Revista Brasileira em Promoção da Saúde
FUNDAÇÃO EDSON QUEIROZ
UNIVERSIDADE DE FORTALEZA
ENSINANDO E APRENDENDO
Review Article
e-ISSN:1806-1230
DOI: 10.5020/18061230.2023.13220

Nursing in the health care of women victims of domestic violence: an integrative review

A enfermagem na atenção à saúde da mulher vítima de violência doméstica: revisão integrativa

La enfermería en la atención a la salud de la mujer víctima de violencia doméstica: revisión integradora

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ABSTRACT

Objective: to analyze the situation of women victims of domestic violence when they enter the health care service, as well as to identify the role of the nursing team in coping strategies, in qualified care, and in overcoming difficulties in this care. **Method:** This is an integrative review of the scientific literature carried out through articles published from January 2011 to July 2021 in the SciELO and Medline databases via PubMed using the descriptors: Violence against Women, Nursing, Domestic Violence, and their respective English translations: Violence Against Women, Nursing, Domestic Violence. **Results:** the final sample consisted of 24 manuscripts from which five thematic categories emerged from the object of study: First contact with the victim; Difficulties in Nursing actions; Intersectoral care network for women victims of violence; Ethical and Legal aspects; and The role of nursing professionals in coping strategies. **Conclusion:** the review provided a broad view of the gaps in dealing with this problem, besides pointing out the indispensability of adding discipline to the phenomenon in the curriculum in undergraduate courses on health and institutional policies.

Descriptors: Violence Against Women; Nursing Care; Domestic violence.

RESUMO

Objetivo: *analisar a situação de mulheres vítimas de violência doméstica ao entrarem no serviço de atenção à saúde, bem como identificar o papel da equipe de enfermagem nas estratégias de enfrentamento, no atendimento qualificado e na superação das dificuldades no cuidado.* ***Método:*** *trata-se de uma revisão integrativa da literatura científica efetuada mediante artigos publicados de janeiro de 2011 a julho de 2021 nas bases de dados SciELO e Medline via PubMed utilizando os descritores "Violência contra a Mulher"; "Enfermagem"; Violência Doméstica", e suas respectivas traduções na língua inglesa: "Violence Against Women"; "Nursing"; "Domestic Violence".* ***Resultados:*** *a amostra final foi composta por 24 manuscritos dos quais surgiram as*

Received on: *11/02/2021*
Accepted on: *04/03/2023*

cinco categorias temáticas a partir do objeto de estudo: Primeiro contato com a vítima; Dificuldades nas ações de Enfermagem; Rede de atenção intersetorial à mulher vítima de violência; Aspectos éticos e legais; O papel dos profissionais de enfermagem nas estratégias de enfrentamento. ***Conclusão:*** *a revisão proporcionou uma ampla visão das lacunas no enfrentamento dessa problemática, além de apontar imprescindibilidade do acréscimo disciplinar do fenômeno na grade curricular nos cursos de graduação em saúde e de políticas institucionais.*

Descritores: *Violência Contra a Mulher; Cuidados de Enfermagem; Violência Doméstica.*

RESUMEN

Objetivo: *Analizar la situación de mujeres víctimas de violencia doméstica al ingresaren en el servicio de atención a la salud, como también identificar la función del equipo de enfermería en las estrategias de enfrentamiento, en el atendimiento cualificado y en la superación de las dificultades en el cuidado.* ***Método:*** *Se trata de una revisión Integrativa de la literatura científica efectuada por medio de artículos publicados de enero de 2011 a julio de 2021 en las bases de datos SciELO Y Medline vía PubMed utilizando los descriptores "Violencia contra la Mujer"; "Enfermería"; "Violencia Doméstica", y sus respectivas traducciones para la lengua inglesa: "Violence Against Women"; "Nursing"; "Domestic Violence".* ***Resultados:*** *La muestra final fue compuesta por 24 manuscritos de los cuales surgieron las cinco categorías temáticas a partir del objeto de estudio: Primer contacto con la víctima; Dificultades en las acciones de enfermería; Red de atención intersectorial a la mujer víctima de violencia; Aspectos éticos y legales; La función de los profesionales de enfermería en las estrategias de enfrentamiento.* ***Conclusión****: La revisión ofreció una visión amplia de las brechas en el enfrentamiento de esta problemática, además de indicar la necesidad del incremento disciplinar del fenómeno en la grade curricular en los cursos de grado en salud y de políticas institucionales.*

Descriptores*: Violencia contra la Mujer; Atención de Enfermería; Violencia Doméstica.*

INTRODUCTION

The World Health Organization (WHO) defines violence as a violation of human rights in which there is the intentional use of physical force, threat, or actual power against oneself, another person, a group, or a community, causing harm to the physical, reproductive, sexual, mental, social and emotional well-being of the individual and family[1].

In this context, domestic violence against women (DVAW) is part of the performance of an action and/or omission that results in physical, psychological, moral, sexual, and property damage, death or injuries in the person's permanent living environment, having or not family bond[2,3].

In Brazil, from 2009 to 2019, the number of women murdered in their own homes increased by 10.6%; on the other hand, murders outside the home environment decreased by 20.6% in the same period, revealing a possible increase in domestic violence[4]. Research carried out by the WHO revealed that the country, relating to the world context, ranks fifth in the ranking of violence against women and found an average of 4.8 murders for every 100,000 women[5].

Under a historical analysis, women have found themselves in subordinate positions in society, resulting from social, power, strength distinction, and domination between the sexes, evidencing the cultural root of DVAW based on gender relations[6,7,8,9,10]. Based on this assumption, it was only in the 1970s and 1980s that this theme advanced as a category to be investigated in detail based on the feminist claim, which addresses issues related to the complexity of the phenomenon, such as aspects associated with gender, cultural relations, and political and socioeconomic paradigms[7,11]. Therefore, this problem is a new phenomenon in the matter of social visibility since it only started to be recognized as a public health problem in 1996[12].

According to the Management of Situations of Domestic Violence Guide against Women in Primary Health Care (PHC), victim assistance is based on the organization of health services at different levels of care and on the presence of professionals from diverse areas, from an interdisciplinary perspective, that work from prevention to psychosocial care and rehabilitation of the victim[13]. Therefore, the intersectoral and interdisciplinary articulation in the care of women in vulnerable situations constitutes a fundamental part of the process[13,14,15,16,17].

The basic level of health care consists of a tool for coping with DVAW since it acts as a gateway for women in situations of aggression, being a space for recognizing cases for care and reception of the victim[18,19,20]. Consequently, in primary care, the nursing team often makes the first contact with the victim of aggression and must promote comprehensive, specialized, and humanized care[21,22,23,24]. Thus, given the above, professionals must be aware and trained to provide care[21,25,26,27].

Due to the high demand for emergency hospital services by DVACM victims, it is necessary to search for studies that can add technical-informational knowledge to the nursing team to face this problem [28,29,30,31,32]. As a result, the

objective was to analyze the situation of women victims of domestic violence when entering the health care service, as well as to identify the role of the nursing team in coping strategies, in qualified care, and in overcoming difficulties in caring. Therefore, the following guiding question was set out: What is the role of the nursing professional in coping with domestic violence against women?

METHOD

It is an integrative review of the scientific literature structured in three stages: 1) choice of theme, the definition of the guiding question, choice of descriptors, establishment of inclusion and exclusion criteria; 2) consultation of accessible articles in applied databases, evaluation, critical discussion of the results found and; finally, 3) the presentation of the integrative review.

Searches were initially carried out on the Health Sciences Descriptors website (DeCS/MeSH) to recognize the articles available to constitute the review sample. The descriptors that were chosen and later used in the searches of the manuscripts were: “Violence Against Women”, “Nursing” and “Domestic Violence”, both in Portuguese and English. Then, online searches were performed in August 2021, with the descriptors being combined by the Boolean operator AND, and adapted to each database in two steps. At first, a search was made for articles in the Scientific Electronic Library Online (SciELO), using the following combinations: “Violence against Women” AND “Nursing” AND “Domestic Violence”, followed by the descriptors “Violence Against Women” ” AND “Nursing”. Secondly, searches were performed in the US National Library of Medicine database (Medline via PubMed) using the following combinations: “Violence Against Women” AND “Nursing” AND “Domestic Violence” and “Violence Against Women” AND “Nursing”.

For the selection of available articles, the following inclusion criteria were used: manuscripts in Portuguese, English, or Spanish, available in full and published in the last ten years, from January 2011 to July 2021, and whose focus is on domestic violence against women and the role of the nursing team in care. Articles that did not respond to the guiding question, as well as literature reviews, letters to the editor, experience reports, repeated studies in both databases, and those that did not respond to the research objective after reading in whole, were excluded.

Based on the established criteria, it was determined that two independent researchers would carry out searches for the titles and abstracts of the manuscripts. When there were doubts or disagreements, a third researcher was consulted to decide whether or not to include the manuscript in the sample. After this first selection, the selected papers were read in full.

A total of 200 publications were found in the SciELO database and, 602 manuscripts in Medline via PubMed, totaling 802 articles. After using the inclusion and exclusion criteria, 26 documents were chosen, of these, only 24 corresponded to the object of study, of which 22 belonged to the SciELO database (91.67%) and two to Medline via PubMed (8.33%) (Figure 1).

The data collection instrument developed by Ursi was used to synthesize the most pertinent elements of the selected documents[33]. After the critical study of the manuscripts and completion of the referenced instrument, the results of each survey that answered the guiding question were introduced in a table divided into five categories.

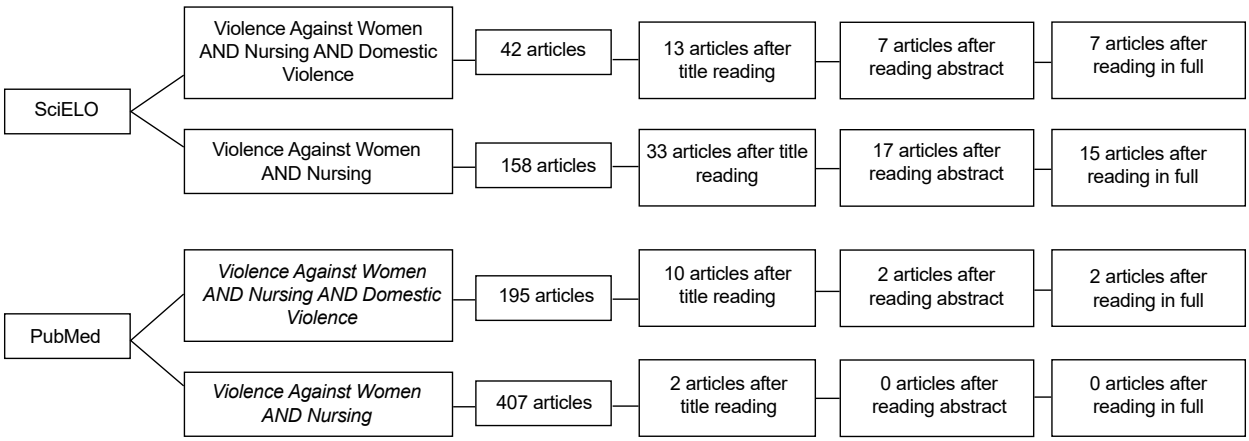

Figure 1 - Flowchart of selection of articles by database through groups of descriptors.

RESULTS

This integrative review comprises 24 publications, from which the highest proportion was published in 2014 (n=5; 20.83%) and 2015 (n=5; 20.83%). As for the place of origin of the included studies, most were carried out in Brazil, predominantly in the South region (n=13; 54.16%), followed by the Northeast region (n=5; 20.83%). In addition, two publications were conducted internationally, one in Mexico and one in Lisbon.

It was found that six manuscripts were published in the journal *Texto & Contexto Enfermagem* (25.0%), five in the journal *Escola Anna Nery Revista de Enfermagem* (20.83%) and three in the *Revista da Escola de Enfermagem da USP* (12.5 %). From the point of view of the approach, most were of the qualitative type (n=23; 95.83%).

The characterization of the sample included in the study is represented in Chart 1 regarding authors/year, manuscript title, study location, type of study, and main results/conclusions.

Chart 1 – Characterization of selected studies according to authors/year, manuscript title, study location, study type, and main results/conclusions.

AUTHORS / YEAR	TÍTLE	KIND OF STUDY	PLACE	MAIN RESULTS AND CONCLUSIONS
Leal SMC, Lopes MJM, Gaspar MFM, 2011[34].	Social representations of violence against women from a nursing perspective.	Exploratory and qualitative.	Lisbon, Portugal.	The difficulties encountered are the silence of the woman victim of violence when reaching the scope of the health system, the fragmentation of the technician-patient relationship, the focus on the treatment of morphological manifestations of a pathology, domestic violence not being treated as a public health problem, naturalization of the woman as a victim and the nurse's knowledge to be based on common sense.
Vieira LB, Padoin SMM, Souza IEO, Paula CC, 2011[35].	Perspectives for nursing care for women who denounce the violence experienced.	Qualitative.	Rio Grande do Sul, Brazil.	Professionals who assist women in situations of violence do not demonstrate how well they attribute the listening function. There were difficulties in establishing relationships of familiarity and intersubjectivity with this segment.
Gomes NP, Silveira YM, Diniz NMF, Paixão GPN, Camargo, CL, 2013[36].	Identification of violence in the marital relationship based on the family health strategy.	Exploratory with a qualitative approach.	Bahia, Brazil.	It was evident that there is a lack of preparation by professionals when dealing with and identifying women who suffer domestic violence. There are difficulties in communication between women's support services and understanding the situation's scope.
Guedes RN, Fonseca RMGS, Egry EY, 2013[37].	Limits and evaluative possibilities of the Family Health Strategy for gender violence.	Case study with a qualitative approach.	São Paulo, Brazil.	The impasses found were the health system is not used to dealing with situations of violence; professionals do not show sensitivity when dealing with the subject and have a view that reiterates and naturalizes female oppression; medicalization to treat the illness of women victims of violence.
Silva EB, Padoin SMM, Vianna LAC, 2013[38].	Violence against women: limits and potential of care practice.	Qualitative	Rio Grande do Sul, Brazil.	Welcoming is enhanced by qualified listening; and the elaboration of a care plan shared with the user, respecting her decision and her family context, besides being limited by the understanding that the woman must report the violence so that it is possible to propose an intervention. The prescriptive behavior of some professionals does not build a coping project that considers the woman's needs and subjectivities.
Menezes PRM, Lima IS, Correia CM, Souza SS, Erdmann AL, Gomes NP, 2014[39].	Confronting violence against women: intersectoral articulation and comprehensive care.	Descriptive-exploratory with a qualitative approach.	Bahia, Brazil.	It was observed that the intersectoral articulation and the care provided by the services are elements that interfere in the confrontation of violence against women and are related to the strengthening of the care network for women victims of violence. It offers elements that guide the development of policies and articulated actions to favor the process of confronting violence against women.

Continuation

AUTHORS / YEAR	TÍTLE	KIND OF STUDY	PLACE	MAIN RESULTS AND CONCLUSIONS
Rodrigues VP, Machado JC, Simões AV, Pires VMMM, Paiva MS, Diniz NMF, 2014[40].	The practice of health workers in caring for women in situations of gender violence.	Qualitative.	Bahia, Brazil.	Professionals found it difficult to provide care due to a lack of technical knowledge or recognition of intersectoral action. The difficulties encountered by the FHS professionals are the lack of support from the services, the absence of the woman's participation in the service, the professional conduct of non-welcoming, and the lack of feedback from the assistance agencies.
Paixão GPN, Gomes NP, Diniz NMF, Couto TM, Vianna LAC, Santos SM, 2014[41].	Situations that precipitate conflicts in the marital relationship: the discourse of women.	Descriptive and qualitative.	Bahia, Brazil.	The relationship of control and domination of the man towards the woman, jealousy, the partner's infidelity, fatherhood and motherhood without planning, and the use of alcohol and drugs are situations that generate marital conflicts, which end up precipitating and/or intensifying the violence in the relationship between the couple.
Albuquerque Netto L, Moura MAV, Queiroz ABA, Tyrerell MAR, Bravo MMP, 2014[42].	Violence against women and its consequences.	Qualitative, descriptive, and exploratory.	Rio de Janeiro, Brazil.	The analysis of the consequences of violence against women practiced by the partner found, in this study, links with the principles of health conservation in Levine's Theory, referring to the commitment to energy conservation and structural, personal, and social integrity and allowing to expand knowledge in nurse's field of practice in a possibility of intervention, with its actions for the promotion and reduction of the impacts of violence against women.
Gomes NP, Erdmann AL, 2014[43].	Marital violence from the perspective of professionals of the "Family Health Strategy": a public health problem and the need for care for women.	Qualitative.	Santa Catarina, Brazil.	It is considered that the management of the service for the care of women in situations of domestic violence would increase the chances of identifying this problem and the possibilities for the woman to be helped, contributing to the strengthening of the Unified Health System (SUS).
Silva CD, Gomes VLO, Oliveira DC, Marques SC, Fonseca AD, Martins SR, 2015[44].	Social representation of domestic violence against women among Nursing Technicians and Community Workers	Qualitative.	Rio Grande do Sul, Brazil.	It was observed that professionals seek closer proximity to women in situations of domestic violence and act with sensitivity, providing care but with a greater identification of physical violence than psychological. Screening by professionals involves caution to maintain security and privacy and to identify support services. Nursing technicians (TE/NT) and community health agents (CHA) also demonstrate fear of the aggressor's reaction, impotence, and uncertainty
Cortes LF, Padoin SMM, Vieira LB, Landerdahl MC, Arboit J, 2015[45].	Caring for women in situations of violence: nursing empowerment in search of gender equity.	Qualitative exploratory – descriptive.	Sul do Brazil.	The nurses demonstrated how much the work process in an urgency and emergency sector is focused on the manifestations of the disease, to the detriment of women as subjects.
Acosta DF, Gomes VLO, Fonseca AD, Gomes GC, 2015[46].	Intimate partner violence against women: (in)visibility of the problem.	Documentary and qualitative.	Rio Grande do Sul, Brazil.	They apprehended as violence triggers: male supremacy as a generator of suffering and submission; problems resulting from drug use; problems related to children; and problems with the division of assets. Most triggers of violence against women and the categorization of these are the results of the feeling of possession and male domination.
Gomes VLO, Silva CD, Oliveira DC, Acosta DF, Amarijo CL, 2015[47].	Domestic violence against women: representations of health professionals.	Qualitative.	Rio Grande do Sul, Brazil.	The social representation of DVAW among health professionals was observed, with a negative and structured connotation, as it contains conceptual, imagery, and attitudinal elements. A round table was held, with authorities on the subject, to discuss, together with professionals from the Family Health Units (USFs) and nursing students, aspects related to compulsory notification, the code of professional ethics, and Maria da Silva Law, the juridical, ethical and legal implications of caring for victims and the possible and necessary referrals, these strategies help in the detection, combat, and prevention of DVACM.

Continuation

AUTHORS / YEAR	TÍTLE	KIND OF STUDY	PLACE	MAIN RESULTS AND CONCLUSIONS
Visentin F, Vieira LB, Trevisan I, Lorenzini E, Silva EF, 2015[48].	*Women's primary care nursing in situations of gender violence.*	Exploratory, descriptive, and qualitative.	Rio Grande do Sul, Brazil.	Nurses recognize that it is necessary to be emphatic with women in the diagnosis of violence; they do not feel qualified to care for women in situations of violence. With the bond and preventive measures, the necessary care is obtained for each aggravation. In the units, policies for preventing, combating, and coping with health problems usually begin, and the nurse is the main articulator of these.
Cortes LF, Padoin SMM, 2016[49].	The intentionality of the action of caring for women in situations of violence: contributions to Nursing and Health.	Qualitative.	Rio Grande do Sul, Brazil.	Professionals do not have adequate preparation to care for victims, only worrying about physical care based on technical knowledge. The difficulties experienced revolve around the fact that care is based on the health and disease process, focusing on the woman's illness.
Albuquerque Netto L, Moura MAV, Queiroz ABA, Leite FMC, Silva GF, 2017[50].	Isolation of women in situations of intimate partner violence: a condition in social networks.	Qualitative and analytical.	Rio de Janeiro, Brazil.	Professionals need to have a holistic view to provide efficient care. Emergency Care Units, Primary Care Units, and Emergency Hospitals are the most sought places by women who suffer violence. The constant feelings of guilt, shame, and isolation create obstacles to denouncing aggression. Lack of recognition of aggression also contributes to infeasibility.
Acosta DF, Gomes VLO, Oliveira DC, Gomes GC, Fonseca AD, 2017[51].	Ethical and legal aspects in Nursing care for victims of Domestic Violence.	Qualitative	Rio Grande do Sul, Brazil.	Continuing education empowers professionals, reflecting on the visibility of violence in the health field, making it necessary for the managers of institutions to pay attention to training professionals. The reified knowledge about the phenomenon, associated with relational care, points to humanized and emancipatory nursing care for the victims.
Arboit J, Padoin SMM, Vieira LB, Paula CC, Costa MC, Cortes LF, 2017[52].	Health care for women in situations of violence: disarticulation of network professionals.	Qualitative, descriptive, and exploratory.	Rio Grande do Sul, Brazil.	Health professionals recognized the importance of the health care network in facing the issue of violence against women. However, the disarticulation or lack of integration between professionals and services in the care network limited their conceptions and actions. The conceptions and actions of health professionals contribute to the disarticulation between services.
Gupta J, Falb KL, Ponta O, Xuan Z, Campos PA, Gomez AA, et al, 2017[53].	*A nurse-delivered, clinic-based intervention to address intimate partner violence among low-income women in Mexico City: findings from a cluster randomized controlled trial.*	Quantitative.	Mexico City, Mexico.	It was observed that even if intensive nursing intervention does not provide short-term improvement in addressing mental quality of life and behavior and safety planning, nurses can play a supportive role in the care of women who experience intimate partner violence.
Acosta DF, Gomes VLO, Oliveira DC, Marques SC, Fonseca AD, 2018[54].	Social representations of nurses about domestic violence against women: a study with a structural approach.	Descriptive exploratory with a qualitative approach.	Rio Grande do Sul, Brazil.	A view centered on physical injuries and blaming the victim can limit care actions, so it is essential to problematize this object with health professionals. Assistance can assume a clinical character, prioritizing the treatment of injuries without contemplating the subjectivity of women.
Silva VG, Ribeiro PM, 2020[55].	Violence against women in the practice of primary health care nurses.	Descriptive and qualitative.	Minas Gerais, Brazil.	Some of the difficulties that nurses face when caring for women victims of violence is failure to address this issue during their training (undergraduate and continuing education), which causes a lack of knowledge from the reporting issues under their responsibility in monitoring the case, even after directing her to the other services combined with the difficulty in approaching these women in their daily work process.

Continuation

AUTHORS / YEAR	TÍTLE	KIND OF STUDY	PLACE	MAIN RESULTS AND CONCLUSIONS
Amarijo CL, Silva CD, Acosta DF, Cruz VD, Barlem JGT, Barlem ELD, 2021[56].	Power devices used by nurses to face domestic violence against women.	Qualitative, descriptive, and analytical.	Rio Grande do Sul.	Nurses make use of the power devices they have available to help women to transform situations of violence. Nursing can generate social transformations since it is engaged in actions aimed at promoting health.
Carneiro JB, Gomes NP, Almeida LCG, Romano CMC, Silva AF, Webler N, 2021[57].	Conditions that interfere with the care of women in situations of domestic violence.	Qualitative.	Municipality in Northeast Brazil.	Care of women in situations of domestic violence involves professional preparation, the organization of health services, and an articulated and intersectoral flow of care. Offers subsidies that can guide managers to develop actions to identify and face domestic violence against women, based on the co-participation and co-responsibility of Family Health Strategy (ESF) workers, intending to improve the assistance offered.

DISCUSSION

Below are portrayed the five thematic categories that emerged from the selected studies, namely First contact with the victim; Difficulties in Nursing actions; Intersectoral care network for women victims of violence; Ethical and Legal aspects; and, The role of nursing professionals in coping strategies.

First contact with the victim

Women in situations of domestic violence have several health problems that affect their physical and psycho-emotional well-being. In this sense, Primary Health Care (PHC) is a privileged environment for identifying these individuals due to the proximity and bond between the service and the user(55,36). From the welcoming, it becomes possible to build affection and the relationship of trust and commitment of the women with the professionals of the health care network, providing the approach to prevent violence and treat and rehabilitate the victim[55,57].

In this context, the creation of a relationship based on trust and the bond between the patient and the nursing professional is essential to guarantee the autonomy and empowerment of the woman from the breaking of the stigma and the verbalization about the experienced situation[48]. Therefore, through active and qualified listening, resolutive responses to identified problems are obtained[38,48,57].

The nursing team, faced with hypothetical or proven violence, must act with prudence in screening and interviewing to clarify the appearance of signs and symptoms. This process involves the selection of a safe and appropriate environment for the care of victims with the guarantee of confidentiality and privacy[44]. Another aspect of this procedure is the determination of how, by whom, and what questions will be asked, in addition to establishing parameters for the transfer of this information to the other members of the team responsible for the woman's care [44].

In this way, the recognition and bond in the welcoming of women in vulnerable situations in the care of health services are the fundamental principles of raising awareness of the visibility of the issue as a public health problem[34].

Difficulties in Nursing Actions

Through the critical analysis of the selected articles, it was observed that the limitations in nursing actions have intrinsic and extrinsic origins being, respectively, related to the nursing consultation and the problems involved in the isolation of the woman victim of violence. In this perspective, the limitations of intrinsic origin were: the absence of addressing the theme of DVACM during academic training, the lack of professional training, the biomedical model based on technical knowledge and prescriptive behaviors, and the lack of compulsory notifications of cases of violence.

The first obstacle found for training the nursing team is the lack of contact with this topic in the curriculum of undergraduate health courses, resulting in a lack of knowledge from the reporting resources under the responsibility of the professional in-patient follow-up to the difficulty in how to approach these women in the routine of their work process[55,36,43]. Additionally, the lack of professional training is closely linked to the biomedical model based on technical knowledge and prescriptive behaviors, revealing the fact that nursing professionals do not feel prepared for humanized and holistic care, attaching themselves to physical marks, the treatment, and medicalization of bodies to the detriment of the preventive character and health promotion[36,54,37].

Furthermore, the lack of compulsory notifications is due, firstly, to the lack of standardization in health units, in addition to the lack of time for detailed assistance and the team ineptitude due to the lack of knowledge in handling

this legal device[38,48]. Because of this, qualitative research has shown that an influential aspect of underreporting cases is the fear feeling of professionals and victims in giving visibility and publicity to the problem, for fear that this may result in reprisals and harm to both[47, 48].

Limitations of extrinsic origin are of a social and cultural nature, as the family is the first and main instance of the support network to be sought in conflict situations; however, sometimes the family nucleus does not offer support, forcing its members to request help in other components of this network[50,56]. In this sense, women in a situation of DVAW tend to benefit from a restricted network, as this impairs their interactions, causing social isolation and resistance to seeking support in other instances[50,56].

In addition, feelings of shame and guilt, as well as the stigma of being recognized as people beaten and mistreated by their partners, help to create obstacles to reporting Intimate Partner Violence (IPV) and result in a social vulnerability situation[50]. At that moment, the support provided by health professionals is relevant since, because they are in a social situation of inferiority and vulnerability, these women are afraid of being blamed, misunderstood, or humiliated by society[50,54,56].

In the meantime, the ability of women victims of DVACM to express themselves is another factor that restricts the performance of the nursing team, considering that without the exercise of parrhesia (oratorical freedom), the professional cannot access all the circumstances[48,56]. It shows that, in addition to needing a differentiated perspective from nurses, women need awareness of their citizenship rights[48]. For this, it is essential to discuss the ways that they have to get rid of this context, abandoning the stereotypes and cultural barriers that permeate the issue[46]. Therefore, it is inferred that the professional in charge of this would be the nurse, as he is inserted in the area covered by the residence of these women, through the connection that develops between the community and the Basic Health Unit (UBS)[46,48,56].

Intersectoral care network for women victims of violence

Faced with the complexity of the occurrence of DVAW, a cohesive, capable, and sensitive to-problem healthcare network is necessary, which is integrated with other services in an intersectoral way, promoting the necessary referrals, supported by legislation that prohibits violence in the sense of legally support women in vulnerable situations[35,46].

In most of the analyzed studies, the phenomenon was experienced by women who suffered from IPV, causing the illness not only of the victims but also of the entire family nucleus[40]. This problem results in serious obstacles in the process of psychosocial development and the high demand for social and health services[40]. Therefore, assistance programs must promote a linear model of care, as a foundation for protecting and promoting the health of women, children, and the family, through interdisciplinary support and between levels of service[54].

Given the preservation of social integrity, the data obtained by the nursing professional, through qualified listening at the time of screening, are relevant for the emancipation and empowerment of women, building alternatives and actions that strengthen bonds of care through referrals to other professionals such as psychologists, doctors and social workers[42,49]. In this way, it becomes possible to expand the support networks in the personal, social, and legal spheres, such as the Department of Health, Department of Social Assistance, UBS, Psychosocial Care Centers, Women's Police Station, Specialized Center for Social Assistance (CREAS), Emergency Services, Women's Shelter, and Obstetric Center, among others of an intersectoral nature[42,45,49,52].

Such conceptions, therefore, are in line with the ministerial and political guidelines, according to which health care must be provided in a multidisciplinary way, based on the collective efforts of the most diverse services[38,52]. Therefore, the woman must realize that the professional is interested in her problem and that the team wants to support her in coping with it, and it is up to the nurse, who is co-responsible for caring and responsible for and managing the organization of the service at the UBS, to ensure that this professional class commits, transmits technical-informational knowledge and works in a multidisciplinary format[38,52].

Ethical and legal aspects

The bibliography has imputed the underreporting of DVACM to the lack of knowledge of nursing team professionals about their legal responsibility[51]. Law no. 10,778 of 2003 establishes the mandatory notification of cases of violence against women that are treated in public or private health services throughout the national territory[58]. Thus, failure to carry out this notification is under penalty of punishment provided for in the nursing code of ethics[46]. In addition to the referral to the service network, it is essential to notify the case in the Notifiable Diseases Information System (SINAN), which must be completed in cases of suspected or confirmed violence[48].

Another judicial device used is the Maria da Penha Law, which postulates the effectiveness of research from a gender perspective that investigates the causes of domestic and family violence against women[41]. This scenario highlights the importance of the role of nursing professionals in charge not only of caring for vulnerable women but also of producing useful data in combating this misfortune[48]. However, the survey revealed that not all members of the health team interviewed attributed adequate importance to reporting violence[55]. Many people claim to be unaware of its compulsory character and question its obligation since they perceive the notification as a form of denouncement[55]. Finally, some have doubts about their role in the unfolding of assistance actions for women in situations of domestic violence[55].

The Role of the nursing team in coping strategies

The planning of actions based on the nursing professionals' coping strategies, built from the bond between the team and the user, must, above all, respect the decision of women in domestic violence situations[38]. This action plan should contain guidance on the rights and services available in the community and outside it, such as reporting the aggressor, protective measures and support from support networks, promoting the autonomy of the victim, who has the institutional right to choose whether or not to follow the instructions[38,53].

The nursing professional must be able to detect and welcome victims of violence based on a relationship of trust that must be subsidized by professional training focused on health promotion actions[38]. This detection comes from the perception of emotions faced by these women, understanding it as a dominated, experienced, and exploited body[55,42]. In this way, he will be able to offer comprehensive and humanized care that aims to contemplate the real needs of the patient, having, therefore, an essential role in overcoming and reintegrating the woman into her new reality[55,42].

Furthermore, nursing has a notable commitment to health education, qualifying those under its supervision in identifying cases of DVACM, helping to solve the problem, and reconstructing sexist values rooted in culture arising from gender distinctions[55,41]. Because of this, it becomes essential that the confrontation be collective and not individualized to increase the visibility of victims of domestic violence, not limiting them only to biological issues and prescriptive techniques in nursing care.[35,40].

In this context, the network of interdisciplinary services, including the nursing team, can guarantee assistance for the development of actions aimed at prevention, notification, registration, treatment, referral, and follow-up of women in vulnerable situations at all levels of health care, thus providing continuity of care and assistance[39]. With this, it is essential to implement broad and articulated policies that agree with the guidelines defined by the National Policy to Combat Violence against Women, in the sense of combating inequalities between the sexes[41].

CONCLUSION

Given that domestic violence against women is a social problem reflected in national and international public health, this integrative review provided a reflection on the theme based on the related literature updating, ensuring a broad view of the gaps in addressing this problematic issue. It was identified that the role of the nursing team is based on coping strategies to prevent, notify, record, treat, refer, and accompany women in vulnerable situations.

In this bias, the guiding question was answered and specified in the discussion in categories, revealing the need to resolve difficulties in the work process of the nursing team. Furthermore, the results of this study point to the indispensability of adding discipline to the phenomenon in the curriculum of undergraduate courses in health and institutional policies, aiming at qualified training for prevention, early identification, and care actions in the context of health promotion and coping from VDCM. Finally, it is recommended that new studies be carried out from the perspective of nursing professionals about the performance of the service in the qualified assistance to women victims of violence.

CONTRIBUTIONS

Joana Nágila Ribeiro Figueira, Antônia Vitória Elayne Carneiro Araújo, and **Aline Miranda Abreu** contributed to the preparation and design of the study; acquisition, analysis, and interpretation of data and writing of the manuscript. **Isaac Gonçalves da Silva, Taynara Laís Silva,** and **Thalis Kennedy Azevedo de Araujo** contributed to the revision of the manuscript. **Thatiana Araújo Maranhão** contributed to the preparation and design of the study and revision of the manuscript.

FINANCING SOURCE

There is no funding.

INTEREST CONFLICTS

The authors state that there were no conflicts of interest in carrying out this study.

REFERENCES

1. Organização Mundial da Saúde. Prevenção da violência sexual e da violência pelo parceiro íntimo contra a mulher: ação e produção de evidência [Internet]. Genebra: [editor desconhecido];2012. [accessed on 2021 Out 28]. Available from: http://apps.who.int/iris/bitstream/handle/10665/44350/9789275716359_por.pdf?sequence=3.
2. Ministério da Saúde (BR). Secretaria de Políticas de Saúde. Violência intrafamiliar: orientações para prática em serviço [Internet]. Brasília: Ministério da Saúde; 2002 [accessed on 2021 Out 28]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/violencia_intrafamiliar_cab8.pdf.
3. Ministério da Saúde (BR). Secretaria de Gestão Estratégica e Participativa.Temático prevenção de violência e cultura de paz [Internet]. Brasília: OPAS; 2008 [accessed on 2021 Out 28]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/painel_indicadores_sus_prevencao_violencia.pdf.
4. Ministério da Economia (BR). Instituto de Pesquisa Econômica Aplicada. Atlas da Violência 2021 [Internet]. Rio de Janeiro: IPEA; 2021 [accessed on 2021 Out 28]. Available from: https://www.ipea.gov.br/atlasviolencia/publicacoes.
5. Organização das Nações Unidas. Nações Unidas e governo brasileiro recomendam diretrizes nacionais para procedimentos de investigação, processo e julgamento de crimes feminicidas. ONU Mulheres Brasil [Internet]. 2016 abr 08 [accessed on 2021 Out 28]. Available from: http://www.onumulheres.org.br/noticias/nacoes-unidas-e-governo-brasileiro-recomendam-diretrizes-nacionais-para-procedimentos-de-investigacao-processo-e-julgamento-de-crimes-feminicidas/.
6. Gabriel GA, Gabriel GA. Análise crítica de práticas sociodiscursivas ideológicas misóginas: a institucionalização da violência de gênero contra a mulher na esfera judicial. Revista Ilha do Desterro [Internet]. 2022 [accessed on 2023 Fev 25];75(3):31-53. Available from: https://periodicos.ufsc.br/index.php/desterro/article/view/86006/51641.
7. Pessôa AG, Wanderley PIBR. A reeducação do homem agressor: grupo reflexivo de violência doméstica. Rev. Const. Dir. Bras. [Internet]. 2020 [accessed on 2023 Fev 25]; 3(1):e034. Available from: http://revistareconto.com.br/index.php/reconto/article/view/41.
8. Medeiros MS, Santos MG. Deslizamentos de sentido da palavra “mulher” em políticas públicas sobre violência doméstica. Entre palavras [Internet]. 2020 [accessed on 2023 Fev 25]10(2):1-18. Available from: http://www.entrepalavras.ufc.br/revista/index.php/Revista/article/view/1789/713.
9. Singulano YL, Damiano Teixeira KM. Percepção de adolescentes sobre as causas da violência doméstica e familiar contra as mulheres. Oikos: Família e Sociedade em Debate [Internet]. 2020 [accessed on 2023 Fev 25];31(1):96-118. Available from: https://periodicos.ufv.br/oikos/article/view/8979.
10. Silva AFC, Alves CG, Machado GD, Meine IR, Silva RM, Carlesso JPP. Violência doméstica contra a mulher: contexto sociocultural e saúde mental da vítima. Res., Soc. Dev. [Internet]. 2020 [accessed on 2023 Fev 25];9(3):e35932363. Available from: https://rsdjournal.org/index.php/rsd/article/view/2363.
11. Cavalcante LB, Nascimento LCR, Silva IC. Violência doméstica contra mulher: Um fator social e cultural no Brasil. Revista da Faesf [Internet]. 2023 [accessed on 2023 Fev 25]; 6(3). Available from: https://faesfpi.com.br/revista/index.php/faesf/article/view/171.
12. World Health Organization. Global and Regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence [Internet]. Geneva: WHO; 2013 [accessed on 2021 Out 28]. Available from: http://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.

pdf;jsessionid=2C27540FD7EC0064EB0B57A9305A694E?sequence=1.

13. Delziovo CR, Taquette SR, Carvalho MGO, Coelho EBS, Oliveira CS, Warmling D, *et al*. Guia para o manejo de situações de violência doméstica contra a mulher na APS [Internet]. Florianópolis: UFSC; 2022 [accessed on 2023 Fev 25]. Available from: https://unasus.ufsc.br/saudedamulher/files/2022/02/GUIA_ViolenciaMulheres_V4-1.pdf.

14. Duarte BAR, Junqueira MAB, Giuliani CD. Vítimas de Violência: atendimento dos profissionais de enfermagem em Atenção Primária. REFACS [Internet]. 2019 [accessed on 2023 Fev 25];7(3): 401-411. Available from: https://seer.uftm.edu.br/revistaeletronica/index.php/refacs/article/view/3760/pdf.

15. Martins APA, Araújo RM. Política intersetorial de atendimento às mulheres em situação de violência: análise da implementação da Casa da Mulher Brasileira. Nau Soc [Internet]. 2020 [accessed on 2023 Fev 25];10(19):51-63. Available from: https://periodicos.ufba.br/index.php/nausocial/article/view/33979.

16. Feltrin B, Toso LS, Cheffer MH. Ser enfermeiro e o cuidado a mulheres vítimas de violência doméstica: situações vivenciadas. Revista Varia Scientia Ciências da Saúde [Internet]. 2019 [accessed on 2023 Fev 25];5(2):143-52. Available from: https://saber.unioeste.br/index.php/variasaude/article/view/23533.

17. Cortes LF, Padoin SMM, Arboit J. Rede intersetorial de atendimento às mulheres em situação de violência: trabalho artesanal construído pelas pessoas. Rev. Bras. Enferm. [Internet]. 2022 [accessed on 2023 Fev 25];75(Suppl 2):e20210142. Available from: https://www.scielo.br/j/reben/a/ffwDST4LyBhcz4S3byLYBTd/?format=html&lang=pt#.

18. Schein S, Ubessi LD, BoeckelM, Prati LE. Atenção à saúde da mulher vítima de violência: um recorte temporal. Rev. Bras. Pesq. Saúde [Internet]. 2019 [accessed on 2023 Fev 25];21(2):174-185. Available from: https://www.researchgate.net/publication/340145768_Atencao_a_saude_da_mulher_vitima_de_violencia_um_recorte_temporal.

19. Magalhães VMPR, Almeida CAPL, Santos RF, Ramos CV, Feitosa LGGC, Lago EC. Validação de álbum seriado para enfermeiros da atenção básica sobre a violência doméstica contra a mulher. Cogitareenferm. [Internet]. 2020 [accessed on 2023 Fev 25];25: e62729. Available from: http://www.revenf.bvs.br/pdf/ce/v25/1414-8536-ce-25-e62729.pdf.

20. Bearzi PSS, Martins AB, Marchi RJD, Reser AR. Trilhas para o enfrentamento da violência contra a mulher. RevEstudFem [Internet]. 2020; [accessed on 2023 Fev 25]28(3): e60162. Available from: https://www.scielo.br/j/ref/a/vKcqXCvCdPrbPQBfh79GPwR/?lang=pt#.

21. Amarijo CL, Gomes VLO, Gomes AMT, Fonseca AD, Silva CD. Representação social de profissionais de enfermagem acerca da violência doméstica contra a mulher: abordagem estrutural. Revenferm UERJ [Internet]. 2017 [accessed on 2021 Out 28];2:e23648. Available from: https://docs.bvsalud.org/biblioref/2018/10/915856/23648-102854-1-pb.pdf.

22. Gomes ICR, BiondoCS, Maia ACSA, Rodrigues VP, Vilela ABA. Representações sociais de mulheres sobre a violência doméstica. Rev. enferm. Cent.-Oeste Min [Internet]. 2021 [accessed on 2023 Fev 25];11:e4252. Available from: http://www.seer.ufsj.edu.br/index.php/recom/article/view/4252/2770.

23. Santos DS, Magalhães JM, Côelho MCVS, Almeida CAPL, Viana MRP, Carvalho CMS et al. Violência doméstica contra a mulher: visão de enfermeiros pós-graduandos em obstetrícia no Piauí. J. nurs. health [Internet]. 2019 [accessed on 2023 Fev 25];9(3):e199310. Available from: https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/17198/10823.

24. Amarijo CL, Gonçalves NGC, Figueira AB, Minasi ASA. Violência doméstica contra a mulher na perspectiva dos quatro pilares da educação. J. nurs. Health [Internet]. 2020 [accessed on 2023 Fev 25];10(1):e20101002. Available from: https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/16573.

25. Oliveira MT, Ferigato SH. A atenção às mulheres vítimas de violência doméstica e familiar: a construção de tecnologias de cuidado da terapia ocupacional na atenção básica em saúde. CadBras Ter Ocup [Internet]. 2019 [accessed on 2023 Fev 25];27(3):508-521. Available from: https://www.scielo.br/j/cadbto/a/99tmk3n6WhsMjcWHjMZVMGK/?lang=en#.

26. Moreira H, Ikeda KGCP, Sales APA. Rede de proteção intersetorial na violência contra a mulher: um estudo

documental. CONJ [Internet]. 2022 [accessed on 2023 Fev 25];22(16):454-65. Available from: http://www.conjecturas.org/index.php/edicoes/article/view/2060.

27. Cristina IS, Risso S, Sim-Sim M. Assistência de enfermagem. Narrativa de mulheres vítimas de violência doméstica. RIASE [Internet]. 2020 [accessed on 2023 Fev 25];5(3), 1998 -2014. Available from: http://www.revistas.uevora.pt/index.php/saude_envelhecimento/article/view/388.
28. Oliveira I, Oliveira C, Carvalho J, Santos N, Torres A. Violência doméstica contra as mulheres: conhecimentos, atitudes e barreiras do enfermeiro de família. RIIS [Internet]. 2020 [accessed on 2023 Fev 25];3(2):29-38. Available from: https://riis.essnortecvp.pt/index.php/RIIS/article/view/102/71.
29. Silva BRS, Mesquita VB, Silva NS, Cabral RGV. O papel do enfermeiro frente às vítimas de violência doméstica no brasil. Revista Multidisciplinar PeyKëyo Científico [Internet]. 2022 [accessed on 2023 Fev 25];7(3):98-120. Available from: https://estacio.periodicoscientificos.com.br/index.php/pkcroraima/article/view/1168
30. Silva BCN, Ribeiro TM, Almeida BGRF, Teixeira CL, Dourado GKS, Monteiro LV. Saberes e práticas no enfrentamento da violência contra mulher na assistência de enfermagem em emergência. EnfermBras [Internet]. 2020 [accessed on 2023 Fev 25];19(5):440-449. Available from: https://portalatlanticaeditora.com.br/index.php/enfermagembrasil/article/view/4333/pdf.
31. Franco JM, Lourenço RG. Assistência de enfermagem prestada às mulheres em situação de violência em serviços de emergência. Rev. Eletr. Enferm. [Internet]. 2022 [accessed on 2023 Fev 25];24(68266): 1-15. Available from: https://revistas.ufg.br/fen/article/view/68266.
32. Jesus AS, Silva RMS, Sales ASG, Quirino CTA, Santos ES, Barreto JCB et al. Os desafios do enfermeiro emergencista na assistência prestada as mulheres em vivência de violência doméstica. REASE [Internet]. 2022 [accessed on 2023 Fev 25];8(5):1499-520. Available from: https://www.periodicorease.pro.br/rease/article/view/5566.
33. Ursi ES, Gavão CM. Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura. Revista Latino-Americana de Enfermagem [Internet]. 2006 [accessed on 2021 Out 28];14(1):124-131. Available from: https://www.scielo.br/j/rlae/a/7hS3VgZvTs49LNX9dd85VVb/?lang=pt.
34. Leal SMC, Lopes MJM, Gaspar MFM. Representações sociais da violência contra a mulher na perspectiva da enfermagem. Interface (Botucatu) [Internet]. 2011 [accessed on 2021 Out 28];15(37):409-424. Available from: https://www.scielo.br/j/icse/a/VrvpmZ9L34965dw3zL4tHcf/?lang=pt.
35. Vieira LB, Padoin SMM, Souza IEO, Paula CC. Perspectivas para o cuidado de enfermagem às mulheres que denunciam a violência vivida. Esc. Anna Nery [Internet]. 2011 [accessed on 2021 Out 28];15(4):678-685. Available from: https://www.scielo.br/j/ean/a/gxYgPksVkdDYPpkY6Pz7BsC/?lang=pt#.
36. Gomes NP, Silveira YM, Diniz NMF, Paixão GPN, Camargo CL, Gomes NR. Identificação da violência na relação conjugal a partir da estratégia saúde da família. Texto Contexto Enferm [Internet]. 2013 [accessed on 2021 Out 28];22(3):789-796. Available from: https://www.scielo.br/j/tce/a/KczrvYH36TyVGwRZNWJCwkn/?lang=pt.
37. Guedes RN, Fonseca RMGS, Egry EY. Limites e possibilidades avaliativas da estratégia saúde da família para a violência de gênero. Rev. esc. enferm. USP [Internet]. 2013 [accessed on 2021 Out 28];47(2):304-311. Available from: https://www.scielo.br/j/reeusp/a/cnnvPfnkz5pHCfM8kLHhY5S/?lang=pt.
38. Silva EB, Padoin SMM, Vianna LAC. Violência contra a mulher: limites e potencialidades da prática assistencial. Acta Paul Enferm [Internet]. 2013 [accessed on 2021 Out 28];26(6):608-13. Available from: https://www.scielo.br/j/ape/a/ZdsPSjkNDYF9dGfjT5LLp9r/?format=pdf&lang=pt.
39. Menezes PRM, Lima IS, Correia CM, Souza SS, Erdmann AL, Gomes NP. Enfrentamento da violência contra a mulher: articulação intersetorial e atenção integral. Saúde Soc [Internet]. 2014 [accessed on 2021 Out 28];23(3):778-786. Available from: https://www.scielosp.org/article/sausoc/2014.v23n3/778-786/pt/.
40. Rodrigues VP, Machado JC, Simões AV, Pires VMMM, Paiva MS, Diniz NMF. Prática de trabalhadora(e)s de saúde na atenção às mulheres em situação de violência de gênero. Texto Contexto Enferm [Internet]. 2014 [accessed on 2021 Out 28];23(3):735-743. Available from: https://www.scielo.br/j/tce/a/CBmkFdtFVtkq3thN

6YcMZPx/?lang=pt#.

41. Paixão GPN, Gomes NP, Diniz NMF, Couto TM, Vianna LAC, Santos SM. Situações que precipitam conflitos na relação conjugal: o discurso de mulheres. Texto Contexto Enferm [Internet]. 2014 [accessed on 2021 Out 28];23(4): 1041-1049. Available from: https://www.scielo.br/j/tce/a/4QGmxR598j7yzqSVZYmshXP/?lang=pt#.

42. Albuquerque L Netto, Moura MAV, Queiroz ABA, Tyrerell MAR, Bravo MMP. Violência contra a mulher e suas consequências. Acta Paul Enferm [Internet]. 2014 [accessed on 2021 Out 28]; 27(5):458-464. Available from: https://www.scielo.br/j/ape/a/yhwcb73nQ8hHvgJGXHhzw8P/?lang=pt#.

43. Gomes NP, Erdmann AL. Violência conjugal na perspectiva de profissionais da "Estratégia Saúde da Família": problema de saúde pública e a necessidade do cuidado à mulher. Rev. Latino-Am. Enfermagem [Internet]. 2014 [accessed on 2021 Out 28];22(1):1-9. Available from: https://www.scielo.br/j/rlae/a/7ZBb6y4nQ5zWBkfMwSRW7md/?lang=pt.

44. Silva CD, Gomes VLO, Oliveira DC, Marques SC, Fonseca AD, Martins SR. Representação social da violência doméstica contra a mulher entre Técnicos de Enfermagem e Agentes Comunitários. Rev. esc. enferm. USP [Internet]. 2015 [accessed on 2021 Out 28];49(01):22-29. Available from: https://www.scielo.br/j/reeusp/a/TsFjKk47h6W9JWF7wsNQ7Sy/?lang=pt.

45. Cortes LF, Padoin SMM, Vieira LB, Landerdahl MC, Arboit J. Cuidar mulheres em situação de violência: empoderamento da enfermagem em busca de equidade de gênero. Rev Gaúcha Enferm [Internet]. 2015 [accessed on 2021 Out 28];36(esp):77-84. Available from: https://www.scielo.br/j/rgenf/a/RdKMYf8Q4yPJDvMybtjJWYj/?lang=pt#.

46. Acosta DF, Gomes VLO, Fonseca AD, Gomes GC. Violência contra a mulher por parceiro íntimo: (in) visibilidade do problema. Texto Contexto Enferm [Internet]. 2015 [accessed on 2021 Out 28];24(1):121-127. Available from: https://www.scielo.br/j/tce/a/Cv7FCDggKS3vRJ4yQG8HrBM/?lang=pt.

47. Gomes VLO, Silva CD, Oliveira DC, Acosta DF, Amarijo CL. Violência doméstica contra a mulher: representações de profissionais de saúde. Rev. Latino-Am. Enfermagem [Internet]. 2015 [accessed on 2021 Out 28];23(4):718-724. Available from: https://www.scielo.br/j/rlae/a/MXnSLLyBtgPGGMspwbX6ZpJ/?lang=pt&format=pdf.

48. Visentin F, Vieira LB, Trevisan I, Lorenzini E, Silva EF. Women's primary care nursing in situations of gender violence. Invest. educ. enferm [Internet]. 2015 [accessed on 2021 Out 28];33(3):556-564. Available from: https://revistas.udea.edu.co/index.php/iee/article/view/24465.

49. Cortes LF, Padoin SMM. Intencionalidade da ação de cuidar mulheres em situação de violência: contribuições para a enfermagem e saúde. Esc. Anna Nery [Internet]. 2016 [accessed on 2021 Out 28];20(4):e20160083. Available from: https://www.scielo.br/j/ean/a/b8Yz6Yvh5tskjfFrnrgWnWv/?lang=pt#.

50. Albuquerque L Netto, Moura MAV, Queiroz ABA, Leite FMC, Silva GF. Isolamento de mulheres em situação de violência pelo parceiro íntimo: uma condição em redes sociais. Esc Anna Nery [Internet]. 2017 [accessed on 2021 Out 28];21(1):e20170007. Available from: https://www.scielo.br/j/ean/a/vmFS8554cXpP3NQKNyTkPPb/?format=pdf&lang=pt.

51. Acosta DF, Gomes VLO, Oliveira DC, Gomes GC, Fonseca AD. Aspectos éticos e legais no cuidado de enfermagem às vítimas de violência doméstica. Texto Contexto Enferm [Internet]. 2017 [accessed on 2021 Out 28]; 26(3):e6770015. Available from: https://www.scielo.br/j/tce/a/DM6Cwh66FZBsYz4xfvCtspm/?lang=pt#.

52. Arboit J, Padoin SMM, Vieira LB, Paula CC, Costa MC, Cortes LF. Atenção à saúde de mulheres em situação de violência: desarticulação dos profissionais em rede. RevEscEnferm USP [Internet]. 2017 [accessed on 2021 Out 28];51:e03207. Available from: https://www.scielo.br/j/reeusp/a/gzp587MjnqYCY5CSycCPP7h/?lang=pt#.

53. Gupta J, Falb KL, Ponta O, Xuan Z, Campos PA, Gomez AA, et al. A nurse-delivered, clinic-based intervention to address intimate partner violence among low-income women in Mexico City: findings from a cluster randomized controlled trial. BMC Med [Internet]. 2017 [accessed on 2021 Out 28];15(1):1-12. Available from: https://link.springer.com/article/10.1186/s12916-017-0880-y.

54. Acosta DF, Gomes VLO, Oliveira DC, Marques SC, Fonseca AD. Representações sociais de enfermeiras acerca da violência doméstica contra a mulher: estudo com abordagem estrutural. Rev. Gaúcha Enferm [Internet]. 2018 [accessed on 2021 Out 28];39:e61308. Available from: https://www.scielo.br/j/rgenf/a/94ydx8ZRYjZNGc6c83CN9Gx/?lang=pt.

55. Silva VG, Ribeiro PM. Violência contra as mulheres na prática de enfermeiras da atenção primária à saúde. Esc. Anna Nery [Internet]. 2020 [accessed on 2021 Out 28];24(4): e20190371. Available from: https://www.scielo.br/j/ean/a/RXvRBqJz3x4dD3BmntHDCsK/?lang=pt#.

56. Amarijo CL, Silva CD, Acosta DF, Cruz VD, Barlem JGT, Barlem ELD. Dispositivos de poder utilizados por enfermeiros para o enfrentamento da violência doméstica contra a mulher. Texto Contexto Enferm [Internet]. 2021 [accessed on 2021 Out 28];30:e20190389. Available from: https://www.scielo.br/j/tce/a/7LYqcbBsSqxSyQ7p5fRB6cM/?format=html&lang=pt.

57. Carneiro JB, Gomes NP, Almeida LCG, Romano CMC, Silva AF, Webler N, et al. Condições que interferem no cuidado às mulheres em situação de violência conjugal. Esc. Anna Nery [Internet]. 2021[accessed on 2021 Out 28];25(5): e20210020. Available from: https://www.scielo.br/j/ean/a/mddcddNC37JqwwkYMQmP6mt/#.

58. Brasil. Lei nº 10.778, de 24 de novembro de 2003. Estabelece a notificação compulsória, no território nacional, do caso de violência contra a mulher que for atendida em serviços de saúde públicos ou privados. Brasília: Gabinete do presidente; 25 nov 2003 [accessed on 2021 Out 28]. Available from: http://www.planalto.gov.br/ccivil_03/Leis/2003/L10.778.htm.

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How to cite: Figueira JNR, Araújo AVEC, Abreu AM, Silva IG, Silva TL, Araujo TKA, et al. Nursing in the health care of women victims of domestic violence: an integrative review. Rev Bras Promoç Saúde. 2023;36:1-14.