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## THE NURSE'S ROLE IN WELCOME TO VICTIMS OF VIOLENCE AGAINST WOMEN

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**Abstract:** The violence against women is defined as any act or omission that causes injury, death, physical, sexual, psychological suffering, property or moral damage. Welcoming these demands and providing assistance to these patients is part of the health rights proposed by the Unified Health System (SUS), since this issue is considered a serious public health problem. The study aimed to highlight the role of nurses in welcoming victims of violence against women. This article is characterized as a systematic literature review. 17 scientific articles found in the databases *Scientific Electronic Library Online* (SciELO), Academic Google, Conference Annals, specialized journals and other data used in this work were taken from United Nations (UN) websites - Women, Pan Americana de Saúde (PAHO) - Brazil and the State Department of Public Security of the Federal District (SESP/DF). The terms used to search for these works and data were: gender violence, violence, nursing care for victims and domestic violence. The work was carried out from February to May 2020. Data on violence against women in the Federal District showed an increase of 73% in cases of femicide from 2016 to 2019 and also an increase in cases of domestic and sexual violence. The violence suffered by the simple fact of being a woman, regardless of her characteristics, is the product of a social system that subordinates the female sex. It was observed that such events are more favorable in underdeveloped countries, concluding that it is necessary to strengthen policies to eradicate all types of violence against women, offering an efficient multidisciplinary support network.

**Keywords:** Nursing, women, health and violence.

## INTRODUCTION

Violence against women is defined as any act of gender-based violence that results in physical, sexual or mental harm or suffering to women, including threats or deprivation of liberty [1]. In Brazil and in the world, violence against women is a serious public health problem that requires health teams, highlighting the role of Nursing, humanized and welcoming postures to deal with victims, since external factors contribute to this type of occurrence. of violence [2].

The harm caused to the victim can last a lifetime and is related to the physical well-being, sexual, reproductive, emotional, mental and social issues of the battered women. Domestic violence is often evidenced only when it is manifested in an extreme way, that is, when considerable physical damage occurs or even when the victim dies. However, the link between the occurrence of physical violence and psychological violence must be understood, the latter usually precedes the former [3].

Receiving the demand of women victims and providing support is part of health rights, although there are few services dedicated to this and there is no complete detection of the real number of cases. This insufficiency occurs due to the difficulty of physicians in detecting such cases, since many of them do not have an appropriate approach and often because they do not know how to deal with the demand that arises [4].

The reception, the creation of a bond, and having the knowledge of how the reception networks work is one of the main interventions that nursing can perform. The nurse, because he has greater contact with the population within the health networks, is the professional who has the first contact and who identifies situations of violence, so he must provide structured care, in order to create a foundation of trust with victims. This service

must be planned in order to provide security to users [2].

It is extremely important to clarify the dimension of the problem, so that victims can be welcomed and receive due attention and support from society and especially from health professionals, especially the nursing team. Given the above, the objective of this study was to highlight the role of nurses in welcoming victims of violence against women.

## **MATERIALS AND METHODS**

This article comprises a review of the literature in order to substantiate the results of research already completed to understand, at first, the context of violence against women, gender violence and later on the fundamental role of nurses in the reception of victims, providing the proper care.

The survey of articles took place in early February 2020, with an analysis of 17 studies on the subject, including 13 scientific articles and 04 congress proceedings. To compose the theoretical framework, works published between 2000 and 2019 were selected.

Works were searched in the Scientific Electronic Library Online (SciELO), Google academic databases, Annals of Congresses, specialized magazines and to compose the reference of data and information, websites of the United Nations (UN) - Women, Organization Pan American Health Organization (PAHO) – Brazil and the Federal District Public Security State Secretariat (SESP/DF).

The inclusion criteria used were: selection of Brazilian scientific productions, which addressed the object of the study. Among the topics addressed in the studies, the following stood out: gender violence, violence, nursing care for victims and domestic violence. The exclusion criteria were: articles published before the 2000s, articles with paid access and articles that did not have content relevant to

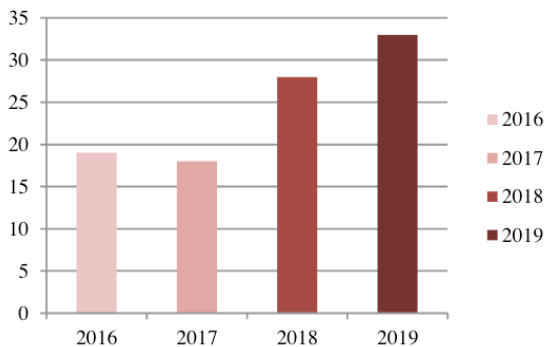
the subject of this work.

## **RESULTS**

In the articles and study sources used, a common sense was found when it comes to the unpreparedness and lack of education of many health professionals in relation to the reception of women victims of the violation of their rights [5]. However, there are technical standards from the Ministry of Health that aim to guide professionals on how to act and on their conduct in the face of what happened [6].

There are today in Brazil several support networks such as the women's police station, the Brazilian women's house, the women's service center and police stations specializing in women's care, these spaces are or must be welcoming, having a team of professionals, preferably female, who must provide an environment where the woman feels safe, a place where there is no judgment or disbelief on the part of the victim [7,8].

The high number of cases of violence against women reflects in clear consequences, one of them being the high number of femicides in Brazil and in the world [9]. The sum of women victims of violence is alarming, deducing, thus, an imposition of weakness on the victims, placing the aggressor in a place of power and dominion over them [10]. The number of femicides in the Federal District (DF) has experienced a considerable increase of approximately 73% as shown in the graph below [11].



Graph 1: Femicide in the DF from 2016 to 2019 [11].

The Maria da Penha Law talks about violence within the family and domestic violence, being one of the main allies in the fight against this crime and in the application of the due legal penalties, but even after almost 14 years of the law's existence, the number of victims continue to increase and reach more than 1 million per year across the country [12]. Table 1 shows the number of cases of domestic violence from January to December between the years mentioned, with 13,212 in 2016, 14,806 in 2017, 14,985 in 2018 and 16,549 in 2019, with a 25% increase in cases between the years of 2016 and 2019.

Period	Cases
Jan/dec 2016	13212
Jan/dec 2017	14806
Jan/dec 2018	14985
Jan/dec 2019	16549

Table 1: Domestic violence in the DF [11].

Table 2 depicts the number of cases of sexual violence in the Federal District (DF), in the periods from January to December between the years mentioned, with 666 in 2016, 883 in 2017, 673 in 2018 and 666 in 2019.

Period	Cases
Jan/dec 2016	666
Jan/dec 2017	883
Jan/dec 2018	673
Jan/dec 2019	666

Table 2: Sexual violence in DF [11].

Violence very often translates into several health problems for women, thus affecting their quality of life. The consequences are numerous for victims, such as high rates of suicide, gastrointestinal disorders, alcohol and drug abuse and psychological suffering. They have affected reproductive health, are also affected by Sexually Transmitted Infections (STIs), unwanted pregnancies and chronic pelvic problems. Due to so many consequences, the role of the health team, especially the nurse, becomes increasingly clear and important [13].

## DISCUSSION

The first step towards providing quality assistance to victims of violence is the adequate qualification of health professionals [6]. The safety of women within health networks is closely related to the professional training provided to victims and the carrying out of necessary actions, starting with the patient's registration, then offering the proper guidance and follow-up, transmitting confidence to the patient and thus intensifying the support and assistance actions [14].

Violence against women is recognized as a public health issue, in an attempt to promote social rights and due protection to victims, universal notification of cases of interpersonal violence was adopted in Brazil [15]. The fear that victims have of the aggressor is one of the main reasons that makes them silence. Public policies to combat violence have been consolidated every day due to the creation of regulations and standards of care, the improvement of legislation, the encouragement of the establishment of

service networks, support for educational and cultural initiatives to prevent violence and scope of women's access to justice and public security services [16].

Femicide is gender-based crime and is defined as the murder of women. By impositions of the aggressor, he ends up being placed in a place of power and dominion over the victim [17]. Female homicides are a reflection of the existing violence against women, which is increasingly apparent and it is valid to observe the different approaches to this theme, which include economic, social, educational, financial, political, religious, social and physical issues [9]. The rate of murder of women is high and represents a large part of intentional homicides in Brazil, which places the country in the ranking of the most violent countries in the world [8].

Even with the creation of the Maria da Penha Law nº11.340/2006, there is a high number of victims of violence against women in the Federal District. In 2019, the capital recorded 3,337 more cases of domestic violence than in the same period in 2016 [11]. With the increase in cases, there is also an increase in Urgent Protective Measures (MPUs), which vary according to the severity of the situation. Although such data worry the authorities that work together to reduce the reports of gender violence, there are flaws in the inspection of these measures, which ends up not guaranteeing compliance with them [18].

The woman victim of sexual abuse is usually more likely to talk openly with the nursing professionals, therefore, the nurse must be able to listen, so that the victims can talk about the fact that occurred, as many of them choose to talk about the violence of reserved and confidential manner. It is the nurse's role to welcome the victim without judgment or speculation, thus providing a humanized and safe reception so that she can continue with

her indispensable performance [19].

In the past, women's health issues were only related to prenatal, childbirth and postpartum care, but this changed a lot with the implementation of the National Policy for Integral Attention to Women's Health, which made the care for women more holistic, including a group of women who were excluded from the services and providing a complete service, with services that were not offered until then, such as: prevention of sexually transmitted infections (STIs), assisting women victims of sexual, domestic and/or intra-family violence, among others. In 2014 in Brazil, approximately 223,796 cases of assistance related to violence were registered, women made up this number with 147,691 of the cases, a very worrying fact. Unfortunately, many professionals, after the initial contact with the victims, who usually only seek help after a serious physical injury, simply refer them to the women's police station, however, the correct thing is to provide complete care to these women, who have damage immeasurable, both physically and psychologically, however, many of these professionals are not trained, not knowing how to deal with these situations [20].

## CONCLUSION

From the data obtained through this review study, the relevance of this theme was evidenced, with an alarming number of victims. Issues such as the fear of many women were also investigated, which are not accounted for in the system because they feel threatened and often do not find a welcoming environment in the police stations and in the points available in the health networks. It is hoped that the compilation of data from this study can collaborate in order to impact and give more visibility to the theme, that health professionals, especially nurses, become more and more able to care for victims in a

welcoming way, offering patient-centered care and attention from a holistic view of their needs, as proposed in the legislation.

It was ratified that the nurse must enable users of health services who are victims of violence to have the opportunity to get out of the situation of violence or, if possible, to prevent it. It is necessary to emphasize that the care for patients who are victims of violence is not characterized as an isolated process, but an interactive one, where communication and trust are very important tools in the formation of the bond between nurse-patient, thus establishing a relationship of care, which results in efficient service and humanized professional development.

Health professionals must always keep in mind that the assistance they are providing to victims goes far beyond diagnosis and treatment, breaking paradigms and constant training in the diagnosis of cases of violence and notification provide the basis for structuring policies efficient public health services, collaborating with the reduction of a significant problem in our present time, laying the foundations for a way of protecting the victim, bringing greater visibility to the problem. It is understood that violence, as a relational event, requires care for both people in situations of violence and the professionals who receive it.

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