

# The Nurse's Role in the Care of Women Victims of Violence

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**Abstract Objectives:** To identify whether nurses consider themselves trained to provide assistance to women victims of violence seeking care in three municipalities in the interior. **Method:** Cross-sectional, exploratory study with a quantitative approach, carried out in three municipalities of the Paraíba Valley Paulista (SP), Brazil, composed of health strategy of nurses from the family of the municipalities. **Results:** Participants were 26 nurses, unanimously females (100%), mean age 35 years, 88.46% were Christian and 38.46% were living with a partner. Training time was an average of seven years. 73.08% had specialization and 21% in public health with an emphasis on family health strategy and 20% in public health. 50% were considered capable; 65.38% reported they were not trained during nursing degree. 50% had to offer assistance to certain victims, those who attended, 76.92% considered that their approach was effective. As for the reporting of cases, 61.54% reported notify. **Conclusion:** a better approach to the issue is needed in nursing to train nurses in quality care, since the consequences of violence against women can cause irreparable damage.

**Keywords:** *violence against women, women's health, nursing care*

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## 1. Introduction

Violence against women has been concern has focused on health, as has social and cultural determinants, one of the factors causing problems to women's health, threatening the social, professional and the quality of life [1].

Violence against women increases the risk of it developing psychological problems during their lifetime. However, physical violence is not only, is always accompanied by psychological violence, which is the most worrying as physical or sexual violence causes feelings that may be of risk to mental health of the victims [2].

It is a subject that, through the reception of health professionals across the fact, could be treated more active and integrated manner, thus being able to encourage the victim and prevent new cases. Therefore, it is necessary training and continuing education on the subject in question making this event of great growth today is diminished and more addressed by the authorities [3].

Although there are laws, protocols and legal support to health professionals and victims, they are afraid to deepen this subject, both health professionals who need the facts reported victims in order to notify and give segment to the case, and for the victims who are prisoners of silence due

to fear of what might happen to them again. The lack of educational opportunities in the country has been discussed in relation to the fact that it can be an important factor in the repetition of cases of violence against women, marking with submission and silence the less fitted women's studies and opportunities, not exempting with higher opportunities, to suffer some kind of violence [4,5].

Based on the concept that violence against women is a matter of great controversy, not close their eyes to such a problem that has been growing significantly among the population. Regarding the lack of opportunity to be seen as a very relevant factor, part of it too, the fear and the impossibility of having nowhere to go and support the children. It is a situation which implies negative consequences on the welfare biopsychosocial victims, sparing no social class or race [5].

Today there is a great importance to adequately train health professionals to meet the victims of violence against women, requiring the inclusion of this subject in the curriculum of graduate [6]. However, even with this emphasis on the severity of the problem, we can see that the educational schools of nursing professionals not discuss graduation, not empowering the nursing student to the proper approach to women victims of violence [7].

The lack of professional training makes violence against women become invisible, causing no case detection and not prevention of new cases. One of the

factors that identify the statistics in relation to violence against women is the record of notification of violence, which depicts not only numbers, but also the Abused, providing subsidies for creating new public policies, and revealing the magnitude of the problem [8]. It is essential that nurses know and properly fill out the notification form, so as to provide indicators to improve the quality of care.

Whereas the Family Health Strategy (FHS) is a primary health care program and that the FHS nurses act near the community, often making initial approach to those seeking the health unit, this should be trained to deal with cases [9].

That being subject considered of extreme importance and complexity of approach by the professionals themselves who feel unable to deal with it, becomes essential training and deeper and specific knowledge to demand recognition and reporting of cases presented [10].

The objective of this study was to identify whether nurses working in family health strategy are considered able to provide assistance to women victims of violence who seek care in their unit in three cities in the interior.

## 2. Method

Cross-sectional study was conducted exploratory in the municipalities of Cachoeira Paulista, Lorena and Guaratinguetá, located in São Paulo.

Data collection was conducted from January to March 2011. Statistics of cities showed that last year the rate of violence against women of the three cities that were reported was 18%.

Data were collected through a self filling out the form containing information about the training of nurses to address women victims of violence.

The completion of each of the data collection instruments occurred in a single moment, not being allowed nurses to take with you the forms to fill out at home or at another time outside the presence of the researchers.

Data were tabulated and analyzed using computerized process, using the Excel program. Analyses were quantitative and descriptive through the calculations of absolute and relative frequencies.

The ethical aspects were respected, and the research project approved by the Research Ethics Committee of the International College Teresa of Avila under the protocol number 03/2011.

## 3. Results

The twenty sixth nurses were eligible for the study, and 100% were female, mean age  $35 \pm 9$  years, the average graduate training time of  $7 \pm 7$  years and 73.08% had a specialization with a mean formation of  $2 \pm 4$  years.

Regarding the training of nurses, it was found that most had expertise (73.08%) and 25% in public health with an emphasis on ESF, 24% in public health, 13% teaching, 13% of nursing work 13% in nursing in emergency care, 6% in Administration in health services and 6% in nursing in the intensive care unit.

Regarding the characteristics of work in the unit, the average working time in health facilities was 20 months, these who had on average 12 employees, considering nurse, technical or nursing assistants, administrative assistants, community health workers, doctors, dentists and dental assistants.

Among the participants of the study were 100% have knowledge about the types of violence against women, but only 50% considered themselves competent to care for women victims of violence.

With regard to performance in 61.54% unit were aware of cases of violence in its territory of coverage of the health unit in which they worked. And have treated 50% have treated essass victims, and 23.08% of those not considered that their approach was effective.

Regarding the reporting of cases of women victims of violence 61.54% of nurses reported notify.

As for continuing education with his team focusing on approach to women victims of violence, only 10 nurses responded that performed and a response was blank.

**Table 1. Distribution of nurses seconds knowledge and training to address women victims of violence.**

Questions	Frequency			
	Yes		No	
	n	%	n	%
Acquisition of knowledge about the woman victim of violence				
Bachelor degree in nursing	9	34,62	17	65,38
The training unit that works	11	42,31	15	57,69
Self-taught	20	76,92	6	23,08
Participated in course or event	16	61,54	10	38,46
Expertise in the unit				
Know any case of violence against women in the territory of his coverage unit	16	61,54	10	38,46
Paid attendance to any woman victim of violence in this unit	13	50,00	13	50,00
If so, it considers that the approach was effective	10	76,92	3	23,08
The attendances of violence against women are notified	16	61,54	9	34,62
Does continuing education with his team focusing on approach to woman victim of violence	10	38,46	15	57,69

## 4. Discussion

We identified the work of nurses in all Health Strategy units of the Family. It should be considered that in nursing practice still prevails up females although there is growing demand in the area for males. Were not identified studies that evaluated the association between gender and the nurse approach to women victims of violence.

Was to create a profile of single and Christian nurses, with a mean age of 35 years. The time of graduation training was 2-9 years and the time postgraduate training was 0-4 years, thus revealing the degree of experience of these nurses and heterogeneous characteristics. Although 73.08% have some expertise in nursing, mainly focused on public health, which is the focus of activity of these nurses, had no expertise in women's health, however, perhaps training in women's health was an essential factor, as the nurse specialist in women's health would be better able to deal with issues related to women.

Even in relation to continuing education, specialization in nursing in women's health could influence the best basis for the training of their staff in attending to victims of violence against women, can they identify cases that most

often go by unseen before not trained professionals. Study Moreira et al, 2011 [11] showed that the lack of approach to the subject in the academic stage make incapacitated professional and not knowing how to act on the situation of violence, thereby causing the violence to continue going and leaving the professional hands tied to deal in the case.

With regard to the time of work in the units, it was realized that the professionals have had some knowledge of its territory, and it could perhaps have aroused the reliability of the service users and possibly identified cases of violence, so intervening in current and avoiding relapses. Ferrante and colaboradores [12] reported that the opinion of health strategy of nurses of the family was that cases of violence against women require time and dedication from both parties, since they are complex cases, and that can not be solved in the evening to the day and involve a number of factors, such as fear of the victim and professional in dealing with the case, economic status and student, among others, factors that can interfere with nursing care to the victim.

It also noted that there are professionals who would like to do but what they do, but are barred even by the victims, who are silent for fear and do not let the professionals to act before the fact.

Do the nurses here had addressed strong bond with the users of the service and thus could act directly in their lives, or will this bond still requires more time to form and with that the victims are silent, by whatever factor and fail to seek assistance in cases of violence, leaving this issue increasingly invisible? These questions were not included in the study of the instrument, but should be considered in future studies to identify possible limitations of the nursing work in this subject.

Continuing education with the health team of the units becomes important factor in care, to prevent and answer questions of the victims, developing education programs with the population, advising on their backs and action on aggression.

In this study it was seen that all the nurses said to know on the subject, however, less than half considered their effective approach and it is becoming more necessary knowledge and training of professionals to deal with the victim. It is recognized where the problem may influence the relationship between the professional and the victim who has most often, fear and shame to talk about it, as reported by previous studies [11,12].

The fact of not training of nurses in dealing with violence against women could be an aggravating factor in the situation, for if the woman seeking nursing care and information and does not find it, probably would not have knowledge of how to act, who else could look for and what to do thus exposing their health risks which are possibly difficult to cure. Some studies [11,12,13] found that battered women and not knowing how to act, have become users of continuous medication, attempted suicide, thus increasing the mortality rate of women victims of violence, due to the psychological suffering of the victim without help.

Studies showed that the professionals, not only nurses, but several members of the multidisciplinary team (doctors, agents, dentists and others) were aware and perceived their incapacitation and recognized that they were not prepared to meet such a situation, and would like

to be better able to confront the aggression, making your tour a relevant factor in the lives of victims, so that with it could reduce the incidence and encourage them to report their abusers and maintain a better quality of life, aiming your health in the future [11,12,13,14].

With regard to the acquisition of knowledge about approach to women victims of violence, was well a significant number of nurses who sought knowledge is for courses, self-taught or training by the unit where he worked. It was found that 17 nurses have acquired knowledge in undergraduate and 20 buscaram- the nurses at will, that is, self-taught. It is important to point out that the Ministry of Health provides free of charge on your website booklets and documents that guide health professionals to act in situations of violence against women.

Although the information was been available in the form of training and lectures, it is necessary to improve the approach with regard to training for the service, whereas only 38.46% nurses conducted continuing education with this issue and 61.54% reported cases of violence in their area.

Was awakened the hypothesis that the same nurses who point out the deficiency in undergraduate courses would be the same who sought knowledge in course or event, as well as self-taught, but this hypothesis has not been tested only in questioning before the results. Hoffmann et al [6] points out that the issue should be addressed in the period of training of nurses, ie, graduation, both the nursing discipline in women's health and in mental health, thus enabling professionals to work effectively in physical approach and psychological.

It is necessary to draw the attention of educators and teachers for the inclusion of the theme in the curriculum of the courses as many nurses, not only in this study also reported they were not adequately prepared at graduation [7,14].

Concerning the work of nurses in cases of violence in his unit, 16 nurses had instances of knowledge in its territory covered, these 13 provided care. Among the 13 nurses who worked, only 03 considered that their approach was not effective.

It was not possible to identify whether the 13 nurses who provided care were the same as those considered competent to care for women victims of violence, but it is believed that a qualified professional has trust and confidence to act.

One should also consider the time of work of nurses facing abused women not only their training but also that women have knowledge about what is violence and their rights. Audi et al [15] found that pregnant women or had no understanding of the concept of violence and on their support and should not be quiet against the fact. Although it was not the objective of this study, it is necessary to consider the effectiveness of nurse's performance culture and social aspects of the female population.

Another factor related to training is the reporting of cases of women victims of violence. The Ministry of Saúde [8] developed in 2009 an instructive for filling the form reporting / investigation of domestic violence, sexual and / or other violence, which aims to guide the professionals working in units / notifiers services a patterned fill for data collection. It was noticed that 16 nurses were fully aware of the importance of reporting to

segment violence cases detected. Among the 26 participants, 16 nurses acted and 16 notified cases (probably the same). It was found that 09 nurses have not notified cases and 01 left the answer blank, as it was noticed that 10 nurses did not provide assistance to women victims of violence in their units. Probably there is a relationship between the numbers of non-performance and not notice.

Regardless of the reasons for failing to notify and considering that all pointed to know the types of violence, 50% were considered qualified to meet the raped women. Therefore, we must adopt strategies not only in undergraduate courses but also in the cities to train nurses who are working with communities.

## 5. Conclusion

It is concluded that among 26 nurses working in family health strategy in the municipalities of Cachoeira Paulista, Lorena and Guaratinguetá, 13 (50%) considered themselves trained to provide assistance to women victims of violence seeking care in their units.

Among the 16 nurses who provided care to women victims of violence in their health facilities, 03 reported that their approach was not effective.

How to instruction for training service to women victims of violence, 34.62% reported acquisition of knowledge in nursing graduation, 42.31% in the training unit working, 76.92% and 61.54% self-taught participated course or event.

A better approach of the theme in nursing is needed, not only in degree, as well as continuing education in the municipalities in order to effectively empower nurses to an approach with quality, since the consequences of violence against women can cause psychological damage and irreparable physical

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