

VIOLÊNCIA CONTRA A MULHER: DIMENSÕES REPRESENTACIONAIS DE DISCENTES DE ENFERMAGEM

VIOLENCE AGAINST WOMEN: REPRESENTATIONAL DIMENSIONS OF NURSING STUDENTS

VIOLENCIA CONTRA LA MUJER: DIMENSIONES REPRESENTACIONALES DE ESTUDIANTES DE ENFERMERÍA

Camila Daiane Silva¹, Vera Lucia de Oliveira Gomes²

RESUMO

Objetivo: identificar as dimensões representacionais da violência contra a mulher entre discentes de enfermagem. **Método:** estudo qualitativo fundamentado na Teoria das Representações Sociais, realizado entre agosto e novembro de 2014. Aplicou-se uma entrevista individual, com perguntas abertas, com 33 discentes de enfermagem. Utilizou-se o *software Análise Lexical por Contexto de um Conjunto de Segmentos de Texto* (ALCESTE) para análise lexical de conteúdo. Obteve-se aprovação do Comitê de Ética, nº 109/2014. **Resultados:** na dimensão conceitual, fundamentam-se no senso comum, na mídia e em situações ocorridas com pessoas próximas, ainda, evidenciaram outras formas de violência além da física. Na atitudinal, verificou-se sentimentos negativos, a impunidade do agressor, a pouca tomada de posição da vítima e os motivos da permanência em um relacionamento violento. Na imagética, os discentes representaram a violência física e a mulher, bem como as consequências psicológicas e emocionais. **Conclusão:** a representação dos discentes acerca da violência contra a mulher é estruturada, pois possui as três dimensões formadoras: conceito, atitude e imagem. Os resultados podem incentivar novas pesquisas, bem como instigar a discussão e problematização dessa temática em sala de aula, ponderando a futura atuação profissional na prevenção e promoção de ações de combate à violência contra a mulher.

Descritores: Violência contra a mulher; Estudantes de enfermagem; Programas de graduação em enfermagem.

ABSTRACT

Objective: to identify the representational dimensions of violence against women among nursing students. **Method:** a qualitative study based on the Theory of Social Representations, conducted between August and November 2014. An individual interview with open questions was applied to 33 nursing students. The software Lexical Analysis by Context of a Set of Text Segments (ALCESTE) was used for lexical content analysis. Approval was obtained from the Ethics Committee, no. 109/2014. **Results:** the conceptual dimension is based on common sense, on the media and on situations that occur with close people; yet, they have evidenced other forms of violence besides physical. In the attitudinal dimension, negative feelings, the aggressor impunity, the victim's lack of position and reasons for staying in a violent relationship were identified. In the visual dimension, the students represented physical violence and the woman, as well as the psychological and emotional consequences. **Conclusion:** the representation of students about violence against women is structured, since it has the three forming dimensions: concept, attitude and image. The results may encourage further research, as well as instigate the discussion and problematization of this issue in the classroom, considering future professional action in the prevention and promotion of actions to combat violence against women. **Keywords:** Violence against women; Nursing students; Nursing undergraduate programs.

RESUMEN

Objetivo: identificar las dimensiones representacionales de la violencia contra la mujer entre los estudiantes de enfermería. **Método:** estudio cualitativo fundamentado en la Teoría de las Representaciones Sociales, llevado acabo entre agosto y noviembre de 2014. Se aplicó una entrevista individual, con preguntas abiertas, con 33 alumnos de enfermería. Se utilizó el *software Análisis Lexical por Contexto de un Conjunto de Segmentos de Texto* (ALCESTE) para análisis léxico de contenido. Se obtuvo la aprobación del Comité de Ética, nº 109/2014. **Resultados:** en la dimensión conceptual, se fundamentan en el sentido común, en los medios y en situaciones ocurridas con personas cercanas, aún, evidenciaron otras formas de violencia además de la física. En la actitudinal, se verificaron sentimientos negativos, la impunidad del agresor, la poca toma de posición de la víctima y los motivos de la permanencia en una relación violenta. En la imagética, los estudiantes representaron la violencia física y la mujer, así como las consecuencias psicológicas y emocionales. **Conclusión:** la representación de los estudiantes acerca de la violencia contra la mujer es estructurada, pues posee las tres dimensiones formadoras: concepto, actitud e imagen. Los resultados pueden incentivar nuevas investigaciones, así como instigar la discusión y problematización de esta temática en el aula, ponderando la futura actuación profesional en la prevención y promoción de acciones de combate a la violencia contra la mujer.

Descriptores: Violencia contra la mujer; Estudiantes de enfermería; Programas de graduación en enfermería.

¹Graduada em Enfermagem. Doutora em Enfermagem pela Universidade Federal do Rio Grande. Docente na Escola de Enfermagem da Universidade Federal do Rio Grande. ²Graduada em Enfermagem. Doutora em Enfermagem pela Universidade Federal de Santa Catarina. Docente na Universidade Federal do Rio Grande.

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INTRODUCTION

Violence against women has been identified as a social problem⁽¹⁾ both because of the impact it has on the quality of life of victims, families and society, and by the frequency with which it occurs. Violence is present in both developed and developing countries.

Worldwide, five women die every hour, victims of violence and, daily, 119 are killed by their partner or some relative⁽²⁾. In Brazil, the Call Center (Dial 180) registered in 2016 65.91% cases of violence perpetrated by intimate people, such as partners or ex-partners, husbands, boyfriends or lovers⁽³⁾. In the first six months of 2016, 86.64% of the records referred to situations included in the Maria da Penha Law⁽³⁾. This law has increased the severity of punishments, enabled the creation of a program for re-education and recovery of perpetrators as well as services for the protection of victims⁽⁴⁾.

Health services are often the first place to help victims and are important instances for detecting the problem. However, in practice, are many beliefs, myths there and representations that hinder and even prevent the recognition and approach of domestic violence with users, since many women omit violence suffered due to fear or shame⁽⁵⁾. On the other hand, some professionals may label violent acts as mere manifestations of jealousy or eventual situations. Yet, fear of reprisal may inhibit more effective action by practitioners.

Research has identified that some health professionals, among them the nurse, feel unprepared to deal with situations of violence. They state that the feeling comes from the superficial or nonexistent approach of this subject during undergraduate courses, as well as due to the lack of specific qualification through courses, conferences and seminars^(6,7).

In order to break with this feeling, the undergraduate nursing course, through its political pedagogical plan, could provide moments for reflection and debate about the theme "violence against women". Also, it could provide follow-up experiences of nurses performing reception, care and referral of victims to the protective instances in society.

Thus, throughout the course, nursing students build the reified knowledge, which is added to the knowledge of common sense and modifies the social representation about the phenomenon. Therefore, the guiding question was: what are the representational dimensions of violence against women among nursing students? The objective was to identify the representational dimensions of violence against women among nursing students.

METHOD

This is a qualitative and descriptive research based on the Theory of Social Representations, which was selected because the object under study has social relevance and triggers feelings, since "it is not socially represented that which is indifferent, that which does not provoke the desire to communicate, to talk about it, to understand it"^(8:44).

The research was carried out in a nursing undergraduate course at a federal public university located in the far south of Rio Grande do Sul. A total of 33 nursing students participated in the study, since there is a consensus among the experts of the Theory of Social Representations that 30 interviews are the minimum amount to recover the representations in a group⁽⁹⁾. Students who were not present in the class on the day of the invitation, those under 18 years of age and those who were on leave from the course due to illness or maternity leave were excluded.

The data were collected between August and November of 2014 through previously scheduled interviews, according to the availability of the students. For that, a script was drawn up containing open questions regarding the preuniversity experiences with the theme, as well as its approach throughout the theoretical-practical disciplines. The interviews took place individually in a reserved room, were recorded and lasted an average of 30 minutes. Participants signed the Informed Consent Form.

To support the analysis of the data, the software Lexical Analysis by Context of a Set of Text Segments (ALCESTE) proposed by Max Reinert in 1979, which enables a lexical content analysis through techniques that allow the "comparison of the lexical profiles, expressed by the relative distributions of lexical occurrences"^(10:1).

The software analyzed the corpus composed of 33 Initial Context Units (ICUs), which correspond to the number of interviews performed. The utilisation was 81%, totaling 43,693 words. For this purpose, the ALCESTE divided the corpus into 800 Elementary Context Units (EUCs), distributed in six thematic classes, presented in Figure 1. For this work, the data

presented in class two (Cl.2) were used, according to Figure 2.

Figure 1 - Descending hierarchical classification of the six thematic classes, Rio Grande/RS, 2016.



Source: Thesis presented to the Nursing Graduate Program of the Federal University of Rio Grande, entitled "Social representations of nursing students about domestic violence against women", defended in 2016.





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Aiming to preserve the anonymity of the participants, their speeches were identified by the letter S (students) and the number of the interview order. The project was approved by the Research Ethics Committee in the Health Area/FURG, under the Opinion of no. 109/2014, Approval Certificate 33009914.0.0000.5324.

The class consisted of 114 ECUs, corresponding to 14% of the corpus. The results, generated by the ALCESTE software, identified the words with the highest value of x^2 (Figure 3), that is, those with high statistical association to the class, as well as the ECUs that contributed to the formation and exemplification of the categories presented below.

RESULTS AND DISCUSSIONS

Figure 3 - Words with higher degree of association to the class, Rio Grande/RS, 2016.

Word	x²
Physical violence	163
Image	160
Violence woman	122
Media	66
Verbal violence	61
Television	48
Express	42
Humiliate/humiliation/humiliated	42
Sad/sadness	42
News	30
Purple	30
Revolt/Revolted/Revolting	29
Psychological violence	29
Hurt/Hurting	28
Advertising/Advertisement	24
Curse/cursed	24
Act	20

Source: Thesis presented to the Nursing Graduate Program of the Federal University of Rio Grande, entitled "Social representations of nursing students about domestic violence against women", defended in 2016.

Through words and their semantic contexts, it was possible to identify that the representational dimensions, that is, concept, attitude and image are based on the knowledge of common sense, since the students have listed the media, television, advertisements and news as sources of information.

The structure of a social representation is constituted by three dimensions, in which information (concept) is the access to the knowledge that groups may have in relation to the object of study; the attitudes that refer to affection and position; and the image is the field of representation that implies images, social models and hierarchies⁽⁸⁾.

The conceptual dimension of the representation of violence against women

In the conceptual dimension, nursing students identified violence against women as something beyond the physical aspects, evidencing other forms of occurrence. They also recognized that violence is caused by different people and in different places, extrapolating the domestic space. "Violence against women encompasses both physical and verbal violence

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that she suffers in the home, whether by her son or daughter, husband or by her own father". (S22) "It is any act of violence in itself or even threat that makes one feel coerced in some way. [...] it can be psychological, of being always being threatened; it can be the violence itself, of beating, of hurting". (S13) "It is any act of aggression between people known, not only by relatives, also by friends or neighbors that cause psychological, physical or sexual harm." (S02) "Violence against woman, I think it is any act of humiliation against the woman. In this case, in any environment, of being contemptuous, disrespectful. Violence does not only mean physical violence, but also emotional and psychological violence". (S25)

Other information reported by the students was the consequence of violence for the social life of the victim. They compared the various forms of violence with physical violence, deeming them as even more serious. It is noteworthy that the media was also listed as violence generator. "I think when the woman is cursed, it seems that she was slapped, it seems that she was physically attacked, because it hurts like physical violence". (S08) "Verbal violence is often worse than physical violence. It oppresses, humiliates, leaves the woman with low selfesteem and it harms her daily routine". (S23) "[The woman] has been suffering so much through the media, from all sides, by those more educated and less educated people". (S03)

Knowledge of common sense and the media served as an anchor for nursing students to build the conceptual dimension of violence against women. Also, the report of the occurrence of violence among close people or even with the nursing students themselves has based the conceptual dimension. "In television advertisements, violence against women usually appears, it is mainly physical violence. [...] There in my city, when it broke out that a woman suffered violence and she denounced her husband, it came to nothing and he ended up killing her" (S22) "On television, I think the media shows a lot, making encouraging people to denounce. " (S01) "I think it is a bit of common sense, from what we learn in our daily lives, watching TV, talking to friends and also from what I've read about the types of violence, aggression, economic violence." (S16) "It is based on what I see, because I have seen at home this situation of violence against women; it was not in the news, I have witnessed it!" (S19)

Nursing students, possibly due to the influence of undergraduate studies, have guided the conceptual dimension in the readings carried out, whether in scientific articles, official documents or in laws. "I am used to read many things, I have read several articles of women who have been violated in some way, whether sexual, verbal or physical." (S27) "Reading about the subject, scientific articles, the data from the Ministry of Health, the Maria da Penha law". (S12).

The nursing students showed, in the conceptual dimension of representation, the different forms of violence. On the other hand, a survey of women victims of violence pointed out that they recognized only physical violence as violence⁽⁵⁾. Thus, physical violence may be the most recognized, possibly by the obvious marks left in the victim's body. Violence against women leaves physical and psychological consequences, since these two forms of violence usually occur concurrently⁽⁵⁾. However, a survey carried out using the SINAN (National Information System for Notifiable Diseases) identified that the highest occurrence of violence was psychological, followed by physical and sexual violence⁽¹¹⁾.

The denaturalization of violence is identified in the conceptual dimension, since the students pointed out that violent acts are not restricted to the domestic environment and are not provoked by husbands alone. Violence has been established within the home, affecting women and their families⁽⁵⁾, but it can break the barriers of domestic space.

The students stated, in the conceptual dimension, the consequences of violence for the social life of the victim, emphasizing low selfesteem. Research has found a similar result, pointing out that chronic trauma can change psychological personality traits, such as increased aggression, depression, mistrust, alienation, isolation, impaired self-protection and poor social integration⁽¹²⁾.

The knowledge of the students comes from from common sense, from experiences, conversations with friends and even from the media. This latter was pointed out, at the same time, as a provocateur of violence against women and a means of combating violence, as it encourages denunciation. Television advertisements or even posters at bus stops can provide information for victims and the general population. An information channel, for example, is the Call Center (Dial 180) which registered, in 2016, an increase of 51% in attendances compared to the previous year, 25.25% of which corresponded to the provision of information on the Maria da Penha law and domestic and family violence⁽¹³⁾.

During undergraduate studies, violence against women is rarely explored, often being addressed by one or two disciplines⁽¹⁴⁾. To complement or meet the need to discuss violence against women, students have sought alternatives such as reading scientific articles, laws, official manuals, conversations with friends, constructive media advertisements and more.

Attitudinal dimension of the representation of domestic violence against women

The judgments that permeate the representation of nursing students about violence against women constituted the attitudinal dimension. In this dimension, negative feelings were evidenced before the break of the cycle of violence. In addition, they demonstrated the need for better and more effective forms of punishment of the aggressor. "My feeling is of disgust, it is a disgusting thing, I think no one has the right to assault a person, the person is free to live happily". (S17) "When I think of violence against women, my feeling is of indignation, I am outraged because I think this should not happen." (S24) "Sometimes I feel indignation because they have not been punished or because a lot of people pay the bail and are released, return home and attack the woman again; sometimes she gets kind of stoned." (S04) "There is still a lot to be done to change it, because although Maria da Penha has helped a lot, there is still a lot of impunity, because the aggressor does not necessarily ... pays the bail..." (S09)

The students pointed out judgments regarding violence against women, focusing on the victim of violence. They emphasized the need for women to act and to fight against violence. On the other hand, they have mentioned that the woman may be powerless to break the situation or that they submit to this situation by choice. Also, they recognized the possible justifications for the woman to continue in a violent relationship. "He [aggressor] is free, at ease to beat, to get angry, to do whatever he wants, to curse, that's how I see it. My feeling is disgust, anger, desire to awaken the woman because she had not needed to be going through it". (S11) "My feelings would be different, but the biggest one is the revolt because women in some ways

have no way to defend themselves; a little revolting". (S15) "I feel sad, I find it very sad, because women try so hard to conquer their space, their independence and sometimes undergo this kind of thing with no need. " (S08) "I get a little disgusted with the woman because she accepts it. I also think there are some factors for her to accept this, she often thinks she there is nothing she can do, she is provided by the man, she thinks she has no right to impose herself against him because he is supporting her". (S05)

The students represented violence by the terms anger and sadness in relation to the aggressor, the victim and the violent acts. "It is of anger and, I think also, a little pity for the people who suffer this violence against women." (S21) "A little bit of anger for the aggressor to have committed that; I feel sorry for the victim of the aggression." (S06) "My feeling is a bit of revolt, a bit of anger and a bit of sadness about this situation because I have witnessed some cases of violence against women and it is disgusting for me to see a woman suffering". (S16)

On the other hand, the attitudinal dimension shows that violence has been represented as something frightening, since there is a fear among students that they will someday become victims. There is also a sense of impotence, because they are students and believe that they can not do something about the violent situation. "I think my feeling is fear. I think everyone is subject to it. " (S20) "I think it's a feeling of helplessness, because you never know if it's not going to happen to you one day. I had a feeling of helplessness because I know it happens and at the moment I am not doing anything for this stopping to happen". (S07)

In the attitudinal dimension, it was possible to identify indignation regarding the occurrence of violence against women. The students pointed out the lack or little punishment of the aggressors, as well as the importance of women's freedom and autonomy. The feeling of impunity may be associated with the absence of punishment, the application of light punitive measures and the delay of the Judiciary Branch in judging the aggressors, so that they do not feel inhibited to continue with the violent acts⁽¹⁵⁾.

The students recognized the significance of the creation of a protective law, Maria da Penha, which seeks, in essence, to curb cases of violence against women. However, nursing students confronted the law with the reality experienced and with the constant news of the written or spoken media. A survey comparing the mortality rates of women for aggression in the period 2001 and 2011, that is, before and after the enactment of the law, found that there was no reduction of cases⁽¹⁵⁾. Some possible explanations for the low impact of the law on the mortality of victims are the lack of knowledge of women about the law, the insufficient or even flawed implementation of protective measures, which is the responsibility of the Judiciary Branch, Public Prosecutor Office, Public Defender Office, Civil and Military Police, Municipal Guard and Fire Department⁽¹⁵⁾.

In the attitudinal dimension, terms such as anger, disgust, revolt and sadness arose. These are common terms also among health professionals, including nurses, as verified in a research in which participants reported revolt, cowardice, lack of respect, sadness, suffering and impunity, among others⁽¹⁶⁾. Likewise, a study of victims of violence asked how they dealt with the situation and concluded that most felt very anger⁽⁵⁾. Other research, also carried out with victims of violence, found that they presented, as personality traits, anger, fury and expression of dissatisfaction due to frustration with the occurrence of violence. On the other hand, they also had high levels of negative emotions, such as depression, sadness, pessimism, social deprivation and anxiety⁽¹²⁾.

The need for the victim to take the initiative to break the violent relationship was emphasized by the nursing students. These, although mentioning the reasons for staying with the aggressor, referred to the victim as submissive, who accepts violence by choice. Corroborating this aspect, a survey aimed to identify the perceptions and practices of health professionals related to violence against women in Angola associated women's submission to socioeconomic dependence, and unemployment to the occurrence of violence. Moreover. participants attributed to women the responsibility for the violence they suffered⁽¹⁷⁾.

Financial dependence on the aggressor is not always a justification for staying in the relationship. As verified in Dial 180's annual balance sheet, the majority (63.37%) of women in situations of violence were not financially dependent on them⁽¹³⁾. Furthermore, the Maria da Penha Law provides for the possibility of including the victim in the registry of assistance programs in force in the three spheres of government, as well as the maintenance of the labor bond for six months in case it is necessary to leave temporarily from the workplace⁽⁴⁾.

The feeling of fear, present in the attitudinal dimension, refers to the students putting themselves as possible victims, evidencing empathy, which can influence the care provided as future professionals. A study with health professionals showed that fear relates to possible reprisals that may be suffered from the aggressor in trying to help the victims⁽¹⁶⁾. Also, the victim may feel afraid of the aggressor, which often prevents her from breaking the cycle of violence⁽¹⁶⁾.

Thus, nursing students believe that, because they are still students, there are no measures they can take in relation to the occurrence of violence. However, they may take small actions, such as bringing to the victim's attention the actions foreseen in the law, guiding about protection services, such as specialized police stations and Dial 180. It should be noted that in cases of personal injury, the victim no longer needs to declare her will to prosecute the aggressor. Any person may carry it out to the police and the Public Prosecutor's Office, denouncing the aggressor⁽¹⁸⁾.

The imagetic dimension of the representation of violence against women

Nursing students evidenced the imagetic dimension of representation centered on physical violence and on women. "The image of a bruised woman with a black eye." (S22) "A much bruised woman, at least a black eye. Bruises, a lot of them". (S26) "In my head I see the image of punches, slaps, hair pulls, aggressions with objects, as well." (S18) "A woman being slapped, always." (S08) "A slap, a punch, a moment of discussion, a fight that loses control and happens". (S02)

On the other hand, some students, in the imagetic dimension, went beyond physical violence, involving psychological and emotional aspects of the victim. "The image of a woman entirely bruised, a black eye, all depressed and shrunken." (S05) "I see a woman entirely deformed, head down, sad". (S14)

The imagetic dimension also highlighted man as the main aggressor and generator of violence against women. "It is the image of physical violence, of the man beating the woman." (S13) "The concrete image is the husband beating the woman. Physical violence, drunken husband. " (S25) "It is the man beating the woman. [...] threatening her with a knife, with a weapon. " (S23) "A father beating a mother, a grandfather beating a grandmother." (S10) "An uncontrolled man who loses his senses, listens to nobody, sees nothing, only does, without thinking". (S19)

It is noteworthy that violence witnessed by children was also represented in the imagetic dimension of violence against women. "The image, in my head is of a woman entirely injured, full of bruises, with the dominant husband on her and I always see many children around, watching that scene and not being able to do anything". (S27)

With regard to the imagetic dimension, the students focused on physical violence, although they identified other forms in the conceptual dimension. The image of the woman head down, sad and coerced by violence was also represented by the students. Authors claim that injuries left by physical violence heal, however, the consequences of psychological violence go beyond physical pain, reaching the souls of victims⁽¹⁹⁾.

The imagetic dimension of the representation of violence is in line with the results obtained in a survey carried out from the records of a Specialized Police Station in Assistance to Women. The means used to practice violence include cursing, corporal strength based on slaps, punches, kicks, strangulation, pulls and use of objects such as broom, chair, remote control, among others⁽²⁰⁾.

Man appears in the imagetic dimension as the main perpetrator of violence against women. The students represented him as the father, husband, grandfather, that is, men of the conviviality of the victim. In the same way, studies show that the main aggressors are the companions and ex-companions, sons, brothers, parents, stepfathers, uncles, brothers-in-law^(19,20).

Still, the imaginary dimension of the representation of nursing students evidenced the reality of many homes, in which children witness acts of violence without being able to intervene. Sometimes these children may, as adults, become aggressors because they have been involved or witnessed situations of violence between their parents⁽¹⁹⁾.

On the other hand, a study showed that exposure during childhood to physical, sexual or emotional trauma was strongly associated with the occurrence of violence by the partner in the last year of life of the victims⁽²¹⁾. It is verified that

having witnessed or to experienced situations of violence between the parents can influence the child to become victim or aggressor when adult.

Also, women with children endure violence for a longer period, hoping to keep the family, to receive support to educate them and share expenses and responsibilities⁽¹⁹⁾. Love for the children and the husband was described as one of the justifications of the victims to sit out the repeated acts of violence ⁽⁵⁾.

FINAL THOUGHTS

The social representation of nursing students about violence against women is structured, because as identified in this study, it has the three dimensions that form a representation, namely the concept, the attitude and the image.

In the conceptual dimension, it was verified that the students are based on the common sense, in the media and in situations occurred with close people. On the other hand, they sought to broaden their knowledge with readings of scientific articles, documents and laws. Other forms of violence, other than physical violence, were pointed out as more serious, as well as the consequences for the victim.

In the attitudinal dimension, there were negative feelings, the impunity of the aggressor, the victim's lack of positioning and the reasons for staying in a violent relationship. Still, students judge violence against women as a frightening situation for the victim and for the professional, possibly due to the reprisals of the aggressor.

In the imagetic dimension, students represented the physical violence and the woman, as well as the psychological and emotional consequences. Still, the man is pointed out as the main aggressor and the children as secondary victims, because they witness violent acts.

The objective of the study was reached, and its limitation was verified, because it was developed in a specific scenario, with the participation of only nursing students from a single university. In addition, the results may encourage further research, as well as instigate discussion and problematization of this issue in the classroom, considering the different forms of manifestation of violence, places and services for victim protection, female empowerment, future professional prevention and promotion of actions to combat violence against women.

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Mailing address:

Camila Daiane Silva Street Visconde de Paranaguá – nº 102 – Centro ZIP CODE: 96203-900 - Rio Grande/RS - Brazil **E- mail: <u>camilasilva@furg.br</u>**