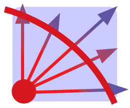

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Original Article

Sexual violence against women: nurses' practice

Violência sexual contra mulheres: a prática de enfermeiros

Violencia sexual contra mujeres: la práctica de enfermeros

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Objective: to investigate the nurses' practice regarding sexual violence against women. **Methods**: quantitative cross-sectional research conducted with 27 nurses in six Primary Care Units from each of the health districts of a city in the countryside of the Northeast Region of Brazil. Data collection took place from October to November 2011 through a questionnaire. **Results**: among the respondents, 96.3% recognized that it is their role to investigate it; 22.2% of nurses questioned their patients about the violence; 85.1% treated suspected and/or confirmed cases; and 15.8% used some protocol during the service. Only 18.5% felt able to treat cases of sexual violence. **Conclusion**: there were difficulties for the referral of cases and treatment recommendations. Thus, in-service training and dissemination of educational/informative material are mandatory.
Descriptors: Sexual Violence; Violence Against Women; Nursing; Women's Health.

Objetivo: investigar a prática dos enfermeiros acerca da violência sexual contra mulheres. **Métodos:** pesquisa quantitativa, transversal, realizada com 27 enfermeiras em seis Unidades Básicas de Saúde de cada um dos distritos sanitários de um município do interior do Nordeste. A coleta ocorreu durante os meses de outubro a novembro 2011 por meio de um questionário. **Resultados:** dentre os respondedores, 96,3% reconheceram que é sua atribuição investigá-la; 22,2% dos enfermeiros questionaram suas pacientes sobre a violência; 85,1% fizeram atendimento de casos suspeitos e/ou confirmados, e 15,8% utilizaram algum protocolo durante o atendimento. Apenas 18,5% sentiram-se capacitados para atender os casos de violência sexual. **Conclusão:** houve dificuldades para o encaminhamento de casos e indicação de tratamento. Há necessidade de treinamento em serviço e divulgação de material didático/informativo.
Descritores: Violência sexual; Violência contra a Mulher; Enfermagem; Saúde da Mulher.

Objetivo: investigar la práctica de enfermeros acerca de la violencia sexual contra mujeres. **Métodos**: investigación cuantitativa, transversal, realizada con 27 enfermeras en seis Unidades Básicas de Salud de cada uno de los distritos de salud de una ciudad del interior del Nordeste brasileño. Recolección de datos de octubre a noviembre 2011, por medio de un cuestionario. **Resultados**: de los encuestados, 96,3% reconocieron que su tarea es investigar; 22,2% de las enfermeras cuestionaron sus pacientes acerca de la violencia; 85,1% atendieron casos sospechosos y/o confirmados, y 15,8% utilizaron algún protocolo para el servicio. Sólo 18,5% se sintieron capaces de asistir a los casos de violencia sexual. **Conclusión**: hubo dificultades para remisión de casos e indicación de tratamiento. Hay necesidad de capacitación en servicio y difusión de material educativo/informativo.
Descriptores: Violencia Sexual; Violencia contra la Mujer; Enfermería; Salud de la Mujer.

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Introduction

Violence has always been present in human history, especially sexual violence against women, affecting all areas of society and currently constituting a worldwide Public Health problem, being more evident in developing countries[1].

Even though sexual violence against women has reached a global scale becoming the focus of several discussions and national and international studies, in which Brazil is signatory to all international agreements condemning violence against women, the records still report that this problem remains very extensive and widespread[2].

World Health Organization states that 20% of women and 10% of men were victims of childhood sexual abuse, and that 30% of first sexual experiences are forced[2]. In Brazil, 23% of women are subject to domestic violence, the most common form of gender-based violence in the private sphere, where 70% of these crimes against women occur within the home and are committed by their own partners or husbands[2].

There are several factors associated with the causes of violence, thus it is not possible to assess them accurately due to under-reporting of statistical data. This occurs because a large share of the victims do not report them or do not seek medical treatment, given the lack of coordination between the health, law enforcement, and legal sectors, in addition to the stigmatization suffered by women victims of sexual violence and fear of reporting the cases[3].

Although alcohol, drugs and mental illness are mentioned as triggers of violence, male dominance, rigid role distinctions and socio-economic inequalities between men and women are the main factors that favor the development of a specific type of violence: gender-based violence. This term translates the sufferings and assaults rooted in society, perceived by some as acceptable situations when directed specifically at women because of the condition of being female[1].

Also known as gender-based violence, it represents a hostile act in which the aggressor seeks to dominate and humiliate their victims. It constitutes any sexual act or attempt to obtain a sexual act without the woman's consent through coercion and intimidation, such as physical force or power, serious threat, use of weapons, and psychological pressure. Therefore, it goes against Human Rights and may cause irreversible damages, not only physical but also psychological and social[4].

Facing the trauma situation reported by women in health services, the multidisciplinary team approach in the care for victims of sexual violence is necessary. The cases are directly associated with the complexity of the situation and the multiple consequences imposed on the victims, hence the importance of comprehensive and multidisciplinary care to deal with the significant impacts on their lives, rather in physical, subjective, sexual and/or affective aspects. Studies that address the issue and offer characteristic data of victims are also imperative[4].

Although it does not always leave visible injuries, violence always brings negative consequences, even after it has ended. Women victims of violence might develop problems in their sexual, emotional, social, and professional life, becoming vulnerable, more insecure to defend themselves, less sure of themselves and their limitations, affecting their self-esteem and self-image, leading them to isolation and negative feelings such as guilt and sadness, thus favoring depression. For this reason, support and multidisciplinary treatment become indispensable[5].

High rates of violence against women have fostered the creation of specific legislations, resulting in the creation of Federal Law 10,778/2003 on the mandatory notification of cases of violence against women, whether they are treated in public or private health services. Law 11,340/2006, known as Maria da Penha Law, recommends mechanisms to prevent domestic and family violence against women, in compliance with paragraph 8 of article 226 of the Federal Constitution[6].

The traumatic experience of sexual violence transcends the social boundaries and enters the area of public health, since battered women present higher immune vulnerability, post-traumatic stress, and suicide attempt. Injuries from such violence can manifest in the short or long term, requiring immediate assistance in order to prevent future consequences[7].

Due to its complexity, fighting sexual violence against women requires the participation of the government and the commitment of society and community sectors. In Brazil, some health services, in compliance with the legal guidelines and technical standards of the Ministry of Health, now offer multidisciplinary and comprehensive care to women victims of sexual violence, even with the support of the police and legal authorities[8].

Most women do not report the cases of violence they suffer. Among the main reasons mentioned for failing to report the aggressor are the predominance of loving feelings to the partner and the will to keep the family home for the children, in the hope the attacks cease and peace is restored. Furthermore, fear and prejudice influence this behavior, which often grants the aggressor time to act more violently[9].

Nevertheless, over the course of their lives, women attend health services routinely, making them the ideal places for identification and welcoming of the victims. The opportunity to diagnose these situations should be valued by nurses, who need to address the patients correctly, providing them with comprehensive care and getting all the information, especially those not directly revealed, but hidden in their statements[10].

Health professionals are not always prepared to assist women victims of sexual violence, as well as some health services are not equipped to diagnose, treat and help prevent its occurrence. Nonetheless, despite the limitations in health services, most women have chosen them to report the situation of sexual violence they experience rather than going to police stations[11].

Considering that the Family Health Strategy comprises a primary healthcare model, it is essential to assess the potential of teams, especially nurses, in fighting sexual violence in their areas of coverage[12]. Given this scenario, this study aimed to investigate the nurses' practice regarding sexual violence against women.

Method

This is a quantitative, descriptive, cross-sectional research conducted in the local healthcare network of Campina Grande, Paraíba, Brazil, which encompasses six health districts and 94 Family Health Strategy teams distributed in 78 Primary Care Units. Data collection occurred in six units, one in each district, ensuring a sample with geographic, social, economic, and cultural characteristics of the city.

From a population of 94 nurses working in Primary Care Units in the city, 27 nurses (28.7%) participated in the study, which were selected by simple random sampling in the six health districts as population subgroups.

For data collection, we applied a questionnaire developed and adapted based on a study conducted with medical residents and medical students[12]. This way, we extracted the information considered relevant to this study. The instrument comprised 15 questions divided into two sections, namely: the first section, which sought to analyze the use of protocols, referrals, and the physical structure of the units; and the second section, which evaluated the difficulties and suggestions as regards the practice developed by nurses in health units.

Data collection took place from October to November 2011, and the researcher applied the questionnaire in the professionals' workplace. The average length of the interviews was 20 minutes.

The data obtained were processed in Microsoft Office Excel 2007 and analyzed using descriptive statistics (absolute and percentage distributions) with the aid of the Statistical Package for the Social Sciences software for Windows®, version 17.0.

The research followed the prevailing ethical precepts and was approved by the Research Ethics Committee under protocol No. 1979.0.133.000-11. Those who agreed to participate signed the Free and Informed Consent Form. There were no refusals to participate in the study.

Results

The research comprised 27 professionals, all female, with ages ranging from 24 to 50 years, with a mean age of 36.3 years. Among the respondents, 15 (55.6%) were aged 24-34, 7 (25.9%) 35-45, and 5 (18.5%) 46-50. As regards the socio-demographic characteristics, we prioritized the participation in postgraduate courses, where 25 (92.6%) respondents had some kind of specialization: 14 (51.9%) in family health, 4 (14.8%) in public health, 2 (7.4%) in mental health, 2 (7.4%) in occupational health nursing, 1 (3.7%) in women's health, 1 (3.7%) in obstetrics, and 1 (3.7%) in intensive care unit. One participant (3.7%) had stricto sensu postgraduate degree (Masters) with concentration area in Public Health.

Regarding the period of experience in the Family Health Strategy, 11 (40.7%) nurses had 11-16 years, 8 (29.6%) 1-5 years, 6 (22.2%) 6-10 years, and 2 (7.4%) did not answer this question.

As for the nurses' practice in the care for women victims of sexual violence, Table 1 presents the distribution of participants according to the care provided, the use of protocols, and other referrals made in this assistance.

Table 1 - Distribution of care provided, the use of protocols, and referrals made in relation to sexual violence against women

Variables	n (%)
Do you question your patients as regards sexual/ domestic violence?	
Yes	6 (22.2)
No	21 (77.8)
Did you treat confirmed and/or suspected cases of sexual violence?	
Yes	23 (85.1)
No	4 (14.8)
Did you use some protocol during the assistance?	
Yes	3 (11.2)
No	24 (88.8)
Did you refer the victim?	
Yes	17 (62.9)
No	10 (37.1)

Table 2 shows the ability of Primary Care Units to treat women victims of sexual violence.

Table 2 - Assessment of the preparation of Primary Care Units regarding the care of women victims of sexual violence

Variables	Yes n (%)	No n (%)
Unit is prepared for treating cases of sexual violence	10(37.0)	17(63.0)
Unit has some protocol for treating sexual violence	6(22.2)	21(77.8)
Unit has mandatory notification record for cases of sexual violence against women	17(63.0)	10(37.0)
Access to the technical standard: "prevention and treatment of injuries resulting from sexual violence against women and girls"	8(29.6)	19(70.4)
Access to the publication: "legal aspects of treating victims of sexual violence – questions and answers for health professionals"	5(18.5)	22(81.5)
Received some training/qualification about sexual violence against women in the last six months	-	27(100.0)
The city has some nucleus or reference center for violence prevention	7(25.9)	5(18.5)

Following, Table 3 shows the difficulties and suggestions mentioned by nurses in the care of women who suffer or have suffered sexual violence.

Table 3 - Distribution of the difficulties and suggestions encountered by nurses with regard to the care for women victims of sexual violence

Variables	n (%)
Do you feel professionally prepared to treat cases of sexual violence?	
Yes	5 (18.5)
No	18 (66.7)
Does not know	4 (14.8)
Main difficulties concerning cases of sexual violence	
Ethical and legal aspects	21 (30.0)
Approaching the victim	14 (20.0)
Diagnosing violence	13 (18.6)
Referral to other services	11(15.7)
Treatment recommendation	9 (12.8)
Others	2 (2.9)
What do nurses lack for being able to treat cases of sexual violence?	
In-service training	24 (29.3)
Undergraduate training	17 (20.7)
Educational/informative material	17 (20.7)
Support from public managers	14 (17.0)
Planning in Primary Health Care	10 (12.2)
What are the most effective actions for nurses' information and training regarding sexual violence?	
Workshops	21(30.0)
Informative guide	15 (21.4)
Community actions	13 (18.6)
Lectures	12 (17.1)
Banners	4 (5.7)
Others	5 (7.2)

Discussion

This study did not stablish any relationship between the professionals' age and the knowledge on violence, but a study conducted in another scenario with physicians and nurses identified a greater knowledge about gender-based violence in professionals aged over 48 years[13]. Nevertheless, age is not the only important factor in the acquisition of knowledge, the improvement and continuing education are essential for training, which positively affects the professional practice[11].

In a study analyzing the nursing practice, focusing on the nurses' performance in the light of their professional practice and Brazilian law, sexual violence is addressed as an ethical and legal issue concerning the field of Human Rights. Additionally, nursing practice is perceived as broad and complex, covering the participation in diagnosis, treatment of injuries resulting from violence, educational activities (guidance, referral etc.), and notification[14].

In other studies, we verify the underreporting of this type of crime in Brazil, demonstrating the weakness of professionals in dealing with this issue, and hindering the access to the victims, the early identification of cases, and legal referrals that support them during these moments[10,12,14].

In this context, we recognize that sexual violence does not always leave visible physical marks, for the silence reigns. This assertion is similar to a research conducted in another scenario, which found that physical violence was present in few cases of sexual violence, reaffirming that in most cases sexual violence occurs through serious threat, presumed violence, and the aggressor's power of coercion and/or seduction[13].

Nurses demonstrated knowledge about the treatment and management of cases of sexual violence and highlighted some needs, such as good observation and perception of the victim, particularly of non-verbal information; and referral of battered women for specialized services and psychosocial support. However, the implementation of compulsory notification and consultation of the technical standard of the Ministry of Health on the prevention and treatment of injuries resulting from sexual violence against women and girls do not represent routines, which is considered essential in studies of the area[15].

It is inferred that Police Reports and the Report of the Institute of Forensic Medicine are not mandatory for the care for victims, but women, or their legal representatives, should be encouraged to report it to law enforcement authorities, leaving the decision to them. Another relevant point is to inform that gynecological consultation does not replace the forensic examination[16].

Most nurses indicated no difficulty in talking to their clients about sensitive issues (smoking, alcohol, sex life, and drugs); nonetheless, in the event of domestic/sexual violence, the majority (74.1%) claimed not being able to question them, rarely conducting such investigation. Women avoid reporting the sexual violence they have suffered or are suffering, as well as health professionals usually do not have communication skills to talk about and investigate this topic, for fear of offending them or engage in matters for which they do not resources and/or skills to solve. The victims, when approached directly and naturally, in a private and cozy environment, might reveal this fact[14].

In this study, most nurses treated suspected and/or confirmed cases of sexual violence against women in Primary Care Units. This reveals that users seek Primary Care Units when looking for help and welcoming for the victims. Nevertheless, the assistances usually did not follow the protocol, but the patients were referred to specialized services, in compliance with the guidance of the Ministry of Health, which emphasizes the importance of referring the victims, as well as the continued monitoring of these women for at least 6 months[15]. Among the difficulties mentioned were the lack of material/input, limited physical space, and the lack of planning and training in the units. These facts do not justify the lack of care, but constitute an obstacle to quality care.

During the study development, we observed the lack of protocol directed for the care of victims of sexual violence, thus demonstrating the professional unpreparedness and creating a feeling of insecurity, especially when approaching the victim, in the treatment, and in proper management of cases. The absence of mandatory notification shows the need to increase the knowledge on this subject. Therefore, notifying the cases is mandatory[14], indicating neglect of professional duty in the face of violence.

Unfamiliarity with the technical standard for the care of victims of sexual violence represents an aggravating situation as regards the knowledge about violence. There is urgent need for wide reflection, since Primary Care Units are places for welcoming and the gateway to some cases. Study corroborates this statement, confirming that most nurses presented difficulties in understanding the different aspects of violence care[12].

It is mandatory that health services, law enforcement authorities, emergency services, schools, and civil society organizations are able to identify cases of domestic and sexual violence against women and girls, and recognize the care networks[15]. In this study, however, few nurses knew about the reference

center for violence prevention. On the other hand, study demonstrated the skills of nurses to welcome and perform screening and referrals according to the assessment of the type of violence: in the case of physical, psychological violence against women, children and adolescents, in addition to sexual violence in children under 14 years or pubescent[16].

Furthermore, in contrast to the assignments disseminated[16], it could be noted in this study the fragility in dealing with women victims of sexual violence. We identified the lack of training, qualification, and knowledge for comprehensive health care in the workplace. Despite its high frequency and numerous health implications to the victims, sexual violence remains ignored and is not a regular part of most undergraduate programs in Brazil[17].

Thus, it reinforces the discourse promulgated on the need to expand the "violence" issue during professional training, reaffirming the demand to increase partnerships between the Ministry of Health, State Health Departments and higher education institutions, seeking to develop teaching strategies and methodologies capable to commit and prepare health professionals at different levels of complexity for the assistance to violence victims[2].

Conclusion

This study strengths the need for training programs for professionals and investigation of sexual violence, demanding an approach that addresses comprehensive and multidisciplinary care to deal with the significant physical, subjective, sexual, and emotional impacts on the lives of abused women.

Since nurses are the first contact of the victim with the health unit, there is an urgent need for qualification aimed at effectively fighting sexual violence.

Focusing on the quality care to battered women, it is indispensable to promote prevention and combating actions as regards sexual violence, with disclosure of nucleus and the reference center. As well as seeking, along with managers, greater attention to this issue, requesting training, educational materials, and community activities. Also systematically including the study of sexual violence during undergraduate nursing courses, ensuring students the opportunity to participate in the care for women victims of violence. In addition to training primary care professionals to learn to deal with the issue of sexual violence in a safe and decisive manner.

Collaborations

Baptista RS contributed to the design, data collection and interpretation, drafting of the article, and final approval of the version to be published. Chaves OBBM contributed to the data collection. França ISX and Sousa FS contributed to the analysis, drafting of the article and final approval of the version to be published. Oliveira MG and Leite CCS contributed to the formatting of the article.

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