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SOCIAL REPRESENTATION OF THE VIOLENCE OF MEN AND WOMEN USING THE FAMILY HEALTH STRATEGY*

Representação social da violência de homens e mulheres usuários da estratégia saúde da família

Representación social de la violencia de hombres y mujeres utilizando la estrategia de salud familiar

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ABSTRACT

Objective: to identify the social representation of violence by men and women using the Family Health Strategy. **Method:** qualitative and descriptive research, based on the Theory of Social Representations, carried out with 32 people using the Family Health Strategy, 16 men and 16 women, through semi-structured interviews, analyzed with the aid of the IRAMUTEQ software. **Results:** men portrayed urban violence, while women portrayed domestic violence. In general, the participants demonstrated difficulty in the intervention of violence, citing the reasons for maintaining a violent relationship and the possible ways of preventing these situations. **Conclusion:** the research contributed by giving a voice and highlighting the social representation of men and women using the Family Health Strategy about violence and, thus, allows the creation of more targeted actions and strategies in relation to confronting and preventing violence.

DESCRIPTORS: Violence; Primary prevention; Family health strategy; Gender and health; Nursing.

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RESUMO

Objetivo: identificar a representação social da violência de homens e mulheres usuários da Estratégia Saúde da Família. **Método:** pesquisa qualitativa e descritiva, fundamentada na Teoria das Representações Sociais, realizada com 32 pessoas usuárias da Estratégia Saúde da Família, 16 homens e 16 mulheres, por meio de entrevista semiestruturada, analisadas com o auxílio do *software IRAMUTEQ*. **Resultados:** os homens retrataram a violência urbana, enquanto as mulheres a doméstica. De modo geral, os participantes demonstraram dificuldade na intervenção da violência, citando os motivos para manutenção de um relacionamento violento e as possíveis formas de prevenção dessas situações. **Conclusão:** a pesquisa contribuiu ao dar voz e evidenciar a representação social de homens e mulheres usuários da Estratégia Saúde da Família acerca da violência e, assim, possibilita a criação de ações e estratégias mais direcionadas em relação ao enfrentamento e prevenção da violência.

DESCRITORES: Violência; Prevenção primária; Estratégia saúde da família; Gênero e saúde; Enfermagem.

RESUMÉN

Objetivo: Identificar la representación social de la violencia de hombres y mujeres utilizando la Estrategia de Salud de la Familia. **Método:** investigación cualitativa y descriptiva, basada en la Teoría de las Representaciones Sociales, realizada con 32 personas utilizando la Estrategia Salud de la Familia, 16 hombres y 16 mujeres, a través de entrevistas semiestructuradas, analizadas con la ayuda del software IRAMUTEQ. **Resultados:** los hombres retrataron la violencia urbana, mientras que las mujeres retrataron la violencia doméstica. En general, los participantes demostraron dificultad en la intervención de la violencia, citando las razones para mantener una relación violenta y las posibles formas de prevenir estas situaciones. **Conclusión:** la investigación contribuyó al dar voz y resaltar la representación social de hombres y mujeres utilizando la Estrategia de Salud de la Familia sobre la violencia y, así, permite la creación de acciones y estrategias más focalizadas en relación al enfrentamiento y prevención de la violencia.

DESCRIPTORES: Violencia; Prevención primaria; Estrategia de salud familiar; Género y salud; Enfermería.

INTRODUCTION

Despite the differences according to gender, age group, social class, and types of violence to which each social group is exposed, it is understood that every population is vulnerable to violence.[1] According to data from the Survey on Violence and Accidents in Sentinel Services of Urgency and Emergency, in the years 2011, 2014, and 2017, men were the most attended group in emergencies for violence, with unknown people and friends as the perpetrators of the aggression. In contrast, among women, the main aggressors were current or former intimate partners, strangers, and friends.[2]

This last group, women, experience situations of violence as a result of gender, a concept that refers to the social norms of "being a man" and "being a woman. These norms often dictate stereotypical behaviors, by relating men to reason, customs, and intellectuality, and women to sensitivity, vanity, and passivity.[3] This culture contributes to the maintenance of structures of domination and exploitation of women and, therefore, increases their vulnerability to violence.[4]

Thus, in addition to being vulnerable to violence, men and women can also cause it, especially the male group. The socialization process and the education received by men brings the notion of aggressiveness and anger as behaviors inherent to masculinity. In this sense, the adoption of a self-destructive posture and mechanisms of brutality are associated with a normal manifestation of masculinity. The encouragement of such behavior, together with the repression of feelings to which they are exposed during socialization, may culminate in violent acts against men themselves and also against those around them, especially women.[5]

Thus, violence is understood as a public health problem, due to the short-, medium-, and long-term consequences, such as trauma, whether physical or psychological, brief or permanent injuries, and death.[6] Moreover, it constitutes an ever-increasing demand in health services.[7] Therefore, the urgency of social, multidisciplinary, and intersectoral commitment to the prevention and treatment of violence is evident.[6]

Thus, one of the sectors that stand out with great potential for addressing violence is Health, especially Primary Health Care (PHC), which promotes closer ties with users, enabling the creation of spaces for dialogue and social participation.[7] Among the components of PHC is the Family Health Strategy (FHS), which is characterized as an important form of access to the Unified Health System, both by the principles of universality and integrality and by its location that allows the coordination of care for people in situations of violence, facilitating the processes of identification, notification and prevention of new cases.[1]

In turn, the Theory of Social Representations takes into account not only the reified, scientific knowledge, but also the consensual knowledge, also called common sense, by understanding individuals as important participants in society, elaborators of a social thought in which they constantly evaluate and reevaluate their problems and solutions. Still, the consideration of the subjective dimension of the subjects reveals the consequences of their knowledge in the attitudes and behaviors related to the object of representation.[8]

Given the above, it is believed that knowing the representational content of violence among men and women users of the FHS will contribute to the understanding of the risk or protection factors of violence, as well as the existing gender relations, making it possible to create viable and resolutive strategies for the denaturalization and prevention of violence, considering the reality and context of individuals. Thus, this study aims to identify the social representation of violence of men and women users of the Family Health Strategy.

METHOD

This is a descriptive and qualitative research, based on the Theory of Social Representations. For data collection, conducted between January and April 2019, eight FHS units with the highest demand in the city of Rio Grande, Rio Grande do Sul, were intentionally chosen, inviting the first 32 users who accessed these units, maintaining the equality of 16 men and 16 women. It is noteworthy that among social representations theorists, there is a consensus that 30 is the minimum to recover the representations in a group when it comes to interviews.[9]

We included people who were users of the FHS aged 18 years or older and who had no cognitive limitations in speech, comprehension, or hearing. We excluded those who had sought the health care unit in an emergency situation. After the consent process, the participant registered his/her acceptance by signing the Informed Consent Form. We used a semi-structured interview script specifically developed for this research, containing questions about the characterization of the participants and the theme of violence through open-ended guiding questions. The average interview time was 30 minutes. It should be added that the users were invited to participate after their needs were met, without prejudice to their access to the unit's services.

In each of the FHSs a reserved room, free of noise or interference, was requested to carry out the interview, which was audio-recorded. Preserving the commitment to confidentiality and anonymity, the participants were identified by the initial "P" for "People", followed by the number of the order in which the interview was carried out (P1, P2, P3...), besides the characterization if Female (F) or Male (M) sex.

For data processing, the software IRaMuTeQ (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires) 0.6 alpha 3, developed by Pierre Ratinaud, was used. The criteria for inclusion of the elements in their respective classes is the frequency greater than the average of occurrences in the corpus and also the association with the class determined by the chi-square value equal to or greater than 3.84.[10] To identify the co-occurrences and the connectedness between the words of the classes selected for this study, we also performed a similarity analysis, which uses graphs and helps identify the structure of the representation. The research was approved by the Research Ethics Committee, under C.A.A.E. No. 03758918.1.0000.5324.

RESULTS AND DISCUSSION

The 32 study participants were aged between 20 and 71 years. The predominant self-reported color was white (69%; n = 22), followed by black (31%; n = 10). As for sexual orientation, 97% (n = 31) declared themselves heterosexual. Most had a high school education (50%; n = 16) and 60% (n = 19) were employed. Most had a partner (81%; n = 26), with one (35%; n = 11) to two children (25%; n = 8). Finally, regarding religion, the participants declared themselves, respectively, evangelicals (28%; n = 9), Umbanda followers (19%; n = 6), no religion (19%; n = 6), Catholics (16%; n = 5), and spiritualists (16%; n = 5).

The general corpus was made up of 32 texts, separated into 696 Text Segments (TS), and 593 of these TS, corresponding to 85.2%, were used. There were 24,549 occurrences (among words, forms or vocabularies), being 2,755 distinct words and 1,391 with a single occurrence. From the crossing of the text segments, the method of the Descending Hierarchical Classification (DHA) was applied, which allows the formation of a hierarchical scheme of classes, so that researchers can make inferences about the content, name the classes and understand the groups of discourses.

Thus, five classes emerged for appreciation: class 1, with 128 TS (21.6%), class 2, with 103 TS (17.4%), class 3, with 136 TS (22.9%), class 4, with 109 TS (18.4%), and class 5, with 117 TS (19.7%), as shown in Figure 1.

It is worth noting that this study will address classes 2 and 3, which represent 17.4% and 22.9% of the analyzed corpus, respectively. In these classes, the participants represented violence based on common sense, that which is present in everyday life, which is portrayed in the media and which occurs close to where they live. In addition to the most common forms of violence in their realities, the participants demonstrated the difficulty of intervening in a violent situation, the reasons for maintaining the relationship, as well as possible forms of prevention to break the violent cycle.

In class 2, specifically, the participants reported daily violence that occurred in the personal sphere. This type of situation is classified as interpersonal violence and is among the leading preventable causes of premature mortality and morbidity worldwide. It encompasses both situations between family members or intimate partners as well as violence in the community, usually non-domestic and between individuals with no personal relationship.[11]

When interpersonal violence occurs between intimate partners it is referred to as Intimate Partner Violence and encompasses any behavior that causes any harm to a woman, whether physical, moral, psychological, property, or sexual. The current or former partner or spouse is the perpetrator of this type of violence.[12]

> *My ex-partner was very jealous, very possessive, and it would start with a simple message that came in on my phone. I couldn't talk to anyone.* (P31-F)

> *In my daily life, I have faced sexual violence in my childhood, I suffered that.* (P30-M)

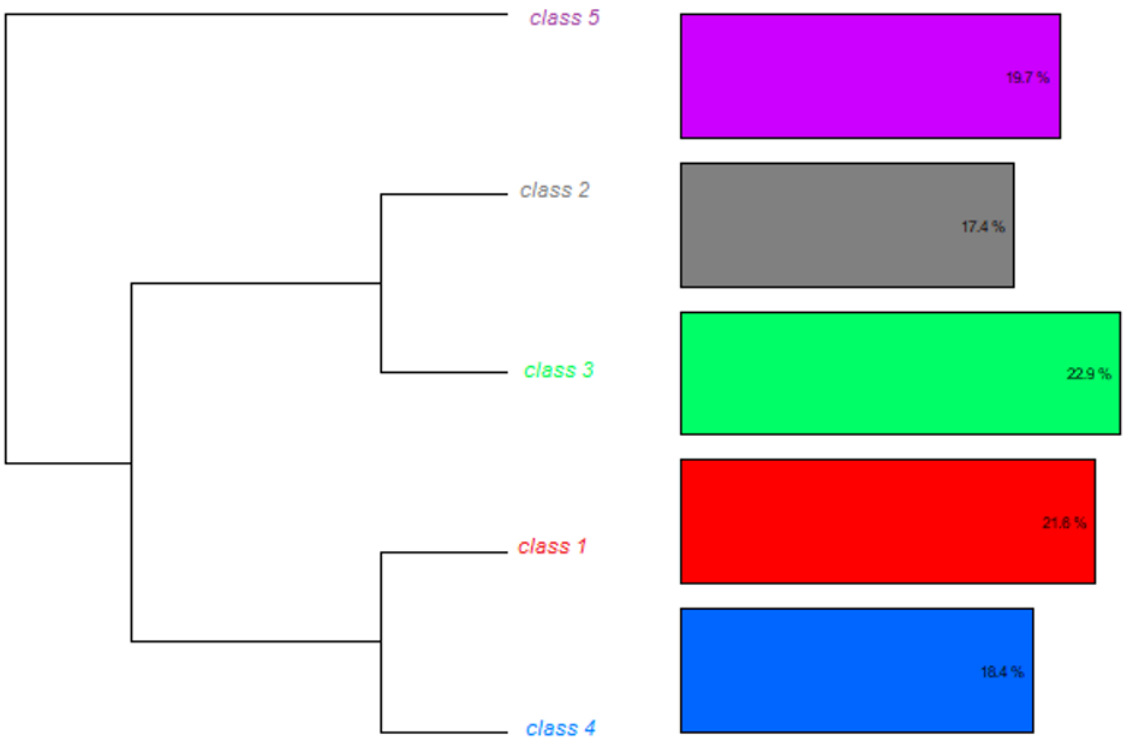

Figure 1 – Dendogram of the Descending Hierarchical Classification. Rio Grande, RS, Brazil, 2021

I have faced some types of violence. Once I was robbed, I was at the bus stop waiting for the bus and a guy on a bicycle came... (P3-M)

While women represented violence within the family and against animals, men focused on community violence in the urban environment. This representation is aligned with the forms of violence that most affect men and women, public and private environment, respectively.[13]

Besides this representation reinforcing the social space of men and women, it was possible to verify behaviors such as jealousy, mistrust, and non-acceptance of the end of the relationship, shaping the violent relationship. In some situations, the violence begins after the end of the relationship, when the woman, by not accepting the reconciliation or by starting another relationship, begins to suffer violence.[12]

In my neighborhood I have witnessed violence from neighbors. Both violence against animals, neighbors beating dogs, and violence against women. (P1-F)

Generally, the fights happen when the couple is separating and the men don't accept it. (P13-F)

It is a normal everyday life that we see today, even in traffic, a person who blinks and doesn't turn around is already a reason for the person behind to curse, it is a lack of love. (P18-M)

In my neighborhood I have seen many situations of assault at the bus stop when people are going to work and the assailant is always younger, 15, 16 years old. (P26-M)

Regardless of gender, the participants reported the difficulty of intervening in a violent situation, especially in couple fights. This fact reveals a certain tolerance towards violence against women, as they believe that this situation should be solved among peers, within the private space and, therefore, without the involvement of third parties. Thus, this representation shows the participants' lack of knowledge about the cycle of violence – started by insults, intimidation, provocation and threats, followed by the physical act, in which the woman is placed as the culprit, the situation is worsened by the man's denial of violence, adding the vows and promises to improve, thus, the cycle restarts.[14,15]

Here in the neighborhood I saw a guy beating up his wife, I didn't do anything, because after you mess with them they are both fine and you still get off on the wrong foot. You can't meddle. (P29-M)

In my daily life I witnessed a violent situation, it was a family fight, but I never got involved, especially in fights between husband and wife. (P6-M)

I have already witnessed physical violence in my neighborhood, a drug addicted son was beating his mother and

my stepson got involved, but then the families made peace and we who helped came out the worst. (P15-F)

In opposition, class 3 highlighted the factors that lead to the occurrence of violence and the maintenance or not of the relationship with the aggressor. The financial situation was considered as an aggravating factor for the occurrence of violence, especially the financial dependence of women. Studies show that emotional dependence, financial dependence, and children are factors that make it difficult to break the relationship.[16-18] A research conducted in Ecuador found that cash and food transfers reduced physical and sexual violence between intimate partners by 30%, becoming a tool for social protection.[18] However, in this study, it was found that children can also be a motivation to break the violent situation.

Unemployment can lead to violence, when a father has no way to provide a good condition for his children, while you see so many families traveling abroad, cruising on a yacht. (P15-F)

In my neighborhood there is a lot of aggression, a lot of women being mistreated, but they are financially dependent on that salary and that husband. (P23-F)

When it happens once, it always happens. It doesn't matter. When he doesn't have drugs, he gets very aggressive. When I was alone, I faced it, but now that I have my daughter, I can't raise her like that. (P24-F)

The propagation of violence by children through verbal encouragement or by witnessing violent situations was addressed by the participants. Research highlights the relationship between witnessing and/or being a victim of violence in childhood and adolescence and the occurrence of violence in adulthood.[19-21] The propagation between generations can occur when the family tends to naturalize or trivialize the situations of violence, without realizing how harmful these attitudes and behaviors can be to the health of the members involved, who can be either victims or aggressors.[21]

It has to start at school because I think that parents end up encouraging violence when they teach their children to defend themselves in a violent way. (P14-M)

I think that the social conditions of the individual usually lead him to become violent. The environment, the people he lives with, the way he is treated, since childhood. (P17-M)

I was raised by my grandmother and my upbringing was very difficult, because I was abandoned by my mother and father and then I became an aggressive person, because if I was beaten on the street I would be beaten at home, if I hit on the street I would only be beaten once. (P30-M)

The participants emphasized the need to prevent violence, listing ways to stop it from occurring. Violence prevention educational programs and occupation can be protective factors against the occurrence of violence, considering the strong relationship with drug use and trafficking, a fact that increasingly affects adolescents. To this, we must add that the practice of violence often reflects the way children and adolescents have been and are treated in their families and communities, given the scenario of violence common in the lives of these individuals.[22]

The police themselves should do something, the army too, because many times they just paint walls, while they could qualify these people to go to the streets and help the policemen, I think this would be a way to avoid violence. (P11-M)

If we could hold back our outbursts on a daily basis, not so many mouths would be opened, there would be no violence. (P23-F)

I believe that violence can be prevented by doing a survey to find out the groups at risk and try to help before something happens. Groups for handicrafts or to learn something else also helps, because the person occupies him/herself and softens the violence. (P15-F)

I think that if there was a program within the community to help, many things that happen would be avoided. (P23-F)

Corruption can't exist in a country that doesn't want to have violence. The money has to be applied in different places, the social has to exist, the poor have to have their rights. (P12-M)

It is believed that violence prevention and promotion of a culture of peace cannot be limited to single and simplistic measures such as policing alone, but must be based on strategies that dialogue with the needs of individuals, involving various sectors of society. In view of the above, one speaks of structural violence when one recognizes the responsibility that society and the State have in the violent actions of the subjects, so that, based on their life context, their violated rights are identified, such as the lack of a quality education, work and income opportunities, and leisure areas that are not linked to drug dealing or crime.[22]

In a complementary analysis of similarity (Figure 2), it can be observed that the term violence was represented by men and women as that which affects women, emphasizing the reasons for its occurrence, the maintenance of the relationship, and the break with the violent cycle. It is emphasized that the inductive term was only "violence" and, even so, it was strongly represented as that directed to the female group.

Around the term violence, the reasons for the occurrence of violence emerge as drinking/drinking, drugs/drugging/addicts, assault/robbery, childhood/childhood/presence, machismo/machist. These terms reinforce classes 2 and 3, evidencing that it is a form present in the participants' daily life and routine, whether in the neighborhood, among neighbors, or inside the home. It is evident that violence against women is rooted in the cultural environment and needs to be prevented, through education in schools, with children, more policing, and protection.

The violence in the community worsens with the emergence of drug trafficking and the increase of drug use, often resulting

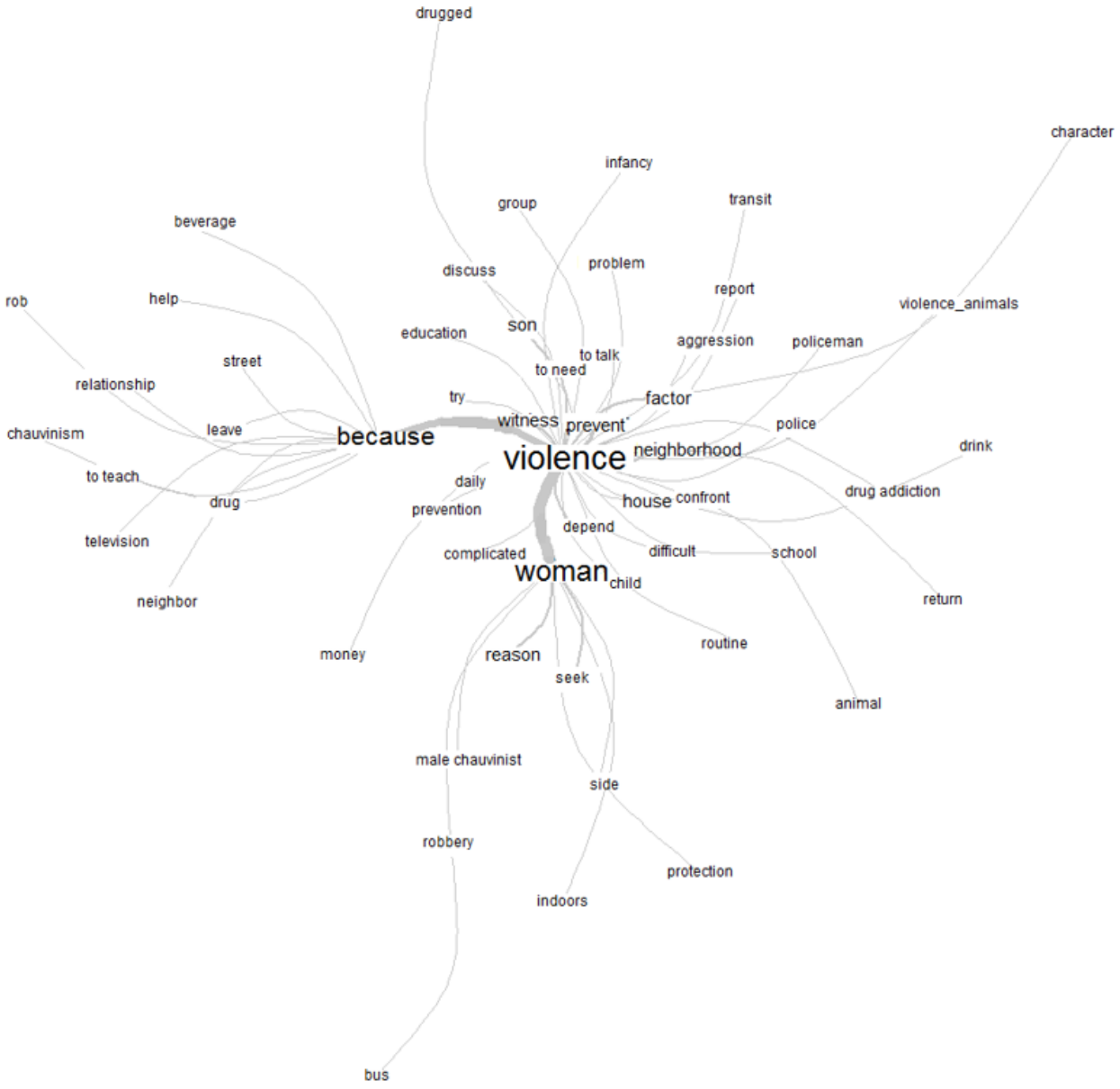

Figure 2 – Similarity analysis on the corpus violence. Rio Grande, RS, Brazil, 2021

in robberies and shootings,[23] which can explain the evocation of users with the terms drink/drink, drugs/drug use, robbery/robbery. Because it is present in the community and often within family relationships, the participants understand that witnessing and/or encouraging violence is harmful to child development (childhood/childhood/presence), as already evidenced by scientific studies that discuss the damage to physical and mental health, as well as the production and reproduction of violence in adulthood.[22,24-25] Finally, the evocation of terms such as machismo/machista and the explanation of situations of violence against women demonstrate the strong prevalence of this situation in the daily lives of users, so that the standard of masculinity prevailing in society influences the occurrence of various forms of violence, especially those directed to women.[4-5]

CONCLUDING REMARKS

The participants in this study represented violence based on common sense, as that which is present in everyday life, which is portrayed in the media, and which occurs close to where they live. The men represented urban violence, while the women represented domestic violence. Besides the most common forms of

violence in their realities, the participants showed the difficulty of intervening in a violent situation, the reasons for maintaining a violent relationship, and the possible ways of preventing and breaking the cycle of violence. Although the inductive term was only violence, the participants represented it as that which affects women.

Thus, it is believed that the research contributed by giving voice and highlighting the social representation of men and women users of the FHS about violence, based on the reality of the community, and thus allows the creation of actions and strategies more directed towards the confrontation and prevention of situations of interpersonal violence – intrafamily or urban. Considering that the representations brought significant personal experiences about violence, the detection, prevention, care and welcoming by health professionals is essential, especially nurses, considering that they are in charge of health in primary care, even acting as FHS coordinators, responsible for Health Education actions, which may be more resolutive and effective by respecting the demands of individuals.

Among the limitations of the study, it is emphasized that if a violence did not appear, it does not mean that it does not exist or does not occur for the people who use the FHS, so that this research could also be expanded to the other FHS in the city, as well as to the traditional basic units, not members of the FHS, and to the 24-hour units, covering a larger and differentiated public. Finally, it is noteworthy that at the end of each collection, an informative brochure was handed out containing the main laws for the prevention and care of situations of violence, as well as telephone numbers and addresses of services for prevention, care, and reporting.

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