

Assistance to women victims of violence: (lack of) knowledge of nursing students
Atendimento à mulher vítima de violência: (des)conhecimento dos graduandos de enfermagem

Atención a las mujeres víctimas de violencia: (des)conocimiento de estudiantes universitarios de enfermería

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Objective: to identify the knowledge of nursing students about care protocols for women victims of violence. **Methods:** exploratory, descriptive research with a qualitative approach, carried out between June and August 2022, at a Brazilian public university, with Nursing students enrolled in the eighth, ninth and tenth semesters. Data were interpreted by thematic content analysis. **Results:** three categories were built: *Knowledge of undergraduates about violence against women and care protocols; Recognizing the preparation of undergraduate nursing students for the use of care protocols for victims of violence; and Learning about assisting victims of violence.* The undergraduate students demonstrated recognition of the importance of the topic and the role of nurses in assisting women victims of violence. But they show how insufficient their training is. **Conclusion:** despite the interviewees having knowledge about the definition of domestic violence and understanding the importance of the theme during graduation, gaps were observed regarding knowledge about the conducts and protocols used during care.

Descriptors: Violence against women; Nursing Care; User embracement; Students, Nursing.

Objetivo: identificar o conhecimento dos graduandos de enfermagem acerca dos protocolos de atendimento à mulher vítima de violência. **Método:** pesquisa do tipo exploratório, descritivo, de abordagem qualitativa, realizado entre junho a agosto de 2022, numa universidade pública com graduandos de enfermagem matriculados entre o oitavo e décimo semestre. Os dados foram interpretados pela análise de conteúdo temática. **Resultados:** três categorias foram construídas: *Conhecimento dos graduandos acerca da violência contra mulher e dos protocolos de assistência; Reconhecendo a preparação do graduando de enfermagem para a utilização dos protocolos de assistência às vítimas de violência; e, Aprendizado acerca da assistência às vítimas de violência.* Os graduandos demonstraram o reconhecimento da importância do tema e da atuação do enfermeiro na assistência às mulheres vítimas de violência. Mas apontam a insuficiência na formação. **Conclusão:** Apesar dos entrevistados terem conhecimento sobre a definição de violência doméstica e compreenderem a importância da temática durante a graduação, observou-se lacunas referente ao conhecimento acerca das condutas e protocolos utilizados durante assistência.

Descritores: Violência contra a mulher; Cuidados de enfermagem; Acolhimento; Estudantes de enfermagem.

Objetivo: identificar el conocimiento de estudiantes de enfermería sobre los protocolos de atención a las mujeres víctimas de violencia. **Método:** investigación exploratoria, descriptiva, con abordaje cualitativo, realizada entre junio y agosto de 2022, en una universidad pública con estudiantes de pregrado en enfermería matriculados entre el octavo y décimo semestres. Los datos fueron interpretados por análisis de contenido temático. **Resultados:** se construyeron tres categorías: *Conocimiento de los estudiantes sobre violencia contra la mujer y protocolos de asistencia; Reconociendo la preparación del estudiante en enfermería para el uso de protocolos de asistencia a víctimas de violencia; y Aprendizaje sobre asistencia a víctimas de violencia.* Los estudiantes demostraron reconocimiento de la importancia del tema y del papel del enfermero en la asistencia a las mujeres víctimas de violencia. Pero señalan la insuficiencia en la formación. **Conclusión:** A pesar de que los entrevistados tienen conocimiento sobre la definición de violencia doméstica y comprenden la importancia del tema durante el pregrado, se observaron lagunas en cuanto al conocimiento sobre las conductas y protocolos utilizados durante la asistencia.

Descriptores: Violencia contra la mujer; Atención de enfermería; Acogimiento; Estudiantes de enfermería.

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INTRODUCTION

Data indicate that Brazil is one of the countries with the highest rates of violence against women in the world. In a ranking with more than 83 countries, it occupies the 5th position, behind only El Salvador, Colombia, Guatemala and the Russian Federation. Bringing it to the Brazilian Northeastern region, one can see the growth in femicide rates, reaching 79.3%, making it the region that kills the most women in Brazil¹.

In 2021, according to DataSenado, in partnership with the *Observatório da Mulher contra a Violência* (OMV), aggression and abuse in the perception of the female population increased by four points, when compared to the 2019 survey, reaching 86% of respondents who believe that there has been an increase in cases of violence, mainly physical and psychological².

Social distancing, due to the COVID-19 pandemic, reflected on women's lives, which is expressed through the growing rates of domestic violence. This scenario, in which the domestic environment has become the safest place to contain the transmissibility of the virus, brought consequences in all spheres of society, including for many women, as the private space is where they are victims of domestic violence³.

In addition, there is underreporting of cases, as many women still omit victimization, even when they go to health services and are asked about it⁴. The reasons for omitting or being afraid to file a police report cover several factors: emotional and economic dependence, family appreciation, concern for children, idealization of love and marriage, helplessness over the need to face life alone, lack of social support, among others⁵.

There is a need for qualification of health professionals so that they can identify violence against women (VAW) in its various manifestations and promote comprehensive care. Studies point out that health professionals, especially nurses, recognize the lack of preparation and qualification to act in situations of violence, mainly due to the lack of debate on the subject during graduation, as well as due to insecurity in acting and fear of reprisals¹⁻⁶. Thus, this work aims to identify the knowledge of nursing students about care protocols for women victims of violence.

METHODS

This is an exploratory, descriptive study with a qualitative approach, carried out with nursing students from the eighth to the tenth semester at the Universidade Regional do Cariri (URCA)/Campus Iguatu⁷, from June to August 2022. Among the inclusion criteria, had taken the Women's Health course

The study had as its guiding question: *Are nursing students prepared to provide assistance to women victims of violence through the use of protocols?*

Data were collected through a script of questions, divided into sections, with open questions. The first section addressed sociodemographic characteristics (sex, age, current semester); the second section addressed issues related to prior knowledge about VAW, being or not able to provide care to women victims of domestic violence; theme approach in graduation; and limitations in the use of victim assistance protocols?

The collection was carried out through an online link, and an electronic form was made available on Google Forms, in which the academics could answer the questions after accepting the Free and Informed Consent Form. The forms were sent electronically to the students' WhatsApp, contacts were obtained through the coordination of the Nursing course.

The study participants were informed about the importance of the research, its direction and the guarantee of the confidentiality of the information, through the link with the attached Consent Form. The choice for this instrument option was due to the context of the COVID-19 pandemic.

The data underwent thematic content analysis, which is divided into three phases: pre-analysis; exploration of the material and treatment of the obtained results; and interpretation⁸.

This study complied with the ethical principles established in Resolutions No. 510 of April 7, 2016 and No. 466 of December 12, 2012, of the Brazilian Health Council (*Conselho Nacional de Saúde - CNS*), which approves and regulates research involving human beings⁹. For protection, respondents used only the S (for student) and the numbers 8, 9 or 10 to identify the semester.

In compliance with the principle of autonomy, for the execution of the research, authorization was requested from the Nursing Coordination of the Universidade Regional do Cariri, Campus Iguatu and it was submitted for appreciation and approval by the Research Ethics Committee - CEP of URCA, upon registration of this project on Plataforma Brasil, and the collection only started after due approval, under No 5,458,804.

RESULTS

There were 94 undergraduate students, of which 31 participated and 63 did not respond to the form after three contact attempts. Table 1 shows the sociodemographic characterization of the interviewees. There was a predominance of the age group from 18 to 29 years old (97%), female (81%), single (94%) and from the 10th semester (55%), as shown in Table 1.

Table 1. Nursing students according to sociodemographic aspects. Iguatu, Ceará, Brazil, 2022.

Variable	No	f
Age		
18 to 29 years	30	97%
30 to 39 years	01	3%
Sex		
Female	25	81%
Male	06	19%
Marital status		
Single	29	94%
Married	02	6%
Current semester		
Eighth semester	06	19%
Ninth semester	08	26%
Tenth semester	17	55%

Three categories were built: *Knowledge of undergraduates about violence against women and care protocols*; *Recognizing the preparation of undergraduate nursing students for the use of care protocols for victims of violence*; and *Learning about assisting victims of violence*.

Knowledge of undergraduates about violence against women and care protocols

At first, the students were asked about what they understood by VAW:

Any and all situations, with or without the use of force, that subject the woman to situations of embarrassment, humiliation, as well as retention and/or breakage of her belongings. (S9)

Any and all acts that harm the integrity of a woman, whether physical, psychological or verbal. (S9)

All in any action or act that triggers the woman's biopsychosocial-spiritual integrity, whether physically, psychologically or morally. (S10)

These are violent behaviors that can bring suffering and/or moral, physical, sexual and psychological damage. (S8)

It is a violation of women's human rights, which has been supported by patriarchy for a long time. This violence occurs in several ways, and can be physical, psychological and even violence in health services, where care is sought and often is not found. (S8)

The study participants attribute importance to the theme for health:

For sure. VAW is something that still exists today, and it finds strong roots in a male-dominated universe, which, by the way, is leveled many times. Therefore, it is necessary that this theme be discussed, because young people have the power to change this reality and the numbers too. (S9)

Yes. Because it is important that the nursing professional is able to provide care to these victims, since there is the possibility of receiving this type of victim in health units, so it is fundamental that the care is carried out in the best possible way, following the protocols just as there must be a sensitive look from the professional to deal with the situation. (S10)

Very important, as many do not have knowledge about the protocols on how to respond and do not even know how to behave in the face of the situation. So it is a theme that needs to be worked on in graduation so that students leave prepared for such an event. (S10)

For sure. Precisely to prepare the nurse, since many leave graduation with little knowledge on the subject. (S8)

Given the understanding of the undergraduates about VAW, questions were also asked to verify their knowledge about the care protocols. Lack of knowledge was reflected in the speeches, in which only some of the procedures adopted during care were superficially described in the response of only one of the 31 participants. So, despite feeling sensitized and understanding the importance of the topic, they have no knowledge related to the protocols used:

I don't know. (S8)

I don't remember. (S8)

Just a little. (S10)

I don't have much knowledge about it, but I know that in the protocol there is the issue of clinical care for them, collection of exams and requests and prophylaxis. (S10)

I know it exists, but I don't know how it works. (S10)

Recognizing the preparation of undergraduate nursing students for the use of care protocols for victims of violence

After talking about their knowledge about the protocols, the students were asked if they would be able to apply them during the service:

No. Because I don't understand about. (S9)

No, because I don't know all the protocols. (S10)

Unfortunately no, because I don't know about the protocols. (S10)

No, because I don't master the protocols. (S9)

The students were asked about their ability to perform assistance. However, it is possible to observe in the reports below that they do not feel empowered:

No. This is seen very superficially in graduation, especially in women's health. In my understanding, the correct thing would be to be trained throughout the graduation to deal with this. (S9)

No, because I don't know the protocols for the situation in depth. (S10)

No, because I don't know the protocols, so it would be a service that I would use my emotions and experiences. (S10)

No, because in our academic life we are not prepared for this type of service. (S10)

No, because I was not prepared for these situations in my academic training. (S9)

Learning about assisting victims of violence

When asked about how the issue of violence against women was addressed during the nursing course, the students mention a brief approach, only on an expository class and in the Women's Health subject:

A very vague part in the discipline of women's health. (S10)

I don't remember. (S10)

Honestly, this theme was rarely seen. (S10)

I don't remember much. But, if I'm not mistaken, I studied women's health, which included the definition, signs, how to treat it and examples of cases that happened. (S10)

Brief discussions on women's health. (S9)

It was discussed briefly in class. (S10)

Very superficial, on a slide show. (S10)

During academic training, the students only came into contact with the theme's theory, without any practical application:

Not very satisfactory, we could have had a lot more classes on it, practice with cases and things like that. (S10)

I think it could have been more dynamic, so that it could be better understood. (S10)

No, because everything was mentioned only briefly, without deepening the theme. (S10)

In the main questions related to the theme, reports are pointed out:

Yes. How to behave? What reaction would you have? What so much to do? How to ask for help? Etc. (S10)

I have, as you take all the steps step by step in practice. (S10)

Yes, doubts about the protocols and how, as a professional, I should conduct this assistance. (S10)

Yes, about protocols, about what to do through laws and actions. (S10)

DISCUSSION

It was seen that, regardless of sociodemographic, civil and religious characteristics, among the possible causes for nurses' difficulties in dealing with cases of violence and how to provide comprehensive care, is the approach at graduation, which in most cases is very limited¹⁰.

In the participants' discourse, violence against women is not something related to the present day. However, it has been gaining prominence and visibility, due to the autonomy of women, the globalization of complaints, and the recognition of violence as a crime¹¹.

Violence is also seen as something beyond physical aggression, that is, they perceive that violence is also manifested through psychological and moral aggression, often invisible even to the victim. They also associated the causality of violence against women with the sexist social structure, perpetuated by patriarchy, which legitimizes gender inequalities.

VAW is characterized as one of the main forms of violation of human rights. It can reach women of different social classes, ages, regions, marital status, educational levels, races and even sexual orientation. It can be perpetrated in different ways, including domestic, psychological, physical, moral, patrimonial, sexual, among others¹².

Violence is usually motivated when relations of inequality according to gender conditions are perceived, especially in the family sphere, in which relations are constituted by hierarchies¹³.

It is foreseen that nursing education must meet the social needs of health, with emphasis on the Unified Health System (SUS), and ensure comprehensive care and the quality and humanization of care¹³.

Women who suffer physical and sexual violence are more likely to use health services more frequently. However, health professionals do not identify most cases, or at least do not record violence in the medical records as part of the care¹⁴.

The lack of professional preparation, whether during graduation or in the service, often results in “personal” care, moving away from qualified and holistic care, adapted to the particularities and needs of each victim of aggression¹⁵.

Violence, however mediatized it may be, for the person who experiences it, is still made invisible, thus remaining hidden from society and also from health care. Despite so many advances, there is still a long way to go to offer quality assistance to women who seek health services, that is, to provide them with comprehensive, efficient and effective care¹².

Professionals and undergraduates are aware that domestic violence is a significant loss to women's health, and recognize their lack of knowledge, feeling the need to be better prepared to provide care, proposing actions to improve their training, through updates, courses, meetings, discussions, both in academia and in health units¹⁶. Such academics, with insufficient training to deal with the issue and with difficulties to whom to turn¹¹, will have problems dealing with issues associated with violence against women when faced with this situation.

Lack of knowledge about protocols is not uncommon. A study showed that most participants indicated that the unit's nurse should refer abused women; however, more than half did not answer what type of conduct they would offer or where they would refer¹⁷.

Another research pointed out limited knowledge and preparation on the management of women victims of violence, and that there are misconceptions about certain behaviors, as a significant number of those surveyed believed that therapies and medications could be part of the solution for this victim. In addition, they felt that the greatest difficulty encountered was not the lack of updating or courses, but the inadequate handling of the victim¹⁸.

Although a high percentage of academics claim to have been exposed to the topic of VAW during graduation, most still feel unprepared to provide care to victims of violence. This

correlates with the need for further deepening of protocols aimed at care and assistance to victims of violence¹⁹, both in graduation and in the field of practices.

Higher Education Institutions are important spheres for discussion and reflection on the theme of future health professionals, however, during their training, academics are not prepared to act in cases of violence against women¹⁹.

Because few disciplines in the nursing course include teaching about violence against women and, when they address this topic, it is sometimes superficially, requiring the student later to seek solutions that minimize such gaps in their learning, about the phenomenon, behind of future updates, enhancements and specializations¹¹.

Thus, there is a need for professional nurses to know the care network for women in situations of violence, which is composed of a set of actions and services from different sectors that aim to expand and improve the quality of care, identification and referral women, as well as comprehensiveness and humanization of care, but it is necessary that professionals are aware of both the network and the performance of each service²⁰.

CONCLUSION

Despite the interviewees having knowledge about the definition of domestic violence and understanding the importance of the theme during graduation, gaps were observed regarding knowledge about the conducts and protocols used during care.

With regard to teaching, it was seen that the participants felt the need for a deeper understanding of the theme, some brought suggestions for improvement, such as the combination of theory and practice, with case studies, simulations and methodologies that can help in understanding the theme, so that it becomes applicable in care practice.

It is understood that VAW is a subject that needs more debates and discussions, especially during graduation, so that students, still in their formative process, have a theoretical and practical basis, and, in the future, may be able to act with excellence, respecting the singularities, with skills that allow them to provide adequate care.

The limitation of the study was that it was qualitative and applied to only one group and location, which prevents generalization of the data, in turn, can be a trigger for other investigations with broader designs and more regions, considering the importance of training and qualified care for women in situations of violence. The review and inclusion of the theme in undergraduate nursing courses, as well as the proper offer of courses and updating, also seem to be needs to be overcome.

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Estefani Alves Melo collaborated in the study design, data collection and analysis, and writing. **Mariana Andrade de Freitas** contributed to the design and writing. **Vitória Sales de Alencar** participated in the writing. **Rachel Cardoso de Almeida** collaborated in the revision. **Camila Almeida Neves de Oliveira** participated in the writing and revision. **Patrícia Pereira Tavares de Alcântara** participated in the conception, collection and analysis of data and revision.

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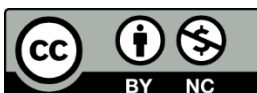
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