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RESEARCH

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DOMESTIC VIOLENCE AGAINST WOMEN IN THE PERCEPTION OF THE TEAMS OF THE FAMILY HEALTH STRATEGY

Violência doméstica contra a mulher na percepção das equipes da estratégia saúde da família

Violencia doméstica contra la mujer en la percepción de los equipos de la estrategia salud de la familia

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ABSTRACT

Objective: The study's purpose has been to understand domestic violence against women under the perception of Family Health teams. **Methods:** It is a descriptive study with a qualitative approach, which was performed with 24 professionals from Family Health Units located in a municipality from the *Bahia* State countryside, Brazil. Data collection took place through semi-structured interviews designed according to the thematic content analysis. **Results:** Physical and psychological violence were the most common forms of domestic violence against women, with alcoholism, jealousy and macho culture as triggers for aggression. Gender and power relations were evidenced in the context of violence. **Conclusion:** Therefore, it is possible to underline the need for training of the Family Health teams in order to identify and adequately handle cases of domestic violence against women, aiming for comprehensive care.
Descriptors: Violence against women, women's health, gender and health, family health strategy.

RESUMO

Objetivo: compreender a violência doméstica contra a mulher na percepção das equipes de Saúde da Família. **Métodos:** Pesquisa qualitativa, realizada com 24 profissionais das Unidades de Saúde da Família de um município do interior baiano. As informações emergiram de entrevista semiestruturada organizadas pela análise de conteúdo temática. **Resultados:** A violência física e psicológica foram as formas mais comuns de violência doméstica contra a mulher, tendo o alcoolismo, o ciúme e a cultura machista como

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precipitadores das agressões. As relações de gênero e poder foram evidenciadas no contexto da violência. **Conclusão:** Destaca-se a necessidade de capacitação das equipes de saúde da família para a identificação e manejo adequado dos casos de violência doméstica contra a mulher, visando o cuidado integral.

Descritores: Violência contra a mulher; Saúde da Mulher; Gênero e saúde; Estratégia Saúde da Família.

RESUMÉN

Objetivo: comprender la violencia doméstica contra la mujer en la percepción de los equipos de Salud de la Familia. **Métodos:** Investigación cualitativa, realizada con 24 profesionales de las Unidades de Salud de la Familia de un municipio del interior baiano. Las informaciones emergieron de entrevista semiestructurada organizadas por el análisis de contenido temático. **Resultados:** La violencia física y psicológica fueron las formas más comunes de violencia doméstica contra la mujer, teniendo el alcoholismo, los celos y la cultura machista como precipitadores de las agresiones. Las relaciones de género y poder se evidenciaron en el contexto de la violencia. **Conclusión:** Se destaca la necesidad de capacitación de los equipos de salud de la familia para la identificación y manejo adecuado de los casos de violencia doméstica contra la mujer, visando el cuidado integral.

Descriptores: Violencia contra la mujer; Salud de la Mujer; Género y salud; Estrategia Salud de la Familia.

INTRODUCTION

Violence is an old issue. Nonetheless, political and social visibility is recent and concerns society, which requires the implementation of overcoming strategies. In this scenario, domestic violence against women presents itself as a public health problem that affects the social life of women involved in this background, in which power relations and gender inequality remain as strong influencers in this sphere.[1,2]

Violence directed at women is constituted in every act resulting from gender relations that causes death, physical, sexual, psychological, patrimonial and moral damage. Between 1980 and 2013, according to the records of the Mortality Information System, 106,093 women were victims of homicide in Brazil, and if we compare the rate of 1980, which was 2.3 victims per 100, it increased in 2013 to an estimated rate of 4.8, then registering an increase of 111.1%, which represents an important health problem and violation of women's rights.[3,1]

Studies have shown that the majority of women involved in domestic violence are young and show economic dependence on the aggressor. Among the forms of domestic violence against women, physical aggression is the most frequent and the one that is most easily identified, both by health professionals and by women who are assaulted, since, in general, women who break barrier of silence and denounce their companions, accuse them of physical violence, due to the lack of knowledge and understanding about other forms of violence.[4,5]

The findings in the literature showed that the use of alcoholic beverages by the aggressors is one of the main triggers of the aggression and the common focus of discussion among couples. Under the influence of alcoholic drink, the companions physically attack the companions, who are defenseless and at a disadvantage, both biologically and psychologically. Jealousy is also seen as a strong trigger and is still considered as a way for the aggressor to justify his acts, blaming the woman for the occurrence of aggressive acts.[6,4,7]

Considering that violence is significantly manifested in the women domestic environment, the health sector is in a significant position in the process of identifying these cases. Hence, the Family Health Strategy (FHS), which constitutes the gateway for users in primary care, is configured as a space for welcoming, protecting and supporting women in situations of domestic violence.[8]

Bearing in mind the aforesaid, this study pursued to know: what are the perceptions of FHS teams concerning domestic violence against women?

Studies on this issue are important to give visibility to cases of domestic violence against women according to the viewpoint of health professionals from the Family Health Units (FHUs), places where many women look for care after the aggression. Furthermore, investigations addressing this subject pursue to report the challenges and limits to be overcome in order to face domestic violence against women, from the perspective of comprehensive care.

This article meant to understand domestic violence against women under the perception of Family Health teams.

METHODS

It is a descriptive study with a qualitative approach, which was performed with 24 professionals from FHUs located in a municipality from the *Bahia* State countryside (urban area), Brazil. The FHUs were selected based on the following inclusion criteria: FHU where two teams worked and FHU where only one team, from the urban area, minimum complete team, according to the criteria recommended by the Ministry of Health (Brazil); with a minimum of six months of experience.

Among the health professionals, there were selected four nurses, one dental surgeon, three nurse technicians, one nursing assistant, two Oral Health Technicians (OHTs) and 13 Community Health Agents (CHAs), adopting as inclusion criteria: professionals from the FHS teams who had at least six months of experience and as exclusion criteria the leave from work due to vacation or leave of any nature.

The approach to the field occurred after contact with the coordination of the FHU requesting an appointment for a meeting with the professionals of the FHS teams, an opportunity in which the researchers in a private place of the FHU explained the purpose of the study and conducted the semi-structured interview, after the signing of the Informed Consent Form (ICF), with an average duration of 40 minutes, starting from the triggering questions: understanding about domestic violence against women and perception of the care practices developed for women in situations of violence by the FHS team.

The study complied with the requirements of the Resolution No. 466/2012 from the National Health Council. The research project was submitted to the Research Ethics Committee from the *Universidade Estadual do Sudoeste da Bahia/Jequié* Campus under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 49736915.3.0000.0055 and approved under the Legal Opinion No. 1.304.618/2015.

The information was collected from August 2016 to April 2017 and analyzed carefully, using the content analysis technique, thematic modality in which it is understood that it should be organized in a line of meaning and meanings, so that it could be so. understand the perceptions of each participant. Therefore, we follow the stages of pre-analysis, exploration of the material and finally, data treatment, inference and interpretation.[9]

After analyzing the information, the following categories were framed: 1) Domestic violence against women: perceptions of Family Health teams; 2) Elements that trigger domestic violence against women; 3) Relationship between gender issues and domestic violence according to the viewpoint of professionals working in the FHS.

Participants were identified by the letter "I", followed by numbers from 1 to 24 (I1, I2, I3, [...], I24), corresponding to the number of health professionals interviewed, aiming to ensure anonymity.

RESULTS

The participants, 22 women and two men, all within the age group from 25 to 61 years old, being 12 married, two living in consensual union, five single and four divorced. Regarding the level of education, nine have completed high school, six have completed higher education and three have incomplete higher education. Only six attended graduate school at the Lato Sensu level, and only 12 declared that they had already participated of an update activity addressing domestic violence against women.

Category 1: Domestic violence against women: perceptions of Family Health teams

In general, concerning the concept of domestic violence against women, the interviewees stressed the physical and/or psychological forms.

It was evident that health professionals understand and characterize domestic violence only in the physical and psychological dimension, but they did not mention the other forms of violence.

It was identified in the reports that the interviewees underlined the domestic violence against women manifested only in the physical sphere. The narratives below elucidate this reality.

> *[...] it got to the point that they went out on the street, those fights on public, everyone saw them, there was a moment when he broke the door, broke things inside the house, and she was hurt [...].* (I1, CHA)

> *[…] Physical aggression […] he assaulted his daughter, so the mother went to intervene, and he killed her [...] the husband fighting with the woman, they always fought […] he stabbed her in the neck, it was last Saturday, then he killed her [...].* (I6, OHT)

Some professionals, in addition to talking about violence in the psychological field, highlighted their concerns about how this problem can be harmful to the mental health of women in situations of violence. These considerations are presented in the following statements.

> *[...] but I think that due our experience, there are husbands who do not hit, but the words they say I think hurt more, because it is in the soul, so I think it hurts more than in the body [...].* (I5, Nurse)

> *[...] we can see some women who suffer from psychological violence even though they do not have high self-esteem [...] when they talk to each other, [partner] calls her crazy, stupid [...] this is a kind of violence [...].* (I22, Nurse).

The interviewees showed that it is common for forms of violence to happen concomitantly, both through insults, showing psychological violence, and also showing their physical form, and often the aggressor ends up attacking their daughters/sons as well. They also stressed that this form of association between physical and psychological violence begins through a discussion in which the man does not respect the woman's space.

> *[...] the violence they said he did was hitting her, assaulting her, and he curses a lot; we realize it, we see it in the area sometimes when he is cursing; so, it is already an aggression not only to her, but to the children as well [...].* (I23, CHA)

> *[...] There are several, both verbally and physically too, when he [partner] even broke one of the victim's arms [...] the man does not respect the space of the woman and begins to assault her, to violate her, both verbally and physically.* (I19, CHA)

These statements reflect that women and children are groups of social vulnerability to the problem, and domestic violence may be more frequent than is assumed.

Category 2: Elements that trigger domestic violence against women

Overall, the interviewees' statements have revealed that the use of alcoholic beverages and other illicit drugs are related to the occurrence of domestic violence against women, with jealousy also being a precursor to both physical and psychological violence. It is noted in the reports that, in most cases, the aggressor already has a history of violent conduct.

[...] the woman complains about something, the husband does not like it, he is upset, and then he will take drugs, and when he comes home, he is already upset, so, part of it revolves around that [...] he is always involved with drugs [...]. (I16, CHA)

[...] in all situations I was not able to take any action or party, because in my area people are armed [...] nobody does anything, the husband drank too much, and when he drank too much, he beats her out of nowhere [...]. (I14, Nurse)

[...] she came here with very black eyes and when I found her in the room to talk, she told me that she had removed a tooth and had been infected and because of that she got a black eye [...] the husband who drank and beat her [...]. (I5, Nurse)

Jealousy was also represented as a triggering element of domestic violence against women, as described here: "[...] just for little things, for jealousy". (I14, Nurse)

Category 3: Relationship between gender issues and domestic violence according to the viewpoint of professionals working in the FHS

The analysis of the information collected made it possible to identify that some professionals, who work in the FHS, managed to relate the overlapping of gender relationships as one of the factors associated with domestic violence against women.

[...] Yes, domestic violence against women I understand as something degrading, humiliating, it is cowardly, it is on the part of the male gender, the man who finds himself physically stronger by attacking a being who is more fragile [...]. (I21, CHA)

[...] so, from the moment that that person knows that he has a power over another person, then it is done; his power becomes greater, considering the strength, just because he is a man [...]. (I8, Nurse Technician)

It can also be noted that the main aggressor is the partner of the abused woman, as reported below.

[...] I have a patient like that, who is really suffering, but we realize that her husband is the controller, he brings her here, to come to the unit, he waits, he makes the appointment. So, there is this whole case that the aggressor is already coming to try to cover up the situation. [...] As if by her husband coming here, so the issue can't be noticed. He acts normal, a super quiet person, polite. So, there is a disguise [...]. (I13, OHT).

The interviewee's report number 11 clarifies the patriarchal heritage still present in the background of domestic violence against women:

[...] Violence against women is all aggression that occurs between men and women, where generally women suffer all those aggressions as a result of the man's posture at home [...] he wants to impose his conduct at home. (I11, Dental Surgeon).

DISCUSSION

It can be noted that the lack of knowledge about epidemiological data on violence is one of the many facets of domestic violence against women and constitutes a factor that makes it impossible for health professionals to recognize the problem, as the correlation between physical aggression and violence masks other types of aggressions suffered by women, a fact that reaffirms health care directed by the biomedical model.[10,11]

Physical violence is one of the most frequent forms of aggression along with psychological violence, demonstrating that the occurrence of the physical form of violence leaves marks on the woman's body, and even if she does not want to, it exposes her situation.[12,13]

Physical violence takes the form of pushing, slapping, punching and is often associated with the use of objects or weapons. Domestic violence against women permeates gender issues, as it also has a relationship with the categories of class, race, and generation, characterized by the authoritarianism of men, of patriarchal influence, in which he considers himself the owner of the woman's body and will.[14]

Although physical violence is the most recognized type of aggression, psychological violence is materialized through threats, control, and insults. However, we call attention to the fact that the naturalization of psychological violence results, mainly from the inability that people have to recognize the situations that characterize this type of harmful aggression to victims. This naturalization makes it impossible for overcoming strategies to be implemented.[12,15,16]

Commonly, it is evident that psychological violence is used as a way to keep the woman under control, intimidating her and forcing her to live in an infinite cycle of violence, in which this situation marks feelings that provide physical and emotional illness to the woman.[14]

Results from other studies showed a high percentage of associated violence, mostly physical and psychological violence, with significant death threat indices, highlighting that fear, physical aggression and constant threats in a woman's life are associated with impotence, guilt, and submission according to the situation. In turn, psychological violence has generated lasting consequences, changing the self-esteem and personality of women who experience the context of violence. In the meantime, domestic violence against women runs through the violation of laws and

physical and emotional integrity, as they corroborate for the loss of identity.[17,7,4]

A study carried out at a *DEAM* [*Delegacia Especializada de Atendimento à Mulher* — Women's Protection Police Station] in a municipality located in the central region of the Paraná State observed that a large part of the detainees who were arrested used alcohol and other drugs when these situations were compared with cases where the use of these substances was not frequent.[18]

The findings in the literature reinforce the idea that the abuse of alcoholic beverages is a strong precipitator of domestic violence, especially by partners. The consumption of alcoholic beverages or illicit drugs can trigger physical or psychological violence, predisposing intra-family conflicts. The issue of domestic violence runs through the abuse of alcoholic beverages because it involves problems related to patriarchal societies that are ideologically reinforced by the ideals of capitalist societies, naturalizing the silent cycle of violence.[17,7,19,4]

The logic perpetuated in society with strong ties to an oppressive patriarchal culture makes men feel the dominant part of the relationship and that it exercises power over women, and the distinction of social values attributed unequally represent the models of masculinities, even if she doesn't realize it, in addition to their lack of understanding and understanding about the socio-cultural processes impregnated with gender relations.[20]

A study emphasized that the majority of cases of domestic violence against women were committed by the partner, also demonstrating the strong interactions of dominance by the man. In general, the feelings of women in situations of domestic violence are disorderly and repressive. There is a confusion of affections after going through so many aggressions, regardless of the form. They develop feelings of insecurity, fear and submissive behaviors, in addition to feeling vulnerable over time, as these emotional issues are part of the abusive relationships that are intertwined with issues related to power and the strong domination of patriarchal culture, in addition to strong financial dependence that contributes to the perpetuation of domestic violence against women.[19]

Some research has highlighted that although there have been some favorable changes over time, concerning the universe of domestic violence against women, androcentrism still prevails in contemporary society. The man is still assigned the role of provider, responsible for supplying the home and making decisions; on the other hand, women are given the responsibility of taking care of the family, being submissive to the male power and acting in the private environment.[14,21]

CONCLUSION

The understanding of the health professionals' perceptions concerning domestic violence against women allowed the identification of the interfaces that permeate the way these professionals perceive the problem. Given the gathered information, it can be seen that the professionals are unaware of the real magnitude of the problem, a fact that prevents their notification and implementation of a viable action plan to minimize the number of cases.

The study's findings demonstrated a reductionist view of the problem, given that only physical and psychological violence were mentioned and this was done superficially. In this framework, it is reiterated the importance that permanent education actions in service are made available considering the understanding that greater information about the problem provides conditions for the diagnosis of physical and psychological damage, as well as coping strategies and overcoming the victims.

Herein, it was identified that the professionals of the FHS teams recognize physical and psychological violence in either an isolated or associated way, despite not having specified the other manifestations of violence provided for in the Maria da Penha Law, such as violence moral, patrimonial and sexual.

It was noted that physical and psychological violence are the most perceived by FHS teams, with women still assuming an inferior posture in relation to men, in which the partner is the main aggressor, and is in the power to violate any and all rights that women have, given the power relations that still prevail in today's society.

The participants underlined the abusive use of alcoholic beverages and illicit drugs, in addition to jealousy, also denoting to this aspect the strong macho culture still present in contemporary society. Bearing this in mind, the scenario of domestic violence against women, is still surrounded by an androcentric and patriarchal vision, sometimes naturalized socially and culturally, which requires a break with these concepts and precepts to face this public health problem through prevention and combat.

Based on this research, there is a need for formulating permanent health education actions under the FHS perspective, aiming at providing guidelines related to understanding, identifying cases, forms of intervention and referrals, so that the reductionist view on domestic violence against women can be expanded. Furthermore, the professionals can reframe their caregiving praxis, since comprehensive care presupposes a holistic view so that the needs of women are met both in the physical field and concerning psychological aspects. It also highlights the urgency to establish intersectoral articulation, thus configuring more concrete and effective networks to face domestic violence against women.

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