da Saúde pela PUCRS. Docente da Faculdade Nossa Senhora de Fátima. Faculdade Nossa Senhora de Fátima, Rio Grande do Sul, Brasil. E-mail: janasamantha@hotmail.com. Orcid: 0000-0002-7474-2555

³ Doutora em Administração pela Universidade de Caxias do Sul. Universidade de Caxias do Sul, Rio Grande do Sul, Brasil. E-mail: ju.cxs1@gmail.com. Orcid: 0000-0003-0945-2479

INTRODUCTION

Violence Against Women (VAW) is recognized as a significant violation upon human rights, specifically encroaching upon women's entitlements to life, health, and physical well-being. It has the potential to impact women across different social classes, age groups, beliefs, marital statuses, and sexual orientations, regardless of geographical location (SILVA *et al.*, 2020).

To combat this form of violence, Brazilian legislation has implemented several laws. These include the Maria da Penha Law No. 11,340 of 2006, which aims to assist women facing domestic and family violence and establish measures of support and protection. Additionally, Joanna Maranhao Law No.12,650 of 2012 has extended the time limits for prosecuting sexual abuse crimes against children and adolescents. The Carolina Dieckmann Law No.12,737 of 2012 addresses cases of electronic device invasion to obtain victims' private data. Minute Law No.12,845 of 2013 guarantees healthcare for victims of sexual violence. Lastly, the Law of Femicide No.13,104 of 2015 classifies femicide as an aggravating factor in homicide cases (SILVA *et al.*, 2017).

Up until April of 2022, the state of Rio Grande do Sul recorded 76 attempted femicides, 36 completed femicides, 649 rape occurrences, 6,450 physical assault cases, and 10,834 threats against women (BRASIL, 2022).

Given the magnitude that this condition has attained throughout time, the World Health Organization (WHO) currently classifies it as a worldwide public health issue (PAHO, 2017). According to the institution, 33% of women worldwide have at some point in their lives suffered physical and/or sexual abuse at the hands of their partner or those outside of their relationship.

Hence, the inclusion of competent nurses in Primary Health Care (PHC) is imperative for providing comprehensive care to women who have experienced violence. This is crucial since PHC serves as the initial point of contact, facilitating specialized consultations, home visits, and community engagement to ensure a more compassionate and accessible approach for victims. (SILVA *et al.*, 2020).

However, Delmoro and Vilela (2022) discovered in their theoretical-reflective study on violence against women that nurses were inert in the face of these events and lacked knowledge about the care they should provide to victims. Therefore, how do nursing professionals from Bento Gonçalves/RS work?

This study aims to determine the specific responsibilities and contributions of primary health care nurses in providing care for women who have experienced abuse or violence.

METHODS

This experimental investigation was undertaken in April 2022 by the Primary Health Care Treatment Unit in the municipality of Bento Gonçalves/RS, using a quantitative methodology. The study sample comprised 28 nurses, and 25 of them responded to the survey, resulting in a conversion rate of 89%.

The sample for this study consisted of nurses with at least six months of experience in primary care who willingly agreed to participate and sign the Informed Consent Form (ICF). However, the study excluded professionals who were on vacation or leave, as well as incomplete questionnaires.

Two doctors in the local vicinity validated the questionnaire before administering it directly to nurses face-to-face at their workplace. The questionnaire consisted of 12 closed-ended questions. Participants received guidance on the research's objectives and the significance of the ICF during the data collection, ensuring the confidentiality of the information. As a result, the questionnaire was read out to the professional and filled in by the researcher. The average duration for each questionnaire was 7 minutes, and at the end of the collection, 25 questionnaires were validated, while 3 were incomplete.

The data was subsequently inputted into the Excel software application and subjected to analysis utilizing descriptive statistics, encompassing both relative and absolute frequencies. We used SPSS® software version 21 for the analysis.

This research received approval from the Municipal Health Department of Bento Gonçalves and the Ethics and Research Committee (REC) of the educational institution, Opinion No. 2,431,612, according to the Regulated Guidelines and Norms for Research Involving Human Subjects, of the National Health Council, as set forth in Resolution No. 466/2012.

RESULTS

The study sample comprised 25 nurses employed in the Primary Health Care treatment unit situated in the municipality of Bento Gonçalves/RS - south of Brazil. Approximately 64% of the sample fell within the age range of 31 to 50. In terms of professional experience, 36% of the individuals have been in their field for up to 10 years, 36% have over 21 years of experience, and 28% have between 11 and 20 years of experience. Table 1 displays the primary demographic characteristics.

Table 1 - Characterization of the sample.

	n	%
Age		
From 18 to 30 years old	5	20.0
31 to 40 years old	8	32.0
41 to 50 years old	8	32.0
51 years or older	4	16.0
Years of professional experience		
Up to 10 years	9	36.0
11 to 20 years	7	28.0
Above 21 years	9	36.0

Source: Research data.

The study investigated inquiries regarding the treatment of female individuals who have experienced violence using a set of multiple-choice questions as outlined in Table 2. Regarding this matter, all nurses (100%) identified physical, psychological, and sexual manifestations as forms of violence. Furthermore, 96% of nurses recognized patrimonial violence, while 92% acknowledged moral violence.

When queried about whether the professional has previously aided female victims of violence, 92% responded affirmatively, whereas 8% did not. Out of the 23 professionals who experienced this type of incident, 18 of them (78.3% of those who assisted these victims) stated that the main aggressor was their husband, 12 (52.2%) claimed it was their ex-husband, 9 (39.1%) reported it was their boyfriend, and 5 (21.7%) reported it was someone they knew.

Regarding the age of the victims, it was noted that the age groups between 18 and 28 and between 28 and 38 years old are the most prevalent among women who were raped, accounting for 47.8% and 52.2%, respectively.

Table 2 - Assistance to victims of violence.

	n	%
Manifestations of violence against women		
Physical, psychological	25	100.0
Sexual	25	100.0
Patrimonial	24	96.0
Moral	23	92.0
Assistance to victims of violence		
Yes	23	92.0
No	2	8.0
In the situations you attended, the main aggressor was		
Husband	18	78.3
Ex-husband	12	52.2
Boyfriend	9	39.1
Someone they knew	5	21.7
Ex-boyfriend	1	4.3
Current partner of the ex-husband	1	4.3
Children	1	4.3
Other	1	4.3

Usually the age of the victims is		
From 18 to 28 years old	11	47.8
28 to 38 years old	12	52.2
38 to 48 years old	6	26.1
All ages	4	17.4
Varied ages	2	8.7

Source: Research data.

Table 3 presents the findings of the research, which focused on the knowledge and conduct of nurses towards women who are victims of violence. The research included multiple choice questions. When questioned about the appropriate conduct for nurses caring for women who have been raped, 24 professionals, accounting for 96% of the participants, stated that the nurse should: prioritize care, report cases, provide a welcoming and respectful environment, plan interventions, and adhere to guidelines related to current legislation for the protection of women.

Regarding the legislation that sanctioned this form of violence, it was widely recognized that the Maria da Penha Law (No. 11,340) was known by everyone. The Law of Femicide (No.13,104) was known by 60% of the interviewees, while the Carolina Dieckmann Law (No. 12,737) was known by 44%. The Next Minute Law (No.12,845) was known by 40% of the nurses interviewed, and the Joana Maranhão Law (No. 12,650) was known by 20%.

When asked whether this subject is relevant to nursing professionals, everyone answered positively. When asked if educational institutions are adequately preparing future nurses to care for women victims of violence, 16 respondents (64%) said “no,” while 9 respondents (36%) said “yes.”

In relation to the concept of safety among nurses and their readiness to cease attending to victims of violence, 15 professionals (60%) said that it is contingent upon the specific circumstances, 9 (36%) deemed themselves secure and adequately equipped, and 1 individual (4%) did not consider themselves adequately prepared.

The previous inquiry focused on the primary challenge of caring for these individuals, with 16 nurses (64%) identifying the victims’ reticence as the most significant obstacle. Of all the respondents, 14 individuals (56%) considered the terror the victims endured. Additionally, 6 individuals (24%) discussed the dread that professionals felt when handling these instances. Other 5 individuals (20%) acknowledged the lack of preparedness among professionals to handle such cases. Lastly, 2 individuals (8%) recognized the issue of time constraints due to the high flow of people during work.

Table 3 - Knowledge and conduct of the nurse.

	n	%
Nurse conduct in the care of female rape victims		
Notification of cases, acceptance and respect, guidelines on the current legislation for the protection of women	1	4.0
All alternatives	24	96.0

Knowledge of the laws that protect women		
Maria da Penha Law (No.11,340)	25	100.0
The Law of Femicide (No.13,104)	15	60.0
Carolina Dieckmann Law (No.12.737)	11	44.0
The Next Minute Law (No.12,845)	10	40.0
Joana Maranhão Law (No.12.650)	5	20.0
This subject is relevant to nursing professionals		
Yes	25	100.0
Educational institutions have the necessary resources to train future nurses in providing treatment for women who were victims of violence		
No	16	64.0
Yes	9	36.0
As a nurse, you feel safe and well-prepared to care for these victims		
It depends on the situation	15	60.0
Yes	9	36.0
No	1	4.0
Providing assistance to female victims is more challenging due to		
Victims remain silent	16	64.0
Victims' fear	14	56.0
Lack of readiness among professionals to manage these cases	5	20.0
Professionals exhibit apprehension when it comes to engaging with these cases.	6	24.0
Work flow	2	8.0

Source: Research data.

DISCUSSION

The aim of this study was to determine the specific responsibilities and contributions of primary health care nurses in caring for women who had experienced violence. The results indicate that 78.3% of the professionals who cared for women victims of violence identified the husband as the primary aggressor, 52.2% the ex-husband, and 39.1% the boyfriend.

The research results support a previous study conducted with women from the Midwestern University community, which demonstrated that all victims experienced physical abuse from an intimate partner. (LIM; VALDEZ; LILLY, 2015). The literature review conducted by Sobrinho *et al.* (2019) also highlighted the presence of domestic violence among couples. The authors noted that the normalization of such violence indicates that the women involved are enduring an abusive relationship. This reality seems to happen in different parts of the world.

Souza *et al.* (2021) assert that those who are financially and emotionally dependent on their partners, fear the aggressor and societal judgments, and remain silent due to death threats might be classified as victims of violence. Violence against women can serve as a means of subjugation and control by a romantic partner, spouse, or former spouse, particularly within intimate relationships, and can result in both physical and emotional harm. (BANDEIRA, 2014; DUARTE *et al.*, 2019).

The study results showed that all the nurses interviewed acknowledged physical, psychological, and sexual manifestations as different forms of violence. Additionally, 96% of the nurses recognized patrimonial violence, while 92% acknowledged moral violence. Hence, the research is consistent with Souza *et al.* (2021), who assert that violence can be identified by assessing physical injuries, indications of coercion, and psychological and emotional factors that are observable in nursing consultations, procedures, or home visits.

Thus, it is imperative for nurses to assist victims in claiming their entitlement to protection while consistently honoring the patient's autonomy to decide whether or not to report the perpetrator. When it comes to awareness of laws safeguarding women who are victims of violence, it was discovered that the Maria da Penha Law (No. 11,340) was known by everyone. However, only 60% of individuals were aware of the Feminicide Law (No. 13,104), 44% knew about the Carolina Dieckmann Law (No.12,737), 40% were familiar with the Next Minute Law (No.12,845), and only 20% were knowledgeable about the Joana Maranhão Law (No. 12,650). The study has also discovered a lack of understanding of the regulations that safeguard women who have been victimized. According to a study conducted by Silva *et al.* (2017), a significant number of professionals lack knowledge about legislation and mandatory reporting, which hinders their ability to offer accurate information when caring for women who have experienced violence.

Consequently, nursing care for cases of violence against women should prioritize health promotion, safety measures, reporting and reception procedures, respect for the victims, intervention planning, and adherence to public policies. Additionally, it is crucial for nurses to have a comprehensive understanding of the existing legislation that safeguards women's lives and aims to prevent further incidents (NETTO *et al.*, 2018; SOUZA *et al.*, 2021).

Nevertheless, in order to effectively aid victims of violence, nurses in primary health care have the duty of empowering their team members to acquire the essential skills for recognizing violence in their multidisciplinary care. Additionally, they must enable women under their care to identify signs of abuse before the situation worsens (SILVA *et al.*, 2020).

It is crucial to consistently train the team and, as a nurse, collaborate with other professionals to effectively address this problem (HESLER *et al.*, 2013).

Within this particular framework, a significant majority of nurses, specifically 64%, hold the belief that educational institutions are insufficiently equipping aspiring nurses to provide appropriate care for women who have experienced abuse. However, 60% of the professionals expressed feeling secure and equipped to provide treatment for victims of violence as nurses, depending on the circumstances. Meanwhile, 36% considered themselves both safe and well-prepared.

These findings align with the research conducted by Delmoro and Vilela (2022), which revealed a notable deficiency in the understanding of nursing professionals on the care given to women who are victims of violence, as well as a lack of action in response to such incidents.

Such findings are concerning, as Lima *et al.* (2017) argue that nurses should address the needs of women who have experienced violence. This includes conducting home visits, providing a welcoming environment, establishing a rapport, and using standardized questions and protocols to detect and aid in such circumstances. Therefore, it is necessary to train PHC professionals to serve raped women, since this assistance provides more intimate treatment with victims through nursing consultations, home visits, and proximity to the community (SILVA *et al.*, 2020).

The study also examined the challenges faced in supporting these women who have been victimized. It found that 64% of respondents identified silence as a barrier for the victims, while 56% identified fear as another obstacle. Additionally, 24% expressed fear on the part of professionals in engaging with these cases, and 20% believed that professionals lacked adequate preparation to handle such cases.

This outcome validates the significance of qualified listening, as emphasized by Xavier and Silva (2019). According to the authors, the nursing team lacks the necessary preparation to effectively approach women in situations of violence, despite the importance of qualified listening, empathy, and establishing a connection in providing care for these women.

In another study, it was shown that certain nurses faced challenges in recognizing these situations since they lacked proper training and preparation during their graduation. Therefore, it is necessary to pay attention to these needs in order to meet the demands of women in situations of violence. (SEHNEM *et al.*, 2019).

CONCLUSION

The study aimed to determine the role of primary health care nurses in providing care for female violence victims. The data presented indicates that the nurses possess a clear understanding of the many signs and symptoms of violence against women, which allows them to effectively support and aid the victims.

However, there is not yet a widespread understanding of the relevant legislation, which could affect the quality of the assistance offered. While nurses possess knowledge of the Maria da Penha Law, there are other laws that support victimized women and can be used to provide them with assistance.

It is crucial to provide comprehensive training to healthcare professionals on legislation, enabling them to effectively inform victims about their rights and relevant support services. Furthermore, skilled practitioners can provide support to women who have experienced violence, even in situations when they choose not to speak about their experiences, during the process of receiving care.

Many professionals are apprehensive when they meet victims, likely due to their reluctance to engage in the observed violence. Consequently, higher education institutions can devise

methods to train and certify healthcare workers to support and receive women who have experienced violence.

Conversely, female empowerment can serve as a solution for women to acquire awareness about the subject and recognize instances of violence against them. In order to accomplish this objective, it is imperative that federal, state, and local authorities take measures to promote and inform women about the many forms of violence and the legal protections available to them in such situations.

This study's limitation is that it solely focused on primary health care nursing professionals, without examining other professionals or neighboring cities to determine if the findings apply to the entire region. Therefore, further studies could replicate the research in other cities in the Northeast side of Rio Grande do Sul/ other locations in order to ascertain how nurses work with women who are victims of violence.

REFERENCES

ALBUQUERQUE NETTO, Leônidas de *et al.* Atuação da enfermagem na conservação da saúde de mulheres em situação de violência. **REME Revista Mineira de Enfermagem**, p. e-1149, 2018. DOI: 10.5935/1415-2762.20180080.

BANDEIRA, Lourdes Maria. Violência de gênero: a construção de um campo teórico e de investigação. **Sociedade e Estado**, v. 29, n. 2, p. 449-469, 2014. Available at: <https://www.scielo.br/j/se/a/QDj3qKFJdHLjPXmvFZGsrLq/?format=pdf&lang=pt>. Accessed on: 27 may 2022.

BRASIL. Lei n. 11.340 de 7 de agosto de 2006. Lei Maria da Penha. Cria mecanismos para coibir a violência doméstica e familiar contra a mulher. Brasília: **Ministério da Justiça**; 2006.

BRASIL. Lei n. 12.737 de 30 de novembro de 2012. Dispõe sobre a tipificação criminal de delitos informáticos; altera o Decreto-Lei nº 2.848, de 7 de dezembro de 1940 - Código Penal; e dá outras providências. Brasília: **Ministério da Justiça**; 2012a.

BRASIL. Lei n. 12.650 de 17 de maio de 2012. Altera o Decreto-Lei nº 2.848, de 7 de dezembro de 1940 - Código Penal, com a finalidade de modificar as regras relativas à prescrição dos crimes praticados contra crianças e adolescentes. Brasília: **Ministério da Justiça**; 2012b.

BRASIL. Lei n. 12.845, de 1º de agosto de 2013. Dispõe sobre o atendimento obrigatório e integral de pessoas em situação de violência sexual. Brasília: **Ministério da Justiça**; 2013.

BRASIL. Lei n. 13.104 de 9 de março de 2015. Altera o art. 121 do Decreto-Lei nº 2.848, de 7 de dezembro de 1940 - Código Penal, para prever o feminicídio como circunstância qualificadora do crime de homicídio, e o art. 1º da Lei nº 8.072, de 25 de julho de 1990, para incluir o feminicídio no rol dos crimes hediondos. Brasília: **Ministério da Justiça**; 2015.

BRASIL. Secretaria da Segurança Pública. **Indicadores da Violência Contra a Mulher - Lei Maria da Penha**. Brasília: Secretaria da Segurança Pública, 2022. Available at: <https://www.ssp.rs.gov.br/indicadores-da-violencia-contra-a-mulher>. Accessed on: 27 may. 2022.

DELMORO, Isabela de Cássia de Lima; VILELA, Sueli de Carvalho. Violência contra a mulher: um estudo reflexivo sobre as principais causas, repercussões e atuação da enfermagem. **Revista Enfermagem Atual In Derme**, v. 96, n. 38, p. e-021239, 2022. DOI: 10.31011/reaid-2022-v.96-n.38-art.1273.

HESLER, Lilian Zielke *et al.* Violência contra as mulheres na perspectiva dos agentes comunitários de saúde. **Revista Gaúcha de Enfermagem**, v. 34, n. 1, p. 180-186, 2013. Available at: <https://www.scielo.br/j/rgenf/a/MWVc63psXP36k7CKSP4YSzp/?format=pdf&lang=pt>. Accessed on: 27 May 2022.

LIM, Ban Hong; VALDEZ, Christine E.; LILLY, Michelle M. Making meaning out of interpersonal victimization: The narratives of IPV survivors. **Violence Against Women**, v. 21, n. 9, p. 1065-1086, 2015. DOI: 10.1177/1077801215590670.

Larissa Alves de Araujo *et al.* Assistência de enfermagem às mulheres vítimas de violência doméstica. **Revista Enfermagem UFPI**, v. 6, n. 2, p. 65-68, 2017. DOI: <https://doi.org/10.26694/reufpi.v6i2.5783>.

OPAS. Organização Pan-Americana da Saúde. **Folha informativa - Violência contra as mulheres**. 2017. Available at: https://www3.paho.org/bra/index.php?option=com_content&view=article&id=5669:folha-informativa-violencia-contra-as-mulheres&Itemid=820. Accessed on: 27 May 2022.

SEHNEM, Graciela Dutra *et al.* Violência contra as mulheres: atuação da enfermeira na atenção primária à saúde. **Revista de Enfermagem da UFSM**, v. 9, p. 62, 2019. DOI: <https://doi.org/10.5902/2179769235061>.

SILVA, Neuzileny Nery Ferreira *et al.* Atuação dos enfermeiros da atenção básica a mulheres em situação de violência. **Enfermagem em Foco**, v. 8, n. 3, 2017. DOI: <https://doi.org/10.21675/2357-707X.2017.v8.n3.1290>.

SILVA, Viviane Graciele da; RIBEIRO, Patrícia Mônica. Violência contra as mulheres na prática de enfermeiras da atenção primária à saúde. **Escola Anna Nery**, v. 24, 2020. DOI: <https://doi.org/10.1590/2177-9465-EAN-2019-0371>.

SOBRINHO, Natália Costa *et al.* Violência contra a mulher: a percepção dos graduandos de enfermagem. **Journal of Nursing and Health**, v. 9, n. 1, 2019. Available at: <https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/13222/9190>. Accessed on: 06 June 2022.

Souza, Jhuliano Silva Ramos *et al.* Cuidados de enfermagem em relação a mulher vítima de violência doméstica na atenção primária à saúde. **Revista Enfermagem Atual In Derme**, v. 95, n. 34, 2021. DOI: <https://doi.org/10.31011/reaid-2021-v.95-n.34-art.1099>.

SOUZA, Marjane Bernardy *et al.* Características de Personalidade das Mulheres Vítimas de Violência Doméstica. **ID on line. Revista de Psicologia**, v. 12, n. 39, p. 552-572, 2018. DOI: <https://doi.org/10.14295/idonline.v12i39.1003>.

XAVIER, Aline de Assis Pereira; SILVA, Erci Gaspar. Assistência de enfermagem no atendimento de mulheres em situação de violência na atenção básica. **Revista de Iniciação Científica e Extensão**, v. 2, n. Esp. 2, p. 293-300, 2019. Available at: <https://revistasfacesa.senaaires.com.br/index.php/iniciacao-cientifica/article/view/279/217>. Accessed on: 06 June 2022.