

# Representation of domestic violence against women: comparison among nursing students



*Representação da violência doméstica contra a mulher: comparação entre discentes de enfermagem*

*Representación de la violencia doméstica contra las mujeres: comparación entre estudiantes de enfermería*

Camila Daiane Silva<sup>a</sup>  
 Vera Lúcia de Oliveira Gomes<sup>a</sup>  
 Adriana Dora da Fonseca<sup>a</sup>  
 Marcos Tosoli Gomes<sup>b</sup>  
 Ceres Braga Arejano<sup>c</sup>

**How to cite this article:**

Silva CD, Gomes VLO, Fonseca AD, Gomes MT, Arejano CB. Representation of domestic violence against women: comparison among nursing students. Rev Gaúcha Enferm. 2018;39:e63935. doi: <https://doi.org/10.1590/1983-1447.2018.63935>.

**ABSTRACT**

**Objectives:** To identify and compare the structure and content of representations of domestic violence against women among students in the initial and final grades of a nursing undergraduate course.

**Methods:** A qualitative study was carried out between August/November 2014, in Rio Grande/RS, with 132 nursing students, 71 of the initial grades and 61 of the final grades. The data has been collected through evocations and interviews; for the treatment, the EVOC software and content analysis have been used. Approval under Opinion 109/2014.

**Results:** In common in the central nucleus are the terms violence, cowardice, disrespect and pain. The first group evoked sadness and the second, physical violence.

**Conclusion:** The representation has negative connotations, with discrete differentiation. The students of the final series are based on the reified knowledge and have the structured representation, with concept, image and attitude. It is hoped that the students will contribute to the prevention, identification and intervention of victims of violence.

**Keywords:** Domestic violence. Violence against women. Students, nursing. Education, nursing, diploma programs. Nursing.

**RESUMO**

**Objetivos:** Identificar e comparar a estrutura e o conteúdo das representações da violência doméstica contra a mulher, entre discentes das séries iniciais e finais de um curso de graduação em Enfermagem.

**Métodos:** Estudo qualitativo, realizado entre agosto/novembro de 2014, em Rio Grande/RS, com 132 discentes de enfermagem, sendo 71 das séries iniciais e 61 das finais. Colheram-se os dados por meio de evocações e entrevistas. Para o tratamento, utilizaram-se o software EVOC e análise de conteúdo. Aprovação sob o Parecer 109/2014.

**Resultados:** Em comum no núcleo central figuram os termos violência, covardia, desrespeito e dor. O primeiro grupo evocou ainda tristeza e o segundo, violência-física.

**Conclusão:** A representação tem conotação negativa, com discreta diferenciação. As discentes das séries finais se fundamentam no conhecimento reificado e possuem a representação estruturada, com conceito, imagem e atitude. Espera-se contribuir para que as discentes atuem na prevenção, identificação e intervenção junto às vítimas de violência.

**Palavras-chave:** Violência doméstica. Violência contra a mulher. Estudantes de enfermagem. Programas de graduação em enfermagem. Enfermagem.

**RESUMEN**

**Objetivos:** Identificar y comparar la estructura y el contenido de las representaciones de la violencia doméstica contra las mujeres entre los estudiantes de la etapa inicial y final de una licenciatura en enfermería.

**Métodos:** estudio cualitativo, realizado entre agosto y noviembre de 2014, en Rio Grande/RS, con 132 estudiantes de enfermería, siendo 71 estudiantes de la primera etapa y 61 de la etapa final. Los datos se recogieron a través de entrevistas y evocaciones. Para el tratamiento, se utilizó el software EVOC y análisis de contenido. Aprobación de conformidad con el dictamen 109/2014.

**Resultados:** En el núcleo central aparecen términos como violencia, timidez, indiferencia y dolor. El primer grupo también señaló la tristeza y el segundo la violencia física.

**Conclusión:** La representación posee connotación negativa con diferenciación discreta. Los estudiantes de las calificaciones finales se basan en el conocimiento objetivo y tienen una representación estructurada con concepto, imagen y actitud. Se espera que esto contribuya para que los estudiantes actúen en la prevención, detección e intervención con víctimas de la violencia.

**Palabras clave:** Violencia doméstica. Violencia contra la mujer. Estudiantes de enfermería. Programas de graduación en enfermería. Enfermería.

<sup>a</sup> Universidade Federal do Rio Grande (FURG), Escola de Enfermagem. Rio Grande, Rio Grande do Sul, Brasil.

<sup>b</sup> Universidade do Estado do Rio de Janeiro (UERJ), Faculdade de Enfermagem. Rio de Janeiro, Rio de Janeiro, Brasil.

<sup>c</sup> Universidade Federal do Rio Grande (FURG), Instituto de Ciências Humanas e da Informação. Rio Grande, Rio Grande do Sul, Brasil.

## ■ INTRODUCTION

Domestic violence against women (DVAW) has been identified as a serious public health problem, regardless of religion, culture, socioeconomic condition, level of education and development of the country. Worldwide, about one in three women suffered physical or sexual violence from their partner at some point in their lives. Still, 7.2% of women suffer sexual violence by other perpetrators<sup>(1)</sup>. In the African Region alone, 36.6% of women were raped by their partners, 29.8% in the Americas<sup>(1)</sup>.

A research conducted in an African country identified that 39.2% of women have suffered at least one form of intimate partner violence, with 30.2% occurring during the gestational period. It should be highlighted that emotional violence corresponded to 30.8%, sexual violence was 19.3% and physical violence 10.7%<sup>(2)</sup>.

In Brazil, the Women's Assistance Center, "Ligue 180", reported 63,090 cases of violence in the first ten months of 2015. Of these, 67.36% had the partner, ex-partner of the victim as authors. In 64.5% the children witnessed the violence and in 17.73% they witnessed and suffered aggressions. The main form of violence reported was physical (31,432), followed by psychological (19,182), moral (4,627), sexual (3,064) and patrimonial (1,382)<sup>(3)</sup>.

It is remarkable that in this country, since 2006, the Law No. 11.340, known as "Lei Maria da Penha", has been in force, aimed at restraining domestic and family violence against women. Despite this, there are many factors that lead women to omit their victimization and to remain in the relationship, seeking help only in extreme cases. In this sense, the health professional may be the first contact of the victim after the occurrence of violence and should pay attention to signs indicative of DVAW.

However, the sense of unpreparedness to act in situations of violence is common among health professionals, including the nurses and those who are in the process of formation. Some professionals argue that feeling stems from the superficial or non-existent thematic approach during graduation, as well as by the lack of specific qualification through courses, conferences and lectures<sup>(4)</sup>.

As a nursing student, unpreparedness is already identified as a barrier to comprehensive care for victims of violence. Still, the lack of knowledge on the subject leads to actions based on popular beliefs, little scientific and dangerous to the victim<sup>(5)</sup>.

The unpreparedness may represent an obstacle in establishing public policies, preventive actions and development of integral assistance to the victim. Thus, it is important the development of specific contents on violence against women in nursing graduation courses<sup>(5)</sup>.

Accordingly, higher education institutions have the social commitment to train professionals so they are able to act with responsibility and commitment regarding the problems and situations of health/disease prevalent in national level<sup>(6)</sup>. It is known that the DVAW figure as a social problem prevalent both in national as well as international scope, thus justifying the realization of this study.

It is believed that the nursing undergraduate course, through the professional disciplines, practical activities, curricular internships in the basic and hospital network, provides opportunities for reflection on the Code of Professional Ethics, ethical aspects of the victims care, "Lei Maria da Penha", policies and programs focused on the violence issue, as well as providing experiences for the follow-up of nurses performing the embracement, care and referral of the victims to other instances of the society. Thus, throughout the course, the nursing students build the reified knowledge, which is added to the knowledge of the common sense and that modifies its social representation regarding the phenomenon.

This study has investigated: what is the structure and content of DVAW representation among nursing students at the initial and final grades? Thus, this research has been carried out with the objectives of identifying and comparing the structure and content of the representations of domestic violence against women among students of the initial and final grades of a graduation course in Nursing.

## ■ METHOD

A qualitative and descriptive study based on the methodological reference of the Social Representations and originated from a doctoral thesis presented to the Post-Graduation Program in Nursing<sup>(7)</sup>, carried out in a Nursing Graduation Course of a federal university located at the southern end of Rio Grande do Sul. For that purpose, the population was composed of 71 students from the three initial grades and 61 from the three final grades of the Nursing graduation course, who accepted the signed invitation to the Free and Informed Consent Term. The inclusion criterion was to be in the first three or three final grades of the graduation course, it is justified because it is believed that the reified knowledge acquired during graduation modifies the social representation of the object studied, since students of the initial grades base themselves on the knowledge of common sense, while those of the final grades have the knowledge reified. The exclusion criterion was to be in the grades that did not fit the inclusion criterion, the students who rejected the invitation or missed the class in the period of data collection.

Between August and November 2014 data were collected through free recall and interviews. The personal, social and academic information have been collected through a questionnaire. Then, the technique of evocations or free association has been applied, which seeks to access the organization and internal structure of a representation<sup>(8)</sup>. Thus, the nursing students have been asked to evoke five terms or expressions in front of the term inducer “domestic violence against women”. At the end of the technique, those interested in participating in the interview were asked to leave their telephone numbers with the researcher.

Thus, the interviews have been previously scheduled according to the availability of the students. In a reserved room in the academic area of the university, the interviews have been recorded and had an average duration of 30 minutes. Subsequently, the interviews have been transcribed in full. It is emphasized that among the experts of the Theory of Social Representations there is a consensus that 30 interviews is the minimum quantifier to recover the representations in a group<sup>(9)</sup>.

Data processing has been performed using the software Ensemble de Programmes Permettant L'Analyse des Evocations (EVOc) version 2005 and through the context analysis proposed by Bardin<sup>(10)</sup>. The first one analyzes the free evocations, considering the frequency and order of appearance of the terms. The program allows the frame construction of four houses, composed of the central nucleus, first and second peripheries and zone of contrast. The second analysis technique claims that a “context unit serves as the unit of understanding for encoding the register unit and corresponds to the segment of the message, whose dimensions (greater than those of the register unit)

are optimal for understanding the exact meaning of the record unit<sup>(10:137)</sup>. Thus, we have selected a few sentences that contained the words that make up the four-house frames, trying to portray the context in which they have been used by the interviewees.

In order to preserve the anonymity of the participants, they have been identified by DEI for nursing students from the initial grades and DEF for the ones from the final grades. The research complied with the Resolution 466/2012, obtaining approval from the Committee of Ethics in Research in the Health Area, under the Opinion of nº 109/2014.

## ■ RESULTS AND DISCUSSION

There were, in total, 132 nursing students, of whom 71 were from the initial and 61 in the final grades. From the interviews, 33 students have participated, being 16 from the initial and 17 from the final grades. Only 14 informants were male. The age ranged from 17 to 50 years old, with the age group from 21 to 30 years old being the predominant one, with 77 students. As for the marital state, 83 students had a partner, 113 had no children and 84 came from the same city where the University is located. Still, 116 students did not participate in events on the subject and 92 did not remember the approach during the curricular subjects.

The corpus formed by the evocations of the students of the initial grades, compared to the term “domestic violence against women”, totaled 358 words, being 101 different ones. On a scale of 1 to 5, the average of the average recall orders (O.M.E.) was 2.9, the minimum frequency, 5 and the average frequency, 11. The analysis of this data set resulted in the frame of four houses (Chart 1).

| O.M.E      |                   | < 2.9 |       | ≥ 2.9                  |                      |       |
|------------|-------------------|-------|-------|------------------------|----------------------|-------|
| Ave. Freq. | Evoked term       | Freq. | O.M.E | Evoked term            | Freq.                | O.M.E |
| ≥ 11       | Violence          | 16    | 2,125 | Fear                   | 19                   | 3,000 |
|            | Cowardice         | 16    | 2,188 | Suffering              | 17                   | 3,000 |
|            | Pain              | 15    | 2,333 | Maria-penha            | 11                   | 3,000 |
|            | Disrespect        | 15    | 2,467 |                        |                      |       |
|            | Sadness           | 12    | 2,583 |                        |                      |       |
| < 11       | Physical-violence | 9     | 2,333 | Crime                  | 10                   | 3,000 |
|            | Impunity          | 9     | 2,778 | Chauvinism             | 9                    | 3,000 |
|            | Abuse             | 7     | 1,571 | Shame                  | 9                    | 3,556 |
|            | Aggressor         | 5     | 2,600 | Submission             | 7                    | 3,429 |
|            | Aggressiveness    | 5     | 2,600 | Psychological-violence | 6                    | 3,500 |
|            |                   |       |       |                        | Financial-dependency | 6     |

**Chart 1** - Structure of the social representation of the nursing students from the initial grades about domestic violence against women. Rio Grande/RS, 2014

Source: Research data, 2014.

The corpus formed by the evocations of the students of the final grades, compared to the term “domestic violence against women”, totaled 300 words, being 91 different ones. On a scale of 1 to 5, the average of the average recall orders (O.M.E.) was 2.9, the minimum frequency, 4 and the average frequency, 8. The analysis of this data set resulted in the frame of four houses (Chart 2).

The comparison between representations is performed from the identification of the central nucleus and “for two representations to be different, they must be organized around two different central nuclei<sup>(11:31)</sup>. Otherwise, they are “differentially activated states of the same representation, depending on the specific situations in which the two groups are found<sup>(12:77)</sup>.

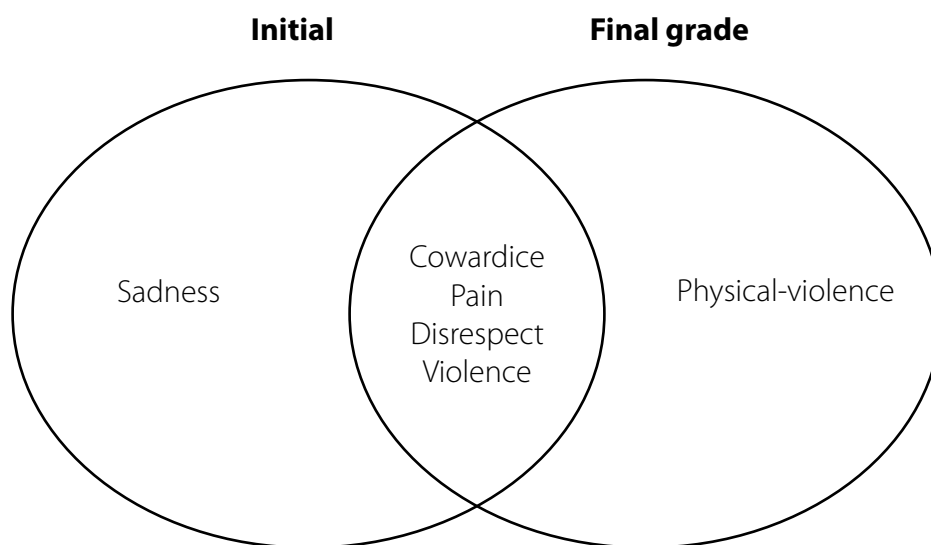
| O.M.E      |                   | < 2.9 |       |                        | ≥ 2.9 |       |  |
|------------|-------------------|-------|-------|------------------------|-------|-------|--|
| Ave. Freq. | Evoked term       | Freq. | O.M.E | Evoked term            | Freq. | O.M.E |  |
| ≥ 8        | Physical-violence | 17    | 2,706 | Fear                   | 21    | 3,000 |  |
|            | Cowardice         | 13    | 2,077 | Submission             | 16    | 3,000 |  |
|            | Disrespect        | 13    | 2,462 | Anger                  | 10    | 3,000 |  |
|            | Violence          | 11    | 1,545 | Chauvinism             | 8     |       |  |
|            | Pain              | 9     | 1,889 |                        |       |       |  |
| < 8        | Sadness           | 7     | 2,714 | Shame                  | 6     | 3,000 |  |
|            | Verbal-violence   | 6     | 2,333 | Humiliation            | 6     | 3,333 |  |
|            | Impunity          | 6     | 2,667 | Psychological-violence | 6     | 3,500 |  |
|            | Crime             | 5     | 1,600 | Omission               | 5     | 3,200 |  |
|            | Suffering         | 5     | 1,800 | Punishment             | 4     | 3,000 |  |
|            | Aggressor         | 5     | 2,600 | Support-network        | 4     | 3,000 |  |
|            | Abuse             | 4     | 2,000 | Oppression             | 4     | 3,250 |  |
|            | Maria-penha       | 4     | 2,750 | Prison                 | 4     | 3,500 |  |
|            |                   |       |       |                        |       |       |  |

**Chart 2** - Structure of the social representation of the nursing students from the final grades about domestic violence against women. Rio Grande/RS, 2014

Source: Research data, 2014.

The central nucleus, located in the upper left quadrant, encompasses the terms with high frequency, promptly evoked and more significant for the participants<sup>(8)</sup>. Thus, by comparing schematically the central nucleus of the DVAW representation

of the students from the initial grades with those from the final series, it is possible to distinguish, through intercessions, the elements in common from those belonging only to the central nucleus of one or the other representation (Figure 1).



**Figure 1** - Comparison of the central nuclei of the representation of the nursing students of the initial and final grades about the domestic violence against women. Rio Grande/RS, 2014

Source: Research data, 2014.

Both have in the central nucleus the terms *cowardice* and *disrespect*, which identify the judgment/attitude *violence* referring to the concept, and *pain*, which indicates the sentimental sphere. This is manifested also by the term *sadness* in the central nucleus of the representation of the students of nursing of the initial grades. On the other hand, the students of the final series still have, in the centrality of their representation, the imaginary dimension, evoked by the term *physical-violence*. This is distinguished from the term *violence* and can come from reified knowledge.

When analyzing the speeches of the nursing students, it was verified that it is a representation of the DVAW with negative connotation. Through the central nucleus, there is a discrete differentiation in the DVAW representation among the students of the studied groups. While in the NC of the representation of the students who attended the final grades, there are evidences of terms derived from reified knowledge, which differentiate violence from physical violence; among the students of the initial grades the common sense knowledge predominates, through which the sentimental sphere is Verbalized by the term *sadness*, as it can be verified in the fragments of the speeches of the students.

It possible to observe another discrete differentiation in the representation of DVAW between the groups. The students of the final grades had a structured representation, since it contains the imaginary, informative and attitudinal dimensions<sup>(13)</sup>, verified by the terms *physical-violence*, *violence*, as well as *cowardice* and *disrespect*, respectively. On the other hand, the students have in the central nucleus the informative and attitudinal dimension, besides the sentimental sphere.

*When I think about violence against women, my feeling is very angry, **sadness** and impotence, I feel like saying: why are you going through it? (DEI-072)*

*Violence against women, I think it is any act of humiliation against women, be it in any environment, it is contemptuous, **disrespectful**. (DEI-126)*

*In general, women has been suffering **violence** in all its forms. They have been suffering so much through the media, on all sides, from the most educated, less educated people. One wanting to attack more than the other, more sordidly than the other. (DEI-024)*

*When you talk about violence, the image that comes to my mind is usually **physical violence**, I soon have physical violence, in the case of violence against women, and it's the first thing. A slap, a punch, in a moment of argument, a fight that loses control and happens. (DEF-010)*

*Violence against the woman for me is a horrible thing that could not exist, no violence, neither physical nor verbal, I think everything can be solved. For me it is synonymous with **cowardice**, violence against women is the end. (DEF-044)*

The value system of individuals originates the attitudes, that is, judgments and decisions about the object, in this study expressed by the terms *cowardice* and *disrespect*. These terms are not restricted to the representation of nursing students, as they are also strongly present in the representations of Nurses, Nursing Technicians, Doctors, Community Agents and managers, as verified in another research about violence against women<sup>(14)</sup>.

Regarding the relation between attitude and representation, theory experts state that it is cyclical and determined by a strong bond between its concepts, because, for an attitude about a given object to be expressed, it is necessary that there previously be a representation about it<sup>(15)</sup>. Attitude can be "understood as an individual modulation in a common frame of reference", the central nucleus, and in order to change it, there must be a change of the representation, which is only possible by changing its centrality<sup>(15:53)</sup>. It turns out that the nursing students of both grades represented the DVAW and there is a statement, identified by the terms *cowardice* and *disrespect*, in the central nuclei.

The term *violence* has been employed by nursing students in a generalized way, seeking to encompass all forms of DVAW. A survey made with married women from Pakistan shows that violence can take many forms and that the intimate partner is the main cause<sup>(16)</sup>.

Among the forms of DVAW, the students of the final grades emphasized physical, as the one remembered spontaneously, being easily recognizable through the marks left on the body of the victim. Regarding the means of demonstrating this form of violence, a group of Iranian married women reported punching, slapping, hair pulling, throwing and hitting objects, pushing, strangling, among others<sup>(17)</sup>. Physical violence rarely occurs in isolation, thus, emphasizing the importance of nursing students to recognize DVAW in psychological, patrimonial, moral and sexual ways so that they can prevent it and provide adequate care for the victims.

It can be observed that the term *pain*, which is constantly in the central nucleus of the four houses frame of the two groups, has not been verbalized by the students during the interviews, however, it is assumed that it may be associated with the physical or moral feeling that the DVAW generates in the victim. A survey made with Iranian women has identified pain as a feeling of the victims in relation to the emotional neglect caused by the aggressor,

i.e. lack of care, attention, affection, companionship, understanding, support and interest in the wife's life<sup>(17)</sup>. The expression sadness has been evoked as a feeling of the nursing students of the initial grades against DVAW.

In the lower left quadrant, with low frequency and order of evocation less than the average, are the contrast elements. In common, the nursing students mentioned the terms *impunity*, *abuse* and *aggressor*. In addition to these, the students from the initial grades mentioned the term *aggressiveness*. Among the final grades there are the expressions *verbal-violence*, *suffering*, *Maria-Penha* and *crime*, this last one which is very readily evoked. The students from the final grades were based on the reified knowledge learned during the graduation nursing course, evidenced by the representation of the DVAW as a *crime* and *Maria-Penha*.

*It is a couple of friends of mine who are always arguing, always going back and forth. He thinks he's wonderful and he fights, these things, in my opinion, there is a more **aggressive** side of him. He argued a lot with the girl, she came to be crying, desperate. (DEI-127)*

*The domestic violence against women can be both physical violence and verbal violence, because **verbal violence** is often worse than physical violence. It oppresses, humiliates, leaves the woman with a low self-esteem and this damages her day to day. (DEF-119)*

*Although the "**Lei Maria da Penha**" has helped a lot, there is still a lot of **impunity**, because the **aggressor** pays bail, returns home, goes back to the environment, and it is always the same. There's a lot to be improved. (DEF-039)*

*She does not have the understanding of what she is **suffering**, that it is something that is serious and that it is a **crime**, or she is coerced by some interest that is going to harm her or the family, or because she has been in that situation for so long that she has gotten used to what she does not know anymore. (DEF-049)*

The term *abuse* has not been verbalized in the interviews and the *aggressiveness*, implicitly, has been expressed by the students of the initial grades to illustrate a feature of the aggressor. The students from the final grades have associated the terms *aggressor*, *Maria-Penha* and *impunity* to a protective law that, although it means an advance in the Brazilian legislation, it still allows impunity to the aggressor.

Another research carried out with nursing students in Spain characterized the aggressor as someone who has a mental illness, addiction or psychological problems, justifying the occurrence of violence against women<sup>(5)</sup>. However, the authors emphasize that nursing students should consider that having a mental disorder does not relieve the aggressor of his responsibilities, so he can be an abusive person<sup>(5)</sup>.

The students from the final grades still recognize the DVAW as a crime that causes suffering to the victims and they have highlighted other forms of violence. On the other hand, a survey showed that the nursing students plotted for the physical damage, without considering the consequences of psychological abuse, demonstrating a biomedical vision<sup>(5)</sup>.

The "Lei Maria da Penha", paragraph No. 11,340, evoked by the students from the final grades, was enacted in August 2006. In addition to curbing domestic and family violence, it establishes punitive measures for the aggressor, such as pre-trial detention, suspension of the carrying of a weapon, removal from the home and prohibition of approaching the victim, among others. A study carried out with the victims of DVAW, seeking to identify their meanings regarding the "Lei Maria da Penha", finds that many have doubts about applicability, based on their own experiences. They have mentioned situations in which, according to the different interpretations of the law, no action has been taken, the act has not been framed by the authorities as violence or the protective measures have not been respected<sup>(18)</sup>.

These victims complained about the slowness and other difficulties in relation to the law, which can cause dissatisfaction<sup>(18)</sup>. Because they are involved by the feeling of lack of justice and protection with the law enforcement, victims require correct guidelines and information. In this study<sup>(18)</sup>, the health professionals of primary care are highlighted, as auxiliaries in spreading the importance of the law for women and society.

The first and second peripheries are located in the upper and lower right quadrants, respectively. The peripheral elements are more accessible and concrete. The first periphery of the two groups of students is the term *fear*, more frequent than all the other elements mentioned in the frames of four houses. It should be highlighted that the students from the initial grades also included *submission*, *anger* and *chauvinism*, and those from the final grades also evoked *suffering* and *Maria-Penha*.

The first and second peripheries are located in the upper and lower right quadrants, respectively. The peripheral elements are more accessible and concrete. The first periphery of the two groups of students is the term *fear*, more frequent than all the other elements mentioned in the frames of four houses. It should be highlighted that the students from the initial grades also included *submission*, *anger* and *chauvinism*, and those from the final grades also evoked *suffering* and *Maria-Penha*.

*I think of the woman, who sometimes gets caught up in it, **afraid** to report it, she fears being beaten again and no one will believe her in the police station. (DEI-032)*

*At first I would feel a little fear, on how to reach people. We feel a little afraid at first because I've never worked. In college, in your day to day, it is different, what you are through, having the professor supporting you and then you are also*



ne and have to make the decisions and we are **afraid** of making a wrong decision. Because such a woman arrives at the post, you will not denounce it directly, you have to talk to this person first, to build trust and to act together, I feel prepared, but I have a little fear, not sure. (DEF-013)

Actually, I went through a situation of domestic violence in my family and it was from there that I began to pay more attention to it, I did not even give much attention before. But as a situation like this happened in my family, I started getting turned on. I began to see how **submissive** the woman is to the man. In this situation, she is nothing. She can't defend herself. (DEF-132)

I think of the woman, that I have **anger** over her not doing anything against the aggressor, and I think she has the strength for it, she has people who can help her, I cannot understand how she cannot react. (DEF-008)

When I think of domestic violence my feeling is a bit of **anger**, but because the aggressor has committed it, I feel pity about the victim of the aggression, I think the first things that come are these. (DEF-034)

I think there are women who really are **chauvinist**, they think the man has the right to do that or because man is strong and hits, this is his instinct. I think there are women like that, but there are also women who really do not know how to react, who are afraid of saying something, and it can be worse for them. [...] I just think that the aggressor is very **chauvinist**. I cannot find another situation to justify him beating another person, a woman. (DEF-092)

In the first periphery of both representations, the presence of the knowledge of the common being, by the term *fear* is verified as a feeling of the victim, which leads to silence and not to denounce the aggressor. On the other hand, the reified knowledge acquired during the graduation course is emphasized in the representation of the students from the final grades by associating *fear* with their professional future regarding the assistance to the victim.

A study carried out with pregnant women shows that health workers should pay attention to the cases of violence omitted by pregnant women, since many do not report for fear of reprisals<sup>(19)</sup>. Referring to fear, a survey conducted with health professionals identified that it may be associated with women in situations of violence and health professionals facing the problem<sup>(14)</sup>. The fear and the feeling of helplessness of both before the aggressors show male domination still present in some cultures.

As for the term *submission*, reinforcing the view of nursing students from the final grades, a study that sought to identify the representation of the DVAW between nursing technicians and community agents found that the term also refers to the way the victim was perceived, being immersed in a conflictive relationship<sup>(14)</sup>. Another research carried out with nursing students points out that violence is used for the purpose of perpetuating female subjection<sup>(5)</sup>. The expression *anger* is a constant feeling among students, who, on the one hand, associates with the victim who does not break with the violent cycle, and, on the other side, relates to the aggressor, the main cause of the DVAW.

Regarding the term *chauvinism*, it refers to both women and men. The view of the nursing students about women's finding that the man has the right to beat them is reinforced by a study conducted in Pakistan. In this study, most interviewees state that it justifies the husband to beat if the wife argues with him<sup>(16)</sup>. These women revealed that their mothers were also or still being beaten by their husbands, thus, tolerant behavior is transmitted over generations in societies in which gender disparities are culturally rooted<sup>(16)</sup>.

The second periphery is composed of less frequent and less readily evoked elements; it is the interface closest to representation, with social practices<sup>(14)</sup>. In common the nursing students evoked *shame* and *psychological-violence*. The first term is used to exemplify the moment of the occurrence of violence, the second shows the forms of DVAW manifestations in daily life. When verbalizing the psychological violence, a student also mentioned the patrimonial violence, foreseen in the "Lei Maria da Penha", but little approached in studies.

The other terms evoked in the second periphery of the representation of the students from the initial grades are: *crime*, *chauvinism*, *submission* and *financial-dependency*. The latter stands out, expressed as a determining condition for the woman to remain in the violent relationship.

*I believe it affects a person's psychological health, a lot of their mental health, because the physical trauma goes away, the bruises, the marks after a while, they disappear. But in the mind of the person who was been attacked, it will never happen, she will always remember that moment, of distress, of not being able to do much, of humiliation, of **shame**.* (DEI-063)

*Violence against the woman is when the woman suffers some physical or psychological damage, or does something with some of her assets, something that causes harm to the woman, within the domestic environment, finally, within her relations, her intimacy.* (DEF-049)

*I believe that **financial** and emotional **dependence** are things that interfere greatly in the woman suffering violence. She is still suffering violence and the family suffers along, the children suffer, everyone suffers together. So, on the one hand, this is bad for the family, but it is probably because of the **dependency**, she thinks about the children and that is why she does not end with this violence, she does not separate, she thinks about the family, she thinks about the structure as a whole. Everything influences the woman to continue suffering this type of violence. (DEF-067)*

Staying at this aggressive relationship has been identified in another research conducted with nursing students. These justified the romantic love that the victim feels, renouncing life and independence<sup>(5)</sup>.

The stability of a representation is guaranteed by the central nucleus and the modification of a representation begins by the peripheral system through changes introduced in social practices<sup>(12)</sup>. Thus, in the second periphery of the representation of the students in the final grades, the reified knowledge learned during the nursing graduation course is verified through the terms *network-support*, *punishment*, *humiliation*, *omission*, *oppression* and *imprisonment*.

*Domestic violence against women I think it's all the act that makes the woman feel humiliated, both cursing, verbal abuse, and physical violence, too, that there comes psychological violence, anyway, I believe that's the way it is. (DEF-036)*

*I think that the aggressors should be **punished** for aggression. (DEF-034)*

*I think that man should get beaten too. I know it's not a college student's thought, but it's what I think is fair, you get what you give. If at least there was justice, but most of them are not **arrested**, they are released right after. Some little bandits should be payed to get them around the corner. (DEF-035)*

*I think the nurse has to give all psychological **support** to the woman. Not only psychological, but all the **support** she needs to get through the means, police station, these things, to **support** her and also help her to get her out of the house. It is very complex, the nurse has, I believe, it is the profession that most has contact with the woman. It is necessary a whole multiprofessional team, there are psychologists who will be very important in this process. (DEF-051)*

The word humiliation represents how the victim feels about any act that could mean violence. Although *omission* has not been verbalized in interviews, it is believed that the term is associated with the professional action of intervening in the situation, seeking to provide the necessary nursing care to the victim. The terms *punishment* and *prison* may be associated with effective measures to combat DVAW, understood as an act of justice for the crime committed. However, the students from the final grades acknowledged that the aggressors do not remain in prison for a long time.

The term *support-network* is implicit in the statements of the participants in the final grades, who, after attending the professional disciplines, recognized the embracement, close listening, bonding, orientation and referral of the victim to the competent bodies as part of the support and professional assistance to the victims of DVAW. In addition, the students listed the police station, health units and multiprofessional teams as a support network.

A study carried out with nursing students in southern Brazil found that although they did not know how to act and which referrals to perform, they pointed out action strategies. A survey carried out with nurses working in health services in southern Brazil identified the need to refer other professionals, such as psychologists and social workers<sup>(20)</sup>.

On the other hand, some nurses try not to get involved with the situation of violence against women, believing that it is a job for the specialist professional<sup>(20)</sup>. Similarly, a research with nursing students identified that they do not assume as a profession the assistance to violence, pointing out the lack of preparation and resources as obstacles to the integral care of victims<sup>(5)</sup>. It is necessary for future professionals to identify themselves as participants in the victim support network, welcoming and establishing the bond, as they will often be the first to interact with the woman after the aggression. A study found that women who get beaten sought support from their own family, husband's family, friends, law enforcement, health professionals, and religious leaders<sup>(19)</sup>.

## ■ CONCLUSIONS

The representation of DVAW has negative connotation, with subtle differentiations between the study groups. These discrete differentiations may be associated with the intense use of the theme by the media, as well as the fact that most of the students did not participate in DVAW events.

One of these differentiations is verified among the students from the final grades, through the terms derived from reified knowledge, whereas among the students from



the initial grades the common sense knowledge predominates. Another differentiation refers to the presence of the attitudinal, imaginative and informative dimensions that show a structured representation among the students from the final grades, while those from the final grades had only the attitudinal and informative ones.

The term *fear* which is most frequently evoked by both groups stands out. The students from the initial grades contextualized it as a feeling of the victim towards the aggressor. Those in the final grades associated the term fear with their professional future and the reprisals of the aggressor.

The research has reached the objectives and had as main limitation the restriction to a single sociocultural context, so there is no pretension to generalize the results. To do so, it can be extended to other graduation courses in the health area, including in different universities. On the other hand, the research has as its contribution to generate reflection on the topic, the cultural process, the empowerment of future professionals and the training process through participatory methodologies. It also contributes to the fact that educational institutions can reflect about the insertion of the topic in a transversal way in the pedagogical political plane. It is expected that DVAW representation among nursing students can also contribute to the prevention, identification and intervention of cases of violence against women.

## ■ REFERENCES

1. Organização Mundial de Saúde (CH). Relatório mundial sobre a prevenção da violência 2014. São Paulo: Núcleo de Estudos da Violência da Universidade de São Paulo; 2015.
2. Sigalla GN, Rasch V, Gammeltoft T, Meyrowitsch DW, Rogathi J, Manongi R, et al. Social support and intimate partner violence during pregnancy among women attending antenatal care in Moshi Municipality, Northern Tanzania. *BMC Public Health*. 2017;17:240.
3. Compromisso e Atitude [Internet]. Brasília; c2015-2017 [citado 2015 fev 22]. Prado D. Dados do Ligue 180 revelam que a violência contra mulheres acontece com frequência e na frente dos filhos. Available from: <http://www.compromissoeatitude.org.br/dados-do-ligue-180-revelam-que-a-violencia-contra-mulheres-acontece-com-frequencia-e-na-frente-dos-filhos/>.
4. Silva EB, Padoin SMM, Vianna LMC. Women in situations of violence: limits of assistance. *Ciênc Saúde Coletiva*. 2015;20(1):249-58.
5. Rigol-Cuadra A, Galbany-Estragué P, Fuentes-Pumarola C, Burjales-Martí MD, Rodríguez-Martín D, Ballester-Ferrando D. Perception of nursing students about couples' violence: knowledge, beliefs and professional role. *Rev Latino-Am Enfermagem*. 2015;23(3):527-34.
6. Ministério da Educação (BR), Conselho Nacional de Educação. Diretrizes Curriculares Nacionais dos Cursos de Graduação em Enfermagem, Medicina e Nutrição. Brasília; 2001[cited 2015 jun 17]. Available from: <http://portal.mec.gov.br/dmdocuments/ces1133.pdf>.
7. Silva CD. Representações sociais de discentes de enfermagem acerca da violência doméstica contra a mulher [tese]. Rio Grande (RS): Escola de Enfermagem. Programa de Pós-Graduação em Enfermagem, Universidade Federal do Rio Grande; 2016.
8. Pontes APM, Oliveira DC, Gomes AMT. The principles of the Brazilian Unified Health System, studied based on similitude analysis. *Rev Latino-Am Enfermagem*. 2014;22(1):59-67.
9. Santos EI, Gomes AMT, Oliveira DC. Representations of vulnerability and empowerment of nurses in the context of HIV/aids. *Texto Contexto Enferm*. 2014;23(2):408-16.
10. Bardin L. Análise de conteúdo. São Paulo: Edições70; 2011.
11. Abric JC. A abordagem estrutural das representações sociais. In: Moreira ASP, Oliveira DC, organizadores. Estudos interdisciplinares de representação social. Goiânia: AB; 1998. p. 27-38.
12. Sá CP. A construção do objeto de pesquisa em representações sociais. In: Sá CP. A identificação dos fenômenos de representação social. Rio de Janeiro: UERJ; 1998. p. 45-59.
13. Paschoal EP, Espírito Santo CC, Gomes AMT, Santos EI, Oliveira DC, Pontes APM. Adherence to antiretroviral therapy and its representations for people living with HIV/aids. *Esc Anna Nery*. 2014;18(1):32-40.
14. Silva CD, Gomes VLO, Oliveira DC, Marques SC, Fonseca AD, Martins SR. Social representation of domestic violence against women among nursing technicians and community agents. *Rev Esc Enferm USP*. 2015;49(1):22-9
15. Abric JC. Abordagem estrutural das representações sociais: desenvolvimentos recentes. In: Campos PHF, Loureiro MCS, organizadores. Representações sociais e práticas educativas. Goiânia: UCG; 2003.p. 37-57.
16. Aslam SK, Zaheer S, Shafique K. Is spousal violence being "vertically transmitted" through victims? findings from the Pakistan demographic and health survey 2012-13. *PLoS One*. 2015 [cited 2015 Aug 13];10(6):e0129790. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4470804/#pone.0129790.ref005>.
17. Taherkhani S, Negarandeh R, Simbar M, Ahmadi F. Iranian women's experiences with intimate partner violence: a qualitative study. *Health Promot Perspect*. 2014;4(2):230-9. [cited 2015 Jul 17]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4300450/>.
18. Soares MCS, Silva G, Medeiros CMR, Dias MD, Moura JP. Significados da lei Maria da Penharamulheresvítimasdeviolênciadoméstica.RBDC.2013jan/jun;(21):23-34.
19. Ashimi AO, Amole TG. Prevalence and predictors for domestic Violence among pregnant women in a rural community Northwest, Nigeria. *Niger Med J*. 2015 Mar-Apr[cited 2015 Jun 11];56(2):118-21. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4382601/>.
20. Cortes LF, Padoin SMM, Vieira LB, Landerdahl MC, Arboita J. Care for women victims of violence: empowering nurses in the pursuit of gender equity. *Rev Gaúcha Enferm*. 2015;36(esp):77-84.

## ■ Corresponding author:

Camila Daiane Silva  
E-mail: [camilasilva@furg.br](mailto:camilasilva@furg.br)

Received: 04.11.2016

Approved: 04.07.2017