

Chapter 116

Technologies used in the context of violence against women: an integrative review

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ABSTRACT

Objective: to identify the scientific publications about technologies related to violence against women

1 INTRODUCTION

Violence can be considered a constant of human nature, an act that has happened since the beginning of civilization (PORTO, 2014). It occurs in different environments, especially in the family environment, in which women should feel safe, this fact can weaken relationships and affect the daily lives of individuals. The impulse of violence is a condition influenced by social, emotional, physical, and behavioral factors.

published from 2011 to 2021. Method: an integrative literature review. Guiding question: "What technologies related to violence against women were published in the period from 2011 to 2021?". Database: Virtual Health Library. Keywords: violence against women AND technology; information technology AND violence against women. Inclusion criteria: full texts, available in the languages Portuguese and English, and Spanish, published between the years 2011 to 2021. Exclusion criteria: duplicate publications; paid publications; Theses; master's dissertations; course completion work; productions not related to the objective of the study. Results: 27 articles were identified, of which 8 were selected: 5 from LILACS and 3 from MEDLINE. Conclusion: the study met the objective of identifying scientific productions about technologies related to violence against women. It identified several positive and negative aspects regarding the use of technology in the fight against violence against women. It is recommended to conduct studies that address the technologies and how they can influence the fight against this violence during the quarantine period for COVID-19.

Keywords: Violence, Violence against women, Technology, Information technology, and nursing.

Therefore, different societies and cultures governed by ethical and moral standards aim to avoid this behavior (FERNANDES; HORTA, 2018).

Violence against women can be considered a public health problem since it comes from one of the highest rates of homicide cases in Brazil (PÊ et al., 2022). Law No. 11,340/2006, better known as the Maria da Penha Law, in article 7, recommends physical, psychological, emotional, sexual, patrimonial, and moral violence. Physical violence is described as "any conduct that offends the integrity or bodily health of women" and psychological violence as "any conduct that: causes emotional damage and decreased self-esteem; impairs and disturbs the full development of women; or aims to degrade or control their actions, behaviors, beliefs, and decisions." Sexual violence is characterized as "any conduct that constrains witnessing, maintaining or participating in unwanted sexual intercourse through intimidation, threat, coercion or use of force" and property violence "any conduct that constitutes retention, subtraction, partial or total destruction of their objects, work instruments, personal documents, assets, values and rights or economic resources, including those intended to satisfy their needs." Moral violence, on the other hand, involves "any conduct that constitutes slander, defamation or slander" (BRASIL, 2006).

According to the Epidemiological Bulletin of the Ministry of Health (MS), in 2018, a descriptive and cross-sectional analysis of the data of the continuous component of the Surveillance of Violence and Accidents (Viva/Sinan) was carried out. Thus, there were 350,354 reported cases of interpersonal and self-inflicted violence, of which 78,393 are cases of intimate partner violence (IPV). Women represented 91.5% of the total number of IPV notifications, with the highest predominance in black women. Regarding the place of occurrence of notifications of interpersonal and self-inflicted violence, 78.1% occur in homes and 9.5% on public roads. And, when comparing the type of violence suffered by women and men, 30% higher proportions of violence by firearm (1.1%), and 2.5 times higher proportions of aggression with strangulation (8.5%) were observed with females. Regarding violence against women of repetition, it was present in 58.2% of IPV notifications (BRASIL, 2020).

It is worth mentioning that during the pandemic period caused due to COVID-19, it was necessary to establish social isolation measures, such as quarantine, which has become a situation of greater vulnerability for women who suffer domestic violence by an intimate partner (SOUSA, 2021). Consequently, there was an increase in cases of violence, which was observed by the increase in the number of visits focused on domestic violence by the Military Police (PM), in the number 190. However, due to the difficulty to leave home and the fear of making a complaint, there was a decrease in the records of police reports, which has an impact on the amount of emergency protective measures granted (BRASIL, 2020).

A counterpoint shows that the state, in the context of the pandemic, did not lead to the adoption of new protocols that could serve and welcome women in situations of violence. Thus, through the analysis of the records, it was observed that the notifications declined and were not associated with a decrease in

cases of violence against women, but rather with the lack of support offered to these women to make the complaint during this period (MOTA; AUGUSTUS, 2021).

Technology is a crucial term after great technological innovations and is defined as a set of scientific, empirical, and intuitive knowledge, which can be considered in the form of a technological product or even information. Technologies can facilitate the introduction of new ideas into society and modify certain situations and realities (BARRETO, 1995).

Information and Communication Technologies (ICT) have great importance for society and, especially for women in situations of vulnerability, since they can help combat disinformation and provide spaces for the exchange of experiences and feelings. ⁶ Moreover, educational technologies can also enable support in the teaching-learning process and promote the opportunity to re-signify educational actions related to violence against women (SOUSA, 2020).

Nursing care can have a great influence on women who are victims of violence, to welcome and try to reduce the cycle of violence (SOUSA, 2020). Care technologies can be divided into light, yeasts, and hard, in which light technologies are focused on relationships, welcoming, and bonding. Yeast technologies are related to systematized knowledge. And finally, hard technologies involve equipment and organizational structures (BUSANELLO et al., 2013).

The study of technologies used in violence against women is relevant because it is a serious public health and women's health problem. The use of different technologies can reduce the number of cases of violence, especially intimate partner violence.

The objective of this study was to identify scientific publications on technologies related to violence against women published from 2011 to 2021.

2 METHOD

This is an integrative literature review. This type of study is characterized by enabling the synthesis and critical analysis of a given theme. As a result, there is the condensation of information and the elaboration of interventions aimed at the improvement of issues focused on the subject. The method allows for differentiating scientific findings from opinions and identifying theoretical gaps on the subject, which can stimulate greater production of research in the area and offer professionals quick access to relevant results (MENDES; SCOTT; GALVÃO, 2008).

The integrative review is composed in its structure of six phases: elaboration of the guiding question, search or sampling in the literature, data collection, critical analysis of the included studies, discussion of the results, and presentation of the integrative review (SOUZA; SILVA; CARVALHO, 2010).

With the identification of the theme, the PICo strategy was used, an acronym for Participant; Interest; Context (JOANNA BRIGGS INSTITUTE, 2014), and the following question was developed: "What technologies related to violence against women were published in the period from 2011 to 2021?".

Data collection took place in February and March 2022, to perform the search was used the Virtual Health Library, indexed in the databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) and Latin American and Caribbean Literature in Health Sciences (LILACS). The descriptors used were: violence against women AND technology; information technology AND violence against women.

The criteria for inclusion of the studies were: full texts, available in the languages Portuguese and English, and Spanish, published between the years 2011 to 2021. Exclusion criteria were: duplicate publications; paid publications; Theses; master's dissertations; course completion work; productions not related to the objective of the study.

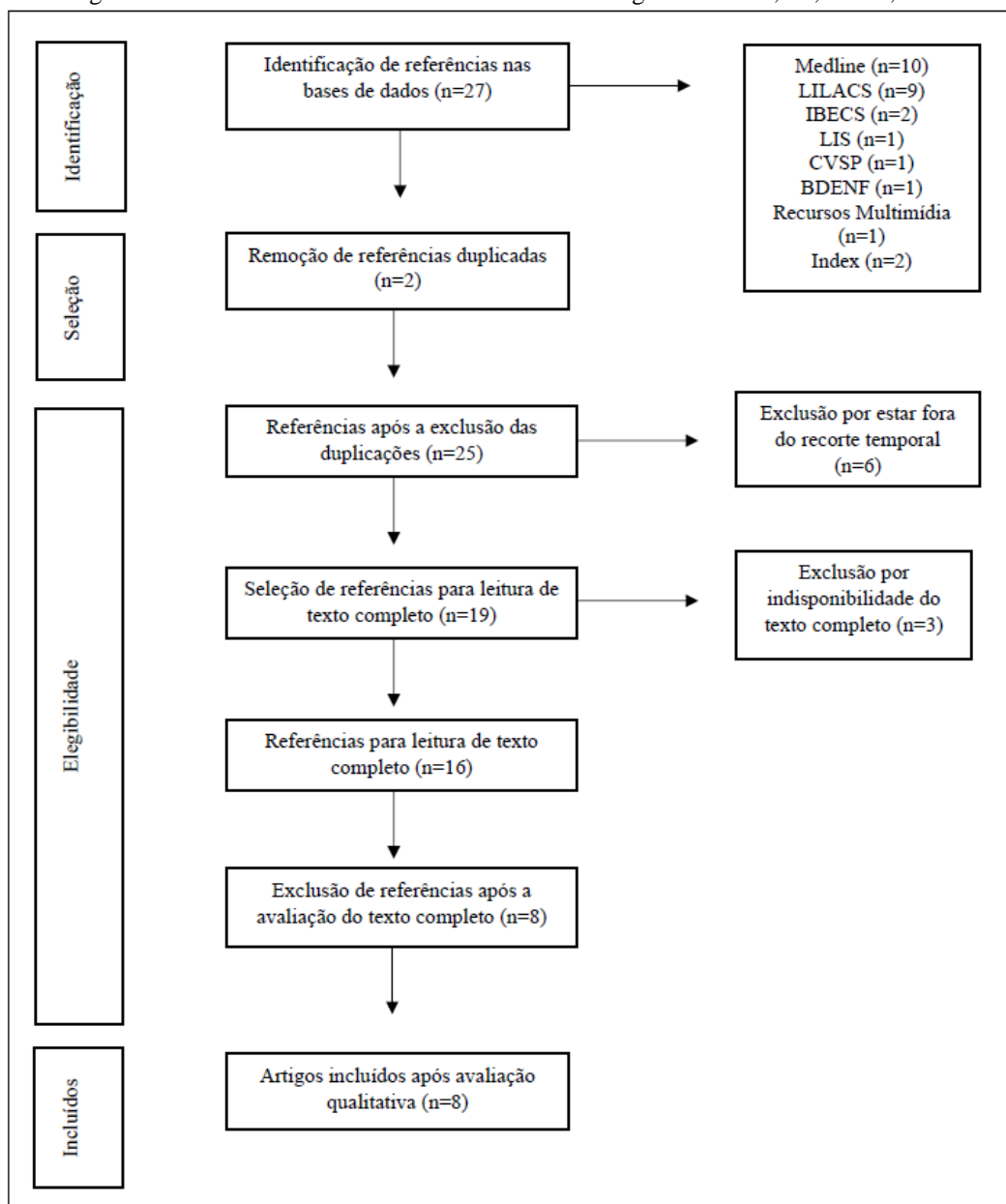
For data analysis, a framework was constructed that allowed the agglutination and synthesis of the following information: title; year of publication; periodic; author; type of study; the objective of publications, and results.

3 FINDINGS

From the search carried out 27 articles were found, after the elimination of 2 duplicate studies, 25 studies remained, and 6 references were excluded, for being outside the time frame, leaving 19 studies. Before reading in full, 3 references were excluded because they were not available in full text. After reading the 16 studies in full text, 8 were excluded because they did not meet the objective of the study. This quantity resulted in 8 articles, of which: 5 were from LILACS and 3 from MEDLINE.

The search procedure performed is illustrated below in the flowchart according to PRISMA, as shown in Figure 1:

Figure 1 - Flowchart of the search for articles according to PRISMA, RJ, Brazil, 2023.



Source: Autoras, 2023, adapted from the PRISMA recommendation (GALVÃO; PANSANI; HARRAD, 2015).

Table 1 presents the 8 references included in the integrative review in detail, with the year of publication, title, journal, and objective.

Table 1 - Characterization of the studies that composed the sample, according to year, title, author, journal, type of study, objective, and results, Rio de Janeiro, RJ, Brazil, 2023.

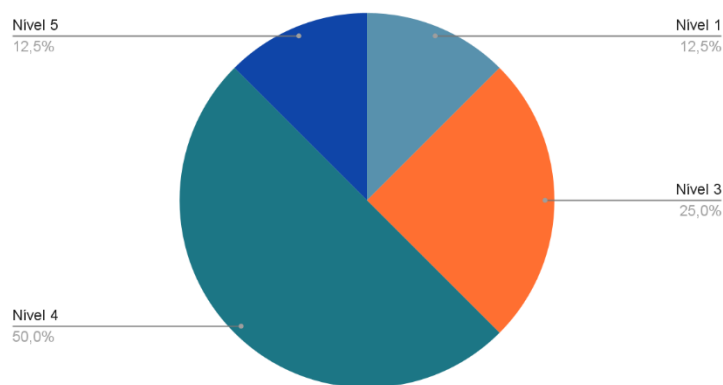
n°	Year	Author	Title	Level of Evidence	Periodic	Findings
A1	2021	Patricia O'Campo et al.	Design and Development of a Suite of Intimate Partner Violence Screening and Safety Planning Web Apps: User-Centered Approach	Level 3	JMIR Publications	Evidence and feedback from user tests have indicated what women want and need from VPI screening and security planning apps, plus the product must be relevant to its user population and with easy navigation.
A2	2021	Janet Carey Guarino	Innovative Strategies to Facilitate Safe Assessment and Intervention for Intimate Partner Violence During a Pandemic and Beyond	Level 3	Nursing for Women's Health	The infographic allowed respondents to signal a safety concern by launching an individualized care plan to meet their needs privately.
A3	2021	Odelle Mourão Alves et al.	Technology to support nursing care for women in situations of sexual violence	Level 4	Acta Paulista de Enfermagem	The application is an application technology that can contribute to the work of nurses, directing care to women in situations of sexual violence through the nursing process.
A4	2020	Christo El Morr; Manpreet Loyal.	Effectiveness of ICT-based intimate partner violence interventions: a systematic review	Level 4	BMC Public Health	It is identified that ICT-based interventions have been effective. However, there is a lack of homogeneity in the studies. Questions about security, equity, and the unintended consequences of using ICT in IPV programming are virtually nonexistent.
A5	2020	Elayne Kelly Sepedro Sousa et al.	Elaboration and validation of an educational technology about violence against women	Level 4	Esc. Anna Nery	It proved to be a valid educational technology to be used, as it promotes knowledge about the various manifestations of violence against women.
A6	2020	Fernanda Matheus Estrela et al.	Social technology for the prevention of marital violence: the Group Vid@ in actions with men	Level 5	Rev. esc. sick. USP	44 men participated. There were eight meetings, using technologies, to incite reflection on daily life and changes with male praxis.
A7	2020	Viviane Maria de Pádua Rios Magalhães et al.	Validation of a serial album for primary care nurses on domestic violence against women	Level 4	Cogitare Nursing	The serial album was validated for content and appearance, suggesting that this educational technology enables health education actions carried out by nurses from Primary Care.
A8	2017	Eliana Daniela Heisler et al.	Potentialities and limits of home visits to identify and approach women in situations of violence	Level 4	Cienc Cuid Saúde	In the home visit, as limits, there is the presence of the aggressor and family members, the overload of work in the unit and little time to address the issue. To overcome them, the professionals pointed to the creation of a private and safe atmosphere as a proposal to be effected through the persistence and planning of visits.

Source: Authors (2023).

Evidence-Based Practice was used to identify the characteristics and methodological approach of the articles selected in a hierarchical manner (SOUZA; SILVA; CARVALHO, 2010).

At level one, there is evidence resulting from the meta-analysis of controlled and randomized clinical trials, and a study was obtained (A4). For level 2, this is evidence from studies with experimental design, of which no articles were found. At the third level, there are the quasi-experimental ones, in which there are two studies (A1 and A2). Level four is formed by descriptive (non-experimental) studies, with a qualitative approach, in which 4 articles (A3, A5, A7, and A8) were classified. About level 5, a study (A6) was selected, which corresponds to the experience report. Finally, at the sixth and final level, which is formed by evidence based on expert opinions, no articles were found (SOUZA; SILVA; CARVALHO, 2010), and in figure 2 are the percentage identified in each level of evidence.

Figure 2 - Graph of the percentage found at each level of evidence



Source: Authors (2023).

4 DISCUSSION

The health professional brings with him a kind of "technological toolbox" when he finds the user who assists in the relationship between the two. These technological health tools may be related to "equipment and structured knowledge", and to the integration between the consumption of "dead work (of the machines) and the living work of their operators", as are the hard technologies. On the other hand, yeast technologies can allow "processing the health worker's view of the user, as the object of his intervention [...] and this view is constructed from certain defined knowledge, such as clinical, epidemiology [...]." The third toolbox consists of light technologies, which "allow the production of relationships involved in the worker-user encounter through listening, interest, the construction of bonds, trust" (MERHY; FEUERWERKER, 2016).

Nursing care, mediated by yeast technologies, goes beyond only the formation of bonds and welcoming, since there is a direct relationship between health professionals and the clientele, enabling the exchange of knowledge and mutual learning among those involved. Thus, it is observed that the yeast technology enables the provision of structured care and focused on the needs of each client (SABINO et al., 2016).

From the conceptions of Merhy (2016), it was observed that all the studies that composed this integrative review, were based on the categorization of health yeast technologies and, singularly, four of these articles had as their axis the digital yeast technologies. This type of technological tool is essential for the relationship between health professionals and clientele, as well as interventions. Thus, it was perceived the importance of its use in the control of cases of violence against women, and in the identification and recognition of violence by the victim. For the analysis of the selected studies, we chose to highlight the type of technology developed, the target audience of the technology, its importance and its limitation.

In studies A1, A2, A3 and A4 (Chart 1), technologies focused on the digital sphere are developed. While studies A1 and A3 address the process of development and design of applications, A2 deals with the use of an infographic that contains a *QR Code* (Quick Response Code) which opens a text box, in which the woman answers questions related to screening in case of situations of violence.

Article A1 focuses on developing the design of three applications with different intuitions, the first being to be a screening tool to identify IPV situations and warning signs. The second is based on safety planning, and the third was created for the time of the COVID-19 pandemic. The target audience can be both the health professionals who serve women in situations of violence, as well as the victims themselves.

The infographic found in A2 also uses screening questions to identify situations of violence. The material was placed in bathrooms of the perinatal environment of the Hospital so that the women could answer it. It is worth mentioning that the nursing team is activated when obtaining a positive response to violence, to develop a care plan for the victim.

Similar to A1, article A4 also points out the use of mobile applications, such as *mHealth*, which in addition to being a digital technology, can also be considered an ICT. It is notable that ICT can address screening and dissemination, prevention, empowerment and support for women's health as it proves effective, improves knowledge and risk assessments, as well as motivates women to reveal, discuss and leave their abusive relationships (EL MORR; LAYAL, 2020).

Despite using different technologies, studies A1 and A2 have similar limitations, such as lack of understanding when using the technological product, women's discomfort with sharing information about violence and fear of the aggressor discovering, especially for women who share information through the mobile device. In addition, the A4 study mentions the same problems, adding the high cost of the development of digital technologies and the few publications on the use of ICT in violence against women in strategies for prevention and improvement of technologies.

Article A3 differs because the specific target audience is nursing professionals. A mobile application was developed and validated using nursing diagnoses and interventions that are adequate and representative of the care of women in situations of sexual violence according to the taxonomies of NANDA-I, NIC, NOC, and ICNP. The application developed is of great relevance for nurses who do not feel prepared to assist women in situations of vulnerability and violence, contributing to the Nursing Process. However, it has as obstacles the resistance to the taxonomies of NANDA-I diagnoses by the judges who evaluated the

application, and tests in simulated environments are necessary to apply the usability of the technology (ALVES et al., 2021).

Studies A5, A6, and A7 also mentioned yeast technologies, on the other hand, they are outside the digital context and can be more accessible and adaptable to various social contexts. They have similar objectives to studies that address the technologies of the digital world (A1, A2, A3, and A4), such as the dissemination of information, the recognition of acts of violence, and the development of educational practices that stimulate behavior change.

The two studies A5 and A7 developed technologies for women and health professionals for informational purposes. To draw women's attention to the manifestations of violence and to train health professionals on the need to re-signify educational actions related to this violence, study A5 created the "Alertometer". This instrument was of great importance in the recognition of the levels of violence against women, being developed in a dynamic, self-explanatory, and visual way, which provided a greater reach of the public to the technological product. A7, on the other hand, turned mainly to Primary Care Nurses, seeking to facilitate professional-victim communication through a serial album.

Some limitations were observed in both studies A5 and A7 throughout the preparation of the technology because the language was not accessible to all victims vulnerable to violence. To illustrate, in study A5 the types of violence against women were arranged in levels of aggression and, after reviewing the material, it was identified that the theme was subjective, and it was necessary to modify the material. Article A7 had to undergo linguistic adjustments to become more accessible.

Unlike previous studies, article A6 used the male target audience, and develops an educational technology that instigates the change of behavior of men in judicial proceedings for having committed violence against women. The development of activities in groups, such as conversation circles, video viewing, and promotion of educational games were easily accessible strategies used in a Freirean approach.

The mishaps found in technologies aimed at the male audience were, mainly, the naturalization of violence rooted in the macho culture and the initial resistance of men to participate in the activities. Regarding the benefits, it is mentioned that educational spaces can generate changes in the behavior of men and women, favor the denaturalization of violence and enable men to become a transforming agents in the fight against this problem (ESTRELA et al., 2020).

Article A8 addressed the home visit performed by nurses, from the perspective of yeast technology. The proposal was to observe the impact of visits on the control of violence through the monitoring of women and families. In this way, the environment and the people who live, including the possible aggressor, are observed, so the health professional can identify situations of instability and vulnerability in the family, as well as an opportunity to see the woman holistically, seeing her biopsychosocial factors.

It is worth mentioning some obstacles during the home visit, such as the presence of the aggressor, the lack of privacy for a safer dialogue, the absence of the possibility of meeting the woman in her home, and little time available for the meeting. About the positive points, the visit can cautiously detect violence,

observe the environment, culture, and habits of the family, and finally, establish a greater relationship of trust between the woman and the professional (HEISLER et al., 2017).

It is worth mentioning that the largest number of selected studies is in the fourth level of scientific evidence and corresponds to qualitative studies that are widely used approaches in nursing research. Level 3 is soon after (25%), demonstrating quasi-experimental studies in the field of violence against women, and this application of technology is important in the context of women. For level one and level five, a smaller amount was identified (12.5%). Regarding the quality of the levels of evidence, there is a variation of four different levels in the studies found. It is noteworthy that level one studies represent the highest level in the hierarchy of studies, considered hard studies.

The limitation of the study was the scarcity of studies on the subject, which restricts the deepening of a more complete analysis at each level of evidence.

The discussion of the theme, the creation and use of technologies will contribute to the improvement of nursing care for women in vulnerable conditions.

5 FINAL CONSIDERATIONS

Given the above, the study met the objective of identifying the scientific productions about the technologies related to violence against women that were published in the period from 2011 to 2021.

The studies discussed the possibility of using various technologies to assist both women victims of violence, health professionals in their care and even men who committed violence.

The use of technologies, from digital to yeast, is an important tool for combating, preventing and assisting cases of violence against women and intimate partner violence. The technologies have the potential to instruct women in making complaints safely, assist professionals in health education on the subject, help in the empowerment of the helpless victim and contribute to the care of health professionals.

It is worth mentioning that there are limiting factors for the implementation of technologies in the use of a larger audience, as negative aspects it is possible to highlight the discomfort of women to denounce; the fear of the aggressor finding out about the complaint; the lack of access to and understanding about technology; inaccessible language and high cost, especially in the case of digital technologies. However, the studies discuss the need for adaptation strategies and changes necessary to improve technological products. Concerning the lack of access and the high cost, we highlight the difficulty of the population of black, poor, and peripheral women, who live in greater situations of social vulnerability and are more affected by violence against women.

There was a theoretical gap in articles that address technologies and how they can influence the fight against violence against women. It is recommended greater scientific production and investments in the area of health care for women who suffer violence, with the encouragement of studies focusing on the construction of new technologies, since the pandemic period evidenced the worsening of the situation.

AUTHORS' CONTRIBUTIONS

It is reported that all authors contributed to the collection, analysis, and interpretation of data and writing of the manuscript. Rosângela da Silva Santos and Ana Cláudia Mateus Barreto collaborated with the conception and design of the study, critical review of the manuscript, and approval of the final version to be published.

CONFLICTS OF INTEREST

No conflicts of interest.

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