



Research Article

EXPERIENCES OF THE APPLICABILITY OF NOM 046 IN ATTENTION TO SEXUAL VIOLENCE IN A HEALTH INSTITUTION OF VERACRUZ

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ABSTRACT

Introduction: Violence against women is one of the most embarrassing and painful actions of discrimination. It is a social and global problem with large dimensions that women from different countries and cultures go through, regardless of social conditions, levels of education, religion, race, ethnicity and age (Contreras, Fernández, López, 2017). **Methodology:** used in this study was performed in an interpretative framework, so the design was qualitative with a phenomenological approach, the collection technique used was through semi-structured interview and audio recordings, interviewing a social worker, a gynecologist, a psychologist and a nurse; likewise to personnel responsible for the Violence module in charge of the internist doctor and also to the head of social work at the hospital. The analysis was carried out with a phenomenological approach through a reductive methodology, with the help of interviews conducted, divided into health and administrative personnel, this section contains the description of a set of situations experienced by the interviews, identifying three categories: observance and NOM 046 guidelines, limitations of the right and omission due to fear, **Results:** The participating health team affirms applying NOM-046, however when requesting information about it, they show deficient knowledge, and in a very particular way, the one in charge of monitoring compliance with the norm emits negative comments in situations of violence, and requested not to be recorded to take care of the image of the health institution. **Conclusions:** Having made an analysis of the different discourses obtained in the present work and the NOM-046 can be considered that "The experiences in the applicability of NOM-046 is determined by the interest of health personnel in compliance", not only of the legal disposition, which puts in imminent risk its non-observance. **Bibliographic References: Referencias bibliográficas** Fernández Gálvez M, (2017) Por qué las mujeres no denuncian, violencias machistas se vuelve contra ellas. Es un motivo, hay muchos más Recuperado de: http://www.eldiario.es/tribunaabierta/mujeres-denuncian_6_632446789.html (Torres, 2011), Torres Martínez, M.E (2011). Ordenan "sin excusa" aplicación de NOM 046 en Michoacán, corresponsal CIMAC. Recuperado de: <http://www.cimacnoticias.com.mx/node/40451> Observatorio Ciudadano Nacional del Femicidio (2013), (NOM 046-SSA2-2005). Martínez, M. (2013). La investigación cualitativa etnográfica en educación. Manual Teórico Práctico. Editorial Trillas. Buenos Aires, Argentina. Cruzalta, F. J. (2011). Es "biofascismo" criminalizar el aborto: Fray Julián Cruzalta. Recuperado de: <https://zacatecasonline.com.mx/noticias/local/17199-criminalizar-aborto-cruzalta-garcia-y-diaz> (1997) Violencia sexual. Recuperado de: http://apps.who.int/iris/bitstream/10665/98821/1/WHO_RHR_12.37_spa.pdf

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INTRODUCTION

Violence against women is one of the most embarrassing and painful actions of discrimination. It is a social and global problem with large dimensions that women from different countries and cultures go through, regardless of social conditions, levels of education, religion, race, ethnicity and age (Contreras, Fernández, López, 2017). Women's effective access to specialized health services, consistent with the legal framework of care for women victims of violence contained in the General Law of Victims and in NOM-046 in the State of

Veracruz, is precarious and confusing, which It denotes a large gap between the law and the effective exercise of this right. This generates an unequal legal application, harming the human rights of women, as well as the principles of equality and non-discrimination (Cruz, 2017).

In the State of Veracruz, an unequal application of the regulatory framework regarding access to specialized health services for women has been documented, which demonstrates a situation of structural discrimination in which women who are victims of sexual violence or who require an ILE (Cruz, 2017); since there is a broad need for access to specialized reproductive health services for women, as indicated by the projections of the National Population Council (CONAPO), that by 2014 there were a total of 2,187,949 women of

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childbearing age (15 to 49 years of age), of which according to the 2014 National Demographic Dynamics Survey, 49.8% (1,089,598) were sexually active (Berlin, 2016). Women in Veracruz, in the absence of implementation, from access to contraceptive methods, to a restrictive regulatory framework for the legal interruption of pregnancy, they run the risk of having unplanned pregnancies where they are the poorest, those who go to abortion services in conditions of insecurity, unhealthy and in hiding; or by going to States where services are guaranteed without major obstacles (Carrera, 2016).

METHODOLOGY

This study was conducted in an interpretive framework, so the design was qualitative with a phenomenological approach, the collection technique used was through semi-structured interviews and audio recordings, interviewing a social worker, a gynecologist, a psychologist and a nurse; likewise to personnel responsible for the Violence module in charge of the internist doctor and also to the head of social work of the hospital, trying to perceive the person integrated in their environment, exploring in depth the richness and complexity inherent in the phenomenon, based on the different perceptions of each person that change over time and that only have meaning in a given situation or context (Burns & Grove, 2005) That allows to understand the referents for this study were used two interviews, one that allows to identify both sociodemographic data: age, seniority in the service, category and profession, as well as knowledge of health personnel, consisted of 11 questions focused on knowledge and limitations on the determinants that affect its applicability, the second, applied to the administrative staff that is responsible for the violence module and the head of social work of the hospital oriented to knowledge, limitations and resources for the training and application of NOM 046 and the attitude with which they provide attention. Once the recordings of the interviews were finished, they were transcribed, in order to identify categories that allowed the analysis of the speeches, in order to generate suggestions regarding the applicability of NOM 046. The analysis will be obtained from the information of the health personnel directly involved in the care of sexually violated women, such as: the nurse, the doctor, the head of the service, the social worker, the psychologist and the staff of the violence module, taking as an object their experiences on the applicability of NOM 046. The object of study of the Experiences of Determinants in the Applicability of NOM 046 is based on this approach, since it is characterized by focusing attention on the experience of health personnel in cases of violence, as well as their main limits and limitations. attitudes towards it.

RESULTS

Data obtained grouped into 3 categories; Observance and guidelines of NOM 046, limiting the right and omission due to fear. The analysis was carried out with a phenomenological approach through a reductive methodology, with the help of the interviews conducted, divided into health and administrative personnel. This section contains the description of a set of situations experienced by the interviews, identifying three categories: observance and guidelines of NOM 046, limiting rights and omission due to fear.

Category: observance and guidelines of NOM 046

NOM 046 is mandatory for the institutions of the National Health System (public and private sectors) and its non-compliance gives rise to criminal, civil or administrative sanctions to the providers of services (Torres, 2011), According to the Observatory National Citizen of Femicide (2013), public officials of the health sector must be denounced who commit institutional violence by act or omission, by not providing women victims of sexual violence with the necessary comprehensive care, which includes offering emergency contraception and legal interruption services pregnancy as the case may be.

In this context, the health personnel responded to the following questions: do you know NOM 046? If you know it, explain what it is about? What are the actions you take to apply NOM 046 when necessary? the social worker commented "*NOM 046 is based on gender violence ... in the hospital many battered women and abused by their partners arrive*", According to the United Nations, UN, (2017), seventy percent of women have experienced physical and / or sexual violence by a partner during their lifetime.

The gynecologist responded "if the sexual violence is proven, the next day pill is offered, in case pregnancy could exist", the nurse issued "The NOM 046 aims to detect, prevent and treat cases of physical and sexual violence against the woman ", the internist doctor in charge of the violence module commented: "NOM 046 has as other norms that are fulfilled first and 046 has to do with gender violence, gender equality and mistreatment caused to people, inside the hospital or the program as such of gender violence carries certain type of tools, the tools are applied by the doctor of first contact and it is passed on to the social work and psychology team, in case some of them come out positive ".

The challenge is to contribute to the prevention, detection, care, reduction and eradication of sexual family violence and against women ... in the case of rape, the institutions providing health care services must immediately offer comprehensive care and even in a maximum of 120 hours after the event occurred, emergency contraception (NOM 046,2005).

Category: limitations of the right

It is up to the health service providers to inform the affected person of their right to report the acts of violence that occur, as well as the existence of the Executive Commission for Victims and the Executive Commissions of the states. or its equivalents and available support centers, responsible for guiding the victims on the steps to follow to access care, protection and defense services for those who suffer from family or sexual violence, facilitating and respecting autonomy in their decisions and inviting them to continue medical, psychological and social work (NOM 046-SSA2-2005).

Evaluate compliance with NOM 046 by second level health personnel through applied interviews, it was found that they have a relative knowledge regarding the standard which becomes a limitation for health personnel to comply with the that marks the Standard and for the victim, to receive the appropriate attention; because the training to the subject, is not carried out as it should be, and although the staff said that they do carry out the applicability of this, in their dissertations reflect that it is not applied with all the criteria it establishes.

In this sense the following questions were considered: Explain if are there personal reasons that prevent you from complying with the application of NOM 046? Are there any labor limitations that hinder the applicability of NOM 046? If there are, can you explain what are they?

The psychologist mentioned "sometimes their religion intervenes ...", often, the first victims of violence are women who belong to marginal sectors, be it for reasons of race, religion, ethnic origin, sexual orientation, disability, age or economic level (UNICEF, 2016), in addition churches and conservatives have shouted in heaven and signaled women who go to the Federal District to practice a procedure of legal interruption of pregnancy (Cruzalta, 2011).

The gynecologist considered "the lack of time, interest and knowledge", the study entitled Sexual and reproductive rights within the framework of Human Rights, 213 health participants were surveyed, when evaluating the Level of Knowledge about the Standards for Care of Intrafamily Violence, it was found that 19.8% had little knowledge; 59.6%, average knowledge; and 20.6%, high; and the medical personnel presented the highest level (63.6%). The percentage of health personnel who knew the Victims Care Standards was 47.9%, but only 37.5% had read them. 35.7% had received training on the Standards and 85% considered it adequate. Of those trained, 60% had received training; 26.4%, two trainings, and 13.6%, more than three (Rodríguez, 2005).

For its part, the social worker replied *"are the subsequent consequences of insecurity and fear of the patient," the head of social work noted "notifications are given to prosecutors and do not come immediately, which makes us not sure of giving follow-up to the case, that the patient desists to the fiscal notification due to fear and ignorance ", nearly ninety-five percent of sexual crimes are not even reported, but they remain in the so-called black figure (WHO, 2013), women do not report because the criminal system is not neutral, because gender has not been incorporated into the interpretation and application of laws and these are far behind the expectations created.*

Women do not report because on many occasions the criminal response to sexist violence is turned against them, because the dominant cultural ideas, reactions and resistances of the patriarchal system continue to spread old myths and stereotypes, such as the false allegations that, despite the continuous denials of different studies and judicial reports, they generalize suspicions about women (Fernández, 2017).

On the part of *the administrative staff the internist "the first is that have to train in chain, from social work, nursing and doctors, train but not require them to do something they do not know and space to carry out their application ... there is little staff social work and psychology, there is only one psychologist in charge of the violence module ", In the same way taking into account his comment issued "no training is provided, the hospital as such has no evidence of rape cases, as soon as a case of a 15-year-old girl was presented, who according to her, her stepfather has violented her since 2 years , please, tell me, am I going to intervene? after so much time it is evident that "she liked and agreed ", and the providers of health services that provide medical care to the users involved, should receive awareness, training and update on: conceptual framework, gender violence, family violence and sexual, violence against women (NOM 046, 2005).*

Category Omission for fear.

The human being is a social being as he becomes a personality in the process of interaction with other human beings, in a concrete socio-historical environment; this is born with primary biological and psychological potentials that can only be developed in a process of social interaction in which it takes place, from the peculiar and unrepeatable combination of the internal and external conditions of development, the formation of complex psychological peculiarities that enable self-regulation of their performance and, therefore, the power to direct their behavior (Martínez, 2013).

In this sense, the question was generated: Do you consider that applying NOM 046 creates a risk to your personal security? If your answer is affirmative, mention what risk would it cause?

For what the gynecologist reported that "at present we must take precautions," the social worker confirmed that "could bring some consequence later, we are in a time of insecurity", and for her part, the psychologist explained if we considered that if she has a risk towards us, because we work with victims, it is worth mentioning that sometimes we have received as well as calls or messages to our cell phone, with the fact of threats, why they are putting ideas to my wife, or she is going to see them with me, do not know who he is getting into, but well he has not gotten older, we also do not do home visits, now to prevent an attack against us or even the same person.

CONCLUSIONS

Having made an analysis of the different discourses obtained in the present work and the NOM-046 can be considered that "The experiences in the applicability of NOM-046 is determined by the interest of health personnel in compliance", not only of the legal disposition, which puts in imminent risk its non-observance.

It can be understood that for the applicability of the NORM 046 it is necessary its knowledge by the health personnel and it is determinant for its fulfillment, nevertheless, it is important to mention that, both in the referred by the personnel, of health (service), the administrative one, reflects lack of arguments, because they only limit themselves to make reference that it is about violence against the woman, in spite of assuring the knowledge on this.

"The applicability of NOM-046 can generate fear in the health personnel", feel exposed when they attend, advise and orient a woman who has been violated, and are not far from reality, given the situations of insecurity that exist in the State and especially the one suffered by health personnel.

By analyzing the experiences in the determinants of health personnel in the applicability of the public policy of sexual violence (NOM-046), in Veracruz, it has been possible to identify how it is being addressed in the State, taking as a reference this study conducted in a Health institution in the metropolitan area of Veracruz, Boca del Rio. On the other hand, it was possible to determine the knowledge of the health personnel about the NOM-046, describe the determinants of the health personnel in the applicability of NOM-046, and identify the attitude of the health personnel before it, it can be established, that the knowledge is scarce and very superficial, just as the determinants are precisely in function of the deficient knowledge and of the personal and labor limitations, besides the fear that this gives like result.

The participating health team consisting of a nurse, a psychologist, a social worker, the head of social work, the gynecologist and the internist doctor in charge of the violence module, claim to apply NOM-046, however when requesting information about it, they show poor knowledge, and in a very particular way, the person in charge of monitoring compliance with the norm issues negative comments in situations of violence, and asked not to be recorded to take care of the image of the health institution. As for the resources to train health personnel, the head of social work mentions the primary interest on the part of the staff.

The application of NOM 046 will not be generated suddenly, but it will begin with some changes, such as sensitizing health personnel to violence cases, in order to help victims and not criticize. Importantly, provide training to all health personnel on the NOM-046, so that they know all the criteria to follow, to prevent, detect, treat, rehabilitate and report violence in women, as mentioned García and Díaz (1997), "Sexual violence is a serious public health problem that requires implementing training programs to obtain a specialized response from health providers." Verify the applicability of NOM-046, through direct (observation) and indirect (asking the victim), because if they want to fill out forms it would only be part of one more sheet in a file, without having a real impact on the expected activities.

Recommendations

The implementation of Standard 046 is urgent in the face of the systematic violence against women in Mexico. According to estimates by the Federal Health Ministry, in the country there are about 120 thousand violations per year, that is, approximately one every four minutes. Of these, 65% are women between 10 and 20 years old, to which most of them are not provided with comprehensive health services, generating a series of serious consequences on their physical and mental health.

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