Possibilities of Coping with the Violence against Women - A Review of Literature

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***Abstract*—Violence against women is an issue of great importance given the increasing statistics of feminicide in the Brazil. This study aimed to analyze the literature published between 2012-2017 in the format of scientific articles on the possibilities of fighting these violence. Articles were collected in the Virtual Health Library base (BVS) through the descriptor "Fighting AND Violence Against Women" and the findings were analyzed based on the elaboration of a literature review protocol and then submitted to Content Analysis. 15 articles composed the final revision and culminated in four nuclei: Access to care networks and identification of violence; Intersectoral coordination and articulation; Notification; Family / community support, religiosity and financial support. It is concluded that in order to confront violence against women, it is necessary the commitment of several social actors, involved in an articulated work that promotes female empowerment and the deconstruction of gender inequalities.**

***Index Terms*—Confrontation, Violence against women, Possibilities, Support network.**

I. Introduction

The definition of violence postulated by the World Health Organization is the intentional use of force or power in a form of threat or effectively, against itself, another person or group or community, that causes or is likely to cause damage[1].In response, the World Health Organization (WHO)[2] discusses intimate partner violence (IPV) as an experience of acts of violence perpetrated by the current or past partner from the age of fifteen. This is characterized as a violation of human rights and is recognized as a global problem of public health. These behaviors involve a wide range of actions, regardless of whether the parties cohabit or not [3].

Regarding the violence against women, it will be discussed from the definition of gender based violence. The UN General Assembly in 1993 defined gender-based violence as any act of violence that results in or may result in physical, sexual or psychological harm or suffering to women, including the threat of such acts, coercion or deprivation of freedom, which occurs in both public and private life [4]. In Brazil, the theme of gender violence is inscribed in studies focused on violence against women or marital violence among adults [5]. This violence is one that is [1]

[2]exercised by one sex over the opposite sex based on the differences between them. The concept refers to violence where the passive person is the person of the female gender [4] [6] [7].

The term coping is used to identify the way it is used to deal with internal or external demands that the individual evaluates as being beyond their resources or possibilities. It is a response whose objective is to increase, create or maintain the perception of personal control in the face of a stress situation [8].

One in three women in Brazil claims to have suffered some kind of violence and these are usually committed by the intimate partner within their intimac. World rates show that 30% of women admit of having suffered physical or sexual violence by their lifelong partner, and 38% of murders against women are committed by their partner or former intimate partner [2]. A survey conducted in 2014 by the Avon/Data Popular Institute reported that the greatest risks to women's health are represented within/after their relationship. Another research, from the Data Popular Institute allied to the Patrícia Galvão Institute, held in 2013, showed that the end of the relationship is seen as a moment of greatest risk to the woman's life. Data from a study in Salvador (* a) showed that 80% of respondents cited the occurrence of violence, expressed in physical, sexual and emotional forms and by destructive acts against their partners. A study carried out in the cities of Salvador, Recife and Aracaju (* b) showed that 44% of the women received kicks, slaps o punches and 32% were victims of swearing. Another study (* c) shows that women in situations of conjugal violence claim to experience psychological and moral violence (91.1%), physical (83.7%) and sexual (48.1%) [9][10][11].

As a strategy for coping with high rates of violence against women, various strategies have been carried out at the national level, such as Law 11.340 / 06, but known as the Maria da Penha Law, which typifies and envisages both the

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punishment of violence against women in Brazil, as does the idea of eradicating and preventing the forms of rape that affect them. From the above, the question is: What literature published in the format of scientific articles between the years 2012-2017 has discussed the possibilities of coping with violence against women?

Based on these definitions and researches, this article is a review of qualitative and descriptive literature that aims to analyze the literature published between 2012-2017, in the format of scientific articles collected at the Virtual Health Library (BHS) base on the possibilities of coping violence against women.

II. Methodology

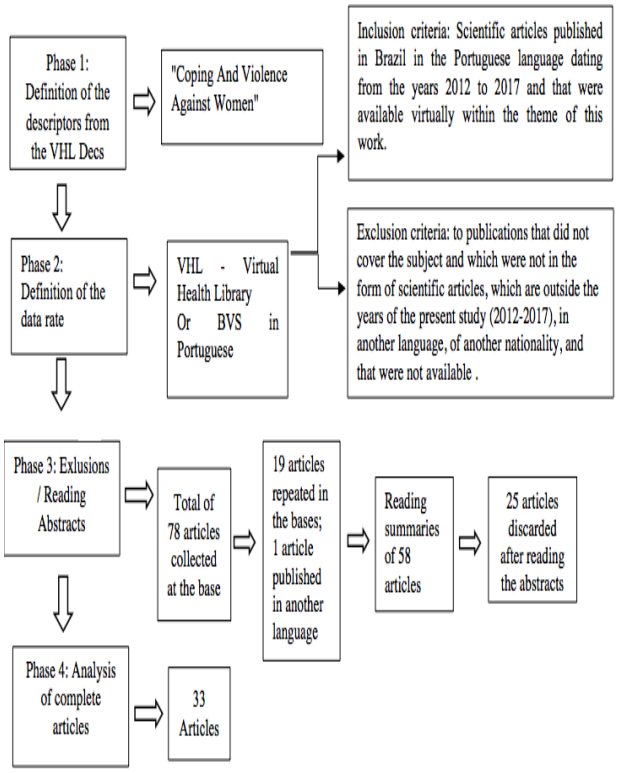
This study is an integrative review of the literature [12]. We use the qualitative descriptive approach, which gives special connotation to the subjectivity of the researchers. In the case of descriptive research, it values the detailed description of the phenomena and the elements that surround it [13] and allows to describe carefully phenomena of a reality, providing new visions about an object [14]. The articles were collected through the descriptors "Confrontation AND Violence Against Women" (duly validated in the VHS Decs) and the findings were analyzed from the elaboration of a literature review protocol allied to the Bardin Content Analysis technique [15] .

It started with the choice of the Virtual Health Library (BVS) descriptors that best reached the theme proposed here, for later data collection. After this step, the inclusion and exclusion criteria were defined. Those of inclusion were related to scientific articles published in Brazil in the Portuguese language that dated to the years 2012 to 2017. Thus, the exclusion criteria referred to publications that did not cover the subject and which were not in the form of scientific articles, which are outside the years determined in the present study (2012-2017), in another language, of another nationality, since we were interested in the Brazilian reality.

The next step was to search the databases of the Virtual Health Library (VHL). In this database were found 78 (seventy-eight) articles. All found articles were listed in Microsoft Office Excel. The list was used to identify repeated articles and for this reason, 19 (nineteen) were excluded. Also excluded 1 (one) for being in English although articles are only filtered in Portuguese.

After that, the summaries of the 58 (fifty-eight) articles were read, 25 (twenty five) were excluded because they did not contemplate the theme proposed in this study, leaving, therefore, in the final sample 33 (thirty-three) articles which were read comprehensively and analyzed descriptively. The overview of article selection can be seen in the following flowchart:

Flowchart 1: Panorama dos artigos selecionados Overview of Selected Articles



An instrument for the descriptive analysis of the selected works was elaborated. According to Evans and Pearson [16], the instrument should include identification (article title, journal title, keywords, database, year and authors), study methodology, research objective, main considerations / results and finally, a field to justify if the study is excluded from the final sample. The opinion of "selected" or "not selected" was given for each article, following the criterion of relevance of the article for the final sample. After the full reading, the content analysis proposed by Bardin [15] was used to analyze the findings.

III. Results

Out of the 33 (thirty-three) articles selected for full reading, 18 (eighteen) were discarded because they dealt with the issue of violence against women from other perspectives that did not point to the objective of this study. At the end of the sample, 15 (fifteen) articles were left and made up this review. Of these, 1 (one) was published in 2012, 3 (three) in 2013, 4 (four) in 2014, 2 (two) in 2015, 2 in 2016 and 3 in 2017. Regarding methodological approaches, most of the studies presented as qualitative (14 of them) and one was theoretical. Table 1 below shows the articles selected for this review:

Table 1: Articles analyzed

Title	Journal	Author/Method	Year
Estratégias para identificação e enfrentamento de situação de violência por parceiro íntimo em mulheres gestantes.	Revista Gaúcha de Enfermagem	MARQUES et al/ Qualitative	2017
Mulheres rurais e situações de violência: fatores que limitam o acesso e a acessibilidade à rede de atenção à saúde.	Revista Gaúcha de Enfermagem	COSTA et al/ Qualitative	2017
Apoio social à mulher em situação de violência conjugal.	Rev. salud pública	PEREIRA-GOMES et al/ Qualitative	2015
Violência contra as mulheres na perspectiva dos agentes comunitários de saúde.	Revista Gaúcha de Enfermagem	HESLER et al/ Qualitative	2013
Limites e possibilidades avaliativas da estratégia saúde da família para a violência de gênero.	Revista da Escola de Enfermagem da USP	GUEDES, FONSECA, EGRY/ Qualitative	2013
O sofrimento psíquico no cotidiano de mulheres que vivenciaram a violência sexual: estudo fenomenológico.	Escola Anna Nery	TRIGUEIRO et al/ Qualitative	2017
Violência contra a Mulher, Casas-Abrigo e Redes Sociais: Revisão Sistemática da Literatura.	Psicologia: Ciência e Profissão	KRENKEL, MORÉ/ Theoretical	2016
Violência de gênero: o silêncio e enfrentamento vivido pelas mulheres à luz da fenomenologia social.	Revista de Enfermagem UFPE on line	SOUZA, et al/ Qualitative	2016
Políticas públicas e violência contra a mulher: a realidade do sudoeste goiano.	Rev. SPAGESP	SOUZA, SOUSA/ Qualitative	2015
Processo de lidar com a violência contra as mulheres: coordenação intersetorial e atenção integral.	Saúde e Sociedade	MENEZES et al/ Qualitativo	2014
Enfrentamento de mulheres em situação de violência doméstica após agressão.	Revista Baiana de Enfermagem	GOMES, et al/ Qualitativo	2014
Estratégias de enfrentamento da violência de gênero em mulheres de Ji-Paraná (RO).	Mudanças – Psicologia da Saúde	FERNANDES, GAIA, ASSIS/ Qualitative	2014
Enfrentamento da violência conjugal no âmbito da estratégia saúde da família.	Revista de enfermagem UERJ	GOMES et al/ Qualitative	2014
Violência contra mulheres por parceiros íntimos - vivências desse agravo e as motivações para a denúncia.	Ciencia e Cuidado em Saude	SILVA et al/ Qualitative	2013
Percepção dos profissionais da rede de serviços sobre o enfrentamento da violência contra a mulher.	Revista de enfermagem UERJ	GOMES et al/ Qualitative	2012

After the treatment of the articles in the protocols, and from the content analysis[15] four nuclei appeared and are discussed below.

Access to care networks and identification of violence

The recognition of the experience of conjugal violence by women who arrive at the health service is still a challenge for some professionals who work in primary care. It is observed that filling in the Individual Reporting / Investigation Form for domestic violence, sexual violence and / or other interpersonal violence does not constitute a practice in the daily life of the health service [17][18]. The rapport between the professional and the woman can generate the support that many women need to face the socio-family situation that they live. In this sense, the professionals, in their practices constitute as an articulating element of the services with the objective of giving continuity of care [19].

The professional / user bond and qualified listening are important tools for the development of attention to the needs of women, which is often not brought to the professional as an explicit demand, but can be unveiled during the dialogue with the user [20]. The importance of valuing the reception, autonomy and subjectivity of these women, transposing the biologicist approach, stimulating co-responsibility and having integrality as a principle [21] is important in the care of women in situations of violence.

According to Marques [22], the identification of situations of violence is the first step towards confronting it. The authors investigated the presence of IPV in the relationships of pregnant women and argue that during this period, crying

and sadness may mask the occurrence of violence. It was also emphasized that when there is the verbalization or presence of physical signs such as bruises and lesions, identification occurs more easily especially at the time of prenatal consultation, since it is during this period that visits to health services are more frequent, since good quality prenatal care can reduce physical aggression in women during pregnancy[22].

The authors also argue that the proper hosting of the pregnant woman and the development of an "interested" listener was indicated as a powerful tool to identify violence, since this is a taboo for women and often also for health service providers. Shame often hinders the formation of a relationship between professional / patient. This may lead health services away from responding to the problem and pregnant women are even more vulnerable to the fragility of these services. Establishing a relationship of trust and being able to understand what the health user does not verbalize, but expressed in their body and behavior, were the means that health professionals could find to facilitate the identification of IPV [22]

Costa [19] investigated the occurrence of IPV in rural women and argue that the conception that these women are not aware of violence because social and labor policies are insufficient to make them independent and autonomous reinforces the need for greater investment by public authorities in favor of this group, since it is understood that women's autonomy is protective against violence, both at the private and public levels. And in order to achieve this, it is necessary for the network of attention, in its practice, to use communication (dialogue and listening) strongly to inform women about their rights, and with this, to initiate a process of awareness of the situation with the possibility of acquiring power to transform reality itself.

It is essential that professionals, regardless of their area of expertise, know the resources available for orientation and availability of social equipment to support women in situations of violence [23]. since the simple knowledge of resources of coping available is potent in transforming women's views of violence, removing them from isolation and demonstrating how collective the problem is. This translates into power to overcome the understanding that takes violence as a private and stigmatizing phenomenon, locating it in the political and social scene of human rights. Actions based on medical clinic (biomedical health-disease knowledge) alone are not enough to provide the necessary answers to the various dimensions of the problems and women's health needs [24]

Intersectoral linkages and articulation

The Brazilian government recognizes the importance of interdisciplinary intervention in the process of coping with violence, thus expanding the network of services, including services directed at men. But it is also necessary that other institutions are engaged together, as in a web, articulating and integrating actions. However, there is still no effective networking in order to allow access to existing services [47].

The intersectoral articulation refers to the use of public policies as ways of coping with violence against women, such as the request for support to public security through the request of protective measures and the search by the police station for the registration of the complaint, in order to prevent the reiteration and the escalation of violence. Legal support for victims of domestic violence gained great emphasis with the advent of Law 11.340, known as the "Maria da Penha" Law, which came to mark a new way for the judiciary to cope with this serious social problem [25].

The creation of the Maria da Penha Act created mechanisms to intimidate, prevent and punish any domestic and family violence against women. The promulgation of the law prompted the consolidation of the National Policy to Combat Violence against Women, which consists of an agreement between federal, state and municipal governments to plan actions to prevent, combat and care for this target population. At present, assistance to women in situations of violence must be guaranteed through humanized care and qualified by public and community agents with continuous training [26].

The research by Krenkel and Moré [27] showed that the shelter is a space where women feel protected against the extreme violence they have experienced, as well as being a place that offers emotional support and help in the search for work and generation of income in some cases. Participants in the authors' research Marques [22], when asked about ways of coping with IPV situations among pregnant women, reported the referral to a specialized service in tertiary health care, with emphasis on referrals to mental health demands and the Family Health Support Center (NASF), since the proposal of this nucleus is to share the practices and knowledge in health allows to expand the scope of the actions of basic attention regarding the confrontation of violence, as well as its solubility.

The articulation of the health area with other services is brought by the professionals as an indispensable strategy in the confrontation of conjugal violence. It is essential to transform the model of academic and service training in order to raise awareness, qualify and commit professionals to address issues that imply public health, such as marital violence. Changes in pedagogical proposals are essential for understanding the magnitude and complexity of violence, enabling professionals to identify grievances, notifications and referrals [29]. The breadth of the institutional support network depends on the location and constitution of police, judicial, psychosocial and health services. Other local, institutional and non-institutional resources may be activated, such as: NGOs, religious and community leaderships [23].

It is worth mentioning that the professionals are not able to attend this type of situation in basic care, largely due to the absence of the subject in the academic formation [22]. The referral for social support with the NASF, within the Family Health Strategy, favors a better orientation for women, reducing their pilgrimage in the search for support. The itinerary that this woman travels to face violence, can be fulfilled or interrupted, according to the quality of the bond and the interactions established with the services and organizations, and until then, it was quite painful for women [23].

The intersectoral articulation points to the need for articulation between services (that integrate the network or

not) as a tactic of coping with violence against women and reveals the difficulty of articulating, as well as proposing strategies that would enable such spaces of interaction of knowledge and actions. It is pointed out to the importance of the management in this process, from the viabilization of the interaction among the most diverse institutions. The dynamics of institutional work must favor intersectoral articulation. Many professionals are still unaware of other services that serve women in situations of violence, with little or no perspective of intersectoral work and, therefore, develop limited actions [29]. Hence the need for meetings with representatives of different institutions and the discussion of strategies to combat violence, including the empowerment of women in situations of violence [28].

The articulation with other services is important for networking, because acting alone, a single service is not able to give a satisfactory answer to the complex phenomenon and argues that networking, due to the articulation of resources and services, promotes a multiprofessional approach and essential interinstitutional to address the problem [29].The strengthening of intersectoriality and collective actions, as well as the focus from a gender perspective to the recognition of women's needs, are fundamental for overcoming the impotence referred by health professionals in dealing with situations involving violence. For some users, the simple possibility of attending the service refers to happiness, recognizing this aspect as a contribution of the service to coping with the problem [24].

Notification

In Gomes's research [17], most women chose to break the silence of accepting violence and sought legal protection for their protection. This may mean that they have recognized the need to make their issues public. The notification of suspected and confirmed cases of violence against pregnant women is understood as a device that allows visibility of the problem on screen [30]. It indicates the commitment of the State to the diagnosis of violence against women from the construction of official statistics [22]. The denunciation is a moment of rupture in which the woman moves from the condition of oppression / submission, because she admits that she needs help because she suffers violence. Therefore, it is essential that women be encouraged to make a complaint, both by the professionals who deal with it, and by the common civil society, the one who has ties and can act in favor of it, giving a moment of reflection to the woman for the complaint [30].

It is worth wonder that the perception that denunciation is the only instrument of resolution for the situation of violence is a paradigm that does not reflect this commitment, given its repercussions for the different areas of knowledge: social, economic, political, legal and (Gomes et al., 2014). Moreover, police workers appear not to be committed to skilled care and who need training to address violence against women and to understand it as a complex phenomenon. The notion that violence is anchored in gender inequalities is not present in the practices of police workers, on the contrary, they reinforce inequalities, justifying that women are responsible for the violence suffered by not behaving properly [19].

The study by Silva [31] explains that severe physical aggression and fear of death causes women to seek the Women's Office in the police station to carry out the denunciation, which is followed by separations and returns to coexistence with their partners because of the belief that they can change or because they are under pressure from their children or from them. They denounce it repeatedly, from which it can be deduced that there is some difficulty in breaking with the situation experienced. Therefore, it is suggested that professionals from the specialized police stations receive guidance on reception, which may contribute to women being comfortable in denouncing, since this moment can be decisive in the process of rupture.

Family / community support, religiosity and financial support

Women who have family support are less likely to suffer violence, reinforcing the importance of social networking in preventing violence. Thus, it should be noted that "solidary and trusting relationships can be decisive in the insertion of women in the service network, constituting themselves a link between the woman and the search for a type of assistance." Religious and community support and the call of a friend or neighbor can assist in a successful solution to the problem. The lack of the socio-human network limits and hinders access to the network of attention. Rural women, for example, prefer to seek support outside the community to avoid exposure and reduce the risk of further violence when accessing the service. In order to do so, it is required that professionals be aware of other services, their competencies and the role of the network in coping with violence [19].

Souza [30] cites the work of community awareness, with meetings within the neighborhoods, distribution of informational folders, talk wheels, lectures and the like. The education of children at home has also been described as a form of confrontation, emphasizing the role of example and moral as stimuli for the good development of children. Encouraging them to act correctly in social relationships and, consequently, to become adults who maintain the same behaviors. The awareness work deals with coping strategies involving the environment, supports, such as family and friends, as well as all the social relations that the subject uses, either with the intention of alleviating their suffering, or to stop aggression at the moment of their occurrence or after it, since the people who accompanied the violence can serve as witnesses if the victim files a complaint, or they can report the crime of ill-treatment [25].

The religiosity also gained a privileged place in the researched literature, highlighting it as a primordial support for the confrontation of violence [30]. This category concerns the way the subject seeks the divine figure, or some form of religion / spirituality. This category of coping can either facilitate emotional coping by the victim as she finds emotional support in religion and beliefs for coping with partner violence, as well as making it difficult to cope with the problem in question, since in the religious doctrine the violence of the aggressor is sometimes counteracted by prayer. The attitudes of the aggressors are understood as an evil work, which makes them feel guilty for denouncing their

fellow aggressors [25].

Economic dependence is one of the main reasons that leads women to remain in a relationship permeated by violence. In this context, political actions of income generation are necessary as a way of coping to promote female autonomy [29][25].

IV. Final Considerations

The literary analysis showed that in order to confront violence against women, it is necessary the commitment of several social actors. Strategies to deal with women in situations of IPV include the creation of linkage and appreciation of women's speech; institutionalization of spaces for discussions on the issue, involvement of professionals in the NASF reference team and knowledge about the services that integrate the network of women in situations of violence and referrals, the articulation of the service network for the implementation of the national policy of confronting violence against women, denunciation but also emphasizes community strategies, such as religious processes, since confronting violence against women requires the deconstruction of the social signs that sustain gender relations.

This work made it possible to understand that the violence against women in Brazil has been advanced a great deal, but that reality is still hard and little explored, especially in the academies, which reflects the lack of preparation of the professionals in the care / women victims of violence. In times of feminicide increase, retrogression of social policies and return of machismo and misogyny, it is increasingly important to discuss these themes intra and extra wall of the academy.

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