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Violence against women in times of COVID-19: the role of the doctor

Violencia contra la mujer en tiempos del COVID-19: el papel del médico

Violência contra a mulher em tempos de COVID-19: o papel do médico

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Abstract

Method: Documentary research carried out on official documents and aid of current scientific literature on the role of the physician during increased violence against women during social isolation. Objective: To analyze, based on official documents, the role of the physician in the face of domestic violence in social distance. Discussion: It was observed that most of these women do not have the correct help from health professionals. The lack of sensitivity and experience of the team with this type of circumstance, harms the whole dynamics of this service, and makes this patient continue to suffer due to the lack of welcome from the health service. For this reason, in addition to practicing existing measures, it is the duty of the auxiliary doctor and to inform her effectively about actions that help her to get out of the situation safely. Conclusion: Although the doctor has an essential role, domestic violence is a problem of several spheres and must count on the help of the whole society. Educational practices and a closer look at these victims were already necessary, and now with their imprisonment it is essential.

Descriptors: Domestic Violence; Coronavirus Infections; Medical Ethics; Social Isolation; Medical Care.

Resumén

Método: Investigación documental realizada sobre documentos oficiales y con el apoyo de la literatura científica actual sobre el papel del médico en medio del aumento de la violencia contra la mujer durante el aislamiento social. Objetivo: Analizar, con base en documentos oficiales, el rol del médico ante la violencia intrafamiliar en la distancia social. Discusión: Se observó que la mayoría de estas mujeres no cuentan con la ayuda adecuada de los profesionales de la salud. La falta de sensibilidad y experiencia del equipo ante este tipo de circunstancias, perjudica toda la dinámica de este servicio, y hace que este paciente siga sufriendo por la falta de acogida por parte del servicio de salud. Por ello, además de practicar las medidas existentes, es deber del médico auxiliar e informarle eficazmente sobre acciones que le ayuden a salir de la situación de forma segura. Conclusión: Si bien el médico tiene un papel fundamental, la violencia doméstica es un problema de varios ámbitos y debe contar con la ayuda de toda la sociedad. Las prácticas educativas y una mirada más cercana a estas víctimas ya eran necesarias, y ahora con su encarcelamiento es fundamental.

Descriptores: Violencia doméstica; Infecciones por Coronavirus; Ética Medica; Aislamiento Social; Cuidados Médicos.

Resumo

Método: Pesquisa documental realizada em documentos oficiais e auxílio de literatura científica acessória atual sobre o papel do médico em meio ao aumento da violência contra a mulher durante o isolamento social. Objetivo: Analisar com base em documentos oficiais o papel do médico frente a violência doméstica no distanciamento social. Discussão: Foi observado que grande parte dessas mulheres não têm o auxílio correto por parte dos profissionais de saúde. A falta de sensibilidade e experiência da equipe para com esse tipo de circunstância, prejudica toda a dinâmica desse atendimento, e faz com que essa paciente continue sofrendo por falta acolhimento do serviço de saúde. Por este motivo, além de praticar medidas já existentes é função do médico auxiliar e informá-la de maneira efetiva sobre ações que a ajudem a sair da situação em segurança. Conclusão: Apesar do médico ter um papel essencial, a violência doméstica é um problema de diversas esferas e deve contar com ajuda de toda sociedade. Práticas educativas e um olhar mais atento a essas vítimas já era necessário, e agora com o seu cárcere se faz imprescindível.

Descritores: Violência Doméstica; Infecções por Coronavírus; Ética Médica; Isolamento Social; Cuidados Médicos.

Introduction

According to UN Women, Brazil ranks fourth in a world ranking of violence against women and fifth place in feminicide[1]. The Maria da Penha Law characterizes domestic and family violence against women as "any action or omission based on gender that causes death, injury, physical, sexual or psychological suffering and moral or property damage"[2]. Whether verbal, physical, sexual, psychological, moral, or patrimonial, violence has higher rates in the home - and for this reason it is called "domestic" -, being practiced by partners, parents or guardians, brothers, and children.

The atypical scenario of the year 2020 attributed to a pandemic due to a new virus, called the new coronavirus, advocated some measures reinforced by the Brazilian Society of Infectious Diseases and, among them, social isolation is highlighted[3]. As a result, the number of violence has increased worldwide and, in Brazil, this increase was around 18% during the month of March. The detachment, necessary to combat the COVID-19 pandemic, highlights a harsh reality present in the country: "women are not safe even in their homes". Violence has increased worldwide, especially in Brazil, China, Italy, Spain, and France, precisely the countries with the highest number of cases and deaths from the virus, requiring isolation for a longer time[4].

The cycle of domestic violence is divided into three main phases, according to the Maria da Penha Institute (IMP): Phase 1, the increase in tension; Phase 2, the act of violence; and Phase 3, where we have the aggressor's regret and loving behavior. In the second phase, where physical violence occurs due to the accumulation of tension that occurred in phase 1, it is also when the woman tends to seek help[5]. However, with social detachment and daily contact, often uninterrupted with the aggressor, victims of violence are constantly monitored and prevented from talking to friends and family, which widens the scope for psychological manipulation and financial control. Thus, seeking help becomes an almost impossible task, being delegated to neighbors who hear the confrontation or family members who are suspicious of some unusual behavior[4].

Denouncing violence is already difficult in "ordinary" times, due to insecurity and fear, but in times of social isolation when the fate of the victim, his children and even the aggressor himself is uncertain, it has become almost impossible . In addition, health and police services, which are often the first contact with the "support network", have reduced hours and staff, not to mention the victims' fear of seeking health care in the midst of a pandemic[4].

With that, one must think outside the box, just as some delivery platforms have done and provided a button against domestic violence in their applications, companies like Rappi are giving these women a new chance to call for help. In addition, a new campaign allows victims of violence to discreetly report their attackers in pharmacies with a simple sign: an "X" in the palm of their hand. The Ministry of Health launched a new booklet to assist and inform women in situations of domestic and family violence, in addition, it made possible complaints through the Human Rights application[6].

In cases of domestic violence, the role of the health team - and especially the doctor - is to know how to detect this victim, whether in a routine visit or when she presents with some type of injury in the emergency room[7]. According to Law No. 10,778, it is mandatory to report suspected or confirmed cases of any violence against women[8], and the Medical Code of Ethics[9] says that the doctor must protect the dignity and integrity of his patient, in addition to being prohibited from being conniving with torture practices or any other degrading procedures. With most consultations at health centers being canceled in the current situation, contact in emergency care is, in fact, the most common.

However, noticing the presence of violence is a challenge if the complaint is not a physical injury, and there is rarely any preparation for a deeper approach, whether inside or outside the pandemic. In view of the poor preparation of the team, its reinforcement is essential due to the growing number of cases of violence against women reported in recent months[7].

The objective was to analyze whether the increasing rates of domestic violence compared to the same period last year, in addition to reinforcing and seeing new measures on the doctor's role during the pandemic period, helping patients.

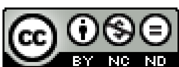
Methodology

It is a documentary research, with qualitative analysis, composed by the evaluation and research of databases, in which four articles were selected between the years 2007 to 2020 in the Portuguese language, having SciELO as a scientific basis to help introduce the theme of domestic violence and observe the doctor's role in the situation, with a search for comparison between the periods of March 2019 with the month of March 2020, and in the month of March 2020 they include the dates of 03/15/2020 until 04/15/2020, due to the beginning of the pandemic. In addition, official documents were used, such as the Medical Code of Ethics, the Maria da Penha Law, Technical Note from the Public Security Forum, and information on research sites on government and NGO campaigns.

Results and Discussion

According to the Code of Medical Ethics and its Art. 6, it is the duty of the doctor to preserve the dignity and integrity of his patient. In addition, Article 49 of the same document says that it is forbidden for the doctor to participate, to be conniving or not, to report torture practices or other degrading, inhuman or cruel procedures[9].

The doctor's role in the face of domestic violence is to provide care to that patient if that victim enters the emergency room with any type of injury. Taking care of the wound is essential, but also investigating what happened and paying attention to suspicious stories is part of the whole process. An alarming data present in a published article[10] tells us that about 70% of the women who had been beaten and treated in the emergency room because of this



violence, would have reported the episode if someone from the health team asked.

In addition, the same study shows that most women do not see the Basic Health Units (UBS) as an environment that they can resort to, as they do not feel welcomed and often judged by the entire team[10]. It is the doctor's job to create a well-established doctor-patient relationship, where she can feel completely comfortable to tell what is living inside her own home. In times like social isolation, if this relationship had been built pre-pandemic, recognizing the signs, and paying attention to them in a telemedicine consultation would be easier for the professional and safer for the victim.

A published study[11], in 2014 in Rio de Janeiro, it shows mainly the unpreparedness of the entire medical team when a victim of domestic violence arrives at the emergency room or health clinic. This lack of preparation is attributed to several factors, such as the non-approach of the subject in the course curriculum and the alienation of the domestic violence epidemiology, which is underestimated in most hospitals[7].

The way domestic violence is approached towards these professionals has always been done in a biological way, not allowing a social thought of the context, but rather a practical thought of presenting problems and their resolution, quite common in medicine. This lack of humanization of care does not open doors for these professionals to find out about the patient's problem to understand that he is not only physical, but is inserted in a whole biopsychosocial context, making most of the assistance to these victims insufficient[10].

In many cases, the team does not understand that violence, in addition to belonging to the spheres of law and public security, also belongs to the health field, aiming at what is defined as “a situation of perfect physical, mental and social well-being” by the company itself. World Health Organization (WHO). Therefore, the refusal to know the epidemiology and the lack of sensitivity of these professionals in not wanting to learn how to deal with these victims makes it difficult to break this cycle, perpetuating it[11].

Dealing with these situations in such a different period is very delicate and, for this reason, the existing measures in case of violence need to continue and be intensified, as many of these women, being isolated with their aggressors, do not have the chance or even the opportunity to share something that is happening with anyone outside[4].

The data provided by the Technical Note of the Brazilian Public Security Forum shown in Chart 1 exposes a contradictory reality when reporting that the number of occurrences in several states has decreased, when in fact, the reporting process has only become more difficult with the constant vigilance of the aggressors . An example of this is the numbers of femicide that have increased in several states in the country, despite the apparent decrease in the number of complaints (Chart 2). As previously mentioned, detecting these victims is extremely important so that this destination does not occur, therefore, asking them is a basic measure that should be performed mainly in the emergency room[12].

Chart 1. Bulletins of occurrence of aggression resulting from domestic violence comparing March 2019 and March 2020. São Paulo, SP, Brazil, 2020

CE	-29,1%
MT	-21,9%
AC	-28,6%
PA	-13,2%
RS	-9,4%
CE	-29,1%

Source: Adapted from the Brazilian Public Security Forum[12:2].

Chart 2. Femicide numbers when comparing March 2019 and March 2020 in several Brazilian states. São Paulo, SP, Brazil, 2020

	March 2019	March 2020	
AC	1	2	100%
MT	2	10	400%
RN	1	4	300%
SP	13	19	46,2%

Source: Adapted from the Brazilian Public Security Forum[12:2].

Violence against women, in general, has become more frequent and the quarantine period should demonstrate repercussions on this. In the State of São Paulo there has not yet been a data update after the month of March, but when compared to the same period in 2019, it is already possible to notice an increase in the records of violence against women, in reference to illegal embarrassment, attempted homicide and femicide (Graph 1)[13].

Graph 1. Bulletins registered in the Violence Against Women Category in the State of São Paulo comparing 2019 and 2020. São Paulo, SP, Brazil, 2020

Source: Adapted from São Paulo State Secretariat[13].

According to Law No. 10,778, created in 2003, Notification of Violence and its suspicion is mandatory, and the professional and the hospital may be punished if it is not carried out[8]. This measure must be incisively charged in the current situation, as it can be an important factor in the case of a complaint and a way to collaborate for new public and social measures, not only during the pandemic.

In addition, the conduct of referring this woman in case of any type of violence, be it suspicious or informed, should be a common practice in every hospital, health post or doctor's office. This guidance should be carried out through a clear protocol, whose objective would be to welcome and suggest an effective path to the services that the patient needs. No less important, the doctor must also refer you to a psychological assistance service, where it is

possible to talk to someone trained who will know how to handle the situation in an individual and safe way[14].

Because of the various entry points in this situation, such as the Women's Defense Police Station, Police Station, Social Assistance and several others, the protocol - which may be individual for each institution - must be delivered to all employees to avoid the Critical Route, "a phenomenon in which the victim makes a journey back and forth from services [...], without results or changes, which causes emotional wear and tear", which most often results in the abandonment of reporting what happened[11].

Another useful measure that the doctor can take is to find out about care centers or shelters available nearby, in case it is necessary for this woman to leave home. In Italy, for example, hotel rooms were made available so that victims of domestic violence could safely quarantine[12]. Furthermore, advising on the acquisition of goods and services and informing them about COVID-19 proved to be very important, since another form of violence detected in this pandemic was to prevent the victim from performing self-protection - such as washing hands, use masks and alcohol gels - and pass on false information - or out of context information - to frighten her[14].

As well as the resources mentioned above, the doctor can be available to finance, train and even support Primary Health Care teams or unofficial services that accompany homes with a history of violence. Although isolation makes this action difficult, strategies, such as distance assistance, can be carried out to show the victim and the aggressor that she is not alone[14].

It is also possible to mention the awareness of other patients who are not necessarily in a situation of violence to enable them to recognize and help the victim as possible, since in the reality of our country, most of the victims of domestic violence does not have access to the Internet. However, for those who have such a privilege, several campaigns have been created to assist women in vulnerable situations, such as “Tell your neighbor that she is not alone” or as on websites and Internet shopping applications that now have a tab for complaints that do not raise suspicions, since she would be theoretically acquiring something[14].

It is also worth mentioning that the Ministry of Women, Family and Human Rights launched a new reporting platform: the “Human Rights BR” application, which is available to be installed on cell phones. Through it, anyone can register and follow the step by step to register a complaint, in a practical and safe way, the complainant can register “violence against women, children or adolescents, elderly people, people with disabilities and other social groups”. There is also the option to attach files, such as photos and videos[6].

It is important to remember that the health professional - especially the one in the emergency room - is often the only person with whom the victim has contact besides the aggressor and, therefore, their role is essential. In addition to identifying, asking - as many times as necessary - if she is feeling safe at home, referring, and welcoming this patient, we need to remember that domestic violence is a problem in all social spheres[10].

Conclusion

Due to an ineffective preparation to deal with situations of violence, the medical team ends up losing knowledge in relation to the epidemiology of domestic violence and, for this reason, refuses or finds it unnecessary to perform a complete care when faced with a situation of violence.

The initial care provided in an emergency room is vital for the patient's relief, however, ignoring the story that led her there is a common mistake in not addressing domestic violence. In times of social isolation, where this situation has worsened in an alarming way, reinforcing existing measures for this type of situation is essential, as well as referring the patient effectively, preventing her from giving up on reporting what happened, due to a failure of the medical reception.

Another important role is to provide training for the training of health professionals in Basic Units, or even to make informative videos for dissemination on social networks, in addition to being informed about shelters and services that can provide legal support to the these women. In addition, it is essential that the Primary Health Care teams follow the most fragile families more closely, although social isolation hinders the action of these teams, it is important that remote care strategies are carried out, which can take place over the phone or over the Internet.

It is worth mentioning that, even though we are living in such an atypical period, the fight against domestic violence is an obligation of the whole society, not only of the doctor and his team. However, with collective actions and a closer look by health professionals towards the victim - taking into account not only their physical scars - it is possible to build an effective strategy that has as main objective the reception and assistance of that patient and the non-perpetuation of the cycle of violence against women.

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