



REFLECTION ABOUT THE NURSE'S ROLE AND THE IMPORTANCE OF HEALTH SERVICES ON ASSISTANCE TO WOMEN VICTIMIZED BY VIOLENCE

REFLEXÃO SOBRE O PAPEL DO ENFERMEIRO E A IMPORTÂNCIA DOS SERVIÇOS DE SAÚDE NO ATENDIMENTO A MULHER VITIMADA PELA VIOLÊNCIA

REFLEXIÓN ACERCA DEL PAPEL DE LA ENFERMERA Y LA IMPORTANCIA DE LOS SERVICIOS DE SALUD EN LA ASISTENCIA A LAS MUJERES VÍCTIMAS DE VIOLENCIA

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ABSTRACT

Objective: reflecting about the biopsychosocial consequences suffered by women victimized by physical and sexual violence, as well as the importance of health services in this context and the role of the nurse in attendance to these women. **Method:** a descriptive study of reflective analysis. There were consulted scientific articles on the databases LILACS, virtual library SciELO and the homepage of the Brazilian Ministry of Health. The data were analyzed allowing that emerge as guiding points for reflection, three thematic axes: biopsychosocial consequences to women victimized by violence, the health services and the victimized women and the nurse's role in assistance to women victimized by violence. **Results:** victims suffer consequences ranging from the manifestation of shame for the act suffered, until the illness and death. The attendance to victims occurs in a fragmented way and the nurse plays a fundamental role on assistance. **Conclusion:** it becomes necessary continuing education of professionals about the subject, preparation of the units and constant dissemination of knowledge about treatment protocols. **Descriptors:** Nursing; Violence Against Women; Domestic Violence.

RESUMO

Objetivo: refletir sobre as consequências biopsicossociais sofridas pela mulher vitimada pela violência física e sexual, bem como a importância dos serviços de saúde neste contexto e o papel do enfermeiro no atendimento a essas mulheres. **Método:** estudo descritivo de análise reflexiva. Foram consultados artigos científicos pesquisados nas bases de dados LILACS, biblioteca virtual SciELO e homepage do Ministério da Saúde do Brasil. As informações foram analisadas possibilitando com que emergissem como pontos norteadores de reflexão, três eixos temáticos: consequências biopsicossociais à mulher vitimada pela violência, os serviços de saúde e as mulheres vitimadas e o papel do enfermeiro no atendimento às mulheres vitimadas pela violência. **Resultados:** as vítimas sofrem consequências que vão desde a manifestação de vergonha pelo ato sofrido até o adoecimento e morte. O atendimento as vítimas ocorre de maneira fragmentada e o enfermeiro tem papel fundamental na assistência. **Conclusão:** faz-se necessária educação permanente dos profissionais sobre o assunto, preparo das unidades de atendimento e constante divulgação de conhecimento sobre os protocolos de atendimento. **Descritores:** Enfermagem; Violência Contra a Mulher; Violência Doméstica.

RESUMEN

Objetivo: reflexionar acerca de las consecuencias biopsicosociales que sufren las mujeres víctimas de violencia física y sexual, así como la importancia de los servicios de salud en este contexto y el papel de las enfermeras en el cuidado de estas mujeres. **Método:** este es un estudio descriptivo de análisis reflexivo. Fueron consultados los artículos científicos investigados en las bases de datos LILACS, biblioteca virtual SciELO y la página inicial del Ministerio de Salud de Brasil. Se analizaron los datos permitiendo que emergen como puntos de guía para la reflexión, tres temas principales: consecuencias biopsicosociales a las mujeres víctimas de la violencia, servicios de salud y las mujeres víctimas y el papel de la enfermera en la asistencia a las mujeres víctimas de violencia. **Resultados:** las víctimas sufren consecuencias que van desde la manifestación de vergüenza para el acto que sufre, hasta la enfermedad y la muerte. La asistencia a las víctimas se produce de una manera fragmentada y la enfermera tiene un papel fundamental en la asistencia. **Conclusión:** es necesario formación continuada de los profesionales acerca del tema, la preparación de las unidades de asistencia y la difusión constante de conocimiento acerca de los protocolos de tratamiento. **Descriptor:** Enfermería; La Violencia contra las Mujeres; La Violencia Doméstica.

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INTRODUCTION

A term that has been discussed extensively by the media is violence. For years it has also been argued by many thinkers from many areas and has been considered a serious problem. The term violence can drive to various directions of thought, ranging from the cruelest torture and murder, and even lighter aspects such as the bureaucracy, the difference in income between women and men, some cultural norms, among others.¹

It is considered domestic violence against women "any action or omission based on gender that causes her death, injury, physical, sexual or psychological suffering and moral or financial damage."¹

In Brazil, the Law nº 11.340, from 7th August 2006, called Maria da Penha Law, creates mechanisms to restrain domestic and family violence against women, in accordance with § 8th of article 226 of the Federal Constitution, of the Convention about the Elimination of All Forms of Discrimination against Women and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women; it provides about the creation of Domestic and Family Violence against Women; amending the Criminal Procedure Code, the Penal Code and the Prison Law; and other matters.²

In Brazil, the types of violence that more force women to seek health care is physical violence, accounting for 54% of cases registered by the Center for Assistance to Women, through the telephone number 180, and sexual violence, which totaled 886 records in 2014.³ In this context, physical violence can be defined as violent actions taken intentionally to injure a person may or may not leave marks on the body, and manifests itself in the form of slaps, pinches, kicks, twists, jerks, injuries with objects, strangulation, burning, perforations, mutilations, etc.⁴

According to Item III of Article 7 of the Maria da Penha Law, sexual violence is understood as any act requiring the woman to witness, maintain and participate in a sexual relationship she does not want, through intimidation, threat, with or without the use of force. Compelling a woman to commercialize or use her sexuality, prevent the use of any contraceptive, force marriage, pregnancy, abortion, prostitution through blackmail, manipulation or bribery and limit and undo the sexual rights is also considered as sexual violence.⁵

One study found that violence committed by peers, spouses, boyfriends or lovers, account for 62% of the victims, another 19% point as authors' former fellows, and 6% of violence by people who do not have personal relationships with the victim. Regarding the frequency of assaults suffered by women, 42,66% of violence is a daily occurrence and 32,05% is weekly. Among those relating sometimes during the month add up 10,13% and 6,36% occurring only once.³

To cope these various types of violence it is essential intersectoral work of the involved areas, such as police, social, educational, the justice and health. Thus, to the health sector competes promotion, guidance and assistance to women who suffer from violence and participation in prevention activities in the community, aimed at improving the quality of life for people and communities. And for that, health professionals must be able to detect the risks, identify unreported violence, assist and accompany women in situations of violence, to which they are able to return to a normal life.⁶

To meet an efficient professional training that takes place through permanent education is necessary, which can provide a reorganization of the work process, benefiting both the professional and the victim therefore the approach, care and treatment will be focused the victim and her family background.⁷ Nursing professionals, given the characteristics of the profession, plays an important role in serving this victim; however, although violence against women set a growing phenomenon in Brazilian society and in the health services, there is still a major obstacle to be overcome. It shows a clear lack of preparatory courses in forensic nursing area in the country and few trained professionals to work in this area. Unfortunately, there are serious gaps on the topic in the training of nurses, which may result in a service not suitable for this woman victimized by health services.^{2,7}

Given the above, to assist nurses in their role in health care, became interested in discussing this topic. It is observed that the problem is significant and there is a need for professionals when they encounter women victims of violence being prepared to meet. It is known that physical violence and sexual types of violence require more from women to seek health services. The professional must therefore identify these cases and perform the necessary procedures in caring for victims; hence the need for studies like this, seeking to spread knowledge to nurses who deal with violence.

OBJECTIVE

- Reflecting about the biopsychosocial consequences suffered by women victimized by physical and sexual violence, as well as the importance of health services in this context and the role of nurses in the care of these women.

METHODOLOGY

This is a reflective analysis study that addresses the theme violence against women. Scientific articles were found in the databases LILACS (Latin American and Caribbean Health Sciences), virtual library SciELO (Scientific Electronic Library Online) and the homepage of the Ministry of Health.

After reviewing the information, the study enabled us to emerge as guiding points for reflection, three main themes: biopsychosocial consequences to women victimized by violence, health services and the victimized women and the nurse's role in assistance to women victimized by violence.

DEVELOPMENT

◆ Biopsychosocial consequences to women victimized by violence

Biological or physical consequences of violence against women can be both of short and long time.⁸

The injury of mild nature does not cause many consequences to body integrity, though it causes severe psychological damage. Already the serious nature of injury is any aggression that causes inability to perform the usual functions for more than thirty days, in danger, permanent weakness member, abortion or birth prematurity, irreversible incapacity for work, incurable disease, loss or destruction of any member and permanent deformity.⁹

Many women seek health services with various complaints, such as acute and chronic pelvic pain, and pelvic inflammatory disease, these being the most common physical injuries to the genitals, resulting from sexual violence.¹⁰ Such complaints usually stem from the use of physical force. Often, sexual violence can also result in sexually transmitted diseases, most commonly, the human immunodeficiency virus.⁸ Pelvic pain can also be sexual assault consequences, lesions in oral, anal and vaginal mucosa, manifested by inflammation, irritation, scratches, swelling, drilling and even rupture, also causing both urinary infections as vaginal, unwanted pregnancy and induced abortion.¹¹

Many offenders, with the intention to humiliate and punish the victim choose locations that are easily accessible and more fragile the use of physical force, such as the head and neck. That's because, for the victim, show aggression marks on the face is demeaning as to the perpetrator, the brand is a "trophy" to be displayed for society, and leave the victim, a sign of power that the perpetrator believed to have about her.⁹

The victims suffer many consequences ranging from the manifestation of shame for the act suffered by the invasion of their privacy, because they were unable to resist enough to the illness and death. In the eyes of the battered women and vulnerable, often believing it to be deserving of this cruel act, reinforce the thought of gender inequality, showing a reflection of the existing social hierarchy and the certainty of impunity of the aggressor.¹²

The aggression suffered by women can result in various disorders such as depression, phobias, anxiety, substance abuse and post-traumatic stress disorder.⁸ Post-traumatic stress disorder was officially set for the first time, the "Diagnostic and Statistical Manual of Mental Disorders, Third Edition" (DSM-III), between anxiety disorders and is characterized by insomnia, nightmares, recurrent and intrusive thoughts, social isolation, mental and psychomotor hyperexcitability, impaired memory, poor concentration and irritability.^{11, 13}

Psychological changes are common as shock, panic attack, anxiety, fear, confusion, self-reproach, feelings of inferiority, failure, insecurity, guilt, low self-esteem, self-destructive behavior, alcohol and drugs, eating disorders, obesity or anorexia and sexual dysfunctions.¹¹

The situation of violence causes as much damage to the victim, especially weakens the woman to take care of herself, and for the other people who depend on it. Women can become negligent with the care of herself, often children and older people who are in their care, and become more likely to use drugs, alcohol, and unsafe sex. This situation prevents women to combine reproductive decisions with their partners and leads to sexual and gynecological complications.¹⁴

Aggression in a family also causes risks to the health of children, for child witnesses a violent environment and can suffer depression and deficit in its development.⁹ The role of education of children and elderly care is almost exclusively of women in the domestic sphere of Brazilian culture. The woman also

occupies a central role in family health care, and victims of violence tend to neglect the care with them and with others.¹⁴

The consequences of the acts of violence suffered by women bring imbalance to the whole society, with economic, emotional and important family consequences.⁹ It should be noted that the physical and psychological harm entail loss of productivity for the victim, which also affects society.⁸ Violence against women produce cancellation of the subject, and spill their guts and their privacy. As seen, the social damage suffered by this woman, victim of violence are numerous and influence the abandonment of their jobs, which contributes to low self-esteem, making the victim increasingly dependent of the aggressor.¹²

◆ Health services and women victimized by violence

Violence against women is a public health problem because it affects not only the victims in forensic issues, but also has implications for the health of these victims and to society. Women who experience domestic violence have more health problems, not only restricting from the injury itself, generating higher costs for care and increases in spending on the sector.¹⁰ It is very important to build a health care system with the intention of focus on the well-being and quality of life of the victimized woman, acting in preventing violence against women, producing subsidies and combat strategies.¹⁵

In Brazil, studies show that care for victims occurs in a fragmented way in which they relate to services that are not prepared to fully meet the victim. Thus, the victim has to go through several different paths in order of solving his problem as a result of disjointed services. Moreover, in many cases, the biopsychosocial context is left out because care for the victim is restricted to the health/disease process. The current services just match the victim's needs, as the shares are healing without continuity of care, both in the aspects of physical, emotional, and in the social and legal¹². Health services in general, has no structure for preventing violence, because, most lacks properly trained professionals for the recognition and registration of signs of violence, and the vast majority of injuries is limited only to the treatment of the most apparent physical injuries.¹⁶

The assistance to women victims of violence in health facilities and referral hospitals must establish internal flows and treatment protocols, taking into account

special circumstances such as emergency or hospitalization, as well as defining the professional responsible for each stage of attention. The phases that must be followed for comprehensive care to this woman should include: interview, history log, clinical and gynecological examination, laboratory tests and counseling¹⁷.

In order to avoid that the user has to go repeatedly to the service, one must create a flowchart, to give agility and solving the system of care, avoiding that the user has to repeat her story to the different professional team. For this, the team must propose ways of bringing together unified registration, even if briefly, the specific observations of all the professionals involved.¹⁷

The first opportunity of revealing situations of violence that women live often occurs in attendance at health care facilities. Thus, the possibility to diagnose the situation experienced by the victim should be valued by the professional, making appropriate questions and investigating diagnostic hypotheses. For this purpose, confidentiality commitment is crucial to win the confidence not only in relation to the disclosure of the situation as to the continuity of care, and the victim should always be aware of it. And, according to the ethical premises of the professionals involved in the care, confidentiality must also be ensured from the care of the medical records, notes, to the adequacy of communication with the staff.¹⁸

Health services the most sought after by women are the emergency rooms. These locations must realize and recognize the suffered violence, lending credence to the complaints, not just medicate, but investigate the observed damage and, above all, welcoming the victim in her emotional.¹² Unfortunately, many professionals consider the complaint of violence when there is no physical injuries, a problem of social sphere, ignoring complaints and treating them as less important, but the other way is necessary because these victims are at increased risk of physical and mental conditions that must be investigated carefully.¹⁹

The detection of the case is very important, but many professionals trivialize the occurrence and disregard, as there is the impression that women do not like to talk about it. Clearly, the more the professional is trained, it becomes easier to detect cases, bringing benefits to victims, as for professionals. Most women need and want to talk about it, but for that require confidentiality and a non-judgmental listening, if it is not interrogation or

confession.¹⁹ In addition, professionals have much fear of questioning the victim of violence. On the other hand, when addressed victims generally refer only talk about what support. So it is important that the revelation of violence does not become automatic forwards and those women's needs be respected.¹⁹

It is important that women see the health service not as a judgmental entity, but as a place where she can feel safe both physically and psychologically. The service must support it, guaranteeing confidentiality and considering its opinion. In this sense, the best detection instrument is qualified and interested listening in the case.¹⁹ There are so a clear need to improve the training of health workers to the host of the victim and for the recognition of signs of violence. These cases should be treated in special ways, which requires trained professionals to better understand them.^{2,16} The rigorous professional preparation is extremely important to identify the event, considering that health professionals represent for many times only reference to women in situations of violence.¹⁰

It is indispensable to the development of qualified listening, critical eye and trained to identify possible cases of violence. The professional requires a different look, attentive to detail, signs and symptoms, whether physical or psychological. So, we can see the need for a complete care that seeks to comprehend the victim in the psychological and social physical aspects.¹⁰

The Basic Health Units have the function to identify situations of violence and embrace the victim, always being attentive to warning signs for cases of domestic violence. The Basic Health Unit (UBS) should establish care protocol for cases of sexual violence, covering emergency contraception, prevention of sexually transmitted disease and collecting material for tests, refer to other care services in mental health, police, advocacy and others. It should also follow up on long-term victim, scheduling and return home visit with the participation of family health teams, the units should also encourage the creation of support groups focused on psychosocial aspects.¹¹

In turn, the hospital units have to identify cases of women in situations of violence, when demand is directly in the hospital area, carrying out the necessary legal medical expertise when delegated by the competent bodies and referral of victims to other services when necessary.¹¹

◆ The role of the nurse in attendance to women victimized by violence

Any health professional, provided it is well trained, can perform this activity, be it doctor, nurse, psychologist, social worker or teacher. However, female workers can make it easier to establish empathy and a minor embarrassment of the user.¹⁴

The most important in the performance of each health professional is that a commitment to really carry the fight against violence. It is therefore indispensable, professional become skilled and competent to ensure the quality of care offered to victims of violence. To meet these victims, there must be a multidisciplinary team, consisting of nurses, gynecologists, infectious disease specialists, social workers, psychologists, each professional protocols specific to their area.²⁰ In addition, the staff should receive regular training and participate in psychological support workshops to assist in fairness, without judgment, meet cool, somatic, psychological and social implications, this contributes to that the victim need not repeat several times the same story.

It is the job of nursing staff accommodate the demands of the victimized person, establishing a bond of trust with the user, conducting the screening, noting the medical record diagnoses and nursing interventions, assessing menstrual delay and the possibility of pregnancy or infection with sexually transmitted diseases, explaining about the tests and procedures to be performed during the follow-up to discharge, accounting for over dosage of medications and adherence to treatment, guiding the need for immuno or chemoprophylaxis, advising on the use of condoms in all sexual relations, encouraging achievement police complaint and scheduling the necessary returns.²¹

Note also that the registration of all nursing care in medical records must be detailed and reliable to the situation, containing information such as the date of the incident, and reported situation, clinical and emotional found in women, signs and symptoms and even record photographic if possible. This is an important documentary record of fundamental importance if a woman wishes to make a complaint and make legal abortion if pregnant and want to realize it.¹¹

After the interview, observe the general physical aspect, as the presence of lesions, identify emotional aspects and the victim's level of consciousness. Some victims are forced to use drugs and when that is the case, the best thing to do is wait for the effects

cease to continue and interview and physical examination, monitoring the state of the victim constantly. The full physical and gynecological examination should be performed by the doctor, and in cases of hospitalization and legal abortion, the physical examination should be performed again with the evolution of the victim, by the nurse.²⁰

To identify possible nursing diagnoses, nurses should develop interventions to be taken to the victim and their families. The main evidenced nursing diagnoses are: rape trauma syndrome, post-traumatic syndrome, acute pain, risk of infection, impaired skin integrity, nausea, decision conflict, risk for spiritual distress, hopelessness, unbalanced nutrition, social isolation, family control of the therapeutic regimen, ineffective control of the therapeutic regimen and ineffective sexuality patterns.²⁰ Therefore, the nursing consultation should always seek to establish bond and trust with the user, record the data of clinical history and physical and emotional test, determine and record diagnoses and nursing interventions, and the therapeutic process conducted.¹¹

In the immediate care, nursing should explain the risks and treatments available for pregnancy and infection by sexually transmitted diseases (if applicable), perform thorough physical and psychological examination, developing the nursing process and prepare the victim for medical consultation. After that make administration of prescription drugs, advise on the appointment and possible side effects thereof, collecting material for tests, provide care as injuries and guide self-care in sequential weeks, host and guide families and / or carers to support victim; register and assist custody of evidence of violence suffered, to make the referrals that may be necessary.²⁰ It is important to build a health system that favors the well-being and quality of life by acting on disclosure, combating and preventing violence against women and the nurse plays a key role in this scenario.¹⁵

It is necessary for the nurse to perform a specific approach with proper care by the service, such as hosting and preservation of the identity of the victims. It is still necessary for women to denounce the aggression, so there is the possibility of early detection of experienced violence.²¹

CONCLUSION

One can cite as the main consequence suffered by the woman died the injury as

serious cases, it can cause serious damage and even lead to permanent deformities and death. Sexual violence can result in sexually transmitted diseases, unwanted pregnancy, abortion, depression, phobias, low self-esteem, suicide, drug use, neglect in self-care, productivity loss, cancellation of the subject and frequent job changes.

The skills of health professionals to meet the woman victim of violence are necessary, as well as a multidisciplinary team, involving doctor, nurse, psychologist and social worker.

It infers that the function of the nurse is hosting, performing the interview and the necessary referrals according to the violence suffered, thus establishing a bond of trust with the user, which is fundamental for an effective and resolute assistance.

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