

artigo

Leite, A. C. F., Giovanardi, J. M. L., Silva, F. M. R., Quadros, K. A. N., Santos, R. C., Andrade, S. N.
Preparing nursing professionals to care for women victims of sexual violence

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i69p7000>

Preparing nursing professionals to care for women victims of sexual violence

Preparo dos profissionais de enfermagem no atendimento a mulheres vítimas de violência sexual

Preparación de profesionales de enfermería para asistir a mujeres víctimas de violencia sexual

RESUMO

Objetivo: Identificar se os profissionais de enfermagem estão aptos para acolher as vítimas de violência sexual de forma humanizada. Métodos: A pesquisa se trata de revisão sistemática da literatura, realizada nos meses de setembro/2019 a agosto/2020. A coleta de dados se deu por meio de pesquisa nas bases de dados LILACS e BDNF. Como dificuldade para o estudo, encontramos a baixa quantidade de artigos sobre assunto abordado. Resultados: Evidenciou-se que os profissionais de enfermagem não estão preparados para o acolhimento de vítimas de violência sexual, em dois estudos mostrou o despreparo por fatores psicológicos, insegurança, em três estudos foi apontado falta de capacitação. Conclusão: Apesar de todos os protocolos, preparo teórico, prático e embasamento científico ao longo da formação acadêmica do profissional de saúde, o atendimento de enfermagem ainda é falho. É preciso haver uma equipe multidisciplinar alinhada e capacitada para acolher e dar continuidade ao atendimento humanizado às mulheres vítimas de violência sexual.

DESCRIPTORIOS: Cuidados de Enfermagem; Acolhimento; Violência Sexual; Delitos Sexuais; Enfermagem.

ABSTRACT

Objective: The aim of this study was to verify whether nursing professionals are apt to admit women that are victims of sexual violence following humanization guidelines. Methods: To do that, a systematic review of the theoretical framework was done through LILACS and BDNF databases from September 2019 to August 2020. This way, data was collected for the analysis although it was also verified the existence of a low number of papers on the subject. This reinforces the relevance of the present study to the area. Results: The results of the analysis show that the nursing professionals are not prepared to provide an appropriate service to women that are victims of sexual violence due to psychological factors, lack of preparation and training. In two studies showed unpreparedness by psychological factors, insecurity, in three studies a lack of training was pointed out. Conclusion: Despite all the protocols, the theoretical and practical background, the scientific support throughout the academic training of health professionals, nursing care is still flawed. It is the conclusion of this study that it is necessary to have a multidisciplinary team aligned and trained to admit and follow-up women that are victims of sexual violence according to the humanization guidelines.

DESCRIPTORS: Admittance; Nursing Care; Sexual Offenses; Sexual Violence; nursing

RESUMEN

Objetivo: El objetivo de este estudio es identificar si los profesionales de enfermería son capacitados para acoger a las víctimas de violencia sexual de manera humanizada. Métodos: Para eso, se utilizó como recurso metodológico la revisión sistemática de la literatura, realizada entre el periodo de septiembre/2019 hasta agosto/2020. La recolección de datos se llevó a cabo a través de la investigación en las bases de datos LILACS, BDNF, el estudio encontró dificultades debido al escaso número de artículos sobre el tema abarcado. Resultados: Los resultados demostraron que los profesionales de enfermería no están preparados para recibir víctimas de violencia sexual, debido a factores psicológicos, falta de preparo o falta de formación. En dos estudios se evidenció falta de preparación por factores psicológicos, inseguridad, en tres estudios se señaló falta de formación.

Conclusión: Se puede concluir que, pese a todos los protocolos, preparación teórica, práctica y base científica, a lo largo de la formación académica del profesional de la salud, la atención de enfermería es todavía deficiente. La investigación encuentra que es necesario que exista un equipo multidisciplinario alineado y capacitado para acoger de manera continuada la atención humanizada a las mujeres víctimas de violencia sexual.

DESCRIPTORIOS: Atención en Enfermería; Acogida; Violencia Sexual; Delitos Sexuales; enfermeira

RECEBIDO EM: 15/07/2021 APROVADO EM: 10/08/2021

ANA CAROLINA FERREIRA LEITE

Student in Nursing, State University of Minas Gerais, Minas Gerais, Brazil
ORCID: 0000-0003-3635-4161

JÚLIA MARIA LOPES GIOVANARDI

Student in Nursing, State University of Minas Gerais, Minas Gerais, Brazil
ORCID: 0000-0002-1633-7973

FERNANDA MARCELINO DE REZENDE E SILVA

Master in Nursing from UFMG, Professor and Coordinator of the Undergraduate Nursing Course at the State University of Minas Gerais. Professor of the Undergraduate Nursing Course at the University of Itaúna (UIT).
ORCID: 0000-0003-2236-7009

KARLA AMARAL NOGUEIRA QUADROS

Nurse. Master in Education, Culture and Social Organization from the State University of Minas Gerais. Minas Gerais Brazil. Professor of the Undergraduate Nursing Course at the State University of Minas Gerais (UEMG), Divinópolis Unit
ORCID: 0000-0002-3750-4873

REGINA CONSOLAÇÃO DOS SANTOS

Nurse. Master in Science from the Federal University of São João Del Rei, Campus Centro Oeste Dona Lindu UFSJ - (CCO). Professor of the Undergraduate Nursing Course at the State University of Minas Gerais (UEMG), Divinópolis Unit
ORCID: 0000-0002-7393-3210

SILMARA NUNES ANDRADE

Nurse. PhD in Health Sciences from the Federal University of São João Del Rei, Campus Centro Oeste Dona Lindu UFSJ - (CCO). Professor of the Undergraduate Nursing Course at the State University of Minas Gerais (UEMG), Divinópolis Unit
ORCID: 0000-0002-1975-0827

INTRODUCTION

Sexual violence is defined in terms of the multiple forms of any attempt to obtain a forced sexual act, unwanted sexual comments and acts aimed at sex trafficking. In Brazil, rape is defined as: "to constrain someone, through violence or serious threat, to have a carnal conjunction or to practice or allow someone to perform another libidinous act with that person". (1-2)

Anyone is liable to suffer some type of sexual violence, at some point in their lives, regardless of gender, social class, color or age. Despite this, young women are the class that suffers most from this type of violence, in addition to suffering aggression. (2)

In a survey conducted by the United Nations (UN) in the world, one in five women will be the victim of rape or attempted rape. Violence against women is a public health issue, requiring the establishments responsible for this area to be efficient and effective. Many of the rapes are not notified to the authorities, and the reasons for this

are diverse, such as humiliation, fear of the partner's reaction. (3)

Sexual violence brings countless harm to victims, both in the short and long term, such as an unwanted pregnancy, contamination by a sexually transmitted infection (STI). In the long term, it can cause sexual disturbances in women. Victims of sexual violence are more predisposed to psychiatric symptoms, depression, panic disorder. (2)

Regarding the care of women who have experienced violence, this should be carried out in an appropriate place, preferably in a place with the greatest possible privacy for screening and interviewing. In order for a quality service to occur, it is necessary to establish a relationship of trust with the client. (4)

The reception of a person victim of sexual violence must be done in a safe environment, but it is different from screening. This embracement is very important, since it is based on it that a bond will be established between the patient and the health professional. It must be done with confi-

dentiality, privacy and ethics. The person must be assisted, in a humane way, in a place where their privacy is guaranteed, and, at that moment, it is necessary to observe if there is someone with the client who can be linked to the crime. (5)

In health services, sexually assaulted women need to be welcomed, a fundamental factor for the humanization of healthcare, and it is essential to properly establish a relationship between the professional and the client. (6)

The hospital units of the Unified Health System (SUS) are training themselves to collect information and traces on victims of sexual violence. The Ministry of Health published an ordinance that explains what to do to assist a victim of sexual violence. The units that are qualified for this will be able to record information in a multidisciplinary care form, such as collecting material for future analysis by coroners. (7)

The tests must be carried out in hospitals classified as Reference Services for Comprehensive Care for People in Situations of Sexual Violence, with the support

of a team composed of professionals from different areas, to provide the best possible care to the victim of sexual violence. (7)

The first contact established between the professional and the victim must have an affectionate atmosphere, which does not judge the situation. It is extremely important that professionals assess their posture and emotions to deal with the case and discuss the situation. Among the professionals who will provide this first care will be the nurse and the nursing staff. (8)

Nursing, as an area that aims to care, has to go deeper into how care is practiced. In a population that is in the hands of nursing to be welcomed and receive typical care for victims of sexual violence or sexual abuse, the woman as the main one affected by this situation gains greater prominence, demanding knowledge and humanized and holistic care. The first contact the victim has with the health service is from the nursing staff, who will offer them humanized care, detailed anamnesis, collection of material for tests to be performed, administration of medication and scheduling for future returns. (9)

This study aims to understand how nursing professionals deal with the care of women victims of sexual violence. Given this, the question is: are nursing professionals prepared to welcome and provide humanized care to victims of sexual violence?

METHODS

This is a systematic literature review that used as a recommendation the Main Items for Reporting Systematic Reviews and Meta-Analyses (PRISMA) as a tool. The research question was based on the acronym PICO which stands for Population/Patient, Intervention, Comparison Intervention and “Outcomes”. For the selection of publications. For the survey on the aforementioned bases, the descriptors in Health Science (DeCS) were used: sexual offenses and nursing. For the combinations, the Boolean operator “AND” was used.

The inclusion criteria were articles carried out in Brazil, with no publication date delimitation, which answered the guiding

question “Are nursing professionals prepared to assist women victims of sexual violence?”. The exclusion criteria were duplicate articles that were not complete and that did not cover the theme of the guiding question.

The databases consulted were Latin American Literature in Health Sciences (LILACS) and Specialized Bibliographic Database in the Area of Nursing (BDENF).

The search in the databases was carried out from September/2019 to August/2020, in which the results were: 43 studies in LILACS and 36 studies in BDENF. Subsequently, the titles and abstracts of each article were read in order to identify which ones answered the guiding question. At LILACS, 8 were excluded for not presenting the full text, 28 were excluded for not fitting the topic and 4 selected. In the BDENF, 3 were excluded for not presenting full texts, 28 did not fit the theme, 4 fit the theme, of these 3 were duplicates

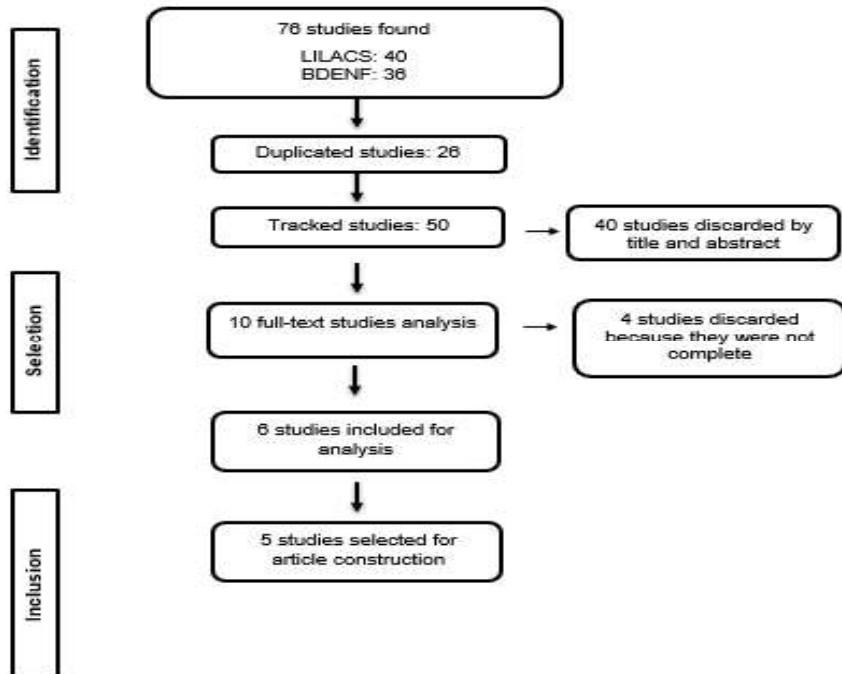
and were excluded. When the texts were crossed, 26 duplicate articles were found (Figure 1).

After the complete reading of the 5 texts, a summary was made containing the most important information on the subject, highlighting the methodology, results and final considerations. This separation by topics and the analysis of the texts served as the basis for the systematic review carried out (Chart 1).

The selection of studies for the evaluation proposed in this review followed the sequence: initially with the DeCS search for the search in the databases, after this search a survey was carried out in LILACS and BDENF. Exclusion of repeated studies that did not fit the theme, selection of those who answered the guiding question and abstracts to carry out the review.

As a difficulty for the study, we found the low number of articles on the subject discussed. This hinders the development of a deeper discussion on the subject.

Figure 1 – Information flowchart of the systematic review, Divinópolis, Minas Gerais, 2020.



Source: Prepared by the authors, 2020.

Table 1 - Eligible studies using the LILACS and BDEF databases, Divinópolis, Minas Gerais, 2020.

| TITLE | OBJECTIVE / METHODOLOGY | RESULTS |
|--|--|---|
| The perception of the victim of sexual violence regarding the reception in a reference hospital in Paraná | Identify the perception of victims of sexual violence in relation to the reception provided by the nursing team. Descriptive research with a qualitative approach. | As a result, it was evident that the nursing team was able to assist women who arrived at the hospital. But still with flaws. |
| Perceptions of primary care nurses in caring for women victims of sexual violence | To analyze the nurses' perception of the care provided to women victims of sexual violence in primary care. Descriptive-exploratory study with a qualitative approach. | Empathy was a feeling present in nurses, as well as frustration; the lack of specific knowledge on the subject. Difficulty in identifying cases of sexual violence that could result in underreporting. |
| A enfermeira desvelando o significado do atendimento às vítimas de violência sexual exposto pelos profissionais de saúde(12) | Desvelar o significado da vivência no cuidar de vítimas de violência sexual. Pesquisa qualitativa de abordagem fenomenológica. | Profissionais retrataram que se sentem impotentes, ficam com psicológico abalado. Se sentem inúteis, impotentes o que gera uma angústia e grande estresse. |
| The nurse unveiling the meaning of care for victims of sexual violence expressed by health professionals | Unveil the meaning of the experience in caring for victims of sexual violence. Qualitative research with a phenomenological approach. | Professionals portrayed that they feel powerless, they are psychologically shaken. They feel useless, powerless, which creates anguish and great stress. |
| Perceptions of Angolan health professionals on violence against women in the marital relationship | Identify the perceptions of Angolan health professionals about violence against women in the marital relationship. Exploratory study of a qualitative nature. | The results of this research reveal that health professionals are not trained to deal with cases of women victims of domestic violence. |
| The reception of health professionals in the care of women victims of sexual violence | Investigate the health professional's conduct in the procedures in the first care form for women victims of sexual violence. Descriptive study based on quantitative analysis. | It was observed that changes such as: offering permanent training courses for health professionals who care for women victims of sexual violence, included in undergraduate curricula. |

Source: Prepared by the authors, 2020.

RESULTS

The research carried out by Batistetti et al. (10) is descriptive with a categorized interview with women who fit within the scope of the study. The study was categorized into three topics: women's perception of the care received; the care provided to it by the nursing staff; and the feelings experienced by women resulting from the assistance. It was found that most women knew how to recognize who was the professional who provided the first assistance. The service provided was rated as good by most interviewees. Nursing managed to reach most women in terms of tranquility and calm. Even in the face of positive reports, there were still situations in which the woman did not feel well with the service.

The study by Mota and Aguiar (11) is descriptive-exploratory with a qualitative approach, through an interview. The questions that served as a basis for the research were: can assisting women victims of sexual violence arouse any feelings?; what are these feelings?; what is it like to work in this type of service? For this, 7 nurses were interviewed, who responded that the feeling aroused was empathy, but there were feelings such as frustration, which can generate intolerance and neglect in the face of violence against women. For the question of how to act in such a situation, most answers showed the health professional's unpreparedness and insecurity.

Corrêa, (12) in a qualitative research study with a phenomenological approach, it interviewed 12 health professionals who work in 3 hospitals. Of these, 4 are nurses. The question to guide the research was about the experience of caring for victims of sexual violence. As a result, they portrayed how this assistance affects the psychological state of professionals, showing that they felt powerless, distressed and useless in the face of such situations.

In a qualitative exploratory study (13) an interview was conducted with 13 professionals, including 3 nurses. As a result, it is highlighted that health professionals are not trained to deal with cases of sexual vio-

lence. It was found that there is still a lack of trained professionals to assist these abused women.

A descriptive study carried out by Ayres et al. (14) showed that 64% of women who arrived at the service unit reporting sexual abuse received a dose of contraception, 61% received HIV prophylaxis, 85% received prophylaxis against STI's and 77% against hepatitis B. It was shown that despite the professionals receiving training, it is still insufficient, that the subject of the theme of sexual violence should be included in the schedule of health courses so that there is more and more training for professionals.

DISCUSSION

Sexual violence is an issue considered a public health problem. It must be analyzed with a thorough eye. Over the years, this number of victims has been growing. With this, the nursing team must be organized and trained in order to be able to meet the need to care for victims of sexual violence. In any phase of a woman's life, she must be cared for in a humane and empathetic way. (5) The studies showed the unpreparedness of nursing professionals to care for women victims of sexual violence.

The lack of knowledge on how sexual violence can affect a woman's life can lead to a lack of awareness when caring for the victim. With this, the patient will be welcomed in a very biomedical and mechanical model, focusing equally on her physical care. Corrêa (12) he mentions in his work how important it is to understand the woman's experience: "I understand that the experience suffered by women from this type of abuse requires health professionals to devote greater attention to "being" a woman, in addition to the biomedical aspect."

A study carried out (11) reinforced that the lack of information on the part of the nursing team causes poor biomedical care, which makes it difficult to create a bond between patient and professional.

Thus, it is necessary to think about the importance of the health professional for the reception of such patients, and it is necessary that they know how to act in a

situation of sexual violence. The referral of clients is extremely important, but it is necessary that nurses are prepared to attend to this woman, during arrival, as a health support point. (15)

The training of professionals for the service is extremely important. All studies showed that there is still a lack of continuing and specialized education for professionals, due to the failure of the system itself, which, in addition to carrying out a thorough selection of these professionals, should offer training.

Mota and Aguiar (11) showed that the lack of training leads to an early transfer of the victim, even before the creation of a link to gather information. This can lead to underreporting of cases of sexual violence. Given this information, greater knowledge about the subject is necessary.

In the US, there is a program of sexual assault nursing examiners to avoid cases of attending these victims without the help of trained professionals. Thereby, Adams (16) carried out a research related to the program, so that victims were not attended to by professionals outside the program, which we can relate to the Brazilian assistance without a specific team to assist victims of sexual violence.

Corrêa (12) pointed out that professionals feel exhausted and without psychological preparation. This generates an overload on the professionals, and they feel the victim's pain and suffer with it. It is necessary to hire professionals who have adequate mental health to care for women in vulnerable situations and victims of sexual violence.

An important point, which can be directly linked to the preparation of professionals, was pointed out in the research by Carneiro et al., (17) is that, when it comes to violence against women, the professional must know how to act, as soon as the client arrives at the unit. It is necessary to make a dialogue between the health unit and the public bodies to which the victims must be referred, as well as carry out a police report and psychological follow-up.

This contact allows welcoming, investigating and gaining the patient's trust, so

that she feels comfortable sharing with the professional this painful and difficult experience for her to report. This differential look is extremely important to build a bond between the team and the victim. This directly reflects how the customer will feel during the service. (10)

It is necessary that the hospital that cares for victims of sexual violence offer its professionals courses and training on how this care should be performed and, at the time of selection, prioritize professionals with the most appropriate profile for the sector of care for women in situations of violence. This is essential for welcoming, technical assistance, empathetic and humanized treatment. (10)

And despite the training courses there is still a lack of preparation of professionals regarding the care of victims of sexual violence. A solution, in addition to training, would be the addition of such a theme in the grid of health colleges so that students leave the undergraduate course with a better knowledge of the subject and that they can offer the best care to these victims. (14)

CONCLUSION

It is concluded that violence against women is a public health issue and that these victims are vulnerable to psychiatric symptoms, placing nursing in the front line to detect these symptoms present there, since the nurse provides this reception in the nursing consultation on the public network.

Despite all the protocols, theoretical and practical preparation and scientific basis throughout the academic training of health professionals, nursing care is still lacking. There needs to be a multidisciplinary team that is aligned and trained to welcome and continue to provide humanized care to women victims of sexual violence.

In both the public and private network, one of the alternatives to prepare these professionals has been continuing education, in order to prepare and standardize these services, in search of an adequate profile to occupy the position of care for victims of sexual violence.

Nursing has the role of “caring”, thus providing an opportunity to create a bond between client and professional, to obtain

various information that will result in humanized and less invasive treatment as possible. It is extremely important that pro-

fessionals who will attend to these victims are trained to be able to create this bond, especially in cases of violence or sexual abuse.

REFERENCES

- Nunes MCA, Lima RFF, Morais NA. Violência sexual contra mulheres: um estudo comparativo entre vítimas adolescentes e adultas. *Psicol Cienc Prof* [Internet]. 2017 [acesso em 02 jul 2019];37(4):956-69. Disponível em: <http://dx.doi.org/10.1590/1982-3703003652016>
- Facuri CO, Fernandes AMS, Oliveira KD, Andrade TS, Azevedo. Violência sexual: estudo descritivo sobre as vítimas e o atendimento em um serviço universitário de referência no Estado de São Paulo, Brasil. *Cad Saúde Pública* [Internet]. 2013 [acesso em 17 jul 2019];5(29):889-98. Disponível em: <http://dx.doi.org/10.1590/S0102-311X2013000500008>
- Pinto LSS, Oliveira IMP, Pinto ESS, Leite CBC, Melo AN, Deus MCBR. Women's protection public policies: evaluation of health care for victims of sexual violence. *Cienc Saúde Coletiva* [Internet]. 2017 [acesso em 11 jul 2019];22(5):1501-8. Disponível em: <http://dx.doi.org/10.1590/1413-81232017225.33272016>
- Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Prevenção e tratamento dos agravos resultantes da violência sexual contra mulheres e adolescentes: norma técnica [Internet]. 3ª ed. atual. e ampl., 1ª reimpr. Brasília (DF): MS, 2012 [acesso em 13 dez 2019]. Disponível em: https://bvsmms.saude.gov.br/bvs/publicacoes/prevencao_agravo_violencia_sexual_mulheres_3ed.pdf
- Huçulak M, Ferreira MCF, Tchaikovski HLD. Protocolo para o atendimento às pessoas em situação de violência sexual / SAS [Internet]. Secretaria de Estado da Saúde do Paraná (PR). Superintendência de Atenção à Saúde. 2ª ed. Curitiba (PR): SESA, 2017 [acesso em 02 nov 2019]. Disponível em: https://www.saude.pr.gov.br/sites/default/arquivos_restritos/files/documento/2020-04/protocolo_apsvs_ultimaversao.pdf
- Higa R, Mondaca ADCA, Reis MJ, Lopes MHB. Atendimento à mulher vítima de violência sexual: protocolo de assistência de Enfermagem. *Rev Esc Enferm USP* [Internet]. 2008 [acesso em 05 jul 2019];42(2):377-82. Disponível em: <http://dx.doi.org/10.1590/s0080-62342008000200023>
- Ministério da Saúde (BR). Saúde divulga diretrizes para atendimento a vítimas de violência sexual [Internet]. Brasília (DF): MS, 2015 [acesso em 15 set 2019]. Disponível em: <http://www.saude.gov.br/noticias/svs/20306-saude-divulga-diretrizes-para-atendimento-a-vitimas-de-violencia-sexual>
- Woiski ROS, Rocha DLB. Cuidado de enfermagem à criança vítima de violência sexual atendida em unidade de emergência hospitalar. *Esc Anna Nery* [Internet]. 2010 [acesso em 23 out 2019];14(1):143-50. Disponível em: <https://doi.org/10.1590/S1414-81452010000100021>
- Morais SCR, Monteiro CFS, Rocha SS. O cuidar em enfermagem à mulher vítima de violência sexual. *Texto Contexto-Enferm* [Internet]. 2010 [acesso em 07 ago 2019];19(1):155-60. Disponível em: <https://doi.org/10.1590/S0104-07072010000100018>
- Batistetti LT, Lima MCD, Souza SRRK. The perception of sexual violence's victims about the embracement in a reference hospital in Paraná. *Rev Pesq (Univ Fed Estado Rio J, Online)* [Internet]. 2020 [acesso em 02 ago 2020];12:169-75. Disponível em: <http://dx.doi.org/10.9789/2175-5361.rpcf.v12.7191>
- Mota JA, Aguiar RS. Percepções de enfermeiros da atuação primária no atendimento as mulheres vítimas de violência sexual. *Nursing (São Paulo)* [Internet]. 2020 [acesso em 02 ago 2020];23(262):3648-51. Disponível em: <http://www.revistanursing.com.br/revistas/262/pg31.pdf>
- Corrêa MEC. A enfermeira desvelando o significado do atendimento às vítimas de violência sexual expresso pelos profissionais de saúde [tese]. Curitiba: Universidade Federal do Paraná; 2008 [acesso em 22 nov 2019]. Disponível em: https://acervodigital.ufpr.br/bitstream/handle/1884/14702/DISSERTACAO_MESTRADO_MARIA_EDUARDA_CAVADINHA_CORREA.pdf?sequence=1&isAllowed=y
- Nascimento EFGA, Ribeiro AP, Souza ER. Perceptions and practices of Angolan health care professionals concerning intimate partner violence against women. *Cad Saúde Pública* [Internet]. 2014 [acesso em 13 nov 2019];30(6):1229-38. Disponível em: <https://doi.org/10.1590/0102-311X00103613>
- Ayres LF, Amorim WM, Silva LR. O acolhimento do profissional da saúde no atendimento à mulher vítima de violência sexual. *Rev Enferm UFPE On Line* [Internet]. 2009 [acesso em 20 ago 2020];3(4):962-71. Disponível em: <https://doi.org/10.5205/reuol.581-3802-1-RV.0304200922>
- Silva NNF, Leal SMC, Trentin D, Vargas MAO, Vargas CP, Vieira LB. Atuação dos enfermeiros da atenção básica a mulheres em situação de violência. *Enferm Foco* [Internet]. 2017 [acesso em 18 nov 2019];8(3):70-4. Disponível em: <file:///C:/Users/User/AppData/Local/Temp/1290-5213-1-PB.pdf>
- Adams P, Hulton L. The sexual assault nurse examiner's interactions in sexual assault response team: a systematic review. *Adv Emerg Nurs J* [Internet]. 2016 [acesso em 02 jul 2019];38(3):213-27. Disponível em: [10.1097/TME.000000000000112](https://doi.org/10.1097/TME.000000000000112)
- Carneiro JB, Gomes NP, Estrela FM, Paixão GPN, Romano CMC, Mota RS. Unveiling the strategies used by women for confronting marital violence. *Texto Contexto-Enferm* [Internet]. 2020 [acesso em 11 ago 2020];29:e20180396. Disponível em: <http://dx.doi.org/10.1590/1980-265x-tce-2018-0396>