

Nursing Care of Individuals in Domestic Violence Situations

ORIGINAL

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Abstract

Objective: This study aimed to analyze the nursing care of individuals in situations of domestic violence, assisted in the hospital emergency room.

Methods: This qualitative survey was conducted in May, 2015, with fifteen nurses from hospital emergencies in Juazeiro/Bahia and Petrolina/Pernambuco. Data was collected through semi-structured interviews and analyzed by content analysis.

Results: Nurses do not see domestic violence in all its aspects, but understand the bureaucracy of services.

Conclusion: Physical structure; lack of protocols, and the little knowledge acquired during graduation, which are limiting factors when faced with the measures required in cases of violence.

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Introduction

Violence is considered a historical problem that has been present since the time that collective life was developed. In this system, man created

Keywords

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forms of controlling the environment and his peers, and violence was a part of all contexts, permeating relations in all social classes and ethnicity. Thus violence, considered a public health problem, also affects the world economy, interfering in annual health expenses, in addition to causing morbidity-mortality, pain, suffering and traumas among populations [1].

The term violence originates from the Latin word *vis*, which means strength, and its characteristics are: conflicts between authorities; power struggles; the will to dominate; and possession and annihilation of the other parties or their goods [2]. Although the origin of the word is linked to physical force, violence surpasses physical damage, and comprises emotional, moral, and spiritual damage.

According to the World Health Organization (WHO), violence can be described as the intentional use of physical force, threatened or real, against oneself, another person, group or against a community; that results, or has any possibility of resulting in injury, death, psychological damage, developmental disability or deprivation [3].

Whereas, domestic violence represents every act or omission that undermines the well-being, physical and psychological integrity, freedom and the right to the full development of a family member within their domestic environment. It is a type of violence with a greater potential to cause irreversible damage to the life of individuals, considering that it is part of a perpetrator cycle, and it can be classified into physical, psychological, sexual violence and negligence [2].

Physical violence occurs when someone causes or attempts to cause damage by physical force, or by using type kind of weapon or instrument that can cause internal injury, external injury, or both types; *Psychological violence* includes any action or omission that causes or seeks to cause harm to the person's self-esteem, its identity, or development; *Sexual violence* is any action in which one person forces the other to perform sexual

practices, using force, psychological influence or using weapons or drugs; And *negligence* is the omission of responsibility from one individual to another, especially to those in need of help with particular matters [4].

Although domestic violence is a phenomenon of great magnitude, there are several limitations with regard to confronting it, in the sense that there are gaps in the care of victims. Integrative care is an important protective factor, and in this context, the nursing team is a fundamental component for providing health care and intervention in health services, and in referrals to other organizations of the protection network [4].

Nursing professionals as well as other members of the multiprofessional team, need to know the protocols and conduct that should be used for dealing with individuals in domestic violence situations, as well as provide them with articulated and resolute assistance, a warm welcome, and high quality care and attention not only focused on the visible physical damage.

In view of all the questions raised and recognizing that nursing professionals are part of the health team that assists individuals who need care in cases of violence, conducting this study is justified, given the magnitude of the phenomenon of violence and considering the duty of the nursing professional to provide individuals in violence situation with assistance in a comprehensive, effective and humanized manner, in order to favor the breakdown of this cycle.

Therefore the present study started with the following guiding question: How can the nurse be of assistance to individuals in a situation of violence, who enter the hospital emergency department? The purpose of this study was to analyze nursing care for individuals in situations of domestic violence, seeking assistance in the hospital emergency department.

Methods

This was a qualitative study that allowed the authors to get to know the unique perspectives of the participants studied, which was facilitated by the flexibility in data collection that allowed pertinent information to be included during the course, and respected the subjective characteristics of the interviewees [5].

The research was developed in the emergency care department of three reference hospitals in the municipalities of Juazeiro/BA and Petrolina/PE. Juazeiro has a territorial extension of 6,500,520 km² and at the end of 2014 reached a population of 216,588 inhabitants. Petrolina is a reference city in health for other surrounding municipalities, has a territorial extension of 4,561,872 km² and in 2014 it reached the number of 326,017 inhabitants [6].

The Hospital Dom Malan – with IMIP Management is a large unit that is reference in maternal and child health, and has a multiprofessional healthcare team. The Hospital provides services in the areas of mastology, general gynecology, general pediatrics, physiotherapy, speech therapy, nephrology, cardiology, psychology, hematology and gastroenterology.

The Regional Hospital of Juazeiro - Hospital IMIP Management is a large hospital unit that belongs to the health network of the state of Bahia, and offers the Unified Health System (SUS) users in the Middle San Francisco Valley specialized assistance in the clinical, surgical and emergency areas. It is a reference for burn patients and oncology care.

The University Hospital Dr. Washington Antônio de Barros, a large hospital with referenced attendance in traumatology and orthopedics, neurosurgery, general and medical clinics, focuses on the adult population, and has an emergency service twenty-four hours a day.

The participants of this study were nurses who worked in the hospital emergencies of these institutions, and had been working in its departments for at least six months, irrespective of the length of training time, and whether or not they had a

graduate-level degree in the area, totaling 15 professionals. They were identified by codes (E01, E02, E03 ... E015), with the purpose of not revealing their identity and preserving their privacy. The numbering was designated by the sequence in which they were interviewed, and the choice of the codes was not based by any personal criterion.

Data was collected in May of 2015, through semi-structured interviews, recorded by means of a portable recorder, which was done according to the nurses' willingness to participate in the research, by signing the Term of Free and Informed Consent. The semi-structured interview is the most usual procedure in the field of qualitative research work, and through it the researcher seeks to obtain reports contained in the social actors' speeches, which may be favored by the dialogue between the interviewer and interviewee [7].

The guiding questions were: 1. Understanding about domestic violence; 2. Referrals/conduct that should be adopted in cases of domestic violence; 3. Limitations found in the emergency service for the development of the necessary referrals and conducts; 4. Ability to provide assistance to domestic violence cases involving individuals with whom the nurse may have come into contact while working in the emergency unit, by making use of the knowledge acquired during the undergraduate course.

This research was previously authorized by the institutions where the data was collected, through the signing of the letter of consent after the participants had signed the Term of Free and Consent, and later approved by the Research Ethics Committee Involving Human Beings of the University of Pernambuco, in compliance with the guidelines inherent to the research protocol contained in Resolution 466/12 of the National Health Council [8]. Approval was obtained in March, 2015 according to Report No. 971.832.

The data were analyzed by means of Thematic Content Analysis. Thus, once the researcher was in

possession of the material obtained through the interviews, the analysis was performed in three stages: 1) data ordering with the transcription of the recordings, re-reading of the material and organization of the speeches; 2) classification or exploitation of the data for the elaboration of the categories; and 3) final analysis or treatment of the results obtained. During this analysis we obtained the following categories of the study, which will be discussed in the following section: I- Understanding about domestic violence; II- Nursing care for cases of domestic violence; III- Limits and challenges in the care service; IV- Professional ability to intervene in cases of domestic violence, by using knowledge acquired in the undergraduate period.

Results and Discussion

With regard to the sex of the participants, twelve were female and three were male. We observed that the majority of interviewees were female, and this is possibly because this gender is still predominant in the nursing profession. However, it is worth emphasizing that this characteristic has gradually been changing, since the male workforce in the nursing profession is constantly increasing, considering the good development of the activities involved in this field.

Considering the interviewees age, we observed and age-range between twenty-one to thirty-seven years old. According to the present National Youth Policy [9], the group of young people is considered to comprise all citizens between the ages of fifteen through to twenty-nine years old. Thus, adults comprise the group from thirty up to sixty years of age. In this sense, although the majority of the interviewees were in the young age group, the authors observed that they presented an articulate resourcefulness when talking about the subject studied, showing an adequate emotional contribution to the development of nursing care of individuals in domestic violence situations.

Regarding marital status, twelve were single and three, married, and only three of them had children. Thus, in the speeches of interviewees who reported that they had a child, we observed greater compassion and sensitivity when the study topic was approached. Family formation with a structured core is favorable to the good development of work by any individual, in which respect for the human being and appreciation for the value of life are crucial for breaking this cycle [3].

As far as religion was concerned, thirteen were Catholics, one was a Protestant and the other claimed to be a Spiritualist. Religiousness/spirituality has a potentially positive effect on the physical and mental health of individuals, in the sense that it favors the ability to overcome experiences of adverse situations [10], and in this sense, persons who have a faith have greater sensitivity and may find it easier to overcome adversity.

The time since graduation of the nurses interviewed ranged from six months to sixteen years, with eleven of them having graduated, and the studies of four of them were in progress. In the interviewees' statements we observed that regardless of their training time, there was no great difference in the approach to the subject. It is worth emphasizing that a longer time of graduation does not necessarily mean that the professional is more apt to develop the work activities. Professional success is more focused on good training and continuing education, as well as seeking training in the area in which the professional works [11].

Understanding Domestic Violence

When we discuss the issue of violence, we observed that it could develop in different situations, and in the most varied contexts. Therefore, it was difficult to define an exact concept of this phenomenon.

When questioned about the understanding of domestic violence, the interviewees agreed that it was characterized by physical aggression such as "slaps", "punches", as well as verbal aggression and

psychological violence, which occur in the familiar/ domestic environment:

Violence [...] begins verbally and with time it assumes a greater proportion, until it reaches the point of physical aggression, a slap, a punch.

E2.

I believe that it can be sexual, bullying the partner, and not only her, but also the other people who live in the same house.

E3.

It's all kind of physical, verbal, psychological aggression at home.

E14.

According to the speeches, we analyzed that the majority of nurses may not have fully contemplated the concept and form of manifestation of domestic violence, but they somehow understood how this occurred, as well as the place where it occurred. Therefore, the concept they expressed partially corresponded to that set out in the literature.

It must be mentioned that when conceptualizing domestic violence, one of the most important aspects is not to confuse it with the concept of intrafamily violence. The latter is practiced by a family member, not only at home, but also in other environments in which this phenomenon can be perpetuated, and in the same way as in domestic violence, intrafamily violence also involves the physical, psychological, sexual aspects and negligence [12].

Nursing care for domestic violence cases

In daily care, health professionals need to contribute actively so that individuals in situations of domestic violence are strengthened, and might, therefore, overcome the adversities that arise from this cycle. In this sense, the nurse acts as a facilitating agent offering effective assistance and support that includes a welcome and humanization.

Regarding nursing care for individuals in situations of violence, it was possible to note that most professionals understood it as being care that involves welcoming the individual, conducting anamnesis, notifying filling out and sending the required notification to the Ministry of Health system to register the case and providing guidance:

The nurse has an obligation to notify the cases.

E5.

So, we welcome the victim in the emergency room and carry out the procedures in the right way.

E7.

[...] Know what is happening and then you proceed with guidance.

E8.

[...] And what should be conducted is an anamnesis.

E13.

Individuals in violence situations need to be identified as persons who are going through a moment of fragility and who are in need of an ethical and efficient clarification of their position by the multiprofessional team, so that the service might be effective. In this context, there are necessary procedures that involve not only forwarding and reporting, but also providing complete guidance and full assistance, with a view to solving the problem [13, 14].

Some of the interviewees understood that nursing care also involves making referrals to other members of the multidisciplinary team, as well as to articulate the connection between the protection network and individuals in violence situations:

In fact, I think that action should not be taken only by the nursing team, but other members, and also from the referral services such as the Public Prosecutor's Office.

E1.

We start the attendance, but the psychologist and the social worker are priorities in these cases.

E10.

The part that is the nurse's responsibility here is to call the social service, call the psychologist.

E11.

The articulated work of the protection network for individuals in a violence situation is extremely important so that the dynamics of the cases, their more in-depth diagnoses and prognoses can be determined. This will enable the protective network to resolve the problems that might arise [15]. Therefore, it should not be an action taken only by the Nursing team, but rather a multiprofessional team action that must involve humanization and ethics at the time of providing care.

Limits and challenges in the care service

Because nursing professionals assist people with a wide range of abnormalities, they need to work with attention, empathy and technical-scientific knowledge, since they witness the most diverse situations in the development of their procedures, which are capable of producing irritation, guilt, sadness and disappointment, and may interfere in this process [16].

Among the various limitations related to nursing care are the bureaucracy of the service and lack of protocols required for the effectiveness of care; these are seen as limiting factors:

The bureaucracy here is too extensive. It gets in the way.

E6.

Ideal physical spaces that we do not find, like a reserved room, so that we could work with patients who are undergoing a violence situation.

E4.

The limitations are the lack of protocols for proper routing.

E14.

It is worth mentioning that hospital services need to be organized with a physical structure and human resources trained to provide care for the various existing cases of violence, and should favor the individuals' individuality and privacy. Protocols specifying the instructions of care and referrals of cases should be accessible to the entire multiprofessional team, and these instructions should favor the resolution of the cases [14].

Professional qualification acquired in the undergraduate period to intermediate in cases of domestic violence

Related to the need for knowledge and skills to assist individuals in situations of domestic violence, there were some limitations in the speeches of the interviewees, which they associated with the lack of preparation in the undergraduate period:

During my undergraduate period, I did not have any contact with this subject. What I know I have learnt from my work experience.

E2.

In the undergraduate period I did not have this training, practice and day-to-day experience that would provide us with preparation for this, which is why it is important to acquire qualification.

E9.

The graduation period failed to prepare me for how to approach cases of violence.

E12.

During graduation I did not have contact with cases of violence.

E15.

Recognition of the need for an improvement in the training of nurses, regarding the issue of domestic violence is notorious, in view of the fact that the ability to meet the needs of care is not satisfactory. We know that the lack of technical-scientific knowledge is a negative aspect in the development of a professional's work, resulting in the disarticulation of actions and in an attendant service not being capable of solving the problem. In this sense, we highlight that unfortunately during the academic formation of nursing students, they do not receive the necessary orientation for their full qualification, and therefore, they are unable to diagnose and interfere in the cases of violence [17, 18].

Therefore, we understood that it is urgent to rethink the approaches used in the higher education institutions, since the complexity of the phenomenon in question demands the adoption of more effective methodologies. Universities function as an empowering and a knowledge articulator *locus*, and therefore, they need to renew the contents addressed in this article, by stimulating undergraduate students to be aware of transversal themes that are present in their practical reality, to favor better professional practice [19].

Conclusion

With the results of this study, the authors were able to observe that the majority of the nurses understood the basic aspects of domestic violence, however, they were unable to contemplate all its domains and the wide range of repercussions of this phenomenon in the life of the individuals.

Regarding the nursing care of individuals in violence situations, we noted that the professionals recognized that providing welcome/orientation, conducting anamnesis, and the notification of the cases, were part of the procedures developed by the health team, as a way to favor the quality of assistance and to guarantee resolution of the cases.

The referrals to other professionals that integrate the health team, and to the others parts of the

protection network were also cited as procedures that were developed. For this reason we know that in view of the complexity of the problem, the articulation between the health team and other sectors and services is extremely important, and we understand that there are multiprofessional approaches and intersectorial actions.

The bureaucracy of the services, physical structure and the lack of protocols that systematize the necessary conduct and necessary referrals of the cases were mentioned as the greatest limits and challenges to providing assistance in cases of violence. The lack of knowledge related to the subject matter, which should be acquired in the undergraduate period, was also mentioned by the interviewees.

We understand that nurses play a relevant role in coping with domestic violence, since they are involved in all stages, from prevention through to nursing care for victims, and they must be properly trained to intervene effectively in the cases. Thus, the higher education institutions and workplaces should provide training, qualification courses and qualifications that aim to prepare the nurses, in addition to providing professional maturity to enable them to address the problem.

The limitation of this study involved the need to reach a higher number of professionals and services in order to include them in the researched reality. The further limitations referred to the difficulty of conducting the interviews for a longer time, due to the nurses' low availability time; and the difficulty of gaining access to the hospital health services, associated with the managers' view of the low level of importance of research in these contexts.

Contributions of Authors

They contributed substantially to the design, planning and to the analysis and interpretation of the data and they participated in the approval of the final version of this manuscript; [2, 3, 4, 6]

They contributed substantially to the design, planning and to the analysis and interpretation of the

data; they contributed significantly to the drafting or critical revision of content; and participated in the approval of the final version of the manuscript. [1, 5]

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