REVISTA ONLINE DE PESQUISA

CUIDADO É FUNDAMENTAL

Universidade Federal do Estado do Rio de Janeiro • Escola de Enfermagem Alfredo Pinto

SYSTEMATIC REVIEW OF LITERATURE

DOI: 10.9789/2175-5361.rpcfo.v12.7148

VIOLENCE AGAINST WOMEN IN THE SINGLE HEALTH SYSTEM

A violência contra a mulher no sistema único de saúde

La violencia contra las mujeres en el sistema único de salud

Gisélia de Moura Bezerra Cavalcanti[1], Ana Vitória Borges de Amorim[2], Gabriela Silva de Queiroz[3], Natália Mendes Cruz[4], Raissa Leite Costa[5], Klenia Felix de Oliveira Bezerra[6]

How to cite this article:
Cavalcanti GMB, Amorim AVB, Queiroz GS, Cruz NM, Costa RL, Bezerra KFO. Violence against women in the single health system. Rev Fun Care Online. 2020 jan/dez; 12:146-154. DOI: http://dx.doi.org/10.9789/2175-5361.rpcfo.v12.7148.

ABSTRACT

Objective: to characterize the scientific production about violence against women and its social repercussions in online health journals published in the period from 2011 to 2016. **Method:** this is an integrative review of the literature, carried out through databases Medical Literature Analysis and Retrieval System On-Line (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Databases (BDENF). **Results:** the analysis of the 15 articles showed the characterization of violence, the performance and perception of health professionals about violence and legal abortion, highlighting the relevance of studying violence and its social repercussions, in order to provide better care. **Conclusion:** it is concluded that strengthening policies to eradicate violence against women, providing an efficient multiprofessional support network, and intensifying awareness-raising policies are essential to our society.
Descriptors: Women beaten; Public health; Sexual violence.

RESUMO

Objetivo: caracterizar a produção científica acerca da violência contra mulher e suas repercussões sociais, em periódicos *online* no âmbito da saúde, publicados no período de 2011 a 2016. **Método:** trata-se de uma revisão integrativa da literatura, realizada através das bases de dados Medical Literature Analysis and Retrieval System On-Line (MEDLINE), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Bases de Dados de Enfermagem (BDENF). **Resultados:** a análise dos 15 artigos evidenciou a caracterização da violência, a atuação e percepção dos profissionais de saúde acerca da violência e do aborto legal, destacando a relevância de estudar a violência e suas repercussões sociais, com o objetivo de proporcionar uma melhor assistência. **Conclusão:** conclui-se que fortalecer às políticas de erradicação da violência contra a mulher, oferecer uma rede de apoio multiprofissional eficiente e a intensificar as políticas de conscientização são imprescindíveis a nossa sociedade.
Descritores: Mulheres agredidas; Saúde pública; Violência sexual.

1 Undergraduate student in Medicine at *FCM-PB*.

2 Undergraduate student in Medicine at *FCM-PB*.

3 Undergraduate student in Medicine at *FCM-PB*.

4 Undergraduate student in Medicine at *FCM-PB*.

5 Undergraduate student in Medicine at *FCM-PB*.

6 Msc by the *UFPB*, Professor at *FCM-PB*.

RESUMÉN

Objetivo: caracterizar la producción científica acerca de la violencia contra la mujer y sus repercusiones sociales, en periódicos online en el ámbito de la salud, publicados en el período de 2011 a 2016. **Método:** se trata de una revisión integrativa de la literatura, realizada a través de las bases de datos (MEDLINE), Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS), Bases de Datos de Enfermería (BDENF). **Resultados:** el análisis de los 15 artículos evidenció la caracterización de la violencia, la actuación y percepción de los profesionales de salud acerca de la violencia y del aborto legal, destacando la relevancia de estudiar la violencia y sus repercusiones sociales, con el objetivo de proporcionar una mejor asistencia. Conclusión: se concluye que fortalecer a las políticas de erradicación de la violencia contra la mujer, ofrecer una red de apoyo multiprofesional eficiente intensificar las políticas de concientización son imprescindibles para nuestra sociedad.

Descriptores: Mujeres agredidas; Salud pública; Violencia sexual.

INTRODUCTION

Violence against women is defined as any gender-based attitude or conduct that has as a consequence death, injury or physical, sexual or psychological distress to women, whether in the public or private sphere.[1] This type of aggression against female population was recognized in 1993 by the Pan American Health Organization (PAHO) and the World Health Organization (WHO) as a public health issue due to the consequences generated in women's health, family and Community.[2] Among the predisposing factors, one of the most important is gender inequality.[3,4] Another factor that contributes to the naturalization of violence today has its roots in historical issues, since there are reports of the submission of women to men and of conjugal violence since the colonial period.[5]

The increase in the number of victims and the serious social repercussions, due to the conditions these women were submitted, motivated the creation of programs of data collection on violence against women and the organization of actions to resolve and to prevent injuries. Based on these control policies, it was established that compulsory notification is required in cases of violence against women for public and private health care services throughout the national territory, in accordance with the Federal Law No. 10,778 of November 24th, 2003. Furthermore, the creation of the Maria da Penha Law guaranteed more effective punishment against the aggressor and greater protection of the victim, as well as the legal authorization of the termination of gestation, in cases arising from rape in accordance with a decision of the *Supremo Tribunal Federal (STF)* [Federal Supreme Court] by the *Arguição de Descumprimento de Preceito Fundamental* No. 54 *(ADPF 54)* [Argument of Non-compliance with the Fundamental Precept No. 54], voted in the year 2012.[6]

In health, the issue of violence against women gained greater visibility and importance. With regard to sexual violence, shelter and assistance to victims, it has acquired greater benefit, such as the implementation of teams of specialized health professionals. Such teams, organized in the form of an intersectoral network in the attention to the health of the victims, are considered as gateways and fundamental pillar in the recognition, notification, treatment, and referral of cases of violence.[2,7,8]

The number of victims of registered violence has risen surprisingly, but it is known that this amount is even greater, since many cases are underreported, unnoticed by health professionals or due to the omission of women, who fear the social trials and reprisals of the partner, which are its providers, besides objectifying the protection of the children.[3,8]

Therefore, it is necessary to deepen the knowledge about cases of violence against women, allowing new social support actions to be developed. Additionally, we emphasize the need to implement and strengthen public policies to effectively raise awareness about the importance of the complaint, as well as information on the services available to victims.

Objective

Characterizing the scientific production about violence against women and its social repercussions in health online journals, from 2011 to 2016.

METHODS

In order to achieve the proposed objective, the integrative literature review was selected as the research method, which allows the construction of knowledge and incorporation of the applicability of results of significant studies in practice.[9] The methodology adopted has the purpose of gathering, summarizing and integrating the scientific knowledge about the researched theme, allowing the search, evaluation, and synthesis of available evidence to contribute to the development of learning about the subject.[10]

For its formation, it is necessary to follow the norms of methodological rigor. Based on international studies, this type of review is divided into six stages: elaboration of the guiding question, searching or sampling in the literature, data collection, critical analysis of the included studies, discussion of the results and presentation of the integrative review.[9]

The first stage was based on the theme choice and the formulation of the research question: How is violence against women characterized in Brazil and what are its social repercussions? From this questioning, we proceeded to the next step.

The second stage consisted of selecting the publications that composed the sample. For the search, the following descriptors were used: public health, sexual violence, and assaulted women. In the advanced search, the descriptors were grouped two by two and then selected the AND as the Boolean operator. The filters used were complete texts; main subject: violence, domestic violence, violence against women, women's health; Limit: human, female, adult, pregnancy; Country/Region as subject: Brazil; Language: Portuguese, English, Spanish; Year of publication: 2011 to 2015; Document type: article.

The combinations were public health AND sexual violence; public health AND assaulted women; sexual violence AND assaulted women. The total number of articles found was 638 publications.

The databases were national and international: Medical Literature Analysis and Retrieval System Online (MEDLINE), *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin American and Caribbean Literature in Health Sciences, Scientific Electronic Library Online (SciELO) and *Base de Dados de Enfermagem (BDENF)* [Nursing Database]. The exclusion criteria were articles that were not available online, not free, articles that were repeated and that fled the theme. The inclusion criteria were free online articles, articles with complete texts, published in the period from 2011 to 2015 and that reached the topic dealt with in a significant way.

In the third step, after applying the inclusion criteria, a quantitative of 31 accessible articles was obtained, of which only 25 (80.6%) were part of this study, taking into account the following aspects: 'authorship', 'year', 'title', 'period' and 'focus'. In the fourth stage, the data obtained were analyzed based on the instrument elaborated and, finally, the discussion was elaborated.

The fifth step was performed by analyzing the data and the results obtained in the present review. As a means of organizing and simplifying the presentation of variables, **Table 1** was constructed, and an analysis was performed using the absolute and relative frequencies.

RESULTS AND DISCUSSION

In the characterization of the sample of this study, 25 articles were included. In **Table 1**, it is possible to observe the productions stratified from the authorship, the years of publication, the titles, the periodicals and the focus of each publication.

Table 1 - Description of articles according to authorship, year (2015 - 2013), title, journal, focus. *João Pessoa* city, *Paraíba* State, 2016.

Authorship	Year	Title	Journal	Focus
Silva et al.	2015	Violence against women: aggressors users of illicit drugs	Revista de Pesquisa Cuidado é Fundamental Online	Violence Characterization
Moreira et al.	2015	Reporting of sexual violence against women in Brazil	Revista Brasileiro em Promoção da Saúde	Violence Characteriza
Lima; Deslandes	2015	The management's view about the implementation of the form for the notification of domestic, sexual violence and other violence in a metropolis of Brazil	Saúde e Sociedade	Violence Characterization
Lima; Deslandes	2014	Sexual violence against women in Brazil: achievements and challenges of the health sector in the 2000s	Saúde e Sociedade	Violence Characterization
Gomes et al.	2014	Addressing domestic violence through the family health strategy	Revista de Enfermagem da UERJ	Performance and perception of health professionals
Diniz et al.	2014	The truth of the rape at reference abortion services in Brazil	Revista de Bioética	The right to legal abor
Porto; Júnior e; Lima	2014	Domestic and sexual violence in the Family Health Strategy: professional performance and barriers to coping	Physis: Revista de Saúde Coletiva	Performance and perception of health professionals
Leite et. al.	2014	Reports of violence against women in different life cycles	Revista Latino-Americana de Enfermagem	Violence Characterization
Garcia; Freitas; Höfelmann	2013	Impact of Maria da Penha Law on female mortality due to aggression in Brazil, 2001-2011	Epidemiologia e serviços de saúde	Violence Characterization
Leite.	2013	Violence against women: featuring the victim, aggression and the author	Revista de Pesquisa Cuidado é Fundamental Online	Violence Characterization
Hesler et al.	2013	Violence against women in the perspective of community health agents	Revista Gaúcha de Enfermagem	Performance and perception of health professionals
Veloso et al.	2013	Notification of violence as a strategy for health surveillance: profile of a metropolis in Brazil	Ciência e Saúde Coletiva	Violence Characterization

Source: Research Data, *João Pessoa* city, *Paraíba* State, Brazil, 2016.

Table 2 - Description of articles according to authorship, year (2012 - 2011), title, journal, focus. *João Pessoa* city, *Paraíba* State, 2016.

Authorship	Year	Title	Journal*	Focus
Silva et al.	2012	Facing violence by intimate partner: the experience of women in an urban area of Northeastern Brazil	Revista de Saúde Pública	Violence Characterization
Neto et al.	2012	Profile of care to sexual violence in Brazil	FEMINA	Violence Characterization
Gomes et al.	2012	Combating violence against women: service network personnel's perceptions	Revista de Enfermagem da UERJ	Atuação e percepção dos profissionais de Saúde.
Osis et al.	2012	Violence among female users of healthcare units: prevalence, perspective and conduct of managers and professionals	Revista de saúde pública	Performance and perception of health professionals
Zotareli et al.	2012	Gender and sexual violence among students at a brazilian university	Revista Brasileira de Saúde Materno Infantil	Violence Characterization
Cecilio et al.	2012	Interpersonal violence: descriptive study of not fatal cases assisted in an emergency reference unity to seven municipalities of the state of São Paulo, Brazil, from 2008 to 2010	Epidemiologia e serviços de saúde	Violence Characterization
Silva et al.	2011	Frequency and pattern of intimate partner violence before, during and after pregnancy	Revista de saúde pública	Violence Characterization
Vieira et al.	2011	Típico da ação das mulheres que denunciam o vivido da violência: contribuições para a enfermagem	Revista de Enfermagem da UERJ	Violence Characterization
Vieira et al.	2011	Typical actions from women reporting violence: contributions to nursing	Revista de saúde pública	Violence Characterization
Meneghel; Hirakata	2011	Femicides: female homicide in Brazil	Revista de saúde pública	Violence Characterization
Oshikata et al.	2011	Characteristics of women victims of sexual violence and their compliance with outpatient follow-up: time trends at a referral center in Campinas, São Paulo State, Brazil	Cadernos de Saúde Pública	Violence Characterization
Santos; Vieira	2011	Social resources to support women living in situation of violence in Ribeirão Preto, SP, in the perspective of key informants	Interface - Comunicação, Saúde, Educação	Violence Characterization
Diniz et al.	2011	Voluntary abortion and domestic violence among women attended at a public maternity hospital of Salvador-BA	Revista Brasileira de Enfermagem	The right to legal abortion

Source: Research Data, *João Pessoa* city, *Paraíba* State, Brazil, 2016.

Among selected publications, considering the years of publication, it was noticed that the year 2011 corresponded to the period with the highest number of published scientific articles, with seven (28%) productions, followed by the year 2012 with six (24%) studies, 2014 with five (20%) studies, 2013 with four (16%) studies and 2015 with three (12%) studies.

In relation to journals, the *Revista de Saúde Pública* stood out with five (20%) articles, followed by the *Revista de Enfermagem da Universidade do Estado do Rio de Janeiro (UERJ)* with three (12%) articles. The Revista de Pesquisa: *Cuidado é Fundamental Online*, and *Saúde e Sociedade, Epidemiologia e Serviços de Saúde*, presented two publications (8%) each.

With regard to the main authors of the analyzed articles, it was possible to observe a higher prevalence of doctors, being 19 (76%), followed by masters, with four (16%). Subsequently, graduated and specialist, being only one of each (4%). It was also possible to observe that the professionals who published the most in these journals on this subject are

from the nursing area. Moreover, it was also observed that professionals in the area of Public Health and Psychology also have a relative number of studies.

Considering the approaches of the studies analyzed, there was a greater emphasis on the characterization of violence, which was present in 18 (72%) of the evaluated articles; as to the health professionals' performance and perception, it was observed that this approach was present in five (20%) articles analyzed. Concerning the thematic right of legal abortion, this was present in two (8%) articles.

It should be noted that in terms of content, the knowledge documented in the investigated literature was synthesized in three thematic categories: 1) Violence characterization; 2) Attention to victims of violence in public health services; 3) The right to legal abortion, discussed below.

Violence characterization

Concerning the category I, the articles emphasized the characterization of violence against women in relation to predisposing factors, types of violence, the profile of aggressor, and the policies and guidelines developed to combat violence against women. Violence against women, which has occurred since antiquity, is motivated by gender asymmetry and is sometimes considered as natural and admissible, thus confirming its frank rise to the present day with the enormous number of cases and aggravation of damages to the woman health.[11,12]

Some factors are predisposing to the occurrence of such aggressions, such as gender inequality and financial dependence, and the absence of this, together with the higher level of schooling, are protective factors, since by valuing the integrity of the woman and demystifying the idea of female submission, they are able to reduce cases of violence.[12,13] Religion has a negative influence, since it strengthens the patriarchal family model, subordinating women to their husbands, causing the naturalization of violence and, consequently, greater resistance to denunciation.[14,15]

It should be noted that acts of aggression present diversity in their scenarios and situations, whether in the form of verbal aggression and other forms of emotional abuse, physical or sexual violence, causing both physical and psychological damage.[16] Moreover, it can reach the extreme with the death of the victim, criminally typified as femicide, which 40% is committed by an intimate partner.[14]

Some studies have shown that most women have experienced aggression at least once in their lives,[11,17-18] being repeated in most cases.[19,20] According to the reports, there is a predominance of sexual violence, followed by psychological/moral violence and, finally, physical violence,[21] but in the opposite direction, other studies have concluded that the most frequent violence was physical.[11,19-20,22-23] Furthermore, a cycle was observed, initiated in psychological/emotional violence, evolving to physical aggression and culminating in sexual violence.[24,25]

The most commonly used means of sexual violence is bodily force or beating followed by threats,[11,19,22] therefore, it has been observed that there is often no sexual desire, but rather the will to dominate and repress, to abuse the condition they exert about them.[23] Most women feel submissive and fear the aggressor,[20] but at some point have already resisted their aggression. In addition, they reported that because they no longer endured violence or suffered a threat or attempted death left home, however, they returned to the environment – familyhood - violence for love, for the sake of family/children and/or to attend partner request.[21]

There is no agreement on which groups are more likely to suffer sexual violence, specific studies point to equally specific groups that are mostly women[19,21-22] youngs[11, 19-20, 24-25-26], white[11,17,19,23-24] or non-white[26] and brown[20], low schooling[25], incomplete[17,24,26] or complete[20] schooling, married or in a stable union[17,24-25], or separated/divorced[17,20], possessing their own income[25-26] and exercising some type of occupation.[20] Most of the victims have low levels of education[25], complete or incomplete elementary education,[11,18] completed high school[20] or have a maximum of eight years of schooling,[17,24,26] In relation to the most prevalent age group of victims of violence, there is a divergence between the authors. The studies indicate[11,18,26] that the most affected age is 20 years old or more, differently from the research[20] that highlights that the most affected age group is in those women from 30 to 39 years old.

Considering the gestation, it was observed a correlation between it and conjugal violence.[17] Most of the women reported that the aggression occurred before pregnancy, of these 66% continued to suffer during pregnancy. Psychological violence prevailed in all periods, especially during gestation.[26]

The review of the studies also made it possible to characterize the aggressors. They are mostly male,[17,18,21,27] between 30 and 49 years old,[20,27] white color[20, 27] and have some type of occupation.[20] Regarding the level of schooling, some studies indicate a complete degree of schooling,[11,20,27] while others, incomplete.[11,27] The main aggressors are the intimate partners,[18,20,24,27] both current and former partners, most of whom had two or more children with the victims.[27] The main cause of violence was the passionate motivation, jealousy.[20] In the majority of cases, sexual violence occurred at the women's homes,[11,18,20,24] whose risk for conjugal violence was increased in those who did not own a house of their own.[17]

Through the analysis of these studies, it was possible to visualize the policies and guidelines established with a view to combating violence against women. In the decade of 2000, there was a wide evolution in the debates on sexual violence, with the elaboration of policies and guidelines that discuss their repercussions and the resolutions of the grievances. In 2003, the *Secretaria Especial de Políticas para as Mulheres (SEPM)* [Special Secretariat of Policies for Women] was established and the National Plan of Policies for Women was created, which are considered a milestone in the organization of services, establishing standards and protocols to ensure women's health.[13,16,24]

Another advancement in women's sexual and reproductive rights was the launching of the *Política Nacional de Atenção Integral à Saúde da Mulher (PNAISM)* [National Policy of Integral Attention to Women's Health] in 2004, which focuses on how to deal with domestic and sexual violence

against women. Subsequently, publications on the prevention of unwanted pregnancies, the introduction of Emergency Contraception in 2005, and the Technical Standard on Humanized Attention to Abortion were formulated, providing an innovative approach to health services and a better guarantee of women's sexual rights.[13]

In 2003, notification of cases of violence against women became mandatory in both public and private health services. It is a fundamental instrument for promoting the standardization and systematization of information, with the purpose of identifying and characterizing victims and aggressors, dimensioning violence when it is pertinent and specifying its various forms and consequences, establishing treatment and referral of cases, as well as elaborate intervention actions and guide *Sistema* Único *de Saúde (SUS)* [Brazilian Unified Health System] management at the Federal, State and Municipal levels to articulate health policies.[11,21,28]

Despite the regulation of Obligatory Notification and the increase in the notification practice, the high prevalence of underreported cases, due to the unpreparedness of professionals and omission of the victims, is due to the fears of reprisals, insecurity towards the conduct of assistance after complaint, financial and emotional dependence of the aggressor and child protection.[12,21,27] Furthermore, the denunciation has economic and social implications, but also damages the culture and socially accepted precepts, causing them to give up the process or seek help only after long periods of silence.[27]

Initially, there was a judicial tolerance for violence against women, even violating women's rights to freedom, integrity, health and dignity.[7] Nonetheless, legal instruments such as the Maria da Penha Law, enacted in 2006, whose main objective was to repress domestic and family violence against women, imposing on the State the elaboration and implementation of policies for protection and assistance to assaulted women as well as the prevention of acts of violence.[15,16,23]

Succinctly, it has been verified that violence against women is classified as a social problem and this theme has gained visibility by society in general. We also underline that there is a growing tendency to recognize its importance as a public health problem with the need for interventions.

Attention to victims of violence in public health services

In regards to category II: Attention to the victims of violence in public health services, the selected studies highlighted the main elements adopted by professionals working in the Family Health Strategy (FHS) that contribute to coping with violence against women, which are the identification of violence in the field of health, the notification of the grievance, the perception about its complexity and the intersectoral articulation.

The FHS is extremely important in the coping with violence against women, especially conjugal and sexual ones, due to its wide coverage and connection with the community, which allows the long reaching of the care and facilitates the recognition and effective intervention on the cases. The anonymous complaint, the clinical analysis of the patient and the reporting of the facts by the Community Health Agents (CHA), who know the local reality, are forms of detection found.[12,29]

Studies have shown that women who are victims of violence are increasingly seeking hospitals, often seeking non-specialized police stations.[25] Also, one of the studies that compose the *corpus* has shown that many women do not see this service as a gateway,[29] while another refers to the fact that the health area is the only place where they seek help.[17] Because it fails to address the genesis of the problem, primary health care becomes ineffective, with recurrence of cases and consequently increased expenditures.[24,29]

A great challenge to be overcome by health professionals is the invisibility of violence, since they do not investigate possible cases or only in the presence of physical injuries, thus losing the chance to prevent grievance and promote health; thus, greater attention is needed in the treatment of the possible signs and symptoms of the users, exercising the extended clinic.[12,24]

Poor performance is usually justified by lack of time, difficulty in exposing the subject when there are no suspicions, fear of not knowing how to act, absence or lack of knowledge of the services available to support them, besides the naturalization and fear of reprisals by both the professional as well as by women.[12,16,25] Such unpreparedness can be justified by the scarce approach of the subject in academic and professional training, since, regardless of the reason for the silence of the victims, health professionals must be ready to inquire them in medical-hospital care.[12,16]

The omission of victims, detected by low explicit demand, is a barrier to the recognition of cases and is motivated by pain, shame or fear, exacerbated by the lack of knowledge of available services, lack of a social support network, and the gender problems involved.[24-25,29]

The lack of specific protocols suggests a lack of technical and scientific parameters, which contributes to the perception of professionals as being exempt from responsibility.[24] Nevertheless, by humiliating, traumatizing, incapacitating and leaving sequelae, violence against women is a public health problem and, therefore, is part of the work of the professionals who compose it.[12,16]

Professionals consider listening and welcoming as the first actions in the care of the victims.[29] Assistance must go beyond the interventionist mode of care, rescuing empathy, respecting socioeconomic, cultural and historical aspects, facilitating the search for understanding about the functionality of families and the community.[12,23] In addition, the process of listening should be free of judgments, since the identification of it as the subject of its own health and illness process is fundamental for the accomplishment of the reception, which guarantees when accurate, qualified referral to other services.[16,29]

Regardless of the gateway, attention must be interdisciplinary and intersectoral. The health area alone is insufficient because it limits and fragments institutional decision-making, therefore, communication and the flow of referrals between sectors, whether governmental or non-governmental, are then advocated. The networks of support and attention to the victims of conjugal and sexual violence,

considered reference for referrals, are composed by services of health, legal, police and social assistance sectors.[12,24,29]

Because it is essential to transform the training model in the service with a view to raising awareness, qualifying and engaging professionals to deal with issues involving public health, such as violence against women.

The right to legal abortion

Regarding the category of legal abortion, studies have shown that legal abortion is still a hazy point for health professionals, even though they know it is a woman's right.

The induced abortion is in the list of Crimes Against Life in the Brazilian Penal Code, article 124. Although, there is a legal provision that allows, in exceptional cases, gestational interruption, such as pregnancy due to sexual violence. In 1999, the Ministry of Health regulated abortion services through the Technical Standard for the Prevention and Treatment of Aggravations resulting from Sexual Violence against Women and Adolescents. This norm emphasizes that, although it is a purely medical practice, the teams must be multidisciplinary.[30]

Theoretically, for legal abortion, the authorization of the victim or the person responsible is required, but the victim is subjected by the professionals to tests of verification and reading of subjectivity, in order to find the causal nexus. The determination of gestational age through ultrasonography and blood tests is essential not only for choosing the method of abortion but also for the agreement between the gestational period and the event.[31]

In order to confirm the violence suffered, the victim tells the episode to different professionals at different times, but if they are considered liberal - wearing piercings, tattoos or being homosexual - they need to be even more convincing to overcome the prejudice of those who listen. The reading of the trauma favors the creation of a specific subjectivity, whose behavior of the woman allows the reconstruction of the experienced terror since there are not always bodily marks.[31]

When comparing the legal interruption of gestation performed in hospitals indicated by the Ministry of Health and those not indicated, it is observed that the former performs four times more than the latter. There is an incompatibility between hospitals and emergency units that were able to perform the abortion and its accomplishment in the last 10 - 14 months, which is well below capacity. Thereby, one can perceive how much this practice is still stigmatized by the professionals, even these recognizing that it is a woman's right.[32]

It is worth mentioning that the right to legal abortion does not mean reproductive autonomy, but the protection of rape victims.[31] Nonetheless, if violence has been committed in the conjugal context, abortion becomes illegal. The justification for induced abortion is, in most cases, the low economic conditions, and may also be due to the experience of domestic violence at a young age and the fact that the pregnancy disrupts women's plans for the future.[18]

Among the consequences of abortion is the development of symptoms of Post-Traumatic Stress Disorder (PTSD), especially in victims of violence in the current pregnancy, such as feelings of discharge, lack of concentration, flashbacks that remind the trauma, guilt. The nature and severity of trauma are risk factors for the development of PTSD. Due to the psychological impact, health professionals should not restrict themselves to clinical signs and symptoms.[18]

CONCLUSIONS

In light of the aforesaid, it is concluded that violence against women is not a new fact and that, therefore, it is often considered natural by the victims. The main cause is gender inequality, whose female sex is considered inferior to the masculine one, causing damages, sometimes irreversible, that surpass the physical sphere and reach the woman of integral form.

As regards to the coping with violence against women, the Family Health Strategy (FHS) plays a fundamental role, due to the link between health professionals and the community, with the Community Health Agent (CHA), being a resident and acting directly with the population.

Currently, there is still a great number of underreporting, justified by the deficiency in the identification of the cases, due to the lack of preparation of the professionals, since the academic formation, to recognize such situation. Additionally, there are a large number of women who do not report due to the psychosocial factors involved in this process, such as emotional and financial dependence.

The care of the victims must be realized through an intersectoral network, and communication between the health, judicial, police and social assistance sectors is fundamental. In this way, the articulation of these sectors is indispensable for the confrontation and resolution of violence against women.

Therefore, it is necessary to strengthen public policies aimed at eradicating violence against women, offering quality support services and giving them effective support to break with such acts. Additionally, it is important to foster, through the media and schools, awareness that violence is a matter of the public sphere and violation of human rights, affecting not only women but also society as a whole.

Acknowledgements

The authors thank the academic director of the *Faculdade de Ciências Médicas da Paraíba*, Isabelle Cristinne Costa, for the support received during the study.

REFERENCES

1. Brasil. Convenção Interamericana para Prevenir, Punir e Erradicar a Violência Contra a Mulher "Convenção de Belém do Pará". Adotada em Belém do Pará, Brasil, em 9 de junho de 1994, no Vigésimo Quarto Período Ordinário de Sessões da Assembleia Geral. Comissão Interamericana de Direitos Humanos. Belém (PA); 1994 [citado 2016 Dez 15]. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/convencaobelem1994.pdf

2. Brasil. Convenção Interamericana para Prevenir, Punir e Erradicar a Violência Contra a Mulher "Convenção de Belém do Pará". Adotada em Belém do Pará, Brasil, em 9 de junho de 1994, no Vigésimo Quarto Período Ordinário de Sessões da Assembléia Geral. Comissão Interamericana de Direitos Humanos. Belém (PA); 1994 [citado 2016 Dez 15]. Available at: http://bvsms.saude.gov.br/bvs/publicacoes/convencaobelem1994.pdf
3. Cortes LF, Padoin SMM. Intencionalidade da ação de Cuidar mulheres em situação de violência: contribuições para a Enfermagem e Saúde. Esc Anna Nery Rev Enferm [Internet]. 2016 [citado 2016 Out 13]; 20(4). Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452016000400202&lng=pt&nrm=iso
4. Rocha SV, Almeida MMG, Araújo TM. Violência contra a mulher entre residentes de áreas urbanas de Feira de Santana, Bahia. Trends Psychiatry Psychother. [Internet]. 2011 [citado 2016 Out 13]; 33(3): 164-8. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S2237-60892011000300006&lng=pt&nrm=iso
5. Silva LEL, Oliveira MLC. Características epidemiológicas da violência contra a mulher no Distrito Federal, 2009 a 2012. Epidemiol Serv Saúde [Internet]. 2016 Jun [citado 2016 Out 15]; 25(2): 331-42. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S2237962220160002003 31&lng=pt&nrm=iso%20Acessado%20em:%2013%20dez%202016.
6. Piosiadlo LCM, Fonseca RMGS, Gessner R. Subalternidade de gênero: refletindo sobre a vulnerabilidade para violência doméstica contra a mulher. Esc Anna Nery Rev Enferm [Internet]. 2014 Dez [citado 2016 Out 15]; 18(4): 728-33. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452014000400728&lng=pt&nrm=iso
7. Brasil. Supremo Tribunal Federal. Arguição de Descumprimento de Preceito Fundamental 54-8 [Internet]. Voto do Relator: Ministro Marco Aurélio de Melo. Brasília (DF): STF, 2012 [citado 2016 Dez 15]. Available at: http://www.stf.jus.br/arquivo/cms/processoAudienciaPublicaAdpf54/anexo/adpf54audiencia.pdf
8. Santos MA, Vieira EM. Recursos sociais para apoio às mulheres em situação de violência em Ribeirão Preto, SP, na perspectiva de informantes-chave. Interface comum saúde educ [Internet]. 2011 Mar [citado 2016 Out 15]; 15(36): 93-108. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S141432832011000100008
9. Pereira-Gomes N, Lorenzini EA, Rebouças-Gomes N, Silva-Monteiro D, Moreira SR, Menezes-Couto T. Apoio social à mulher em situação de violência conjugal. Rev salud pública [Internet]. 2015 [citado 2016 Out 26]; 17(6): 823-35. Available at: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0124-00642015000600001&lng=en
10. Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. Einstein (São Paulo) [internet]. 2010 [citado 2016 Out 26]; 8(1 Pt 1):102-6. Available at: http://astresmetodologias.com/material/O_que_e_RIL.pdf
11. Ribeiro EA. A perspectiva da entrevista na investigação qualitativa. Evidência. 2008 [citado 2016 Out 26]; 4(4):129-48. Available at: http://www.uniaraxa.edu.br/ojs/index.php/evidencia/article/view/328/310
12. Moreira GAR, Soares OS, Farias FNR, Vieira LJES. Notificações de violência sexual contra a mulher no Brasil. Rev Bras Promoç Saúde [internet]. 2015 [citado 2016 Out 25]; 28(3):327-36. Available at: http://ojs.unifor.br/index.php/RBPS/article/view/3877/pdf
13. Gomes NP, Bonfim ANA, Barros RD, Silva Filho CC, Diniz NMF. Enfrentamento da violência conjugal no âmbito da estratégia saúde da família. Rev enferm UERJ [internet]. 2014 [citado 2016 Out 26]; 22(4): 477-81. Available at: http://www.facenf.uerj.br/v22n4/v22n4a07.pdf
14. Garcia LP, Freitas LRS, Hofelmann DA. Avaliação do impacto da Lei Maria da Penha sobre a mortalidade de mulheres por agressões no Brasil, 2001-2011. Epidemiol Serv Saúde [internet]. 2013 [citado 2016 Out 12]; 22(3):383-94. Available at: http://scielo.iec.pa.gov.br/scielo.php?script=sci_arttext&pid=S167949742013000300003&lng=es&nrm=iso
15. Meneghel SN, Hirakata VN. Femicídios: homicídios femininos no Brasil. Rev Saúde Pública [internet]. 2011 [citado 2016 Out 12]; 45(3):564-74. Available at:http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034891020110003000 15&lng=en&nrm=iso.
16. Gomes NP, Bomfim ANA, Diniz NMF, Souza SS, Couto TM. Percepção dos profissionais da rede de serviços sobre o enfrentamento da violência contra a mulher. Rev enferm UERJ [internet]. 2012 [citado 2016 Out 12]; 20(2):173-8. Available at: http://www.facenf.uerj.br/v20n2/v20n2a06.pdf
17. Lima CA, Deslandes SF. Violência sexual contra mulheres no Brasil: conquistas e desafios do setor saúde na década de 2000. Saude soc [internet]. 2014 [citado 2016 Out 26]; 23(3): 787-800. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010412902014000300787&lng=en&nrm=iso
18. Vieira EM, Perdona GSC, Santos MA. Fatores associados à violência física por parceiro íntimo em usuárias de serviços de saúde. Rev Saúde Pública [internet]. 2011 [citado 2016 Out 25]; 45(4): 730-7. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034891020110004000 13
19. Diniz NMF, Gesteira SMA, Lopes RLM, Mota RS, Pérez BAG, Gomes NP. Aborto provocado e violência doméstica entre mulheres atendidas em uma maternidade pública de Salvador-BA. Rev bras enferm [internet]. 2011 [citado 2016 Out 21]; 64(6): 1010-5. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034716720110006000 04&lng=en&nrm=iso
20. Cecilio LPP, Garbin CAS, Rovida TAS, Queiróz APDG, Garbin AJI. Violência interpessoal: estudo descritivo dos casos não fatais atendidos em uma unidade de urgência e emergência referência de sete municípios do estado de São Paulo, Brasil, 2008 a 2010. Epidemiol Serv Saúde [internet]. 2012 [citado 2016 Out 21]; 21(2):293-304. Available at http://scielo.iec.pa.gov.br/scielo.php?script=sci_arttext&pid=S167949742012000200012&lng=pt&nrm=iso
21. Leite FM, Bravim LR, Lima EF, Primo CC. Violência contra a mulher: caracterizando a vítima, a agressão e o autor. Rev pesqui cui fundam [internet]. 2015 [citado 2016 Out 25]; 7(1):2181-219. Available at: http://bases.bireme.br/cgibin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&src=google&base=BDENF&-lang=p&nextAction=lnk&exprSearch=26717&indexSearch=ID
22. Veloso MMX, Magalhães CMC, Dell'Aglio DD, Cabral IR, Gomes MM. Notificação da violência como estratégia de vigilância em saúde: perfil de uma metrópole do Brasil. Ciênc saúde coletiva [Internet]. 2013 [citado 2016 Out 23]; 18(5):1263-72. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S141381232013000500011&lng=en
23. Leite MTS, Figueiredo MFS, Dias OV, Vieira MA, Souza LPS, Mendes DC. Reports of violence against women in different life cycles. Rev Latino-Am Enfermagem [internet]. 2014 [citado 2016 Out 25]; 22(1): 85-92. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010411692014000100085&lng=en&nrm=iso
24. Oshikata CT, Bedone AJ, Papa MSF, Santos GB, Pinheiro CD, Kalies AH. Características das mulheres violentadas sexualmente e da adesão ao seguimento ambulatorial: tendências observadas ao longo dos anos em um serviço de referência em Campinas, São Paulo, Brasil. Cad Saúde Pública [Internet]. 2011 [citado 2016 Out 19]; 27(4): 701-13. Available at:http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102311X2011000400009&lng=en
25. Osis MJD, Duarte GA, Faúndes A. Violência entre usuárias de unidades de saúde: prevalência, perspectiva e conduta de gestores e profissionais. Rev Saúde Pública [Internet]. 2012 [citado 2016 Out 25]; 46(2): 351-8. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034891020120002000 18
26. Silva RA, Araújo TVB, Valongueiro S, Ludermir AB. Enfrentamento da violência infligida pelo parceiro íntimo por mulheres em área urbana da região Nordeste do Brasil. Rev Saúde Pública [internet]. 2012 [citado 2016 Out 24]; 46(6): 1014-22. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034891020120006000 11
27. Silva EP, Ludermir AB, Araújo TVB, Valongueiro SA. Freqüência e padrão da violência por parceiro íntimo antes, durante e depois da gravidez. Rev Saúde Pública [internet]. 2011 [citado 2016 Out 25]; 45(6): 1044-53. Available at:http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034891020110006000 06
28. Silva CD, Gomes VLO, Mota MS, Gomes GC, Amarijo CL. Violência contra a mulher: agressores usuários de drogas ilícitas. Rev pesqui cui fundam [internet]. 2015 [citado 2016 Out 23]; 7(2): 2494-504. Available at: http://www.index-f.com/pesquisa/2015/72494.php
29. Lima JS, Deslandes SF. Olhar da gestão sobre a implantação da ficha de notificação da violência doméstica, sexual e/outras violências em uma metrópole do Brasil. Saúde soc [internet]. 2015 [citado 2016 Out 24]; 24(2): 661-73. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902015000200661&lng=en&nrm=iso
30. 29 Porto RTS, Bispo Júnior JP, Lima EC. Violência doméstica e sexual no âmbito da Estratégia de Saúde da Família: atuação profissional e barreiras para o enfrentamento. Physis (Rio J) [internet]. 2014 [citado 2016 Out 24]; 24(3): 787-807. Available at: http://www.scielo.br/scielo.php?pid=S010373312014000300787&script=sci_abstract&tlng=p

31. Vieira LB, Padoin SMM, Souza IEO, Paula CC, Terra MG. Típico da ação das mulheres que denunciam o vivido da violência: contribuições para a enfermagem. Rev enferm UERJ [internet]. 2011 [citado 2016 Out 19]; 19(3): 410-4. Available at: http://www.facenf.uerj.br/v19n3/v19n3a12.pdf

32. Diniz D, Dios VC, Mastrella M, Madeiro AP. A verdade do estupro nos serviços de aborto legal no Brasil. Rev Bioét (Impr) [Internet]. 2014 [citado 2016 Out 20]; 22(2): 291-8. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S198380422014000200011&lng=en

33. Neto JA, Faúndes A, Osis MJD, Pádua KS. Perfil do atendimento à violência sexual no Brasil. Femina [internet]. 2012 [citado 2016 Out 20]; 40(6):301-6. Available at: http://bvsms.saude.gov.br/bvs/publicacoes/premio2013/trabalho_publicado/Maria%20Jose%20Martins%20Duarte%20Osis.pdf

Received in: 15/01/2018
Required revisions: 02/07/2018
Approved in: 20/08/2018
Published in: 10/01/2020

Corresponding author:
Gisélia de Moura Bezerra Cavalcanti
Address: Rua Monteiro Lobato, 304, ap. 602, Tambaú
João Pessoa/PB, Brazil
Zip code: 58.039-170
E-mail address: giseliabcavalcanti1@hotmail.com
Telephone number +55 (83) 99126-9554

Disclosure: The authors claim to have no conflict of interest.