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Social Representations of Nursing Care for Women Victims of Intimate Partner Violence: Perspectives from Medellín (Colombia)

Representaciones sociales del cuidado de enfermería a mujeres víctimas de violencia por pareja íntima: perspectivas desde Medellín (Colombia)

Representações sociais do cuidado de enfermagem a mulheres vítimas de violência por parceiro íntimo: perspectivas de Medellín (Colombia)

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ABSTRACT

Introduction: Intimate partner violence (IPV) is a social and public health problem that profoundly impacts women's lives. Nursing professionals, as the first point of contact within the health system, play a key role in detecting and addressing this phenomenon. However, their social representations (SR) of IPV and the care provided can influence the quality of interventions. **Objective**: To understand the SR of nursing professionals regarding the care of women victims of IPV in the city of Medellín. **Method**: A qualitative study conducted between 2021 and 2022, based on the SR Theory with a procedural approach. Twelve semi-structured interviews were conducted with nursing professionals with over five years of experience, selected through convenience and snowball sampling. Data were analyzed using the constructivist approach of Charmaz's Grounded Theory. **Results**: The SR of nursing professionals reflect broad but stigmatizing perceptions of women victims, who are seen as fragile and dependent. The care provided is perceived as insufficient due to institutional barriers and a lack of specific training, although active listening and emotional support are recognized as central strategies. **Conclusions**: Transforming these SR through formative and reflective processes is essential to promote comprehensive and humanized care. Furthermore, it is necessary to strengthen policies and protocols that expand the role of nursing professionals in the integral care and long-term follow-up of women victims.

Keywords
intimate partner violence; social representations; nursing care; spousal abuse; abused women.

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RESUMEN

Introducción: La violencia por pareja íntima (VPI) es un problema social y de salud pública que afecta profundamente la vida de las mujeres. Los profesionales de enfermería, como primer punto de contacto en el sistema de salud, desempeñan un importante papel en la identificación y atención de este fenómeno; sin embargo, sus representaciones sociales sobre la VPI y el cuidado brindado pueden influir en la calidad de las intervenciones realizadas. **Objetivo:** Comprender las representaciones sociales (RS) de los profesionales de enfermería sobre el cuidado a mujeres víctimas de VPI en la ciudad de Medellín (Colombia). **Método:** Estudio cualitativo realizado entre 2021 y 2022, basado en la teoría de las RS con enfoque procesual. Se realizaron 12 entrevistas semiestructuradas a profesionales de enfermería con más de cinco años de experiencia, seleccionados mediante muestreo a conveniencia y bola de nieve. El análisis se realizó utilizando el enfoque constructivista de la teoría fundamentada de Charmaz. **Resultados:** Las RS de los profesionales reflejan percepciones amplias pero estigmatizantes hacia las mujeres víctimas, quienes son vistas como frágiles y dependientes. El cuidado brindado se percibe como insuficiente, debido a barreras institucionales y falta de formación específica, aunque se reconoce la importancia de la escucha activa y el acompañamiento emocional como estrategias centrales. **Conclusiones**: Es fundamental transformar estas RS a través de procesos formativos y reflexivos, que promuevan un cuidado integral y humanizado. Además, es necesario fortalecer normativas y protocolos que amplíen el rol del profesional de enfermería en la atención integral de las mujeres víctimas VPI.

Palabras clave
violencia por la pareja íntima; representaciones sociales; cuidados de enfermería; maltrato conyugal; mujeres.

RESUMO
Introdução: A violência por parceiro íntimo (VPI) é um problema social e de saúde pública que impacta profundamente a vida das mulheres. Os profissionais de enfermagem, como primeiro ponto de contato no sistema de saúde, desempenham um papel fundamental na detecção e atendimento desse fenômeno. No entanto, suas representações sociais (RS) sobre a VPI e o cuidado prestado podem influenciar a qualidade das intervenções. **Objetivo**: Compreender as RS dos profissionais de enfermagem sobre o cuidado às mulheres vítimas de VPI na cidade de Medellín. **Método**: Estudo qualitativo realizado entre 2021 e 2022, baseado na Teoria das RS com abordagem processual. Foram realizadas 12 entrevistas semiestruturadas com profissionais de enfermagem com mais de cinco anos de experiência, selecionados por amostragem por conveniência e bola de neve. A análise foi realizada utilizando a abordagem construtivista da Teoria Fundamentada de Charmaz. **Resultados**: As RS dos profissionais refletem percepções amplas, porém estigmatizantes, sobre as mulheres vítimas, que são vistas como frágeis e dependentes. O cuidado prestado é percebido como insuficiente devido a barreiras institucionais e à falta de formação específica, embora a escuta ativa e o apoio emocional sejam reconhecidos como estratégias centrais. **Conclusões**: Transformar essas RS por meio de processos formativos e reflexivos é essencial para promover um cuidado integral e humanizado. Além disso, é necessário fortalecer políticas e protocolos que ampliem o papel dos profissionais de enfermagem no atendimento integral e no acompanhamento de longo prazo das mulheres vítimas.

Palavras-chave
violência conjugal; representações sociais; cuidados de enfermagem; violência conjugal; mulheres.

Introduction

Intimate partner violence (IPV) against women is a critical manifestation of gender-based violence and a priority public health problem that transcends cultural, religious, and socioeconomic boundaries (1). The World Health Organization defines IPV as any act or pattern of aggressive behaviors—whether physical, sexual, or psychological—that cause harm or suffering to women, in both current and past relationships (2). Recent estimates (collected up to 2008 and published in 2021) indicate that one in three women worldwide has experienced physical or sexual violence in her lifetime, with most cases perpetrated by an intimate partner (1).

This phenomenon crosses cultures, religions, and socioeconomic levels, disproportionately affecting women (3,4). According to global data, approximately 27% of women aged 15 to 49 have experienced some form of violence from their partner (1).

In Latin America, gender-based violence remains one of the most prevalent forms of human rights violations, to the extent that the region has one of the highest femicide rates globally (5). In Colombia, between 2020 and 2022, more than 75% of reported cases of domestic violence were committed against women, with the aggressor often being the partner or ex-partner (6).

While the statistics highlight the scale of the problem, studies underline the underestimation of the phenomenon due to limited reporting and the cultural normalization of these practices

in some contexts. Likewise, the urgent need to design effective strategies for its prevention, detection, and comprehensive intervention has been emphasized (3).

Caring for women who are victims of IPV poses a complex challenge for health systems (7). In Colombia, despite protocols such as the Comprehensive Health Care Path for Victims of Gender-Based Violence (Resolution 459 of 2012), structural and cultural barriers hinder timely intervention (8). Nursing professionals, as one of the first points of contact in health services, play a key role in recognizing and addressing these situations (9). However, the lack of specific training, limited time, and individual perceptions can restrict the effectiveness of interventions (10).

From a qualitative perspective, analyzing the social representations (SR) of nursing professionals provides a crucial tool for understanding how care practices are shaped in this context. According to Moscovici (11), SR are systems of values, ideas, and shared practices that allow social groups to construct their reality and guide their behavior. In the framework of grounded theory, Charmaz proposes a constructivist approach that emphasizes how individual narratives and perceptions intertwine with collective meanings (12), to explore complex phenomena such as IPV and its influence on nursing professionals' care.

Thus, this study aimed to understand the SR of nursing professionals regarding the care provided to women victims of IPV in health institutions in Medellín, Colombia. Through this analysis, the study seeks to contribute to the development of disciplinary strategies that not only optimize clinical care but also foster comprehensive, humanized, and gender-focused care practices. The research was conducted between 2021 and 2022, a period marked by an increase in reports of domestic violence due to the confinement measures derived from the COVID-19 pandemic (13), underscoring the relevance of these findings.

Methodology

This was an exploratory qualitative study based on the theory of social representations (SR) and the constructivist grounded theory approach by Charmaz. This design allowed for an understanding of the SR of nursing professionals regarding the care provided to women victims of IPV in public and private health institutions in Medellín between 2021 and 2022.

The process included an initial exploration with three semi-structured interviews, two of which were incorporated into the main study. This exercise aimed to assess the relevance and clarity of the designed instrument for data collection and to optimize the quality of the information obtained. For the main study, twelve nursing professionals were included, selected through convenience sampling and complemented by the snowball technique. Participants had at least five years of work experience and were graduates after the enactment of Law 1257 of 2008.

Semi-structured interviews, conducted either in person or virtually, lasted an average of 60 minutes. These were held outside the workplace, at times and in spaces that ensured the participants' confidentiality and comfort. Written informed consent was obtained from all participants, who were informed about the study's objectives, data confidentiality, and exclusive use for research purposes. The study was approved by an Ethics Committee.

Data analysis followed Charmaz's constructivist approach, using initial line-by-line coding to identify emerging concepts, followed by focused coding to group concepts into analytical categories (12). The analysis was a collaborative process, involving discussion sessions between the author and her thesis advisor, which allowed for reflection on the data, strengthening the validity of interpretations, and mitigating biases arising from the interviewer-interviewee relationship. Additionally, the researcher maintained a reflective journal to document impressions and observations during the interviews.

To ensure the study's quality and rigor, three key criteria in qualitative research were considered: credibility, auditability (or confirmability), and transferability (or applicability). The following outlines how these criteria were met:

To ensure credibility, strategies such as source triangulation were employed. Additionally, the semi-structured interviews were complemented with a review of relevant literature, and the results were shared with the participants. This approach allowed the participants to validate the interpretations, thereby contributing to improved data accuracy.

Regarding auditability, the stages of analysis were described in detail, following the constructivist approach of Charmaz's grounded theory. The coding process was clearly documented to ensure that the analysis could be replicated. Furthermore, a collaborative discussion was conducted to ensure rigor in data interpretation and the decisions made during the analytical process.

Finally, to enhance transferability, comprehensive contextual details were provided about the studied population, the institutional setting, and the characteristics of the participants. Additionally, information on the structural and cultural barriers affecting the care of women victims of IPV in the specific context of Medellín was included. This information allows other researchers, healthcare professionals, or policymakers to consider the findings within their respective contexts. Furthermore, the recommendations derived from the research were designed with a broad perspective, facilitating the application of the results in other similar contexts, both nationally and internationally.

Results

The study involved 12 nursing professionals (8 women and 4 men) aged between 27 and 43 years, with an average of 7.5 years of professional experience in primary care, outpatient consultations, emergency care, hospitalization, and critical care. Most participants reported continuous training in areas such as critical care, palliative care, pain management, and triage. However, only 11 participants had received training in gender-based violence as part of the "Código Fucsia" protocol, while one lacked specific training in this area.

Through the analysis of the interviews, three main categories were identified that structure the social representations regarding the care of women victims of IPV: SR of intimate partner violence, SR of women victims of violence, and SR of care.

Social Representations of Intimate Partner Violence: "It's More Than Just Physical"

IPV was represented as a phenomenon that transcends physical harm, leaving deep and invisible marks on women's mental and emotional health. Participants used terms like "soul pain" and "indelible marks" to describe the impact of this violence:

- "It's not just what you see; it's not just the bruises. It's something that destroys the soul, self-esteem, the will to keep going." (Diana, 40 years old)
- "It's a kind of violence that gets into the most intimate parts—your psychology, your perception of yourself as a person." (Mia, 34 years old)

The complexity of the problem generated feelings of uncertainty and concern among participants:

- "It's a huge uncertainty because you don't know if it could be someone close—a friend, your sister, even yourself." (Violeta, 35 years old)
- "There's no formula for dealing with this. It's like a bomb that explodes all of a sudden." (Lucía, 39 years old)

Additionally, participants noted that IPV not only affects women individually but also their social and family environments: "When we care for a victim, we're not just caring for one person but for everything that violence entails: children, family, the whole context." (Zeus, 36 years old)

Social Representations of Women Victims of Violence: "The Foolish, the Victim, and the Belittled"

Women suffering IPV were represented as individuals with diminished autonomy, emotionally affected, and trapped in a cycle of abuse they find difficult to recognize. These perceptions are reflected in statements like:

- "Many times, they don't even know they're victims. They think it's normal, that it's their fault." (Silvana, 31 years old)
- "It's as if they're blind and deaf to the abuse, like they don't want to see it." (Susana, 33 years old)

Although some participants used pejorative terms such as "foolish" or "weak" to describe victims, they also acknowledged that these perceptions might be influenced by societal prejudices:

- "Sometimes we think, 'Why don't they just leave?' But it's not that easy. There's fear, dependency, so much behind it..." (Cristina, 32 years old)
- "They carry guilt that doesn't belong to them, and that makes them feel smaller, more incapable." (Alejandro, 38 years old)

Other participants emphasized the need to empower women to recognize their value and transformative capacity: "When we help a woman see herself as valuable, as someone who doesn't deserve to be treated like this, we're taking a big step." (Mia, 34 years old)

Social Representations of Care: Between Small Contributions and "Band-Aid Solutions"

The care provided to women victims of IPV was described as insufficient and conditioned by institutional limitations. Participants used the metaphor of a "band-aid solution" to describe their role:

- "I feel like we do what we can, but it's never enough. It's like a band-aid: it soothes a little, but it doesn't solve anything." (Cristina, 32 years old).
- "It's a lot of work for such little impact. You add a grain of sand, but the problem is a mountain." (David, 37 years old).

Despite these limitations, participants valued the importance of active listening and emotional support:

- "Sometimes, the only thing we can do is listen, and that's already a form of care. It's showing the woman she's not alone." (Alejandro, 38 years old)
- "Sitting down to talk to her, telling her that what she feels is valid, that it's not her fault, can make a difference." (Violeta, 35 years old)

However, several professionals pointed out the lack of training and resources as significant barriers:

- "They teach us the 'Código Fucsia,' but not how to handle fear, frustration, or how to continue helping them after discharge." (Zeus, 36 years old)
- "We feel that our intervention ends in the hospital, and that's precisely where we need to be most." (Lucía, 39 years old)

Additional Findings

The analysis revealed relevant aspects that highlight the need to transform the social representations (SR) of care. For instance, several participants noted that, even when they feel empathy for the victims, the perception of them as "fragile" or "dependent" can influence how they structure their interventions, fostering assistentialist dynamics rather than emancipatory ones.

Furthermore, it was identified that current training on gender-based violence, which focuses on initial management and psychological first aid, shifts the long-term follow-up responsibility away from nursing professionals and onto physicians or psychologists. This shift limits the possibilities for comprehensive care from the nursing perspective.

In summary, nursing professionals view the care of women victims of IPV as a challenging task due to a lack of knowledge, time, and appropriate care protocols. However, they approach their work with a sense of responsibility,

aiming to make an impact on the lives of these women by seeking changes and restoring their rights.

Discussion

The findings of this study reflect the social representations (SR) of nursing professionals regarding IPV, women victims, and the care provided in this context. These representations are influenced by individual perceptions, previous experiences, and institutional barriers, elements that have been described in previous studies on the subject (14).

Intimate Partner Violence: A Complex and Multifaceted Problem

Participants perceived IPV as a phenomenon that transcends physical harm, emphasizing its impact on women's mental and emotional health. This perspective aligns with studies from the World Health Organization, which highlight how women victims of IPV exhibit higher rates of depression, post-traumatic stress disorder, and self-harming behaviors (1,4,15).

Moreover, the view of IPV as a cultural and structural problem that affects not only women but also their family and social environments underscores the need for comprehensive interventions. Models such as that proposed by García-Moreno et al. (7) emphasize the importance of addressing IPV through an intersectoral approach that considers the care of victims and their support networks (16,17).

Stigmas and Prejudices Towards Women Victims of Violence

The SR of women victims as "silent," "submissive," or "dependent" reflect stigmas that, according to Lynch (18), are deeply rooted in cultural and social narratives that normalize violence. These perceptions may limit nursing professionals' ability to provide empowering care and instead foster assistentialist rather than transformative dynamics.

However, evidence suggests that empowerment-based interventions, such as the Women's Empowerment Approach by Goicolea et al. (19), can effectively break these barriers and promote women's autonomy. It is essential to integrate these strategies into the training of health professionals, especially nurses, given their role in the initial support of victims and survivors.

Nursing Care: Between Limitations and Transformative Potential

Nursing professionals described the care provided to women victims as insufficient, constrained by lack of time, specific training, and resources. These barriers have already been identified in previous research as factors affecting the quality of care for victims of gender-based violence (4,20).

Despite these limitations, the study highlighted the importance of active listening and emotional support as essential tools in care (21). Studies by Romero Ballén (22) and Baides Noriega (23) support this notion, indicating that these strategies not only validate women's experiences but can also serve as a starting point for personal change and recovery processes.

Nevertheless, it is evident that the scope of the nursing role in managing IPV cases remains limited by regulations that assign follow-up responsibilities to other health professionals (24). This finding is consistent with Colombini et al. (25), who argue that greater interdisciplinary collaboration could optimize the care process and ensure a comprehensive intervention.

Implications for Nursing Practice and Training

Training nursing professionals on gender-based violence must go beyond initial management and psychological first aid; it should include tools for follow-up, victim empowerment, and coordination with other health system actors (26). As Charmaz (12) suggests, understanding professionals' narratives and SR is key to

transforming practices and improving the quality of care.

Additionally, institutional strategies must be developed to enable nursing professionals to actively participate in long-term follow-up and support processes, utilizing disciplinary tools to strengthen the autonomy of women victims and safeguard their rights (27).

Conclusions

This study provided insights into the social representations (SR) of nursing professionals regarding IPV, the women affected by it, and the care provided in this context. The findings emphasize a complex view of IPV, where harm transcends the physical to affect psychological, emotional, and social dimensions. This perception underscores the need for a comprehensive approach to care, incorporating tools for initial intervention and long-term follow-up.

The SR of women victims, portraying them as vulnerable and with diminished autonomy, reveal the persistence of stigmas that can limit emancipatory care practices. It is essential for nursing professionals, through awareness and training processes, to develop competencies to recognize the strengths and capacities of women, promoting their empowerment and autonomy.

Regarding the care provided, nursing professionals described their role as constrained by institutional barriers, such as limited time, inadequate specific training, and scarce resources. Although these limitations hinder intervention, participants valued the importance of active listening and emotional support as critical tools for creating a positive impact on women's lives. These strategies should be strengthened through gender-focused training and intersectoral collaboration, expanding the capacities of nursing professionals.

In this regard, it is imperative that healthcare institutions in Colombia reconsider the implementation of policies and protocols that assign a more active role to nursing professionals in the follow-up and support of IPV cases. Additionally, training on gender-based violence should be reinforced from undergraduate education, fostering a humanized, ethical, and comprehensive approach to caring for women.

Finally, this study highlights the importance of SR in nursing care practices, as well as the barriers and opportunities professionals face in their work. Transforming these representations through formative and reflective processes could become a key element in improving care management and ensuring the respect and protection of women's rights.

Conflict of Interest

None declared.

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