

Exame de Proficiência

2022.2

Inglês

Ciências da Saúde

Instruções

1	Confira se os dados contidos na parte inferior desta capa estão corretos e, em seguida, assine no espaço reservado para isso. Se, em qualquer outro local deste Caderno, você assinar, rubricar, escrever mensagem, etc., será excluído do Exame.
2	Este Caderno contém 5 questões discursivas referentes à Prova da Língua Estrangeira escolhida pelo candidato. Não destaque nenhuma folha.
3	As respostas às questões deverão ser redigidas em PORTUGUÊS .
4	Se o Caderno estiver incompleto ou contiver imperfeição gráfica que impeça a leitura, solicite imediatamente ao Fiscal que o substitua.
5	Será avaliado apenas o que estiver escrito no espaço reservado para cada resposta, razão por que os rascunhos não serão considerados.
6	Escreva de modo legível, pois dúvida gerada por grafia, sinal ou rasura implicará redução de pontos.
7	Só será permitido o uso de dicionário INGLÊS/INGLÊS.
8	A Comperve recomenda o uso de caneta esferográfica, confeccionada em material transparente, de tinta preta. Em nenhuma hipótese se avaliará resposta escrita com grafite.
9	Utilize para rascunhos o verso de cada página deste Caderno.
10	Você dispõe de, no máximo, três horas, para responder as 5 questões que constituem a Prova.
11	Antes de retirar-se definitivamente da sala, devolva ao Fiscal este Caderno.

Assinatura do Candidato: _____

As questões de 01 a 05, cujas respostas deverão ser redigidas EM PORTUGUÊS, referem-se ao texto abaixo.

'THE PUBLIC HEALTH TURN ON VIOLENCE AGAINST WOMEN': ANALYSING SWEDISH HEALTHCARE LAW, PUBLIC HEALTH AND GENDER-EQUALITY POLICIES

Öhman, Ann; Burman, Monica; Carbin, Maria; Edin, Kerstin

Violence against women as a public health issue

Violence against women is internationally described as a global public health problem with severe consequences, not only for the woman herself, but also for her children. Besides individual suffering, violence against women also contributes to high societal costs in terms of legal procedures, healthcare treatment and social problems. Violence against women was recognized as a global public health issue when in 1996 the World Health Assembly adopted a resolution which declared that violence is a leading public health problem worldwide. They also highlighted the urgent need to address violence against women and girls by using a gender perspective when analysing its causes and magnitudes towards the goal of elimination. Worldwide, it is estimated that about one in three women, after the age of 15, experience physical and/or sexual violence from an intimate partner during their life-course. The reported prevalence of partner violence varies between countries and is correlated with gender inequalities, which exercise an influence on norms, legislation, everyday life and access to resources, resulting in substantially more disadvantages for women than for men. Another explanation for the widely different prevalence figures is methodological variations in research design, as well as varying safety and ethical arrangements that might influence women's willingness to disclose exposure to violence. The WHO highlights the importance of the healthcare sector expanding its role in regard to violence protection. García-Moreno and colleagues also emphasize governments' responsibility to develop action plans, including education and other fundamental actions against gendered structures that sustain inequality between men and women, in order to prevent and counteract violence against women and girls.

Focusing on three interrelated areas

In order to broaden the understanding of the healthcare sector's readiness to deal with violence against women, we do not only analyse the healthcare sector per se, but use an interdisciplinary approach (i.e. feminist legal studies, public health, and political science), with the aim to situate the healthcare sector within its political and legal context. To achieve such a comprehensive view in this paper, we focus on three main questions regarding violence against women: (1) How is the healthcare sector governed legally and what is the legal obligation for the sector? (2) How are public health interventions and preventive actions framed in public health policies? and (3) How is the violence articulated and understood in healthcare law and policy as well as in gender equality policies?

Gender and violence

The theoretical framework for the analyses lies within feminist theory, viewing violence against women as contributing to maintaining the order of unequal and gendered power relations that encourage or excuse violence. Using such a feminist critique of violence against women means that it is not enough to measure force and number of slaps and acts, but to view violence as part of larger societal structures that maintain power hierarchies with male dominance and female subordination. Women seldom initiate violence, but usually practise it as self-defense and out of fear of their partners. When comparing men and women subjected to violence by a former or present partner, women are repeatedly and more seriously abused, both physically and sexually, resulting in more severe consequences for their health and wellbeing. We use the terms 'men'

and 'women' notwithstanding that these are constructed and unstable categories that get their meaning within a heterosexual framework.

Conclusions

Violence against women is increasingly seen as a public health problem in Sweden. We were interested in analysing how policies were framed in this turn towards public health. One of our main findings is that in law and public health policies the problem is primarily articulated as a matter of "violence within close relationships". The term "violence within close relationships" is a new approach that deviates from the earlier framings of "men's violence against women", and is a specific Swedish policy term. This new approach indicates a gender-neutral conceptualisation in which both victim and perpetrator are invisible in terms of gender. Another main finding is that the legal obligations and the problems for the healthcare sector are only vaguely defined. Some of the vagueness may have to do with a lack of legal governance. The rather far-fetched interpretation of the concept of 'good healthcare' as being what establishes the healthcare sector's legal obligation provides only weak guidance for how to understand and formulate the obligation in more detail, which in turn impacts upon the healthcare providers' and healthcare personnel's ability to develop their work. Our interpretation is that this lack is reflected in the cautious and rather poorly implemented 'daring to ask' guideline.

The vague conceptualization of what is meant by the stated fact that violence against women is a major public health problem may result in healthcare institutions struggling to implement guidelines and action plans. Which groups should be screened for violence? On what grounds are healthcare professionals supposed to ask about violence? How often should patients be asked about exposure to violence? And is asking about violence the only means for healthcare providers to address this major public health problem? It is proposed in the policies that, in order to reduce violence, there is a need for both small-scale and large-scale interventions, and that this must be long-term sustainable work including the entire society and improved coordination between criminal, gender-equality, social, and public health policies.

Adapted from: <https://doi.org/10.1186/s12889-020-08766-7>.

Question 1

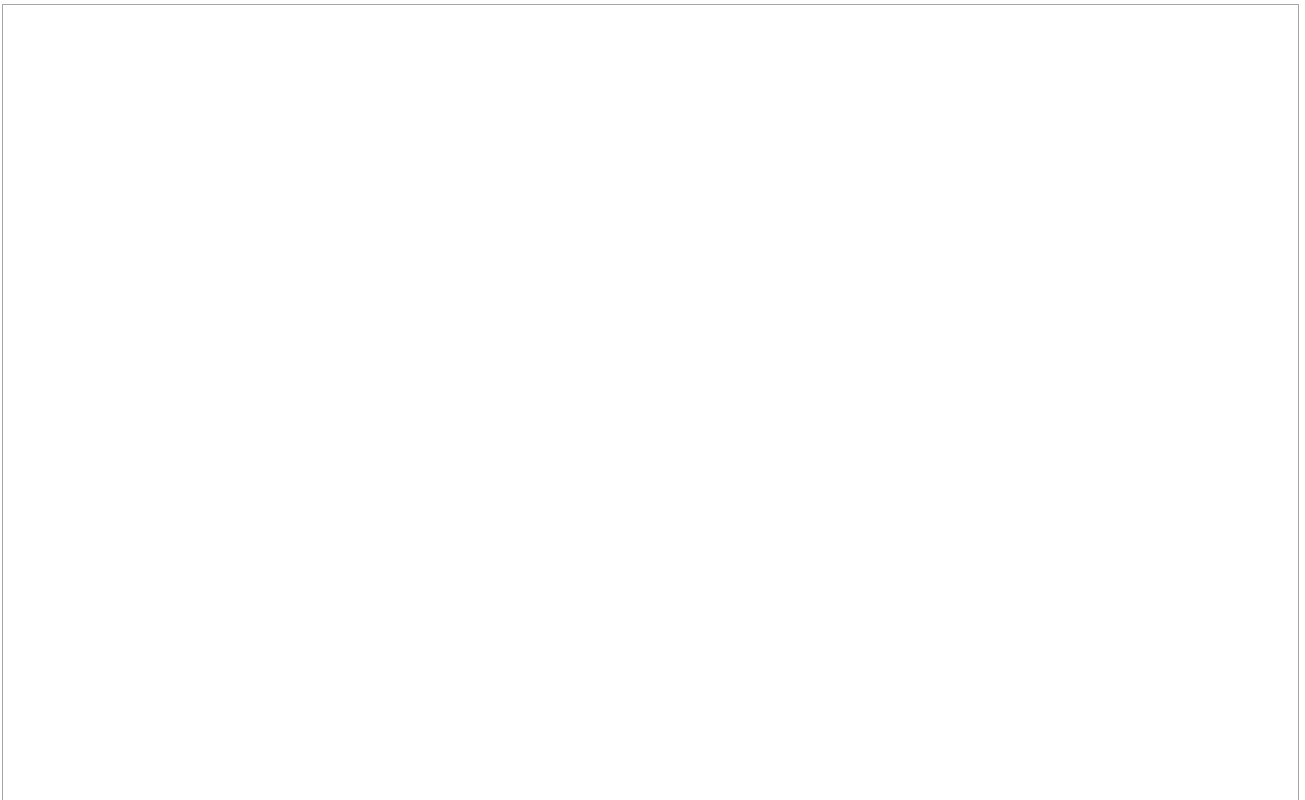
Present the two explanations the text brings for the variation in the prevalence of partner violence.

Espaço para Resposta

**Question 2**

Write about the two findings of the research on violence against women as a public health problem in Sweden.

Espaço para Resposta



Question 3

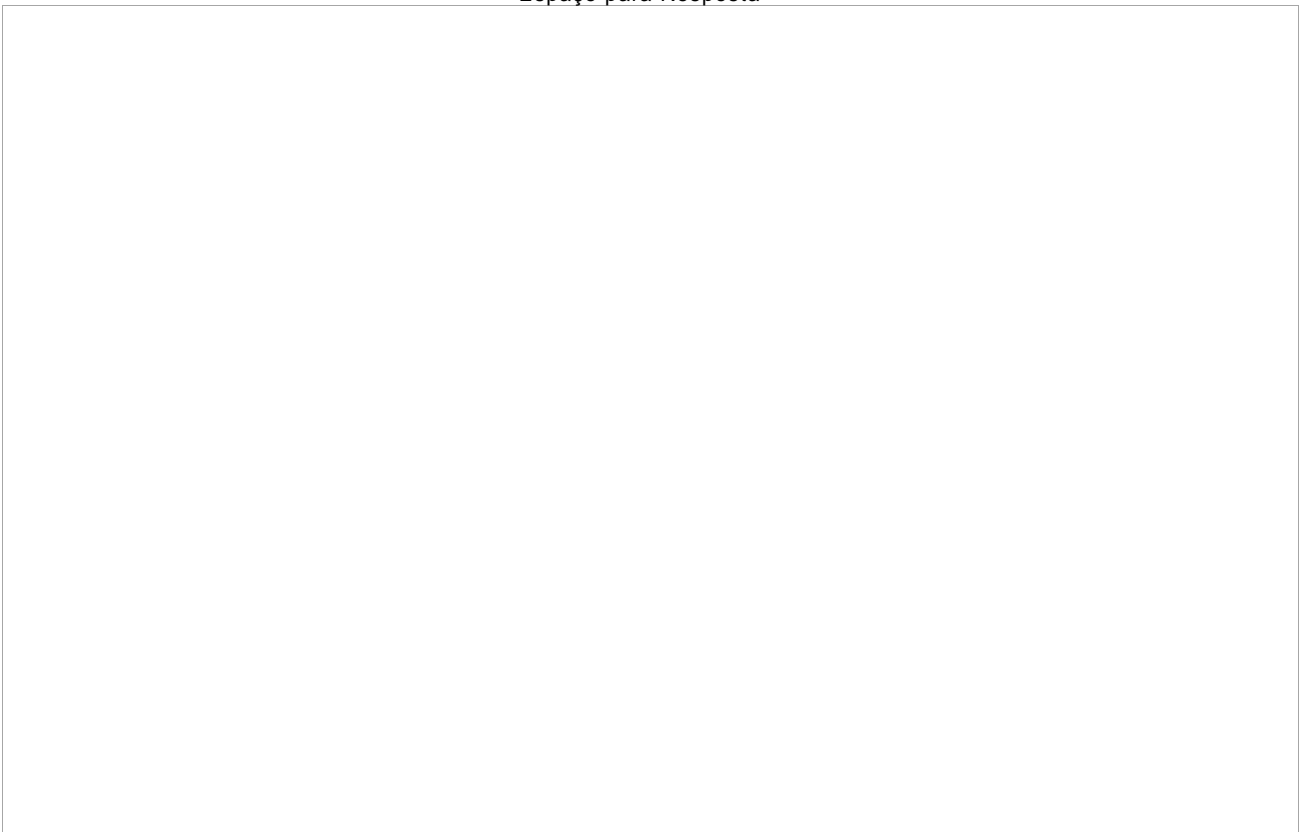
Present the research questions made by the researchers to guide their study on violence against women.

Espaço para Resposta

**Question 4**

Write about the doubts that healthcare institutions may have as they try to implement guidelines related to violence against women.

Espaço para Resposta



Question 5

Translate the excerpt below. The translated text should be clear and accurate in terms of structure and meaning.

The theoretical framework for the analyses lies within feminist theory, viewing violence against women as contributing to maintaining the order of unequal and gendered power relations that encourage or excuse violence. Using such a feminist critique of violence against women means that it is not enough to measure force and number of slaps and acts, but to view violence as part of larger societal structures that maintain power hierarchies with male dominance and female subordination.

Espaço para Resposta