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Original Article

HEALTH PROFESSIONALS AND THE MEANING THEY APPLY TO WOMEN'S REMAINING IN VIOLENT CONJUGAL RELATIONSHIPS*

PROFISSIONAIS DE SAÚDE SIGNIFICANDO A PERMANÊNCIA DA MULHER NA RELAÇÃO DE VIOLÊNCIA CONJUGAL

PROFESIONALES DE SALUD SIGNIFICANDO LA PERMANENCIA DE LA MUJER EN LA RELACIÓN *DE VIOLENCIA CONYUGAL*

Nadirlene Pereira Gomes[1], Alacoque Lorenzini Erdmann[2], Jordana Brock Carneiro[3], Gilvânia Patrícia do Nascimento Paixão[4], Jamille Araujo de Sousa Santos[5], Luiz Antonio Bettinelli[6]

The authors aim to investigate the meanings attributed by health professionals working in the Family Health Strategy to women's remaining in violent conjugal relationships. The research is based in the method of Grounded Theory. Interviews were held between May and August 2012 with 52 professionals who work in Family Health in a city in the Brazilian state of Santa Catarina. It is indicated that violence is related to the threats made, to the partner's involvement in drug trafficking, to economic and emotional dependence, to the valuing of marriage, to the belief in female submission, and to shame. The professionals indicate the need for strategies in defense of a life free from violence for women: psycho-social support; educational activities regarding the social construction of gender; and articulation of policies based on intersectoriality.
Descriptors: Violence Against Women; Domestic Violence; Family Health; Women's Health; Professional Training.

Objetivamos compreender os significados atribuídos por profissionais que atuam na Estratégia Saúde da Família sobre a permanência da mulher na relação de violência conjugal. Pesquisa baseada no método da Teoria Fundamentada nos Dados onde foram entrevistados 52 profissionais que atuam em Saúde da Família nos meses de maio a agosto de 2012, em um município de Santa Catarina. Aponta-se que a permanência relaciona-se às ameaças, ao envolvimento do companheiro no tráfico de drogas, dependência econômica e emocional, à valorização do casamento, à crença da submissão feminina e vergonha. Os profissionais sinalizam para estratégias em defesa de uma vida livre de violência para as mulheres: apoio psicossocial; atividades educativas sobre construção social de gênero; e articulação política a partir da intersetorialidade.
Descritores: Violência Contra a Mulher; Violência Doméstica; Saúde da Família; Saúde da Mulher; Capacitação Profissional.

Objetivamos comprender los significados atribuidos por profesionales que trabajan en la Estrategia de Salud de la familia sobre la permanencia de la mujer en una relación con violencia conyugal. Las investigaciones basadas en el método de la teoría fundamentada donde fueron entrevistados 52 profesionales que trabajan en salud de la familia entre los meses de mayo y agosto 2012, en un municipio de Santa Catarina, Brasil. Se señala que la permanencia de las mujeres en relación permeada por la violencia se relaciona con las amenazas, a la participación del compañero en el tráfico de drogas, la dependencia económica y emocional, la apreciación del matrimonio, la creencia de sumisión de la mujer y la vergüenza. Los profesionales apuntan estrategias en defensa de una vida libre de violencia para las mujeres: apoyo psicosocial, actividades educativas sobre la construcción social del género y la articulación política de la interseccionalidad.
Descriptores: Violencia Contra la Mujer; Violência Doméstica; Salud de la Familia; Salud de la Mujer; Capacitación Profesional.

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[1]Nurse. PhD in Nursing from the Nursing School of the Federal University of Bahia (EEUFBA). Adjunct Professor at the EEUFBA. Post-doctorate student at the UFSC. Fellow of FAPESB. Salvador, Bahia, Brazil. E-mail: nadirlenegomes@hotmail.com
[2]Nurse. PhD in Nursing from the UFSC. Full Professor at the UFSC. Florianópolis, Santa Catarina, Brazil. E-mail: alacoque@newsite.com.br
[3]Nurse. Graduate in Nursing from the University of Passo Fundo. Salvador, Bahia, Brazil. E-mail: jordanabrock@yahoo.com.br
[4]Nurse. Master's degree in Nursing from the EEUFBA. Assistant Professor of the Bahia State University (UNEB). Senhor do Bonfim, Bahia, Brazil. E-mail: gilvania.paixao@gmail.com.
[5]Undergraduate student in Nursing at the EEUFBA. Salvador, Bahia, Brazil. E-mail: milly.sousa_as13@hotmail.com
[6]Nurse. PhD in Nursing from the UFSC. Full Professor at the Institute of Biological Sciences at the University of Passo Fundo. Passo Fundo, Rio Grande do Sul, Brazil. E-mail: bettinelli@upf.br
Corresponding author: Nadirlene Pereira Gomes
Address: Jardim Vera Cruz, quadra 05, Lot 9, IAPI CEP: 40340-590. Salvador, Bahia, Brazil.

INTRODUCTION

All forms of violence against women cause physical and psychological harm, with implications for the health sector and for society as a whole. The violence causes difficulties linked to sexuality, obstetric complications, mutilations and implications for the woman's self-esteem and mental health, leading to self-deprecation and the development of psycho-somatic illnesses such as anxiety, depression, suicide attempts, and post-traumatic stress syndrome, which in their turn compromise her quality of life and social integration[1-2].

There are also costs related to the payment of tax for structuring an entire protection network which includes shelters, police, magistrates and social support technicians, among other resources. In Brazil, 10% of Gross Domestic Product (GDP) is used, per year, as a result of this network[3-4].

In the last thirty years, 91,000 Brazilian women have been murdered. In 2011, 73,633 attendances related to domestic violence were recorded in Brazil; in 65.4% of the cases, the victims were women. The principal perpetrator of this kind of violence is the husband/partner and it takes place, on most occasions, within the home[5]. This situation favors the issue's invisibility. It is perpetuated by the women's silence and their staying in the relationship.

Although they seek the health services because of problems triggered by the experience of violence, the women do not generally reveal their history to the health professionals. The invisibility of this threat to health also results from its under-investigation by the health professionals, whose fragmented and biologistic training often makes the woman's experience of violence invisible[6].

Attention is also called to the cases in which, even after attempting to end the relationship, the women return to their partners. Some studies show that, in spite of having registered more than one complaint, the women continue living with the aggressors for at least three years, and that about 70% of the women return to live with the partner and to re-experience violent relationships[7-8]. Inserted in this context, the women tend to become increasingly isolated, and gradually lose their support network, becoming even more vulnerable to threats to their health.

Considering the implications of the experience of conjugal violence, it is necessary for health professionals to understand the complexity and scale of the phenomenon, above all the reasons associated with women's staying in disrespectful and violent conjugal relationships. In this perspective, one may ask: What are the meanings attributed by health professionals who work in the Family Health Strategy (ESF) to women's remaining in violent conjugal relationships?

The study aimed to investigate the meanings attributed by health professionals who work in the ESF to the woman's remaining in the violent conjugal relationship.

METHOD

The study has a qualitative approach and was developed based on an excerpt of a larger, post-doctorate, work, titled "Women in the violent conjugal situation: constructing nursing care and health practices in the ESF", financed by the Research Support Foundation for the State of Bahia (FAPESB).

With a view to achieving the study objective, Grounded Theory was chosen as the theoretical and methodological framework. It allows the investigation and comprehension of the phenomenon, and appeared in the 1960s, created by the sociologists Glaser and Strauss, and focusses on the methodological potential directed at the study object of the action of man and society. GT consists of an approach involving qualitative

research aiming to discover concepts, hypotheses and theories, based in the data collected, instead of using those pre-determined. GT has the intention of discovering a conceptual model which explains the phenomenon to be investigated and allows the investigator to develop and relate concepts[9].

The research was undertaken in a city in Santa Catarina, Brazil, and was participated in by professionals from 16 health teams working in the ESF. The subjects' inclusion followed the formation of sample groups, defined by GT[9]. A total of 52 subjects participated in the study, of whom 17 were nursing technicians, 13 were nurses, 12 were doctors, two were psychiatrists, two psychologists, one a social worker and five were health coordinators.

The study subjects received clarification in relation to the study's objective and importance. With a view to preserving ethical aspects, the participants were informed of their right to participate or not in the study, as well as their right to withdraw at any stage of the process without any personal or professional harm; they were also informed about questions which involve confidentiality of information, their statements being identified by the initial letter in capital form of their profession or the letter C, followed by an Arabic numeral. On accepting to participate in the study, the subjects signed the Terms of Free and Informed Consent, which contain the record of the ethical questions described, in line with Resolution 196/96 of the National Health Council. The project was approved by the Research Ethics Committee of the Federal University of Santa Catarina (n.21560/2012).

Data collection was carried out through open interviews with a semi-structured script. This technique allows the subject to talk freely on the theme addressed by the researcher. Such freedom of expression allows a greater exploration of the content. The interviews were held between May and August 2012 in a private room, which ensured privacy and the confidentiality of the information obtained. The contents of the interviews were stored on a digital recorder, converted to a specific program, stored on DVD and transcribed in full. For transcription, Microsoft® Office Word was used, and the content was later systematized using NVIVO 8.0®.

The analysis of the data through GT was processed in three interdependent stages: open coding, axial coding and selective coding. During the open coding of the data, a code was attributed to each idea. These codes constituted the preliminary categories, which were compared for similarities and differences, thus elaborating the conceptual data, from which emerged the phenomenon "Recognizing conjugal violence as a public health problem and the need for management for comprehensive care to the woman in a situation of violence". The validation of the paradigmatic model of the theoretical matrix which emerged was undertaken with health professionals in the ambit of the district studied, and with ten researchers with considerable experience in GT.

The categories, which interact, permeating the paradigmatic model and influencing the phenomenon in relation to women's remaining in the conjugal relationship, will be presented: "Expressing meanings on the woman's remaining in the relationship" and "Committing oneself to facing conjugal violence".

RESULTS

The study allowed the revealing of meanings relating to women's remaining in the conjugal relationships, as well as outlining guidelines for confronting the phenomenon. The data was organized into the following categories and sub-categories:

Category – Expressing meanings on the women's remaining in the relationship

The meanings attributed by the professionals who work in the ESF in relation to the woman's remaining in the conjugal relationship permeate the incomprehension regarding the situations which motivate the women to continue with their partners and in the relationship with these. These are found below, organized in the following sub-categories:

Referring to not understanding the woman's remaining in the relationship

Although they recognize the complexity which permeates conjugal violence, some professionals refer to not understanding why the women remain in the conjugal relationship: *It's easy for us to judge! The first thing we say is: "at the first blow, she should have gone to the Police, she should have left him". But, when we enter the favela to visit, we know that's not how it goes. It's hard! If you don't do something about it, it'll stay that way, until finally, death.* (NT-11). *It's difficult for me, very difficult, even understanding why the person stays in this situation. I don't feel prepared* (D-11). *I'm being truthful when I say that I'm amazed that this violence still occurs in this day and age. I think conjugal violence exists because the woman don't do anything about the situation. A lot of them submit to it, but I can't tell you why. It's hard!* (N-12). *I remember one account, it went like this: "when he got home, he would hit me. We (me and the children) were already ready. He would lash out and I would put my hand up so I wouldn't get hit". I get cases like this, where the women have a certain difficulty in understanding, a limitation in believing, in grasping how they subject themselves to this* (Psychiatrist-2).

Selecting reasons for the woman's remaining in the relationship.

The professionals interviewed gave various reasons associated with the women's remaining in the conjugal relationship. These are:

Related to threats made by the partner

The study shows that women in situations of conjugal violence suffer threats from their partners: *The women say "I don't like him anymore, but I stay with him because he says that if I leave, he'll kill my family". They're scared of the husband's reaction* (N-1). *I think they're scared of continuing being threatened. This type of violence* (Psychiatrist-1). *They're scared of contacting the Police because they're threatened, because he threatens that he'll kill her children, her mother, that he'll kill them. They beg us not to take it any further, not to report him, not to call the Police* (NT-14). *Fear of the partner's threats, of killing her. I think it's because of fear, fear of telling us in the health service and us reporting it, and somebody finding out and telling the husband. I think she doesn't want him to be arrested, because of the threats they make.* (N-13).

Related to drugs trafficking

The partner's involvement in drugs trafficking was mentioned as a reason which influences the woman's decision to remain silent and, thus in the conjugal relationship. The discourses permit illustration: *Normally, the person doesn't talk because there is involvement in the drugs trade, and she knows that if she opens her mouth there will be retaliation, and the problem will become much greater. I think it's an extremely complex issue. People keep silent, they speak very little, because the neighbor is a drugs trafficker, the other is one too, the boss. We end up finding out lots of time with longer conversations. I think sometimes they don't report it because of fear of retaliation. Of worse violence.* (D-5). *Lots of women are very scared, it's very difficult to leave and go to the health clinic to tell, sometimes, because of somebody being involved in trafficking drugs* (SW-1).

Related to economic dependence

For the interviewees, economic dependence on the partner favors the woman's remaining in a violent conjugal relationship, as shown by the following discourses: *The person doesn't have money, she has school-age children, children who she hasn't got the money to raise alone. If she leaves her partner, she's going to have more difficulty in raising her children* (N-11). *Sometimes, even because of convenience, because she doesn't want to leave, she thinks of her children and doesn't want to separate. She doesn't have a job. I think that sometimes it even becomes convenient because the person gets used to that situation*

and is scared of change, to leave it behind and she prefers to stay in that situation. She's scared of risking it, of leaving, of standing up for herself (NT-10).

It is important, however, to consider that many financially-independent women also live in situations of conjugal violence, as shown in the following discourses: *Right now I've just attended one who works two shifts, she's hypertensive, was classified as high risk in her pre-natal consultation and the husband won't let her take the medication (contraceptive pill). I don't know why they stay (with the partner). Because of the children, they stay in this situation. I don't know to what extent it is convenient for her to continue in that situation because t's not just financial, because I've got various colleagues who have university educations, they've got good incomes and they suffer physical violence and stay with the same person for years* (D-11). *There are plenty of people with economic power who suffer this type of violence too* (NT-3).

Related to emotional dependence

Emotional dependence was indicated as a state which for many women determines the configurations of their conjugal relationships and allows us to understand their link with such relationships, irrespective of the experience of violence. Note some discourses: *I can perceive many of people's difficulties in developing high self-esteem: a capacity in which you don't depend on somebody else. She continues in a relationship of dependence where the other provides something, but she thinks she can't live alone, that she won't be able to live alone. So, she subjects herself to this situation.* (Psychologist-1). *Sometimes, in some consultations when we're conversing with the woman, she'll say: "Better him than alone. Do you think I want to be alone?". Many say that they are being betrayed, that their husband has another woman, but she doesn't want to separate, she doesn't want to be single. She thinks she won't meet anybody else, that happiness is only to be had by somebody's side, that she won't be happy alone, and so it goes on* (N-1). *Most of the time it's low self-esteem. They feel small* (N-2). *They stay because they like (the partner), but it is a liking that is difficult to understand, because if you like yourself, how are you going to let somebody treat you badly, hit you? She needs to say: "I don't want this anymore"* (NT-7).

Related to perception of marriage as indissociable

The social value attributed to marriage often justifies the fact of remaining in a conjugal relationship in which one is not happy. The discourses express the importance of marriage and of the constitution of a family for the women: *I think it's a view that they have and that a lot of society has in relation to marriage, of marriage being forever, of having to be forever, it has to work out because if it doesn't it is because it's her fault. She has to take care of the man who she is married to. She thinks that situation is her destiny, she can't see a different situation for herself* (D-2). *It's the culture: "I'm married to this man and I promised in front of the whole church that I won't leave him. So – I can't do it."* (NT-1). *The woman stays, because she always dreamt of getting married and having a husband* (N-6).

In the name of the value which is attributed socially to marriage, the women, even in a situation of violence, remain in the conjugal relationship and believe in a change in the partner as a possibility of leaving the cycle of violence in which they find themselves. Thus, the belief that the marriage is indissociable leads the women to an unceasing search for change in the partner. It can be perceived in the following discourses: *Often, they like the partner. That thing of passion, of wanting to get married and think it's for your whole life. Of trying to change, and trying yet again. Of believing that he won't do it again. That illusion that they have that one day he will change. In my opinion, he doesn't change. That's how he is; that's how he is* (NT-2). *Sometimes, the relationship isn't good, and she just goes on putting up with it. "He said it won't happen anymore". She herself accepts it to happen to her* (NT-7).

Related to the naturalization of the right of a man over his wife

The social construction of gender, anchored in the inequality between man and woman, places women in a position of submission and obedience to men. This learning is internalized and reproduced in the women's social relationships, including with their partners. Thus, it is not perceived that the disrespectful actions are violent, as they are naturalized: *The issue is that the man*

thinks he is all-powerful, that the woman is the weaker sex and that he can do anything; and the submission of the woman, too, is - how shall I put it – irrational, because the woman submits and doesn't even think why she is submitting (NT-5). *The issue of culture, I think is much harder to change in the woman. "Look, you don't have to get hit by your husband". The woman can't see this* (NT-1). *It's a relationship in which she has a conception that that is normal: that the relationship between husband and wife is always like that* (C-2). *She thinks this is normal and perhaps it has always been like that, since she was a child. She learnt that that's how it is and that's that! A massacre from the psychological point of view too; taking the energy and strength to react against all that* (D-8).

Related to shame

Finishing a marriage entails recognizing that one has failed as a woman, wife and house-wife. Because they feel ashamed of appearing as such before society, many women opt to remain in the conjugal relationship, as illustrated in the following discourses: *I imagine that it is easier for them to submit to that than face society. You have to accept getting hit, because of the shame* (NT-11). *It's fear of what others will say. Shame about what society or the neighbors will say, of what others will think of her going through this, because, sometimes, she might think that the blame is hers, and she's ashamed of telling somebody* (NT- 10). *It's shame of the situation she lives in. Shame of actually being submissive in everything, of arriving (in the health center) and opening up to others that you are experiencing violence in your own house* (N-12).

Category – Committing oneself to confronting conjugal violence

The discourses also show that the health professionals' understanding of what is behind the woman's remaining in the conjugal relationship stimulates professional commitment, above all when engaged in a strategy from a health care model which gives precedence to the prevention of health threats and the promotion of health. Such commitment is reflected in the professional and social responsibility which the professionals have to ensuring the woman's health and well-being. In the face of such sensitization, the professionals express the desire to find strategies for confronting this health threat in the health spaces.

The professionals who work in the ambit of the ESF show professional interest in the health and life of the women who experience conjugal violence, expressing the need for supporting them for coping with the issue. The discourses below illustrate this: *I believe and hear them say that she needs to find a lot of courage to come here and tell us. If we approach this the wrong way, the door closes, the link is broken and she won't come back. She'll carry on being abused and nobody will be able to help. We need to do something* (N-13). *When they arrive here talking, asking for help, she's already at the limit, really wanting out of that relationship. It's necessary to help her to manage to build other exits.* (D-1).

The professionals interviewed indicate the requirements presented by the women experiencing conjugal violence and the need to seek to attend them. The discourses relate actions which are necessary for confronting the phenomenon, which require psycho-social support, intersectorial articulation and educational activities: *There is a need for psychological support, with the hope of helping her to recognize in the situation for what it is , to see it from another angle, and create a structure so she can manage to leave this situation of being a victim of violence* (D-1). *Help her to find a job, something she likes doing, encourage her to go for it, so that she can have independence* (N-2). *She needs support at all levels: political, social, everything. It won't help just to concentrate on health. We must articulate.* (N-6). *It's a matter of education, so that the man sees that he can't carry on using his strength and hitting out, and that the girl should also be conscious that she doesn't need to live in submission and being hit. Nobody should submit to this type of situation in any relationship. There's a shortage of political decisions, we need projects. We don't see many projects in the social question. I think that the team itself can organize this matter* (NT-5).

Due to the complexity of the phenomenon, the strategies for confronting domestic violence against women transcend the health spaces, requiring articulation of policies based on intersectoriality.

DISCUSSION

In relation to the meanings which professionals who work in the ambit of the ESF attribute to the woman's remaining in a violent conjugal relationship, the discourses describe the complexity around the issue, and the difficulty had in understanding why people continue in the conjugal relationship, although they perceive that the partner's threats, his involvement in drugs trafficking, economic and/or emotional dependence and the social construct of the female contribute to this decision.

Corroborating such findings, research has found that breaking free from a violent relationship is a process which can last years, as many women stay with their partners because of financial dependence; because of fear of dying, as they have been threatened; because of hope that his behavior may change; because of emotional dependence and because of shame of accepting before society that her marriage has failed, which means saying that she failed as a woman, taking into account the attributes and characteristics expected of women in our society[10].

Research shows that many women do not report the abuse, or do not carry through with the process because of fear of the partner, which shows the need for public bodies and institutions to ensure protection to the woman's physical safety, as even with the Maria da Penha Law[1], the impunity of aggressors for crimes – even homicides – against women remains significant[11]. The fear of reporting the partner to the Police is intensified when those involved are related to drugs trafficking. A study undertaken in Bahia[12] shows the conditions of women who are with men involved in serious crime, such as drugs trafficking and bank robberies. In this context, reporting the aggressor makes not only her partner vulnerable, but also the entire group involved in the organized crime.

Economic dependence on the partner has been indicated as a reason for the women to remain in the relationship, above all when they have children. It is common for a woman to opt for silence because she is concerned about her subsistence, and that of her children, because the legal punishment of the aggressor will entail his removal from work activities, thus compromising the family income. It is worth mentioning that some interviewees state that even being financially independent, many women find themselves in situations of violence, confirming a study which revealed stories of unemployed partners who would even monopolize their wives' salaries[13].

The interviewees also mention the social construction of gender. This is responsible for the perception among women that they must be obedient to men, and for the male belief that they hold power over their wives[7,14], which ultimately contribute to the woman's silence in the face of the experience of violence in the 'home', and consequently to her remaining in the conjugal relationship.

It is perceived that the violence against women is anchored in the unequal relationships between men and women, grounded in a culture of male superiority and female nullification. Women are raised to be delicate, fragile, sensitive, passive and to care for their husband, children and home, and construct their identity anchored in this socially-attributed role, which they believe to be inherent to their condition as women[7,14-15]. In this regard, analysis from a gender perspective allows one to understand when the interviewees mention the woman's emotional dependence, her shame in admitting that her

[1] A 2006 law intended to reduce domestic violence, which introduced more severe punishments for those who inflict it. Translator's note.

husband is violent to her within her own house, and the beliefs that marriage is indissociable and that her partner will change.

Many women do not carry through with the process of reporting their partner to the Police, due to the shame of exposing the failure of the conjugal relationship and because of having the mistaken perception that they do not have autonomy over their own lives. Some believe that they are to blame for the aggressions suffered, and nourish feelings both of compassion and fear for the partner. Others believe their partners when they promise not to hurt them anymore while others do not even perceive that they are in situations of conjugal violence[13,16-17].

The experience of conjugal violence over long periods weakens women's ability to confront the situation. A study which also addressed the reasons which lead women to remain with the aggressors showed that the majority consider themselves unable to negotiate changes on the part of the spouse and to confront the situation, expressing feelings of worthlessness and inferiority. Because of this, when they gather the courage to seek an exit, the women need to receive help from the system as a whole, given that their requirements overarch the health, social, juridical and policing sectors. This, however, is not what happens; and the women end up returning to the routine of violence in the home[17].

The interviewees showed commitment to women's empowerment, indicating the need for the professionals to take some responsibility for supporting the women in confronting the issue. It is believed that understanding the complexity of conjugal violence, in particular women's remaining in the relationship, sensitizes the health professionals for attendance which favors recognition of the threat to health, and the scale of this for the community[6]. Considering the logic of promoting health, and the right of all women to a life without violence[18], the Family Health teams are essential for the process of caring for women in situations of violence, and for the prevention of, and confronting of, this threat to health in the community.

Thus, the model of care, being centered on the family, allows the health professionals to think of strategies for empowering women so that they can seek exits for a life free of violence[6]. In accordance with the meanings attributed by the professionals interviewed, it is necessary to offer the women psycho-social support – related to their emotional or economic dependence – and educational activities – so as to viabilize the perception of the social construction which permeates the inequality between men and women, fertile ground for the construction of conjugal violence. Due to the phenomenon's complexity, the strategies for confronting domestic violence against women transcend the health spaces, requiring moreover articulation of policies based on intersectoriality – considering the threats and the relation to drugs trafficking.

Bearing in mind that the experience of violence against women is a social phenomenon which influences how women live, become ill and die[6], it is necessary to construct preventive knowledge and technologies, which favor the care for women in situations of violence, which requires: investigation of the family and conjugal context, addressing violence, and referral to services, considering the women's requirements[19-20].

FINAL CONSIDERATIONS

Based on the meanings attributed by professionals working in the ESF to situations related to women's staying in violent conjugal relationships, the study indicates that this phenomenon is related to the threats made by the partner, to his involvement in drugs

trafficking, to economic and/or emotional dependence, to the perception of marriage as indissociable, to the naturalization of the right of the man over his wife, and to shame.

The study also revealed the professionals' concerns about a life free of violence for the women, and they indicated the importance of: psycho-social care, in the sense of making the woman the subject of her history and increasing her self-esteem, as well as directing women to specific services and their insertion in the labor market; preventive educational activities, which address the social construction of gender, including in the spaces of the local health centers; and of articulation of policies based on intersectoriality, considering the women's requirements for services which are linked to the juridical, social and policing spheres, among others. The need is shown for management for the care of women in situations of violence in the ambit of the local health centers. Inserted in the specialist teams, and nearly always occupying the positions of coordination, nursing stands out in this process.

Although the subjects' specificities are limitations on the research, an understanding of conjugal violence is essential for the professionals, above all those who work in the health space, a setting where the women are present. Because it is to do with the ESF, whose care model is grounded in the comprehensiveness of care, based on promoting health, greater understanding of the social and health phenomena which compromise individual, family and collective well-being is fundamental. Domestic violence, in particular conjugal violence, fits in this context. A study is suggested with subjects who are women with a history of domestic violence, covering their experiences so as to find support for advising on referrals so as to empower them to break this cycle.

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