South American Publishing

SAP Community and Interculturality in Dialogue. 2025; 5:146
doi: 10.56294/cid2025146

SHORT COMMUNICATION

Dating Violence: Responsibility of the Nurse Specialist in Community and Public Health

Violencia en el noviazgo: Responsabilidad del enfermero especialista en Salud Comunitaria y Salud Pública

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Cite as
Graça G, Costa D, Pereira S, Tomás J, Sousa Mestre R, Agostinho P, et al. Dating Violence: Responsibility of the Nurse Specialist in Community and Public Health. SAP Community and Interculturality in Dialogue. 2025; 5:146. https://doi.org/10.56294/cid2025146

Publication History
Submitted: 22-04-2024
Revised: 04-10-2024
Accepted: 17-04-2025
Published: 18-04-2025

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ABSTRACT

Dating violence represents a significant public health challenge. Recent data indicates an increase in its prevalence, with serious consequences for the victims, making intervention necessary. A theoretical-reflective methodology was used, supported by bibliographic research. Recent national findings show an increase in the legitimization of physical violence, control, and stalking. The consequences for victims range from low self-esteem to suicidal behavior. The results are unanimous in reinforcing the importance of prevention and raising awareness about healthy relationships. The specialist nurse in community and public health plays an important role in raising awareness and educating young people about the issue, due to their specific competencies. The lack of studies highlights the need for further research to build evidence that enables effective intervention.

Keywords: Intimate Partner Violence; Adolescent; Health; Community Health Nursing; Public Health.

RESUMEN

La violencia en el noviazgo representa un importante desafío para la salud pública. Datos recientes indican un aumento en su prevalencia, con graves consecuencias para las víctimas, lo que hace necesaria la intervención. Se utilizó una metodología teórico-reflexiva, con apoyo en la investigación bibliográfica. Datos nacionales recientes muestran un aumento en la legitimación de la violencia física, el control y el acoso. Las consecuencias para las víctimas van desde la baja autoestima hasta conductas suicidas. Los resultados son unánimes y refuerzan la importancia de la prevención y la concienciación sobre las relaciones saludables. La enfermera especialista en salud comunitaria y salud pública desempeña un papel importante en la sensibilización y educación de los jóvenes sobre este tema, gracias a sus competencias específicas. La falta de estudios pone de manifiesto la necesidad de continuar investigando para construir evidencia que permita intervenir de manera eficaz.

Palabras clave: Violencia por parte de la pareja íntima; Adolescente; Salud; Enfermería en Salud Comunitaria; Salud Pública

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INTRODUCTION

The topic of violence has been discussed by several organizations over the years, which highlights both its historical relevance and its importance. From an historical perspective, in 1986, the Seville Statement on Violence addressed the topic by defining violence as "violent behavior that is not genetically programmed into human nature and is therefore avoidable" (p.3).[1]

In 1996, at the World Health Assembly in Geneva, the topic was placed on the agenda with the approval of a resolution declaring violence as a public health issue.[1] In 2002, the World Report on Violence and Health by the World Health Organization (WHO) was published, characterizing the extent of violence, its causes, and intervention measures, with a strong emphasis on prevention.[2]

In the WHO's 2014 World Report, violence is defined as the intentional use of physical force or power, whether actual or as a threat, against oneself or others, which may result in injury, psychological harm, developmental impairment, or death. The report highlights the variety of actions currently in place to prevent violence, while also emphasizing that these measures are not sufficient given the scope and severity of the issue.[1]

The Sustainable Development Goals (SDGs) have also addressed this topic, particularly in Goal 16, which aims, among other targets, to reduce all forms of violence.[3]

Dating violence has gained considerable prominence—or at least greater visibility—both globally and, more specifically, in Europe. In Portugal, there has been an increase in reported incidents of violence and in requests for help from authorities[1,3], which reflects the phenomenon scale and the urgent need for intervention. In recent years, increased public attention and political intervention leading to changes in the law serve as a clear example of this growing significance. This study aims to deepen the understanding of the phenomenon of dating violence, encompassing its typologies, risk factors, and consequences for victims, while also reflecting on the role of the specialist nurse in community and public health in preventing and mitigating this issue.

To support this reflection, a theoretical-reflective methodology was followed, based on bibliographic research in scientific databases using the descriptors: intimate partner violence, adolescent, health, community health nursing, and public health. Documents from the WHO, APAV (Portuguese Association for Victim Support), and UMAR (Union of Women Alternative and Response) were analyzed.

DEVELOPMENT

Dating violence: the role of the specialist nurse in community and public health

Although violence is not a new phenomenon, concerns and public debate on the topic have grown significantly. According to the WHO, three main types of violence are described: self-directed, interpersonal, and collective. Self-directed violence refers to self-harm behaviors, such as self-mutilation. Collective violence is committed by groups aiming to achieve political, economic, or social objectives. Interpersonal violence occurs between family members, intimate partners, or acquaintances, and encompasses child maltreatment, youth violence, violence against women, and elder abuse.[1,5]

Dating violence, also referred to as intimate partner violence, is a form of interpersonal violence. It consists of isolated or repeated acts committed by one or both partners in a romantic relationship. These acts may result in physical, sexual, or psychological harm and are often motivated by the intent to control, dominate, or exert power over the other person.[1,2] Within the Portuguese legal context, dating violence is encompassed under the crime of domestic violence, as defined in Article 152 of the Penal Code.[5]

Several types of dating violence have been identified, including verbal, psychological, relational, physical, and sexual violence, and these may occur simultaneously within the same relationship.[5,6] Verbal violence includes behaviors such as humiliation and insults. Psychological violence involves instilling fear in the victim through various coercive tactics.[5,6]

Relational violence is marked by the aggressor's control over the victim's actions and social interactions. Physical violence is characterized by aggressive behaviors such as kicking or pushing, while sexual violence occurs when sexual activity takes place without the victim's consent.[2,5]

In the context of same-sex relationships, specific forms of victimization may also occur, such as "outing"—the act of revealing or threatening to reveal a partner's sexual orientation without their consent.[5]

Dating violence is particularly prevalent among young individuals, especially adolescents, who represent a highly vulnerable group to this form of abuse.[7] Adolescents may engage in such behaviors during courtship due to their tendency to challenge established norms and rules, the novelty of early romantic relationships, and the influence of learned violent responses and socially constructed gender roles. These complexities underline the importance of comprehensive preventive strategies and the critical role of community and public health nurses in raising awareness, educating youth, and contributing to early intervention efforts.

A Public Health Perspective on Dating Violence in Portugal: Risk Factors and Victim Outcomes

Despite the limited information available, some projects have contributed to a broader understanding of dating violence in Portugal, According to the 2023 National Study on Dating Violence, 67,5 % of surveyed youth did not recognize the different forms of violence, a figure that rose to 68,1 % in the 2024 report,[8] The most commonly reported types of violence include control (53,1 %), psychological violence (36,8 %), sexual violence (25,5 %), stalking (25,5 %), violence through social media (22,1 %), and physical violence (9,6 %),[8]

However, these figures may not be fully representative, as the reluctance to seek help remains a significant issue, Contributing factors include the inability to identify abusive behavior, the normalization and justification of violence, fear of being blamed, shame, and a lack of awareness of available support services.[5]

When victims do seek help, they commonly turn to friends, their mothers, or parents in general, while only a minority reach out to teachers.[9] Although there is no clearly defined victim profile, several risk factors at individual, community, and social levels have

been identified. Both genders can be victims of dating violence, although women are more frequently affected by severe forms of physical violence.[8] Individual risk factors include depression, substance abuse, early initiation of sexual activity, having multiple partners, eating disorders, and growing up in violent or economically disadvantaged environments.[4]

At the community level, risk factors include school disengagement, residential social disorganization, limited community resources for youth supervision, poverty, and a high prevalence of violence within the community. Social risk factors involve the absence of social and legal consequences for abusive behavior, lack of information about appropriate and inappropriate conduct, and traditional gender role socialization.[4]

All forms of violence have harmful consequences for victims, and dating violence is no exception. The impact varies from individual to individual depending on several factors that can either heighten or lessen the effects.[11] The most frequently reported consequences in the literature include depression, anxiety, low self-esteem, alcohol and/or drug abuse, and unprotected sex.[11,12] Additional effects include suicidal ideation, a tendency to enter future abusive relationships, and poor academic performance. [12]

The World Health Organization emphasizes prevention as one of the most effective strategies to reduce the occurrence of violence. Suggested preventive measures include fostering early and secure relationships, teaching conflict resolution, communication and empathy skills, reducing risk behaviors, and implementing victim support programs that ensure appropriate and timely care.[1] Primary prevention must be systematic and continuous, helping young people build healthy intimate relationships while challenging and deconstructing abusive behaviors.[13]

Given that relationship violence often begins in adolescence and its strong predictive relation with future abuse, early prevention is essential. Evidence-based interventions allow for the design and implementation of effective strategies tailored to the phenomenon and target population.[14] The specialist nurse in Community and Public Health Nursing, due to their close relationship with the community, has an extensive set of competencies that empower and compel them to intervene in this context. Community health assessments enable the early identification of risk factors and facilitate prevention-based action. Strengthening the community's ability to recognize warning signs, reducing the social acceptance of abusive behavior, and developing appropriate responses to help-seeking—especially through inter-institutional partnerships—should form part of the nurse's role.[14]

As previously mentioned, seeking help is a complex process influenced by various factors. According to the transtheoretical model, it occurs gradually, passing through different stages before culminating in an actual request for help.[15] Nurses should be present and supportive throughout all phases of this process.

CONCLUSIONS

The magnitude of the problem, combined with the limited perception of its consequences, reinforces the need for systematic and continuous primary prevention of dating violence among young people, since it's during this stage of life that the first romantic relationships typically emerge.

Dating violence is a public health issue, therefore it is essential to monitor and to adapt intervention strategies, aligning with the specific competencies of the specialist nurse.

There is a notable lack of studies on this topic, as well as an absence of differentiated data in relation to domestic violence. It is within the specialist nurse's scope of practice to base their interventions on scientific evidence, reinforcing the importance of actively contributing to research development.

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FINANCING

The authors did not receive financing for the development of this research.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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