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Original Articles

Meanings of the reports of violence against women: a descriptive study

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ABSTRACT

Aim: To identify the meanings attributed by health professionals to the reports of violence against women and their practice regarding this matter in a city in the state of Bahia. **Methods**: A qualitative and descriptive study, carried out through interviews with seven professional representatives of municipal health services. The data were organized according to Bardin's Content Analysis. **Results**: The professionals see the report of violence as a mandatory procedure which gives visibility to the offence and helps in finding actions for solving the problem. However, this has not been common practice in the city. **Discussion**: It is important to think of strategies that make changes in this scenario, encouraging the practice of reporting. **Conclusion**: It is essential to rethink the training of professionals, regarding the inclusion of this subject in their undergraduate education health programmes and into their training in service.

Descriptors: Notice; Violence Against Women; Health Services.

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INTRODUCTION

Violence against women is understood as any action that arises from social gender inequality and generates physical, sexual, psychological, social and/or material damage[1]. This coercion is directly associated with female disease, reflected in the increase of morbidity and decrease of their work capability and quality of life[2].

The implications of violence against women impact upon the health sector, generating a burden on these services which compromises their quality, also with a high cost for public government[3]. Data reported by the Ministry of Health revealed that violence against women in Brazil created an expense of R$ 5.3 million in 2011, only for hospital admissions[4].

Regarding mortality, a study by the Applied Economic Research Institute (IPEA) showed that Brazil recorded 16900 femicides between 2009 and 2011. This number indicates a rate of 5.8 deaths for every hundred thousand women[5]. Faced with this reality, the profile of morbidity and mortality from violence against women is revealed as a relevant issue in the field of public health, requiring professionals to be able to recognize the experience of aggression by women seeking the service, recording the cases when detected and proceeding with technical care measures, forwarding them to other services considering their needs and make notifications of the case, if suspected[6].

Mandatory notification of violence was sanctioned by Law 10778 which establishes mandatory reporting, throughout the national territory, of cases of violence against women treated in public and private health services, as enacted on November 24th, 2003[7].

However, reporting has not been common practice in the health services. Research conducted in Rio de Janeiro revealed that many health professionals do not fill in the notification form[8]. In line with this finding, other studies conducted in different municipalities report that there is significant underreporting of cases of violence[9,10,11].

Assuming that there is an underreporting of cases of violence against women by health services, we ask ourselves: Do the health professionals understand the relevance of reporting? What are the meanings attributed by health professionals to the notification of violence against women? Has this type of violence been notified?

In this context, we determine how to identify the meanings attributed by health professionals to the notification of violence against women and its practice in a city in Bahia, Brazil.

METHOD

This is a qualitative study conducted in the city of Juazeiro, Bahia. Participants were representatives of health services that are part of the Comprehensive Care Network for Women, Adolescents and Children in situations or at risk of Domestic and Sexual Violence in Juazeiro (RAMA-Jua), which promotes the culture of peace and actions against violence, as an institution linked to the Violence Prevention and Health Promotion National Network.

The project was approved by the Ethics Committee of the Federal University of Vale of São Francisco (UNIVASF), with register 0007/180912.

For the selection of participants, the inclusion criteria used was a bond of at least six months in the service and not to be on vacation or on leave during the period of data collection. We interviewed seven health professionals working in hospitals and in the Primary Health Care (PHC) area; one from a

nursery, one from a Family Health Strategy team, one from the public Health Surveillance program, one from STD/AIDS core programme and a representative of each of the three local hospitals.

The professionals were informed about the purpose and relevance of the study and the right to decide upon participation, as well as whether to quit at any time. Those who agreed to participate in the research signed the consent form.

As a technique for data collection, we used interviews with a support form containing open questions about the meanings and the practice of violence notification. Interviews were conducted with an audio recorder in the period between October and November 2012, which were transcribed later. To ensure anonymity, participants were identified by the capital letter "R" referring to the term "respondent", preceded by an Arabic numeral.

Data analysis was based on Bardin's Content Analysis, a method that allows the unveiling of what is behind the words through interpretation[12]. Initially, we performed a superficial reading of the transcribed material, in order to create familiarity of the researchers with the testimonies of the interviewees. The various readings further allowed for a deeper understanding of the content and identification of the units of meaning. This process of systematisation of the data allowed us to list themes and categories related to the meanings of notification of violence and its practice in the city.

The findings were interpreted, based on the health professionals' reports about the notification of violence against women and its practice of this notification among professionals, and were deepened by texts on the themes of violence against women, the notification of violence and legal provisions.

RESULTS

The seven health professionals interviewed were six nurses and one psychologist. Of these, six were female and one was male, aged between 25 and 56 years; only one was self-declared white, four declaring themselves to be brown and one was black. Regarding their marital status, four were single, two were married and one was divorced. With regard to religion, four declared themselves to be catholic, two were protestant and one was an atheist.

The meanings about the reporting of violence and professional practice on this issue in the municipality were unveiled in the study and are presented under the following themes:

MEANINGS ABOUT THE NOTIFICATION

Notification of violence is understood by health professionals as a compulsory duty which enables visibility to the offence and subsidises coping actions. The following subcategories reveal these meanings:

OBLIGATION TO NOTIFY

The study shows that professionals recognise the obligation to report situations of violence.

> *We must report. It is our duty! We, as health professionals, we have to notify. (E6)*

> *The staff (*health professionals*) refuses to make a notification but every health care professional [...] has the obligation of reporting it. (E4)*

> *It is important that the notification is compulsory, determining that health professionals have to report [...]. (E7)*

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GIVE VISIBILITY TO THE AGGRESSION

For health professionals, the notification of violence helps in making the problem public, allowing the population to know its prevalence and situational reality.

> Notify [...] because it will show what is happening within the municipality. (E4)

> We'll have a more accurate idea about the issue of violence. (E2)

> The notification is important because violence is as serious a health hazard as any other, and if one does not notify, it'll be as if it's not there, it will be invisible [...] It is important for us to have an idea of the municipality's reality in that sense of violence. (E1)

SUBSIDIZE COPING ACTIONS

The statements below show that knowledge about the issue of violence is essential when thinking about prevention and intervention actions aimed at solving this problem.

> [...] If it's not notified, we have no idea of quantity, of size to guide public actions aimed at women's safety. (E1)

> [...] It can improve the quality of life and health of this city, because the government will know how to act in the situation. (E4)

> We'll have data that will support us so that we can promote actions to reduce the occurrence of such important issues. [...] From the data, we can programme and improve actions in the city. (E7)

RECOGNIZING UNDERREPORTING

The interviewed professionals recognized that there is a significant underreporting of violence.

> Unfortunately, there is a lot of underreporting of violence [...]. (E5)

> Many times we do not report, sometimes some services treat [cases of violence] and do not think that's important. (E7)

> If we did a review of medical records in emergencies, we would see that there are many cases of violence that have not been notified. (E2)

DISCUSSION

The professionals interviewed recognized the notification of violence against women as a compulsory duty, as well as its relevance as a coping strategy against the offence, which provides greater visibility and allows its epidemiological outlining. Other research studies corroborate this result, noting that notification provides an opportunity to measure the extent, intensity and magnitude of cases of violence, and supports the planning of public funding on health care and surveillance[13; 14].

The statements showed that study participants understand the purpose of notification and consider it necessary to their practice. However, such recognition has not been reflected in their professional performance, so that underreporting still prevails among health services in the city, contributing to hiding the cases of violence against women.

Several factors can be pointed out as barriers to notification in Brazil, such as a lack of regulations

that support the technical procedures, a lack of legal mechanisms for the protection of professionals responsible for reporting the cases, a failure by the health service to identify cases of violence and the breaking of professional secrecy [15].

We note that there are a number of limitations that prevent the realization of notification of violence against women traversing different areas, from academic education to issues related to public safety, ethics and culture. Thus, it is necessary we avoid blaming the professionals for the underreporting, to try and understand the context in which they live and identify strategies to modify this reality.

It's worth noting, however, that regardless of the reasons that lead to underreporting, Brazilian legislation established the obligation of reporting cases of violence and penalties for those who breach that rule[7].

This obligation is a great advance for Brazil. From initiatives like this, society begins to perceive violence as a public health problem and not as something familiar or natural, that does not require interventions from other sectors outside the private sphere[16]. This way, the issue of violence is seen, above all, as a matter of a violation of human rights[17].

With the creation of Law No. 10778, a big step was taken towards the improvement of the health conditions of Brazilian women. However, it alone does not have the ability to solve all the problems pervading gender inequalities in the country. It is necessary for the professionals to understand, not only the need to comply with the legislation as something mandatory, but to recognize themselves as agents of transformation in this process, acting in order that violence against women is no longer seen as an acceptable reality.

In this sense, it is necessary to better prepare the health professionals for actually doing the notification and make them multipliers of preventive practices and a reference of care measure agents to women. Coordination between health services and institutions of support for the victims is required, as well as appropriate actions by health professionals who are in strategic positions to identify the risks and potential victims, so that services can be an intervention network, both in assisting the victims and in the prevention of violence[18].

The difficulties of professionals in treating and monitoring women victims of violence contribute to the recurrence and worsening of cases, due to the lack of implementation of preventive measures and appropriate interventions. Certainly, many of these problems are related to the education and training of members of the health teams. Thus, the need to develop strategies in order to educate health professionals on the subject is evident to officially introduce the issue of violence against women in professionals' curricula through the development of permanent training programmes of health teams[19].

CONCLUSION

The study showed that health professionals understand the notification of violence as a mandatory procedure, which gives visibility to the offence and guides actions for solving them. However, they recognize that notification has not been a practice in the city. We highlight, therefore, the need to understand the reasons why professionals do not report violence against women.

It is essential to think about strategies that change this scenario, such as the insertion of the issue of violence during undergraduate health courses and continuing education in service. It is expected that the results will contribute to the reflection and discussion about violence against women.

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