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Family doctors' perception of violence against women

Percepção dos médicos da família sobre a violência contra a mulher

Percepción de los médicos de la familia sobre la violencia contra la mujer

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ABSTRACT

Objective: This study aimed to evaluate the perception of family doctors about violence against women. **Methods:** This is a cross-sectional study, developed with 158 doctors from the Family Health Strategy of Teresina/Piauí, from March to April 2019, through a questionnaire adapted from the Social Perception Indicator System of the Institute of Applied Economic Research. **Results:** The findings indicate that male doctors, specialists, with over 25 years of training and more than 60 years of age, have a perception of violence against women based on the patriarchal model, as a problem of an intimate nature and of blaming of the woman. **Conclusion:** Medical training is necessary to conduct a care practice for women in situations of violence, giving them a reception guided by the social health model.

Descriptors: Violence against women. Primary Health Care. Health personnel. Social perception.

RESUMO

Objetivo: Este estudo objetivou avaliar a percepção dos médicos da família sobre a violência contra a mulher. **Métodos:** Trata-se de estudo transversal, desenvolvido com 158 médicos da Estratégia Saúde da Família de Teresina/Piauí, no período de março a abril de 2019, por meio de questionário adaptado do Sistema de Indicadores de Percepção Social do Instituto de Pesquisa Econômica Aplicada. **Resultados:** Os achados apontam que médicos do sexo masculino, especialistas, com mais de 25 anos de formação e mais de 60 anos de idade, possuem uma percepção da violência contra a mulher baseada no modelo patriarcal, como problema de foro íntimo e de culpabilização da mulher. **Conclusão:** É necessária capacitação médica para condução de uma prática assistencial às mulheres em situação de violência, dando-lhes um acolhimento orientado pelo modelo de saúde social.

Descritores: Violência contra a mulher. Atenção Primária à Saúde. Pessoal da saúde. Percepção social.

RESUMÉN

Objetivo: Este estudio tuvo como objetivo evaluar la percepción de los médicos de la familia sobre la violencia contra la mujer. **Métodos:** Este es un estudio transversal, desarrollado con 158 médicos de la Estrategia de Salud de la Familia de Teresina/Piauí, de marzo a abril de 2019, a través de un cuestionario adaptado del Sistema de Indicadores de Percepción Social del Instituto de Investigación Económica Aplicada. **Resultados:** Los hallazgos indican que los médicos del sexo masculino, especialistas, con más de 25 años de formación y más de 60 años de edad, tienen una percepción de la violencia contra la mujer basada en el modelo patriarcal, como un problema de carácter íntimo y de culpabilización de la mujer. **Conclusión:** La formación médica es necesaria para realizar una práctica de atención a las mujeres en situación de violencia, brindándoles una acogida guiada por el modelo de salud social.

Descriptores: Violencia contra la mujer. Atención Primaria de Salud. Personal de salud. Percepción social.

INTRODUCTION

Domestic violence, according to the Maria da Penha Law (Law 11,340/2006), refers to any action or omission that, based on gender, causes a woman to die, be injured, or endure physical, sexual or psychological suffering, as well as moral damage or patrimonial, which takes place within the scope of the domestic and family unit, or in any intimate relationship of affection in which the aggressor lives or has lived with the victim[1].

In Brazil, in the year of 2017, 40% of Brazilian women declared that they had already suffered domestic violence at some point in their lives, and 66% of Brazilians said they had witnessed a woman being physically or verbally assaulted[2]. In 2016, the State of Piauí recorded approximately 106 cases of interpersonal violence against women per 100,000 women, according to the Information System on Notifiable Assaults (SINAN) of the Ministry of Health[3].

Despite its high prevalence, violence against women is poorly identified in health services, being characterized as an extremely difficult problem to be addressed. One of the main obstacles to the recognition of violence against women by health professionals is the lack of training, lack of knowledge about case management, lack of security and little support for victims. As an ingredient that favors this invisibility, the dissemination of the idea that violence, when it occurs between intimate partners, is a private problem that can only be solved by those involved is also highlighted. In addition, many professionals tend to understand violence against women as a problem that concerns only the sphere of public security and justice[4].

Health professionals are able to identify, recognize and prevent situations of violence, as well as to welcome people, families and social groups under their responsibility. Suffering and pain cannot be calculated, but acceptance, reception and protection are the appropriate way to help the victim recover their mental and physical health. In many situations, the event has specific characteristics that lead the victim to keep it a secret. This results in difficulty in establishing a diagnosis which, when carried out, demands an attentive look at the damage of the moment and the accumulated damage[5].

This work shows a worrying and threatening reality, and at the same time still little delineated and discussed socially, as an opportunity to discuss and present possible broader actions that include a more careful and attentive look at the reception, diagnostic suspicion and treatment of this part of the population, in order to change aggressive behavior, promote gender equity and reduce harm.

The objective of this study was to evaluate the perception of family medical professionals about violence against women.

METHODS

Cross-sectional study carried out at Basic Family Health Units (BHU) in the city of Teresina/Piauí. The sample consisted of 260 doctors of both sexes who work in 92 BHU. The sample size calculation took into

account a 95% confidence level, a 5% sampling error and an addition of 10% to compensate for possible losses, resulting in a sample size of n=158. Physicians with an effective professional relationship or contract, with at least six months of experience, were included. Physicians who were absent (leave or vacation) were excluded. The sampling was of the simple random type.

As a tool for data collection, a questionnaire was used for socioeconomic characterization (gender, age, religion, marital status, time since graduation, higher education institution of graduation and specialty), in addition to a questionnaire adapted from the Social Perception Indicator System (SPIS) of the Institute of Applied Economic Research (IPEA)[6], composed of 16 sentences related to Tolerance to Violence Against Women, having as answers to each question: totally disagree; partially disagree; neither disagree nor agree; partially agree; and totally agree.

The selected physicians were given considerations about the importance of the research, as well as its main objectives, and those willing to participate were given the Free and Informed Consent Term and the envelope with the questionnaires. After a week, at a time scheduled by the research participants, the questionnaires were collected in an urn, thus preserving the identity and intimacy of the researched.

Data were tabulated in a Microsoft Office Excel® spreadsheet and analyzed using the IBM Statistical Package for the Social Sciences, version 20.0. Descriptive statistical analyses of absolute and relative frequencies were performed, as well as mean and standard deviation. To verify the association between qualitative variables, Pearson's chi-square test and Fisher's exact test were used. Therefore, the dependent variable "perception of violence against women" was created by dividing the interviewees into two groups: total and partial agreement coded as 1; and the others as 0. The significance level adopted was of $\alpha = 0.05$.

The study was approved by the Research Ethics Committee of the Municipal Health Foundation (FMS) and then submitted to the Research Ethics Committee of the Federal University of Piauí (CEP/UFPI), obtaining approval through CAAE nº 09510619.8. 0000.5214, under opinion No. 3.221.590.

RESULTS

Table 1 presents the analysis of the answers to the questions adapted from the Social Perception Indicator System (SPIS). In the questions related to the perception of domestic violence, a greater perception of disagreement with regard to addressing violence as an intimate matter (Q01 to Q04) and a greater perception of agreement regarding the need to punish the aggressors (Q10); in the block that assesses the perception of psychological and patrimonial violence, it is highlighted that most doctors (39%) agree that telling lies is considered a form of violence; and in the sexual violence block, there are higher percentages of disagreement when addressing the blaming of women for sexual violence.

Table 1. Social perception of violence against women by family doctors. Teresina, Piauí, Brazil, 2019 (n=158).

Social Perception Indicator System - SPIS	Strongly Disagree	Partially Disagree	Neither Disagree nor Agree	Partially Agree	Strongly Agree
01) What happens to the couple at home does not matter to others?	**54.4**	21.5	2.5	6.3	15.2
02) Should one poke their nose into a husband-and-wife fight?	**54.4**	22.2	5.7	5.7	12.0
03) Should dirty linen be washed at home?	**41.1**	21.5	5.1	14.6	17.7
04) Should domestic violence cases be discussed only among family members?	**57.0**	15.2	5.1	14.6	8.2
05) Does a woman who is assaulted and continues with her partner like to be beaten?	**71.5**	12.0	4.4	3.8	8.2
06) Can you understand that a man who grew up in a violent family assaults his wife?	**53.2**	13.9	5.1	17.7	10.1
07) Is it men's nature to be violent?	**65.8**	10.8	3.2	12.0	8.2
08) Should the woman who is beaten at home be quiet so as not to harm her children?	**76.6**	11.4	1.9	6.3	3.8
09) When there is violence, should couples separate?	9.5	13.3	7.0	17.1	**53.2**
10) Does the man who beats his wife have to go to jail?	5.7	12.0	2.5	16.5	**63.3**
11) Does the issue of violence against women receive more importance than it deserves?	**62.7**	15.8	5.1	6.3	10.1
12) Is it violence to tell lies about a woman to others?	31.0	18.4	2.5	8.9	**39.2**
13) Can a man curse and yell at his own wife?	**77.2**	15.2	3.8	1.3	2.5
14) Is it understandable for a man to tear or break a woman's things if he got nervous?	**82.3**	14.6	0.6	1.9	0.6
15) If women knew how to behave, would there be fewer rapes?	**69.6**	7.6	6.3	8.2	8.2
16) Do women who wear clothes that show their body deserve to be attacked?	**86.1**	6.3	5.1	0.6	1.9

Source: authors (2022).

In **Table 2**, when analyzing the association between the age group of the participants and the 16 sentences of the questionnaire, there was statistical significance in statements 1, 2, 4 and 6, with a higher percentage of agreement with doctors in the age group above 60 years, bringing the idea that doctors in this age group still have the perception that violence is an intimate phenomenon.

Still in **Table 2**, in the analysis of the association of the instrument's questions with gender, there was statistical significance, with higher percentages of agreement among males in 10 (ten) statements (1, 2, 3, 4, 5, 6, 9, 12, 13, 16). The findings reveal that, for men, the idea that violence should only be resolved in the domestic sphere persists. The blaming of women is a component that still persists in the perception of sexual violence, however, a significant percentage understands that domestic and family violence against women does not refer only to physical violence, but also to psychological and patrimonial violence.

Table 2. Social perception of violence against women by family doctors, according to age group and gender. Teresina, Piauí, Brazil, 2019 (n=158).

SPIS	Age group		*p*	Gender		*p*
	24 to 59 years old n (%)	Over 60 years old n (%)		Female n (%)	Male n (%)	
01) What happens to the couple at home does not matter to others?						
Agree	26 (18.7)	8 (42.1)	**0.026[a]**	9 (8.8)	25 (44.6)	**<0.001[a]**
Disagree	113 (81.3)	11 (57.9)		93 (91.2)	31 (55.4)	
02) Should one poke their nose into a husband-and-wife fight?						
Agree	20 (14.4)	9 (47.4)	**0.002[a]**	7 (6.9)	21 (37.5)	**<0.001[a]**
Disagree	119 (85.6)	10 (52.6)		95 (93.1)	35 (62.5)	
03) Should dirty linen be washed at home?						
Agree	42 (30.2)	9 (47.4)	0.109[a]	23 (22.5)	28 (50.0)	**0.001[a]**
Disagree	97 (69.8)	10 (52.6)		79 (77.5)	28 (50.0)	
04) Should domestic violence cases be discussed only among family members?						
Agree	26 (18.7)	10 (52.6)	**0.002[a]**	12 (11.8)	24 (42.9)	**<0.001[a]**
Disagree	113 (81.3)	9 (47.4)		90 (88.2)	32 (57.1)	

05) Does a woman who is assaulted and continues with her partner like to be beaten?

Agree	16 (11.5)	3 (15.8)	0.705[b]	5 (4.9)	14 (25.0)	**0.001[a]**
Disagree	123 (88.5)	16 (84.2)		97 (95.1)	42 (75.0)	

06) Can you understand that a man who grew up in a violent family assaults his wife?

Agree	35 (25.2)	9 (47.4)	**0.044[a]**	18 (17.6)	26 (46.4)	**0.001[a]**
Disagree	114 (74.8)	10 (52.6)		84 (82.4)	30 (53.6)	

07) Is it men's nature to be violent?

Agree	28 (20.1)	4 (21.1)	0.565[b]	17 (16.7)	15 (26.8)	0.191[a]
Disagree	111 (79.9)	15 (78.9)		85 (83.3)	41 (73.2)	

08) Should the woman who is beaten at home be quiet so as not to harm her children?

Agree	16 (11.5)	- (0.0)	1.000[b]	7 (6.9)	9 (16.1)	0.119
Disagree	123 (88.5)	19 (100.0)		95 (93.1)	47 (83.9)	

09) When there is violence, should couples separate?

Agree	100 (71.9)	11 (57.9)	0.161[a]	80 (78.4)	31 (55.4)	**0.004[a]**
Disagree	39 (28.1)	8 (42.1)		22 (21.6)	25 (44.6)	

10) Does the man who beats his wife have to go to jail?

Agree	112 (80.6)	14 (73.7)	0.332[a]	86 (84.3)	40 (71.4)	0.085[a]
Disagree	27 (19.4)	5 (26.3)		16 (16.7)	16 (28.6)	

11) Does the issue of violence against women receive more importance than it deserves?

Agree	23 (16.5)	3 (15.8)	1.000[b]	12 (11.8)	14 (25.0)	0.055[a]
Disagree	116 (83.5)	16 (84.2)		90 (88.2)	42 (75.0)	

12) Is it violence to tell lies about a woman to others?

Agree	65 (46.8)	11 (57.9)	0.253[b]	41 (40.2)	35 (62.5)	**0.011[a]**
Disagree	74 (53.2)	8 (42.1)		61 (59.8)	21 (37.5)	

13) Can a man curse and yell at his own wife?

Agree	5 (3.6)	1 (5.3)	0.543[b]	1 (1.0)	5 (8.9)	**0.021[b]**
Disagree	134 (96.4)	18 (94.7)		101 (99.0)	51 (91.1)	

14) Is it understandable for a man to tear or break a woman's things if he got nervous?

Agree	4 (2.9)	- (0.0)	1.000[b]	1 (1.0)	3 (5.4)	0.127[b]
Disagree	135 (97.1)	19 (100.0)		101 (99.0)	53 (94.6)	

15) If women knew how to behave, would there be fewer rapes?

Agree	23 (16,.5)	3 (15.8)	1,000[b]	13 (12.7)	13 (23.2)	0.141[a]
Disagree	116 (83.5)	16 (84.2)		89 (87.3)	43 (76.8)	

16) Do women who wear clothes that show their body deserve to be attacked?

Agree	3 (2.2)	1 (5.3)	0.404[b]	- (0.0)	4 (7.1)	**0.015[b]**
Disagree	136 (97.8)	18 (94.7)		102 (100.0)	52 (92.9)	
Total	139 (100.0)	19 (100.0)		102 (100.0)	56 (100.0)	

[a]chi-square test; [b]Fisher's test
Source: authors (2022).

Table 3 compares the percentages of agreement/disagreement according to the place of care, specialty and training time. The statement "is it violence to tell lies about a woman to others", showed statistical significance, with a higher percentage of agreement with doctors who work in basic health units in the urban area and among those who have specialties. Regarding the type of training, it is possible to observe that there was statistical significance with a higher percentage of agreement in doctors with training time of more than 25 years in the statements that denote ideas of violence as an intimate phenomenon (Statements 01 to 04) and blaming the woman for the violence suffered (Statement 16).

Table 3. Social perception of violence against women by family doctors, according to the place of care and medical specialty. Teresina, Piauí, Brazil, 2019 (n=158).

SPIS	Service location		*p*	Specialty		*p*	Training time		*p*
	Rural n (%)	Urban n(%)		Yes n (%)	No n (%)		Up to 25 years n (%)	Over 25 years old n (%)	
01) What happens to the couple at home does not matter to others?									
Agree	6 (30.0)	28 (20.3)	0.237[a]	16 (21.9)	18 (21.2)	0.910[a]	22 (17.7)	12 (35.3)	**0.028[a]**
Disagree	14 (70.0)	110 (79.7)		57 (78.1)	67 (78.8)		102 (82.3)	22 (64.7)	
02) Should one poke their nose into a husband-and-wife fight?									
Agree	3 (15.0)	26 (18.8)	1.000[b]	12 (16.4)	16 (18.8)	0.695[a]	18 (14.5)	11 (32.4)	**0.020[a]**
Disagree	17 (85.0)	112 (81.2)		61 (83.6)	69 (81.2)		106 (85.5)	23 (67.6)	
03) Should dirty linen be washed at home?									
Agree	3 (15.0)	48 (34.8)	0.122[b]	27 (37.0)	24 (28.2)	0.241[a]	34 (27.4)	17 (50.0)	**0.012[a]**
Disagree	17 (85.0)	90 (65.2)		46 (63.0)	61 (71.8)		90 (72.6)	17 (50.0)	
04) Should domestic violence cases be discussed only among family members?									
Agree	8 (40.0)	28 (20.3)	0.052[a]	15 (20.5)	21 (24.7)		22 (17.7)	14 (41.2)	**0.005[a]**
Disagree	12 (60.0)	110 (79.7)		58 (79.5)	64 (75.3)	0.534[a]	102 (82.3)		
								20 (58.8)	
05) Does a woman who is assaulted and continues with her partner like to be beaten?									
Agree	4 (20,0)	15 (10,9)	0,267[b]	5 (6,8)	14 (16,5)	0,064[a]	15 (12,1)	4 (11,8)	0.612[a]
Disagree	16 (80,0)	123 (89,1)		68 (93,2)	71 (83,5)		109 (87,9)	30 (88,2)	
06) Can you understand that a man who grew up in a violent family assaults his wife?									
Agree	3 (15,0)	41 (29,7)	0,284[b]	16 (21,9)	28 (32,9)	0,123[a]	28 (22,6)	16 (47,1)	**0.006[a]**
Disagree	17 (85,0)	97 (70,3)		57 (78,1)	57 (67,1)		96 (77,4)	18 (52,9)	
07) Is it men's nature to be violent?									
Agree	7 (35,0)	25 (18,1)	0,077[a]	10 (13,7)	22 (25,9)	0,057[a]	24 (19,4)	8 (23,5)	0.374[a]
Disagree	13 (65,0)	113 (81,9)		63 (86,3)	63 (74,1)		100 (80,6)	26 (76,5)	
08) Should the woman who is beaten at home be quiet so as not to harm her children?									
Agree	4 (20,0)	12 (8,7)	0,124[b]	5 (6,8)	11 (12,9)	0,206[a]	14 (11,3)	2 (5,9)	0.525[b]
Disagree	16 (80,0)	126 (91,3)		68 (93,2)	74 (87,1)		110 (88,7)	32 (94,1)	
09) When there is violence, should couples separate?									

Agree	14 (70,0)	97 (70,3)	0,583[a]	53 (72,6)	58 (68,2)	0,549[a]	94 (75,8)	17 (50,0)	**0.004[a]**
Disagree	6 (30,0)	41 (29,7)		20 (27,4)	27 (31,8)		30 (24,2)	17 (50,0)	
10) Does the man who beats his wife have to go to jail?									
Agree	19 (95,0)	107 (77,5)	0,079[b]	58 (79,5)	68 (80,0)	0,932[a]	97 (78,2)	29 (85,3)	0.258[a]
Disagree	1 (5,0)	31 (22,5)		15 (20,5)	17 (20,0)		27 (21,8)	5 (14,7)	
11) Does the issue of violence against women receive more importance than it deserves?									
Agree	4 (20,0)	22 (15,9)	0,746[b]	8 (11,0)	18 (21,2)		19 (15,3)	7 (20,6)	0.309[a]
Disagree	16 (80,0)	116 (84,1)		65 (89,0)	67 (78,8)	0,084[a]	105 (84,7)	27 (79,4)	
12) Is it violence to tell lies about a woman to others?									
Agree	4 (20.0)	72 (52,2)	**0,008[b]**	43 (58,9)	33 (38,8)	**0,012[a]**	55 (44,4)	21 (61,8)	0.054[a]
Disagree	16 (80.0)	66 (47,8)		30 (41,1)	52 (61,2)		69 (55,6)	13 (38,2)	
13) Can a man curse and yell at his own wife?									
Agree	- (0.0)	6 (4.3)	1.000[b]	3 (4.1)	3 (3.5)	1.000[b]	3 (2.4)	3 (8.8)	0.114[b]
Disagree	20 (100.0)	132 (95.7)		70 (95.9)	82 (96.5)		121 (97.6)	31 (91.2)	
14) Is it understandable for a man to tear or break a woman's things if he got nervous?									
Agree	- (0.0)	4 (2.9)	1.000[b]	1 (1.4)	3 (3.5)	0.625[b]	3 (2.4)	1 (2.9)	1.000[b]
Disagree	20 (100.0)	134 (97.1)		72 (98.6)	82 (96.5)		121 (97.6)	33 (97.1)	
15) If women knew how to behave, would there be fewer rapes?									
Agree	4 (20.0)	22 (15.9)	0.746[b]	11 (15.1)	15 (17.6)	0.663[a]	17 (13.7)	9 (26.5)	0.069[a]
Disagree	16 (80.0)	116 (84.1)		62 (84.9)	70 (82.4)		107 (86.3)	25 (73.5)	
16) Do women who wear clothes that show their body deserve to be attacked?									
Agree	- (0.0)	4 (2.9)	1.000[b]	2 (2.7)	2 (2.4)	1.000[b]	1 (0.8)	3 (8.8)	**0.032[b]**
Disagree	20 (100.0)	134 (97.1)		71 (97.3)	83 (97.6)		123 (99.2)	31 (91.2)	
Total	20 (100.0)	138 (100.0)		102 (100.0)	56 (100.0)		124 (100.0)	34 (100.0)	

[a]chi-square test; [b]Fisher's test
Source: authors (2022).

DISCUSSION

The questionnaire adapted from the IPEA's Social Perception System, used in data collection, allows the questions to be grouped into four factors[7]: "social vision"; "control"; "domination"; and "neutralization of violence". Phrases such as *"What happens to the couple at home does not matter to others", "One should not poke their nose into a husband-and-wife fight"; "Dirty linen should be washed at home", "Domestic violence cases should be discussed only among family members" and "A woman who is assaulted and continues with her partner likes to be beaten"*, are examples of statements of " social vision", by bringing together questions that deal with the perspective and role "of outsiders" to the perception, intervention and judgment of the role of men and women in the relationships[6].

In the factor called "control", phrases with contents linked to women's controls, whether social, psychological or physical, are grouped, such as: *"if women knew how to behave, there would be fewer rapes"; "It is understandable that a man would tear or break a woman's things if he was nervous"; and "women who wear clothes that show their bodies deserve to be attacked"*. The same author adds that the "domination" factor brings together phrases that make clear some power of domination of the man, such as *"the woman who is beaten at home must keep quiet so as not to harm her children"* and *"a man can curse and yell at his wife"*. The last factor grouped together phrases that naturalize violence and aggressive behavior as part of the man (*"It is in the nature of men to be violent", "when there is violence, the couple must separate", "the man who beats the woman has to go to jail"* and *"it is understandable that a man born into a violent family attacks his wife"*), which is why it was called "neutralization"[7].

It is observed that physicians aged over 60 years present a social perception of violence against women within the factors "social vision" and "neutralization of violence" different from the perception of younger physicians, as the sexagenarian group perceives it as a problem of an intimate nature, in which the intervention of "outsiders" is not appropriate for its resolution, in addition to considering the experience of violence in their family of origin as a justification for aggressive behavior.

Such factors are linked to the primacy of masculinity, where patriarchal power is constituted in an environment whose main function is to maintain the power of the male population, result of a society dominated by men and structured in hierarchy and in the violence of men against women. Violence committed by men is not only due to inequalities in power, but also due to a belief in the deserving of privileges that should be granted by women[8].

However, there is no justification for aggression against women, whether physical, psychological, moral, sexual or patrimonial. Among the main factors that lead women to remain silent in the face of this type of violence is shame, the fact of not trusting justice, fear of losing custody of their children or

making them suffer, being financially helpless or even the fear of dying. Unfortunately, the sexist culture still makes women feel guilty for the aggressions they have suffered[9].

There is an order of psychic pressure that converts into domestic violence, where men are educated from childhood not to experience or express emotions and feelings such as fear, pain and affection. Anger, on the other hand, is one of the few emotions allowed and, thus, other emotions are channeled through this channel[10]. In this bias, the justification for considering the neutralization of violence against women resides in a process of identity construction, both masculine and feminine, which the boy is taught not to mother, not to externalize his feelings, weaknesses and sensitivity, to be different from the mother and to look up to the father, provider, insurer and just; on the other hand, the opposite happens to the girl, and she must identify with her mother and with the characteristics defined as feminine: docility, dependence, insecurity, among others[11].

As for blaming women for sexual violence, behind her statement is the notion that men cannot control their sexual appetites; so, women are who provoke them and who should know how to behave, not the rapists[12].

The study, however, points to a paradox: on the one hand, it reveals that men treat violence against women as a private matter, to be resolved at home, on the other hand, it suggests an intolerance towards violence to the point of agreeing with separation and punishment through deprivation of liberty. This finding can be explained by the understanding of the effectiveness of the Maria da Penha Law with its various types of support and protection mechanisms available to women victims of violence[13].

Another paradox pointed out is the high percentage of disagreement with the statement that *"the issue of violence against women receives more importance than it deserves"*. This shows a positive bias, demonstrating the great space that the issue has gained in recent years in the media and even on the government agenda, being perceived as consistent with its relevance to women's lives. Even more important is that the tendency to disagree is a tonic in all the variables presented in the research[5].

This same statement showed significant disagreement between physicians with or without a specialty. Professionals who do not have some type of specialization also disagreed that it would be a form of violence against women.

Regarding training time, this study shows that doctors with more than 25 years of training also have a perception of violence against women as an intimate problem, neutralized by the nature of men and, in cases of sexual violence, agreement with the blaming of women. This result may reside in the fact that the training of these doctors was based on a traditional model, in which the issue of violence against women was not discussed in the syllabus.

Currently, the concern with health training has driven processes of curricular change in medical education that propose the training of professionals capable of reflecting on social issues and providing comprehensive and humanized care to people, and

who know how to make decisions considering the context in which the patients live, the most effective measures and the resources available. In this sense, the approach to gender violence in health services requires practices that are consistent with this perspective in which the professional positions themself as a facilitator of the therapeutic process, building strategies with users that contemplate and respect their social context and their singularities[16].

Evaluating the research carried out, it is worth highlighting some negative factors of the questionnaires that may explain the low total agreement with the proposed statements. As the factors basically revolved around the individual, many times, not clearly discriminating the controls (such as social rules) to which they are submitted made it difficult to identify with the statements of the questionnaire proposed here; and that some statements of the instrument could control responses that did not correspond to what they thought or said, since it could be socially punitive to agree with some sentences contained in the instrument.

Another factor that may have controlled the responses of the participants was the use of the alternative "I partially agree", which may have worked as an escape for those people who did not want to take a position between the extremes.

The results show that there is something apparently paradoxical in the fact that a significant part of the interviewees agree with the arrest of the violent husband - which could be seen as the intrusion of the State's "poking" in the couple's fight, with the inexorable consequence of making public "the washing of dirty linen". Such perceptions may be related to the alienation generated by work, which does not allow for each case to be seen individually and able to propose a reflection on the real needs of women.

CONCLUSION

In general, it is concluded that male doctors, specialists, with more than 25 years of training and who are over 60 years old are less tolerant of violence against women, repudiating physical, sexual and psychological aggression. However, it would be premature to conclude that there is a low tolerance for violence against women among those surveyed. Even if there is a perception of violence against women by doctors to patriarchal models with a contemporary version, we can highlight that this violence is still in an invisibility plane, in addition to being sometimes ignored and neglected, since many professionals do not feel safe, nor trained to deal with women exposed to situations of violence.

The qualification of these professionals on gender violence can contribute to the improvement of care practice. Reflection and discussion of care practice, from a gender perspective, can support professionals in the construction of behaviors and make them think of mechanisms that overcome the marital difficulties of women and men who live in situations of violence generated by gender inequalities and that strain relationships.

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