

# Ethics in the care of a victim of domestic violence: a challenge for the health professional

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## ABSTRACT

Domestic violence has come to be, on top of a security issue, a public health concern, because it results in demands on the system, caused by emergencies, assistance and rehabilitation of the victims. For that reason, there was a need for legal regulations that rule ethical practices of health professionals which deal with physical aggression victims. The medical doctors are faced with many struggles in dealing with the moral and ethical dilemmas that this situation generates, ranging from structural ones to the refusal of dealing with bureaucratic processes. This study aims to clarify the main ethical dilemmas presented to medical doctors in their daily routine of support to these victims through an integrative literature review.

**Keywords:** Domestic Violence; Ethics; Medical Assistance.

## RESUMO

### A ética no atendimento da vítima de violência doméstica: uma dificuldade do profissional da saúde

A violência doméstica passou a ser considerada, além de questão de segurança, uma questão de saúde pública, pois culmina em demandas para o sistema, decorrentes de emergências, assistências e reabilitação das vítimas. Por conseguinte, houve necessidade de regimentos legais que regulamentassem as práticas éticas de profissionais de saúde que lidam diretamente com as vítimas de agressões físicas. Os médicos enfrentam várias dificuldades em lidar com os dilemas éticos e morais gerados por essa situação, que englobam desde problemas estruturais até a recusa em se envolver com processos burocráticos. Este estudo objetivou elucidar os principais dilemas éticos presenciados por médicos no cotidiano de atendimento a essas vítimas, por meio de revisão bibliográfica integrativa da literatura.

**Palavras-chave:** Violência Doméstica; Ética; Atendimento Médico.

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## Introduction

Domestic violence is any and all actions or omissions that impair the freedom and development of those involved, whether they are members of the same family, in-laws or sporadic visitors. According to the Brazilian Association for the Defense of Women, Children and Youth (ASBRAD), such acts can be committed inside or outside the home and consist, in most cases, of physical, psychological, sexual aggression and negligence. The most recurrent victims are people in situations of physical or social vulnerability, such as women, children, the elderly, and people with disabilities.

Gradually, violence came to be considered, in addition to a safety issue, a public health problem, as it culminates in demands for the system, arising from emergencies, assistance and rehabilitation of victims. Therefore, there was a need for legal bills to regulate the ethical practices of health professionals who deal directly with victims of physical aggression.

In the criminal sphere, the article 66 of Decree-Law No. 3688 of 1941 recognizes as a criminal offense the health professional who, in the practice of medicine, has knowledge of a crime and omits it. In addition, there are norms that imply the compulsory notification of cases of aggression, namely the Child and Adolescent Statute, the Elderly Statute and Law No. 10.778 of 2003, which provides for the compulsory notification of violence against women. Article 6 of the Medical Ethics Code brings the duty of the physician to preserve the dignity and integrity of his patient. These legal documents seek to curb omissions that bring risks to the patient or even condone violence.

One of the major points surrounding this problem is the difficulty of health professionals in realizing the problem or even documenting it after distrust. A study<sup>1</sup> carried out in São Paulo shows that 57% of women assisted in primary care units reported some case of physical violence in their lifetime and, nevertheless, only 10% of the events had been registered in their medical records. Part of this is due to the fact that the majority of victims, according to the study, do not report the violence to professionals and are not questioned about it, causing great harm to the doctor-patient relationship and reinforcing the masking of the real scenario of this issue.

Moreover, some problems in addition to ethical and moral conflicts related to the difficulty of health professionals, particularly physicians, in dealing with victims of violence are related to a deficit in addressing this issue during professional training, with difficulties facing the subjective issues of these patients, lack of time and adequate structure for the service, fear of approaching the subject and feeling of impotence in the face of the situation. Still, lack of knowledge about the correct referrals of these victims, fear of affecting their personal safety and refusal to get involved with judicial bureaucracies are other influencing aspects.

In the sphere of bioethics, addressing the principles of medical care, it is possible to contextualize the beneficence when the health professional guarantees the well-being of the patients, which generates conflict, since violence disturbs the health status of those who suffer. As for the principle of autonomy and justice, a violation is clearly perceived when the assistance to victims is not consistent with their particularities and, often, they have their preferences and moral values judged and, above all, placed in the background by the professionals who assist them.

Considering that domestic violence is a serious matter of public health and that it creates difficulties for the assisting parties to deal with ethical and moral clashes, this study aims to elucidate the main ethical dilemmas faced by physicians in the daily care provided to these victims.

## Materials and methods

This is an integrative literature review in which the following phases were carried out: (1) definition of the theme, starting from the establishment of the problem, and determination of the objectives; (2) sample selection and delimitation, determining inclusion and exclusion factors; (3) analysis of selected articles considering the determined objectives; and (4) discussion of the data found.

The aim of the study was to discuss the ethical approach of health professionals in caring for victims of domestic violence. The platforms used were The Scientific Electronic Library Online (SciELO) and Academic Google. The following descriptors were applied: (Domestic Violence) AND

(Ethics). In the first platform, to carry out the initial selection, all the titles of the 16 articles found in the research were read, whereas in the last only the first five pages found were read (50 articles).

The inclusion criterion was that the articles were fully available and published in English or Portuguese. In view of the objective of the work, two were selected on the SciELO platform and two on the Google Academic platform.

## Results and discussion

During the search in SciELO and Google Scholar, 66 articles were found and, applying the filters, four articles were selected in order to answer the proposed goals, presented in the synoptic table (Table 1).

TABLE 1 – ANALYZED ARTICLES

ETHICAL IMPLICATIONS OF DOMESTIC VIOLENCE AGAINST CHILDREN FOR HEALTH PROFESSIONALS	
<b>Authors:</b>	Ferreira and Schramm <sup>2</sup>
<b>Year:</b>	2000
<b>Goals:</b>	To discuss, within the scope of ethics, the implications resulting from the intervention of health professionals in family relationships in which there is suspicion or confirmation of domestic violence against the child.
<b>Main findings:</b>	Process of normalization of violence. Ethical issues regarding the intervention of health professionals in cases of violence.
ETHICAL CONFLICTS AND LIMITATIONS OF MEDICAL CARE FOR WOMEN VICTIMS OF GENDER VIOLENCE	
<b>Authors:</b>	Souza and Cintra <sup>3</sup>
<b>Year:</b>	2018
<b>Goals:</b>	To identify the main difficulties and limitations encountered by health professionals when approaching women victims of domestic violence, as well as detecting possible ethical conflicts associated with the care of these patients.
<b>Main findings:</b>	Analysis of unethical behavior commonly performed by health professionals in cases of domestic violence.
HEALTH PROFESSIONAL'S RESPONSIBILITY FOR REPORTING CASES OF DOMESTIC VIOLENCE	
<b>Authors:</b>	Saliba et al. <sup>4</sup>
<b>Year:</b>	2007
<b>Goals:</b>	To check the responsibility of the health professional to notify violence, especially domestic violence, and the possible legal and ethical implications arising from non-reporting of these cases.
<b>Main findings:</b>	Analysis of codes of ethics in different areas of health (Medicine, Nursing, Odontology and Psychology) with a focus on domestic violence. Importance of notification for cases of domestic violence.

ETHICAL AND LEGAL ASPECTS IN NURSING CARE FOR VICTIMS OF DOMESTIC VIOLENCE	
<b>Authors:</b>	Acosta et al. <sup>5</sup>
<b>Year:</b>	2017
<b>Goals:</b>	To analyze the knowledge of hospital nurses about the ethical and legal aspects of caring for victims of domestic violence.
<b>Main findings:</b>	Health professionals' lack of knowledge of legal and ethical aspects related to domestic violence.

Source: Elaborated by the authors.

The health professional's approach to violence in the family context often faces the difficulty that this form of violence is accepted and not recognized as a problem. Similarly, many professionals make value judgments in relation to victims of violence, justifying and naturalizing abuse through the strategy of blaming the patient. Therefore, many ethical questions are raised: would it be the duty of this professional to intervene in cases where the complaint of violence is not spontaneously brought? Should you intervene when the victim does not see abuse as a problem? At what point is intervention required? How and to what extent is it the duty of professionals to intervene?

In this context, it is important to emphasize that it is the ethical and legal duty of health professionals to notify cases of domestic violence, and they may be held liable for omission if they do not do so. In addition, notification is the most important weapon for combating violence by these professionals. As much as the codes of ethics of the various health professions, such as Medicine, Odontology, Nursing and Psychology, do not objectively mention domestic violence, the duty of professionals to ensure the health and dignity of their patients is notorious. In this sense, the act of notifying this practice is an instrument for the implementation of public policies, indicates the need for investment in surveillance and assistance, and promotes knowledge of the characteristics and forms of violence within the family.

Unfortunately, many professionals are not aware of this competence, thus contributing to the underreporting of domestic violence. Many also do not distinguish compulsory notification from the police report, generating fear of reprisals by the aggressors. Thus, the need for improvement in academic training is evident so that the challenge of detecting, notifying, caring for, minimizing, and preventing domestic violence can be faced. Considering the four principles of bioethics: Beneficence, Non-Maleficence, Justice and Autonomy, it is important to highlight the professional's obligation to maintain confidentiality and respect the patient's privacy.

## Final considerations

In the analysis of the articles, we found data that corroborate the difficulty of medical health professionals in dealing with situations of domestic violence, as they raise very delicate ethical and moral dilemmas. However, the health professional has the duty to notify the cases that he or she is aware of, being able to answer for their omission.

It is essential that the care team is prepared to handle these cases, always caring for the patient's health and dignity. The health sector has a fundamental role in helping to combat violence, as this situation can generate underreporting and perpetuation of cycles of aggression. The principles of bioethics must always be followed and respected, but it is a fact that only training, awareness and humanization of these professionals in the face of this demand will prepare them to detect, notify and care for these victims, who are increasingly present in daily care, whatever outside the area of expertise.

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