

**Review article****DOMESTIC VIOLENCE AND THE EXPERIENCE OF HEALTH SERVICES**

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**Abstract**

**Background:** Domestic violence against women refers to all acts of gender-based violence perpetrated against women, including physical, sexual and psychological violence occurring within the family. The high rates of domestic violence and disproportionately high rates of maternal mortality in developing countries are recognized as global public health problems. **Methods:** This study is based on data extracted from the SciELO database and secondary data extracted from the WHO website about domestic violence, health services and health narratives. **Results and discussion:** Violence also occurs among the wealthier population, who can hide domestic violence. When considered assaults committed within the residence, 63% of victims were women. Studies have found higher prevalence among poorest women, who consult health services three times more than the others and that the number of queries. **Conclusion:** Violence against women deserves to be approached as a health problem, in addition to violation of human rights and citizenship. The narrative construction can be an instrument to make possible the emergence of a new authorship and the possibility of choice.

**KEYWORDS:** *Domestic violence, Health Services, Family.*

**Introduction**

Formally, even before the onset of the economic surplus in the early community, which made different the activities of men and women, the sexual division is the first

form of division of labor<sup>1</sup>. In fact, with the advent of Christianity equality between men was wanted, but the woman remained anonymous, the female was still despised. There was no equality between men and women. In this historical context, the violence was not recognized as such, but realizes that it existed, was practiced implicitly by the authority that the man had on the woman, treating her as his property<sup>2</sup>.

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Therefore, their visibility can be correlated both to the forms through which manifests itself as the society's capacity to effectively perceive it<sup>3</sup>. The high rates of domestic violence and disproportionately high rates of maternal mortality in developing countries are recognized as global public health problems. However, it is unclear what proportion of maternal mortality, and due to domestic violence, if there are differences between countries and to what extent, and which factors could explain these differences.

Espinoza and Camacho<sup>4</sup> argue that domestic violence against women refers to all acts of gender-based violence perpetrated against women, including physical, sexual and psychological violence occurring within the family. To the authors to more comprehensive definition of violence against women and given by the United Nations Declaration on the Elimination of Violence against Women<sup>5</sup>: "any act of gender-based violence that results or may result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life".

Note: Includes, but is not limited to physical violence, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other practices traditional harmful to women, non-spousal violence and violence related to exploitation, physical violence, sexual and psychological violence occurring in the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere; the trafficking

of women and forced prostitution and physical violence, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs<sup>4</sup>.

Roughly speaking, domestic violence as a problem of health or a health condition does not correspond to a definition of the disease pathophysiology. Consequently, domestic violence is not specified in the ICD-10. Domestic violence is essentially a behavioral problem, as well as alcoholism and drug abuse<sup>4,6</sup>.

## METHODS

This study included an analysis based on primary data extracted from original publications and review articles contained in the databases of the Scientific Electronic Library Online (SciELO), and secondary data extracted from the WHO website. There were restrictions on language or type of article. We performed a manual selection of texts, through descriptors: domestic violence, health services and health narratives. Of these articles, we excluded those that addressed the different thematic purpose of this study. A total of 40 articles dating from the period 2002 to 2011 were selected.

## RESULTS AND DISCUSSION

In capitalism the economic necessity of division of labor in the production units led to a deterioration of workers' wages forcing women to look for supplement family income. Note that women's work became part of the production process because it represented cheap labor and easy exploitation by capital. As the woman began to have access to knowledge and have more freedom of expression, they realized that in addition to the duties they were entitled.

These events and changes represented a failure for the husband who felt powerless in the face of such facts. Violence on the form of aggression began to be used by men, physical and moral coercion was common practice, and even many crimes of passion occurred at this time<sup>5</sup>. It is understood domestic violence as various forms of interpersonal violence (physical assault, sexual abuse, psychological abuse and neglect)<sup>7,8</sup>.

The curious thing is that violence also occurs in the wealthier classes. Indeed, as they have many resources, political and economic, can hide domestic violence, hence their under-representation in the data reported violence<sup>9</sup>. As to the time of aggression, the correlation found with the indirect schooling shows that the clarification of the women leads to lower degree of tolerance for violence<sup>10</sup>. Thus, the scene of violence against women, domestic violence or family assumes a prominent role.

Saffioti, based on data from the 1990 National Household Sample Survey, performed by IBGE (Brazilian Institute of Geography and Statistics), notes that of all assaults committed within the residence, 63% of victims were women. Investigations in health services show annual prevalence of violence against women perpetrated by intimate partners ranging from 4-23% and increasing to 33-39% when considering the total period of violence in the lives of these women<sup>11,12,13,14</sup>. These studies have found higher prevalence among the poorest women, who consult health services three times more than the others and that the number of queries, grows proportionally to the severity of the attacks. However, it has been observed that health professionals do not identify these women are victims of

violence, even when the lesions presented are virtually pathognomonic of the phenomenon<sup>15,16</sup>.

It is considered that these professionals create barriers to meet women due to factors such as lack of time and resources, fear of offending women, lack of training, fear of opening "Pandora's box" and frustration when dealing with non-response many users in relation to advice<sup>17</sup>. Research conducted by Amaral, Letelier, Gois and Aquinas<sup>18</sup> shows that 48% of battered women work outside the home. The National Health Conference<sup>18</sup>, considers paid work one of the best ways to reduce domestic violence, since the main victims are women who only work at home.

To the extent that use disorders psychoactive substances are associated with domestic violence, it is assumed generally that the reduction of substance use automatically eliminates the physical and sexual abuse. Although recent research shows that treatment of alcoholism is associated with reduced partner violence<sup>19</sup>, this does not always occur. Alcoholism partner was appointed as one of the main triggers of aggression, corroborating the fact that the attacks usually occur on weekends, between 8 P.M. and midnight, hours and days in which he is allegedly drunk and the victim has little possibilities of escape, because the offender is at home<sup>20</sup>, although not considered directly responsible for violence, is an aggravating factor because it is observed that the occurrences often occur from Friday evening and step into the weekend and the victim often reports that the fellow was making use of alcoholic beverages [29]. Another important aspect found in the search Giffin<sup>21</sup> was the fact

that 38% of women thought the possibility of suicide, which reports that the United States, the abuse is risk factor of 35% of suicide attempts of American women.

The important thing about these studies is that from them we can develop strategies to reduce the violence that exists in our society. As Freedmann and Combs<sup>22</sup>, narrative therapy is an approach that considers those who seek therapy for people dealing with such issues, problems or never identified with a label that bear on the problem. His emphasis is on the person's skill set to expand its existential possibilities, through the review of his ideas about himself and his dealing with everyday issues. One of their assumptions is that we live and how to build people through stories and they are always open to be re-written or updated.

Narrative therapy works to separate people from problem-saturated narratives, including the identity as a project always open, built relationships with networks that include other people, family and institutions<sup>23</sup>. Understood violence as a multifactorial construct and personal narratives as constructed by means of beliefs and values, one can assume a vast work to be addressed in narrative construction of the broad context for understanding the phenomenon and real and from there the possibilities open to of deconstruction and other open spaces for liberating narratives<sup>24</sup>.

Aldrighi, in a study on violence in the couple discusses the need to address the couple to understand domestic violence, points to the risk that focus on only the results of domestic violence, but not the process. Pitman<sup>25</sup> states that it is possible to understand the constitution,

organization and process of domestic violence (in the case focusing on the couple) through the sequence in which events are narrated. Since health, I mean full health, including biopsychosocial approach in this type of violence. In the construction of intervention strategies, it is important to consider the use of elements of popular domain known population, highlighting the role of narratives<sup>26</sup>.

There are situations where, from this assumption, the women began claiming their rights, with the formation of various movements. Remember that the women's movement initiates partnerships with the state towards the implementation of public policies for working with this problem. In 1983 he created the State Council on the Status of Women in Sao Paulo, in 1985 it created the National Council of Women's Rights and the first Women's Police Stations (DDM), also in São Paulo<sup>27</sup>. The DDMs were the first and great resource to the public in combating violence against women and especially domestic violence in the country. His character is basically police: detect transgressions of the law, determine its origin and criminalize domestic violence<sup>28</sup>. It remains silent recognition of basic health services for the detection of violence due to its proximity and wide coverage.

The prenatal care can serve as an important space for their identification<sup>29</sup> representing the doorway to approach violence, establishing links with women and encouraging service<sup>30</sup>. Address, therefore, violence against women and their interface with health as well as provide visibility to the issue of sexuality and forced sex within a marital imply, among other tasks: the recognition of violence as "object" of the health sector,

considering both the expanded concept of health as the impact that the quality of life<sup>31</sup>, the integration of issues such as sexuality, gender and human rights in the practice of multidisciplinary teams for humanization of care and questioning of the situations addressed, to welcome and to interact demands male and female, seeking both to facilitate greater assertiveness of the female sexual subject (in addition to the "subjects of") as rescue reciprocity between genders in times of instability of labor relations and renegotiation of "marital debts". In the operationalization of the interdisciplinary health care, and intersectional services (Police, Medical-Legal Institute, Health Units, etc.) which upholds the right to comprehensive care for "victims", "authors" of violence and their families, avoiding the "victimization" through a "linked network of medical, psychological, legal, police and social"<sup>32</sup>. However, for the visibility of domestic violence occurs in the primary health care are necessary organizational changes in service and in the approaches taken by professionals in order to prioritize not only the fulfillment of goals and execution of the techniques proposed by the programs. This means that dialogue should be established and more symmetrical relations between professionals and users<sup>33</sup>. But is particularly in situations of group work, when they feel welcomed, women spoke spontaneously about the violence. The speech of one of them led to the emergence of other reports of violence, working like a snowball. This shows that women are willing to talk about their situation; they feel the possibility of an attentive listening and acceptance of their problems, even without the guarantee of solving them<sup>33,34</sup>.

Most programs and health services also has no care protocols for cases of domestic and sexual violence against women, despite a note concerning the availability of women, when interviewed, reported a living situation<sup>35</sup>.

## CONCLUSION

Thus, according to the violation of human rights and citizenship, violence against women also deserves to be approached as a health problem. From the welcoming attitude, was the encouragement of narrative construction, as an instrument to facilitate the emergence of new authorship, or some other paths and the possibility of choice, as opposed to the narrative disorientation immobilizing victims. The speech of women and the delineation of the visits progressed in order to generate power and the possibility of new stories from new narratives.

Reflect gender violence as any act that results or may result in harm or suffering raises biopsychosocial (re) think health practices, particularly in the use of different definitions of the phenomenon of the available statistics, as well as the diversity of information sources. Roughly speaking, the lack of population surveys more accurate estimates difficult.

## COMPETING INTERESTS

There are no competing interests.

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