

Violence against women: how nursing students perceive it

Violência contra a mulher: a percepção dos graduandos de Enfermagem

Violencia contra la mujer: la percepción de estudiantes de enfermería

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ABSTRACT

Objective: to learn how nursing graduate students perceive violence against women. **Methods:** qualitative analysis carried out with 16 nursing students from April to June 2016. Data were collected in interviews and content was analyzed. **Results:** four categories were discerned: overall understanding about gender-related violence; approach towards gender-related violence during student's graduation; perception about nurse's role when assisting violated women; considerations about the best approach to take when assisting violated women. **Final considerations:** gender-related violence is noticed by students, as much as gender inequality. Nurse's highlighted role is the ability to communicate and to foster patient care. Undergraduate students do not identify as active part of health care team. However, they identify the theme in the University's undergraduation syllabus. Similar researches can contribute to discuss violence against women.

Descriptors: Nursing; Students, nursing; Violence against women.

RESUMO

Objetivo: conhecer as percepções dos graduandos em Enfermagem sobre violência contra a mulher. **Métodos:** estudo qualitativo realizado com 16 graduandos em Enfermagem entre abril e junho de 2016. Dados coletados por entrevista e realizada a análise de conteúdo. **Resultados:** foram determinadas como categorias: entendimento sobre violência de gênero, abordagem da violência de gênero na formação dos graduandos, percepção sobre a atuação do enfermeiro na atenção às mulheres em situação de violência e considerações sobre o atendimento ideal à mulher em situação de violência. **Considerações finais:** a violência e a desigualdade de gênero são percebidas pelos acadêmicos. O papel do enfermeiro é destacado nas habilidades de comunicação e acolhimento. Os graduandos não se identificam como parte da equipe de saúde que receberá a mulher em situação

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de violência e percebem o tema no currículo da graduação. Estudos semelhantes contribuirão com a discussão sobre a violência contra a mulher.

Descritores: Enfermagem; Estudantes de enfermagem; Violência contra a mulher.

RESUMEN

Objetivo: conocer las percepciones de los estudiantes de enfermería sobre la violencia contra la mujer. **Metodología:** estudio cualitativo realizado con 16 estudiantes entre abril y junio de 2016. Datos recolectados por medio de entrevistas y cumplido el análisis de contenido. **Resultados:** se determinaron 4 categorías: comprensión de la violencia de género, abordaje de la violencia de género en la formación de los estudiantes, percepción de la actuación del enfermero en la atención a las mujeres en situación de violencia y consideraciones sobre la atención ideal a la mujer en situación de violencia. **Consideraciones finales:** la violencia de género y la desigualdad son percibidas por los académicos. El papel del enfermero se destaca por sus habilidades de comunicación y aceptación. Los estudiantes no se identifican como parte activa de la rama de la salud. Identifican el tema en el currículo de pregrado. Estudios similares pueden contribuir sobre este tema.

Descriptores: Enfermería; Estudiantes de enfermería; Violencia contra la mujer.

INTRODUCTION

Violence against women is considered a global problem and affects one every three women. The term “violence against women” translates several forms of violence, including violence by intimate partners, whether it be physical, sexual or psychological, as well as other kinds of violence, such as mutilations, murder and women traffic.¹

Even though violence may occur in different scenarios and cultures, it is known that younger women with low education and low income present higher risks of being violated. Attackers are often intimate with the victim, and use substances, such as alcohol, when they commit violent acts.²

Violence against women is understood from gender perspective, and it occurs against a person who is not considered equal or who does not have the same conditions of existence and value. Violence is motivated when relations of inequality according to

conditions of sex are perceived, especially in family context, in which relations are hierarchically constituted.³

The subjectivity of gender issues, associated with the fact that men have power over women in our society, reveals how difficult it is to identify violence, especially if typologies of violence are not clearly recognized in the current legislation.⁴ The Maria da Penha Act (Act No. 11.340) reaffirms how broad and diverse this type of violence is, and presents legal mechanisms to curb and punish violence against women, thus broadening the perspective on this context to promote women’s safety.⁵

The final report of the Joint Parliamentary Committee (CPMI, *Comissão Parlamentar Mista de Inquérito*) on Violence against Women, published in June 2013, aimed to help the Executive, Legislative and Judicial Branches of all administrative domains to create policies and actions that face the various forms of violence affecting

Brazilian women. This work generated 73 recommendations for 17 states and for the Federal District. One of them, is to consider femicide as an aggravating factor of homicide, leading to sentences from 22 to 30 years in prison.⁶

Due to numerous emotional factors involved, such as fear or the shame of being open about violence, tracking down, notifying and servicing these women becomes an even more delicate task. According to data from the Information System and Notification Aggravations (SINAN, *Sistema de Informações e Agravos de Notificação*), in 2014, 223.760 cases were reported that had any relation to assault, and two in every three women required health care.⁷ This number is estimated to be higher, when unreported and unnoticed cases are considered.

In this context, it is the role of health professionals to welcome and promote users' well-being, by knowing how to deal with issues related to gender violence, by identifying situations of violence or abuse and, above all, by getting to know how to attend women's most specific needs. However, attention to the problem in the health sector is often still ineffective, due to how invisible violence is in health services.⁸

A study carried out with nursing students identified a reflexive and structured positioning, and found that they are influenced by the media, but also seek knowledge on the subject, experience negative feelings towards aggressors' impunity and point out man as women's main attacker.⁹

In spite of studies like the one mentioned, the discussion about violence against women should be expanded in nurses' education, thus constructing critical thinking and a holistic and humanized view about this public health issue. In view of this, the following research question was formulated: How nursing undergraduate students perceive violence against women?

This study's goal is to get to know how nursing undergraduates perceive violence against women and the nurse's role in providing care to women under situations of violence.

MATERIALS AND METHODS

This is a descriptive-exploratory study, with a qualitative approach. The qualitative approach reflects the investigation in the realm of actions and human relations, one which is not perceived and not captured in equations, averages or statistics, and thus fosters the building of new approaches, as well as revision and creation of new concepts.¹⁰

Research subjects were 16 nursing undergraduates from a private higher education institution located in Porto Alegre, state of Rio Grande do Sul, Brazil. They were randomly selected, and sampling was defined according to data saturation criteria.¹¹ Inclusion criteria were: to study at the institution and to be duly enrolled, to be in the last semester of the course during data collection period and to have signed the Informed Consent Term (TCLE). The exclusion criterium was: students who do not show interest in taking part in data collection.

Data were collected from April to June 2016, through semi-structured, recorded interviews, with an average length of approximately 30 minutes. Interviews were carried out in the educational institution, in a quiet and reserved room so that nothing interfered with the activities, thus guaranteeing information preservation.

Interviews' guiding questions were: What do you understand by gender violence? At what point was it approached, and how important is this theme in the undergraduate program? What is your perception of nurse performance towards women who are in situations of violence? According to you, what is the ideal service for women who are in situations of violence?

To characterize the study participants, data such as sex, age, marital status, type and place of work were collected. After interviews were conducted, the speeches were transcribed in full, and language was adjusted, without essentially modifying content.

Data were examined through content analysis, which is comprised of three distinct stages: pre-analysis; exploration of material; inference and interpretation of results. In pre-analysis, the entire material and data organization were read. This type of organization was guided by the study goals. Hypotheses were made and similarities were identified. During exploration of material, categories were made for establishing thematic core. Interpretation and inferences were made and based on the scientific literature.¹⁰

This study respects the terms of Resolution No. 466/12 of the National Health Council, and it was authorized by the Methodist University Center's Ethics and Research Committee (IPA), under Motion No. 1503.008 of April 14th, 2016. Participants were asked to sign the informed consent form. To ensure confidentiality and anonymity, respondents were identified as P1, P2, P3 and so on.

RESULTS AND DISCUSSION

This study was carried out with 16 undergraduate students in Nursing, being one male and 15 females. Their ages ranged from 23 to 46 years, mostly between the ages of 23 and 30 years old (nine participants.) In terms of marital status, 11 participants declared themselves single, two said they were married and three declared to have *other* kind of status. Regarding work status, six are only students, nine are health professionals and one works in a non-health-related location.

Next, the thematic categories elaborated from analysis of the interview's guiding questions are displayed.

Understanding gender violence

The interviewees perceive that gender violence, as a rule, turns not only against women, but against everything that is considered feminine in our society, and that men are the ones who essentially perpetrate it. Also, the interviewee's speeches recognize violence as something close and recurrent in their lives:

Well, gender is male and female [...] The difference of that in violence is that women are more subject to violence. Men, in most cases I've heard, men believe they have power over women. They think women have to be submissive. That's it, for me. (P8)

I have seen, very closely, a case of a neighbor who simply, he used to beat his wife and it was something, so absurd [...] inhuman indeed, especially because he was a man, much stronger. (P9)

It is any type of violence, not necessarily physical. It can be verbal abuse, any kind of aggression. To any gender identity too, no matter if to man, woman, transvestite, gay, transsexual. (P10)

I have already suffered it, along with the patients, for that matter. Assault, especially towards gays, homosexuals and women. I've never seen it against men, but at work I have seen it a lot, against women. (P13)

The world is a space of interpersonal relations and the people who live in it have multiple experiences, because they coexist with other beings. Thus, they can express themselves in many ways, even in conflictive ways, which can trigger most diverse manifestations. Violence is one of these, and so is marital violence perpetrated against women.¹²

Due to the influence of cultural issues that permeate gender relations,

in which social roles for men and women are often defined, inequality relations are triggered, which increases the number of women who suffer violence, for being affectively involved with aggressive partners.¹³

Students' perception of gender violence was broader and included lesbian, gay, bisexual, transvestite, transsexual and transgender (LGBT) population. We consider this piece of information is strongly related to believing in female fragility or subservience, since the LGBT community is always referred to the female and the vulnerable, in Brazil.

Thus, inequality of power relations between the sexes was acknowledged. Such power relations are represented by the idea of possession, and of men's physical superiority in relation to women, as well as by the submissive position of women in marital relations, which usually occurs because of gender culture:

Then I would see a submissive woman [...], my mother did not know how to do anything, except through his [her husband's] perspective, by his eye [...], it had to be exactly what he would do, what he would buy, what he would think. And my mother lived her whole life like this. [...], my father kept my mother under these conditions, which is also a kind of violence, we know today that this is also violence. (P12)

Always that issue of fear, of tearing the family apart, of people are going to say, of fear

that he would do something worse, because he threatened he would do something worse than what he had already done if she denounced him or if she left him, so she accepted it. (P8)

[...] she said that she had always [suffered physical violence], but she did not want to end her marriage, for her family was very important, so she suffered, she suffered, she suffered. (P1)

Patriarchy defends the idea of superiority of male over female, of men over women, being incompatible with the idea of freedom and equality among human beings. This is one of the greatest contradictions, because women cannot determine their freedom and their autonomy as human beings due to gender differences, without physical and/or psychological repression.¹⁴

The trivialization of violence between couples, evidenced by the above statements, indicates that the women in question are undergoing abusive relationships. This seems to happen in many parts of the world. A study on women from Midwestern University community showed that all victims were physically abused by an intimate partner.¹⁵

The idea of patriarchy and of the aggressor being intimate with the female victims of violence can be illustrated by social isolation. This type of situation is related to how repressed women are by their intimate partners, which prevents adequate social interactions.¹⁶

Participants of this study describe a behavior where women subdue,

mainly within their family, and suffer in silence on behalf of their family, for their children, as much as for fear.

Approaching gender violence in undergraduate education

Interviewees recognize the importance of developing knowledge about the topic for their professional education:

I am now studying it in Health and Gender, and I think it is extremely important for students to reflect on current subjects. (P1)

I have attended various parties, disciplines, events, academic seminars [...]. I think it is very present [subject], very relevant to always talk about this subject because [...] we will deal with this type of situation. (P3)

I've seen it both in Man and Woman's Health. There was another subject, also, that had the gender topic [...] Health and gender. The importance of this approach would be that, when it comes to professional practice, when you are examining a patient who has suffered violence, of knowing how to guide them, how to handle this situation in time and trying to do it in the most correct way. (P8)

In several moments we approached it, but mainly in Health and Gender, where we studied issues between man and woman and also domestic violence itself. Anyway, the

importance is precisely to know the social conflicts, the impact they have on the professionals and on us as people, what we can do, what approach we have to have when facing it, our ethics, our attitude. I believe that we must not judge things in advance. (P16)

The students' speeches show the recognition of how important the theme is. They identify this approach in several disciplines and show great concern about taking care of the victims in their future professional practice.

In addition to the academic activities quoted above, curricular internships that took place in houses that hosts women in situations of violence in the city of Porto Alegre (RS) are also highlighted:

We also learned that we have protection houses, because of college, of internships. (P12)

Learning how to work with social nuances of in health is a skill that is anticipated in the National Syllabus Guidelines of the Undergraduate Nursing course. It has 16 articles, which guide all education for the nursing professional. They determine that those who finish undergraduation must have a generalist, humanistic, critical and reflexive education.¹⁷

Besides, knowledge fields should guide the professionals, so that they develop general skills and abilities in the areas of health care, decision making, communication, administration and management, and permanent education. In this sense, specific skills and abilities are defined,

and nurses' education must be guided by biological and health sciences, human and social sciences, as well as by Nursing sciences (nursing fundamentals, assistance, administration and teaching).¹⁷

Nursing training is expected to meet the health social needs, with special focus on the National Health System (*SUS, Sistema Único de Saúde*), and ensure the integrality, quality and humanization of care. In addition to theoretical and practical contents developed during education, courses are required to include supervised curricular internships, in the last two semesters, in general and special hospitals, clinics, basic network of health services and in communities.¹⁷

It is of the also important that health professionals and students be trained to act in situations of violence against women in multidisciplinary and integrated ways, with educational practices.¹⁸ Violence against women happens in every social class, religion, color and education level. However, more one knows about the subject, the more can be done towards women's citizenship rights, to protect them in order to avoid abusive relationships.¹⁹

Some institutions have, in their syllabus, subjects that address issues of gender violence. For example, the Health, Gender and Human Rights course addresses issues related to violence against the human person, gender and human rights, along with its relation to the health-disease process, as well as public policies, national guidelines, health education and work. The subject on Man and Woman's Health also discusses violence against women.²⁰

Curricular changes can work as significant strategies to address the issue of violence in health services. Such content should be developed transversally along the course. A study carried out with nursing students *Universidade Federal do Rio Grande* showed that, for the students, academic weeks, research groups, activities and internships contributed to build knowledge on the topic of violence against women, along with the disciplines of epidemiology and child health, and women's health.²¹

Perception about the role of nurses in caring for women in situations of violence

The graduates interviewed understand that nurses have an important role in caring for women in situations of violence, especially on relational aspects that involve communication and reception skills:

I think that a nurse has to be the host, really he needs to welcome, he needs to pay attention, to give attention to this woman [...] so I think a nurse can be very active, and representative in that area. (P1)

I think a nurse, after all, is an educator and needs to guide, whether it is for the victim or the family. (P6)

Nurses have to be an active party for this victim because he acts both towards the psychological issue and towards the physical protection of this woman, of the victim herself. These are wounds that must heal, and I believe that

nurses have to thoroughly cover the victim. (P16)

Nurses, who are co-responsible for caring, also have to host and listen attentively, getting in touch with patients' narratives, making it easier for them to understand how serious violent events are, and to overcome obstacles that prevent effective care of women who suffer violence, by guiding them towards their rights and providing support for their decision making.²²

However, from some interviewees, it was evident that undergraduates still do not perceive themselves as active parts of the health teams that will receive women suffering violence, always describing the ideal approach in the third person, not included in the attendance:

Honestly, I do not know how they face it, and the things they are doing for this woman, I have no idea. (P12)

I think they need to be prepared, more and more [...], today he is not prepared for it, is not so dexterous, often he even criticizes the situation. (P4)

This student's lack of perception of his role in caring may be related to the fact that he still does not feel as an integral and active part of the team in order to include himself in supporting women in situations of violence.

The lack of specific care protocols contributes for health professionals to not feel that this service is an inherent part of their function, but, only a personal initiative. This idea is reinforced by the

lack of knowledge professionals have of a specific network of attention to women who are victims of violence. Nursing teams are, for the most part, the first people to have contact with women in situations of violence, to identify cases of aggression and to guide the search for solutions through the network of assistance against violence, which includes sectors such as assistance social, psychiatric attention, legal assistance, among others.

Considerations on ideal care for women in situations of violence

Some points quoted in the interviews concern humanized care, the multiprofessional team and the welcoming of women, as we can see in the following excerpts:

I think that care has to be a humane care; you have to fully care for this patient and support her in every way. (P7)

Humane, to be ethical when caring, to not expose the patient in front of anyone. (P2)

I think that at first we admit, which is what we do with all patients, but in a more delicate way, because that person is fragile. (P13)

I think it should be a multidisciplinary service. I think it has to be seen in Psychology, psychiatry, Nursing, doctor, police, law; I think it has to be a very complete thing to really work out. (P1)

Ideally, there would be a suitable place to take care of them, a private, discreet [place...]. A social worker, a psychologist should be there, technicians who manage to receive her well, not only the technician part that we know for the job, but a place that has this understanding that we end up learning to have, that I learned to have during some lessons, a broader view of what they go through and why they pass and why they stay there. A very complex place. We do not know if it will exist, but when I idealize it, I think I would make this place in such a way. (P12)

Humanization of care comes to the fore when undergraduates reflect on what the ideal care for women is. The concern with how to approach a woman who has been victim of violence receives special attention. We believe that this is due to the fact that most nursing students are women and thus may feel vulnerable or part of that problem, not only as nurse practitioners but also as women, by exercising empathy and solidarity.

Violence against women is considered a social problem and is the object of demonstrations which are dealt with in the field of public security and justice. Therefore, attention to the victims is not exclusive to the health sector, but also to several other sectors, articulatedly. This understanding allows for an expanded view of health/disease as a social process, regarding any aggravation and threat to life, work conditions, interpersonal relationships, quality of life and existence. In order to

overcome the values that have naturalized inequalities and that justify violence against women, it is necessary to broaden the way one sees problems and assistance in relation to gender.²³

In order to strengthen new forms of care, it is necessary to understand that social problems interfere with health, recreating language that is based only on disease.²⁰ It is still a challenge for all levels of health services to offer humanized care to women in situations of violence. To meet this end, it is necessary to provide training and support spaces for professionals, so that they are able to work with such issues.²¹

It is necessary to seek a new scope and to act to protect women in situations of violence, by guaranteeing a network of attention. In addition, permanent education processes must be guaranteed to all health professionals, so that violence can be faced with autonomy, in order to overcome gender inequality as established in our society.²⁴

FINAL REMARKS

Academic professionals have realized that gender violence relates not only to actions against women, but also against everything that is considered feminine in our society, and that most violent acts are perpetrated by men.

At the same time, they have observed how powerful inequality is between sexes, being represented by the idea of possession and of physical superiority of men towards women, as well as by women's submissive position

in marital relations, as a result of gender culture.

One sees that students understand the importance of nurses' role in caring for women in situations of violence, with emphasis on relational aspects, which involve communication and hosting skills.

However, these students still do not perceive themselves as an active part of the health team that receives women in situation of violence, always describing the ideal approach in the third person, without including themselves in caring.

This lack of perception of the interviewees about their role in care is due to the fact that they do not yet feel as an integral and active part of the team included in supporting women in situations of violence.

In addition, students identify the approach to the topic of gender violence and violence against women in more than one academic subject during undergraduation, which shows the importance of the topic's transversality in their syllabus.

The study's limitations can be related to the fact that the main researcher is also a nursing undergraduate. Somehow, this fact might have inhibited some reflection on the study's participants. However, it is worth mentioning that all along data collection, it was not possible to explicitly register discomfort, since information confidentiality and participants' anonymity were guaranteed.

One thinks that propagating studies of this nature can contribute for nursing students' reflection, as well

as for teachers and for nurses, on the importance of permanent discussion on this subject within academic and assistance spaces.

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