Essential Competencies for Health Professionals in the Care of Women Victims of Sexual Violence: An Integrative Review

Competências Essenciais para Profissionais de Saúde no Atendimento a Mulheres Vítimas de Violência Sexual: Revisão Integrativa

Competencias Esenciales para Profesionales de la Salud en la Atención a Mujeres Víctimas de Violencia Sexual: Revisión Integrativa

RESUMO

Objetivo: Identificar as competências essenciais que a equipe multiprofissional deve desenvolver para atender mulheres vítimas de violência sexual. **Método:** Realizou-se uma Revisão Integrativa (RI) de literatura utilizando a estratégia PECO. As buscas foram conduzidas entre junho e julho de 2024 nas bases de dados PubMed, Biblioteca Virtual em Saúde e Periódicos da Capes, resultando na seleção de 23 estudos. **Resultados:** Os resultados foram categorizados em três dimensões de competências: conhecimento, habilidade e atitude. Cada dimensão foi associada a um tipo específico de competência. Dos estudos analisados, 43% destacaram a necessidade das três dimensões de competências. A competência técnica foi a mais prevalente, presente em 78% dos estudos, seguida pelas competências comportamental e funcional, ambas com 74%. **Conclusão:** A qualificação e a transformação das práticas de cuidado em saúde, com enfoque no fortalecimento dos profissionais e usuários por meio de estratégias educacionais, resultam em uma assistência eficaz no enfrentamento da complexidade da violência sexual.

DESCRITORES: Competências essenciais; Assistência à saúde; Violência sexual contra a mulher.

ABSTRACT

Objective: To identify the essential competencies that the multidisciplinary team must develop to assist women victims of sexual violence. **Method:** An Integrative Review (IR) of the literature was conducted using the PECO strategy. The searches were conducted between June and July 2024 in the PubMed, Virtual Health Library, and Capes Periodicals databases, resulting in the selection of 23 studies. **Results:** The results were categorized into three dimensions of competencies: knowledge, skills, and attitude. Each dimension was associated with a specific type of competency. Of the studies analyzed, 43% highlighted the need for the three dimensions of competencies. Technical competency was the most prevalent, present in 78% of the studies, followed by behavioral and functional competencies, both with 74%. **Conclusion:** The qualification and transformation of health care practices, with a focus on strengthening professionals and users through educational strategies, result in effective assistance in addressing the complexity of sexual violence.

DESCRIPTORS: Essential competencies; Health care; Sexual violence against women.

RESUMEN

Objetivo: Identificar las competencias esenciales que el equipo multiprofesional debe desarrollar para atender a mujeres víctimas de violencia sexual. **Método:** Se realizó una Revisión Integrativa (RI) de literatura utilizando la estrategia PECO. Las búsquedas se llevaron a cabo entre junio y julio de 2024 en las bases de datos PubMed, Biblioteca Virtual en Salud y Periódicos de la Capes, resultando en la selección de 23 estudios. **Resultados:** Los resultados se categorizaron en tres dimensiones de competencias: conocimiento, habilidad y actitud. Cada dimensión se asoció con un tipo específico de competencia. De los estudios analizados, el 43% destacó la necesidad de las tres dimensiones de competencias. La competencia técnica fue la más prevalente, presente en el 78% de los estudios, seguida por las competencias conductual y funcional, ambas con el 74%. **Conclusión:** La cualificación y transformación de las prácticas de cuidado en salud, con enfoque en el fortalecimiento de los profesionales y usuarios mediante estrategias educativas, resultan en una asistencia eficaz en el enfrentamiento de la complejidad de la violencia sexual.

DESCRIPTORES: Competencias esenciales; Atención en salud; Violencia sexual contra la mujer.

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INTRODUCTION

The invisibility and multifaceted nature of the phenomenon of sexual violence against women, combined with the lack of training of professionals and the need to organize effective and comprehensive care, require professionals to have essential skills to improve care and attention to victims of sexual violence.

The term "skills" is widely recognized throughout the world and presents itself as a new approach, because it encourages critical reflection, is capable of meeting the demands imposed by current social changes and promoting the development of citizenship. [1]

The complexity of sexual violence requires professionals to have knowledge that goes beyond technical training. In addition, they must acquire skills to improve health care through teamwork and interprofessional education. This will help them overcome the challenges associated with the fragmentation of the care network, the difficulties of the health work process, and neutrality and impartiality centered on the body and biomedicine. [2-4]

In Brazil, the National Humanization Policy (PNH), considered an inducer of the improvement of interprofessional collaborative practices in the Unified Health System (SUS), recommends that the practice of welcoming should be exercised by all health professionals, reaffirming health care through teamwork. [5]

Reeves [6] states that health professionals must receive training that allows them to acquire the knowledge, skills and attitudes necessary to work as a team, which will result in greater patient safety and higher quality of service provided, improving the fragmentation of health care that still exists.

In this context, the development of skills presents itself as a new perspective on the profile of health professionals, not only by encouraging critical thinking, but also by being able to meet the demands imposed by the current situation of social changes, supporting and guiding the population regarding the rights of women victims of sexual violence. [7]

To this end, it is necessary to implement Permanent Health Education (PHE) strategies to expand the specific knowledge of professionals, encourage discussion and improve the operating methods of care in order to meet the needs of the population. In addition, PHE helps to develop essential competencies, such as knowledge, skills and attitudes, qualifying the performance of professionals to meet the needs of women victims of sexual violence in a comprehensive and intersectoral manner. [8-10]

In Resolution No. 569, of December 8, 2017, the National Health Council (CNS) established the assumptions, principles and guidelines on the profile of the professional from the perspective of collective work in health as a social practice, organized in an interdisciplinary and interprofessional manner, which provide knowledge, skills and attitudes that can overcome the contemporary challenges of the world of work. [11]

The qualification and transformation of health care practices in actions and services, with an emphasis on strengthening professionals and users, through educational strategies, reverberate in powerful assistance in facing the complexity of the issue of sexual violence. [8]

Studies show that educational practices improve communication, teamwork, management, ethical sharing of care, change of practices, social and health commitment, and interaction and integration. [3,8]

In this sense, the importance of health education strategies is highlighted to develop professional skills that enable: knowledge; skills and attitude for the effective organization of care; health promotion, prevention and treatment in a timely manner; assertive communication; intersectoral and collaborative articulation; planning of resolutive actions; decision-making; identification and notification of cases; guidance on rights; qualified listening and humanized reception. [7,10]

The study by Lima and Freitas Júnior [10] suggests a matrix of common competencies for interprofessional practice in caring for victims of sexual violence, which can help create educational plans to develop the necessary team skills to improve practice and care for victims of sexual violence.

Considering this context, health professionals must be able to provide humanized care, through respectful reception and care, qualified listening, open dialogue that allows for the establishment of bonds, use of techniques to identify possible risks and harms to women's health and integrity, longitudinal monitoring and coordination with other services to meet the needs of these women. In addition, they must defend their rights. [12-15]

To provide this care effectively, and considering the complexity of sexual violence, professionals must develop skills to improve health care by working as a team and learning from other professionals. This will help them overcome issues such as neutrality and impartiality centered on the body and biomedicine, fragmentation of the care network and problems in the health work process. [2-4]

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Thus, this study aims to identify the necessary skills that the multidisciplinary team needs to develop to assist women who are victims of sexual violence.

METHOD

This is an Integrative Review (IR) of literature, which consists of a research resource for systematizing scientific productions on a given phenomenon based on previous studies. In addition, it points out possible knowledge gaps that need to be filled through new studies that can help professionals and researchers in the work process. [16]

The guiding question for the IR was: what are the necessary skills that health professionals need to develop to care for women who are victims of sexual violence?

To search for evidence, the terms based on the question and the objective of the IR were initially defined, namely: violence against women, sexual violence, health care. Considering that some databases use descriptors, a search for the terms was then carried out in the Medical Subject Headings (MeSH) and Health Sciences Descriptors (DeCS) databases. After exhaustive searches, the descriptors used in Portuguese and English were: "violência sexual", "sexual violence", "violência contra mulher", "violence against women", "assistência de saúde", "health care".

Once this stage was completed, the search strategy was then developed, using Boolean operators AND and OR with quotation marks to delimit compound terms and with parentheses, which were then compiled into a single expression, ("violence against women" OR "sexual violence against women") AND ("health care").

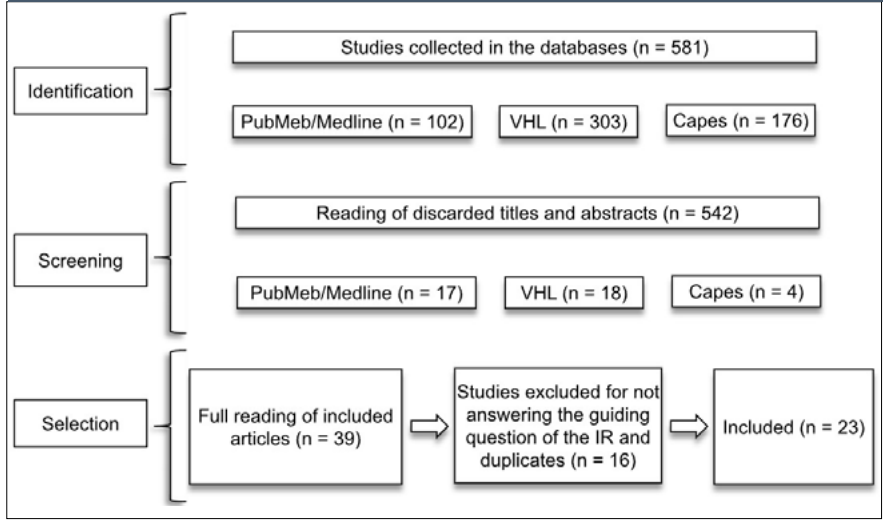
The searches were conducted in the electronic databases of scientific publications: PubMed, Virtual Health Library (VHL) and Capes Periodicals.

The condition or domain to be studied was based on the acronym PECO: Population (P), studies that have a target population of health professionals; Exposure (E), studies that deal with training to develop the necessary skills to assist women victims of sexual violence; Comparator (C), studies that present results from professionals who did not receive training; Outcomes (O), studies that recorded in their outcomes qualified health professionals who better serve women victims of sexual violence and/or care well evaluated by women in health services.

The following were defined as eligibility criteria for the articles: articles, empirical studies, published between January 1st, 2019 and May 2024; written in Portuguese, Spanish and English; with free access to the full version of the article that addressed the competencies/skills of health professionals in assisting women in situations of sexual violence. The following were excluded: dissertations, theses, editorials, opinion pieces, duplicate articles, other reviews and publications that did not address the aforementioned topic. This collection was carried out in the months of June and July 2024.

Thus, 581 articles were identified; of these, 542 were discarded, and 39 were selected, considering the eligibility and exclusion criteria. Due to the methodological process and with a view to obtaining higher quality results, an in-depth reading of the 39 selected articles was carried out in full; of these, 16 were excluded because they did not answer the guiding question of the review. The final sample consisted of 23 studies that were organized in an Excel® spreadsheet for synthesis (Figure 1).

Figure 1 – Flowchart of the study search and selection process



Source: prepared by the author, 2024.

Once the selected articles were in hand, an Excel® spreadsheet was created with the following variables: title, study objective; year of publication; study design (participants and professional category); method, data collection instrument applied. After a complete and exhaustive reading, the components of essential competencies in the work process for improving Knowledge, Skills and Attitudes (KSA) in the selected studies were identified, based on methods, results and discussions, as necessary for health professionals to provide quality care to women victims of sexual violence.

Thus, the components of professional competencies in public health combined with legal provisions and technical standards for humane care for victims of sexual violence served as a basis for the analysis of the subgroups.

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To systematize the results, the following were used as references: the essential competency domains of the Canadian Interprofessional Health Collaborative (CIHC), which state that these domains are necessary for the production of quality in Health Care, because the quality of care production depends on the teams' ability to deal with different perspectives and reach consensus; the PNH [5]; CNS Resolution No. 569/2017[11], which provides for the assumptions, principles and guidelines on the profile of the professional from the perspective of collective work in health as a social practice, organized in an interdisciplinary and interprofessional manner, and which provide knowledge, skills and attitudes that can overcome the contemporary challenges of the world of work; and the matrix of professional practice competencies in the care of people who are victims of sexual violence proposed by Freitas et al. and Lima and Freitas Júnior. [2,10]

Based on the theoretical framework, the aim of the studies was to identify the components of the necessary competencies for professionals to care for women who are victims of sexual violence, namely: Shimizu and Fragelli[1]; Freitas et al.[2]; Terra and Lima[3]; Lima and Freitas Júnior[4]; Souza, Peres, Mafioletti[8]; Lemos and Silva[9]; Lima and Freitas Júnior[10]; Machado, Freitag[12]; Lima et al.[13]; Jesus et al.[14], 2022; Conceição; Madeiro[15].

RESULTS

Of the 23 studies included in this literature review, 2022 was the year with the highest production [9], followed by 2019, 2020 and 2023, all with 4 articles, respectively, and 2021 with 2 articles. Regarding the country where the studies were conducted, Brazil was the one that aggregated the largest number of studies (20 of the 23); Iran, Cape Verde and Saudi Arabia appear with 1 article each (Table 1).

Table 1 – Characterization of the included IR studies, according to the year of publication, country and authors of the sample (n = 23)

N	Year	Country	Authors
1	2022	Cape Verde	*Silva et al.*[17]
2	2023	Brazil	*Bacchus et al.*[18]
3	2022	Arabia Saudi Arabia	*Almegewly et al.*[19]
4	2023	Brazil	*Nascimento et al.*[20]
5	2023	Iran	*Purbarrar et al.*[21]
6	2023	Brazil	*Aguiar et al.*[22]
7	2022	Brazil	*Silva, Mesquita e Campelo*[23]
8	2022	Brazil	*Gomes et al.*[24]
9	2022	Brazil	*Conceição e Madeiro*[15]
10	2022	Brazil	*Carneiro et al.*[25]
11	2021	Brazil	*Miranda et al.*[26]
12	2021	Brazil	*Odorcik et al.*[27]
13	2020	Brazil	*Souza e Peres e Mafioletti*[8]
14	2020	Brazil	*Silva e Ribeiro*[28]
15	2020	Brazil	*d'Oliveira et al.*[29]
16	2019	Brazil	*Costa et al.*[30]
17	2019	Brazil	*Nascimento et al.*[31]
18	2019	Brazil	*Leite e Fontanella*[32]
19	2019	Brazil	*Trentin et al.*[33]
20	2020	Brazil	*Arboit, Mello e Vieira*[34]
21	2022	Brazil	*Leite et al.*[35]
22	2022	Brazil	*Lira e Castro*[36]
23	2022	Brazil	*Tracz, Gonçalves e Marcovicz*[37]

Source: prepared by the author, 2024.

Regarding the objectives of the studies, it was observed that the perception of professionals and the identification of challenges and difficulties predominated, as shown in Table 2.

Table 2 – Characterization of IR studies regarding title and sample objective (n = 23)

N	Titles	Objective
1	Perceptions of primary health care workers regarding violence against women[17]	Identify the perception of PHC professionals regarding violence against women.
2	An evidence-based primary health care intervention to address domestic violence against women in Brazil: a mixed method evaluation[18]	Evaluate the feasibility and acceptability of implementing an intervention (HERA-Healthcare Responding to Violence and abuse) to improve the response to DVAW.

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3	Measuring Nurses' and Physicians' Attitudes and Perceptions of the Appropriate Interventions towards Intimate Partner Violence in Saudi Arabia[19]	Measure the attitude and perception of emergency room health professionals regarding the appropriate intervention for IPV.
4	Challenges regarding cases of domestic violence against women in a city in Mato Grosso[31]	Identify the main challenges in dealing with cases of domestic violence against women in a municipality in Mato Grosso.
5	A review of the challenges of screening for domestic violence against women from the perspective of health professionals[21]	To review the challenges of screening for domestic violence against women from the perspective of health professionals.
6	Primary Health Care and specialized services for women in situations of violence: expectations and disagreements in the voices of professionals (Atenção Primária à Saúde e os serviços especializados de atendimento a mulheres em situação de violência: expectativas e desencontros na voz dos profissionais) [22]	To contribute to knowledge about the functioning of the current care network for women in situations of violence in the city of São Paulo, presenting the conception of professionals from PHC and specialized services.
7	Family doctors' perceptions of violence against women (Percepção dos médicos da família sobre a violência contra a mulher) [23]	To assess the perception of family doctors about violence against women.
8	Family doctors' perceptions of violence against women (Cuidados de enfermeiras à mulher em situação de violência doméstica: Revisão integrativa) [24]	To discuss the challenges faced by emergency nurses during care practices for women in situations of domestic violence.
9	Primary care health professionals and violence against women: systematic review[15]	To describe the evidence on the potential and limitations of PHC health professionals in gender-based violence against women.
10	Theoretical-explanatory model of the care provided to women in situations of violence in primary health care[25]	Develop a theoretical-explanatory model of care for women in situations of intimate partner violence within the scope of PHC
11	Violence against women: perceptions of health professionals in a maternity hospital (Violência contra a mulher: percepções de profissionais da saúde de uma maternidade) [26]	To understand the perception of health professionals regarding care for women in situations of violence who are treated at the Sofia Feldman Hospital, BH/MG
12	Violence against women: perception and professional approach in primary health care during the Covid-19 pandemic[27]	To analyze the approach of health professionals in identifying domestic violence against women and their perception of cases during the Covid-19 pandemic in Family Health Centers.
13	Continuing education in the care network for women in situations of violence Educação permanente na rede de atenção às mulheres em situação de violência[8]	To identify challenges for training and development of professionals who work in an intersectoral network of care for women in situations of violence.
14	Violence against women in the practice of Primary Health Care nurses Violência contra as mulheres na prática de enfermeiras da Atenção Primária à Saúde[28]	Understand how nurses working in PHC identify violence against women and describe the nursing care provided to these women.
15	Obstacles and facilitators to primary health care offered to women experiencing domestic violence: a systematic review[29]	Address the obstacles and facilitators for the care of women in situations of violence in PHC in Brazil.
16	Domestic violence against women in rural context: recognition of care strategies[30]	Describe the actions of ESF professionals in situations of domestic violence against women in rural contexts and the limitations faced in their development..
17	Knowledge and attitudes of rural healthcare providers regarding domestic violence against women: a systematic review[20]	Systematically review the literature on the knowledge and attitudes of rural health professionals in relation to cases of domestic violence against women.
18	Domestic violence against women and PHC professionals: positive predisposition to approach and difficulties with notification[32]	Contribute to understanding the subjective difficulties of reporting domestic violence against women by PHC professionals in Brazil.
19	Women care in situations of sexual violence: an integrative literature review[33]	Identify national and international scientific evidence on the care provided to women in situations of sexual violence by the multidisciplinary health team.
20	Violence against women in Primary Health Care: Potentialities and limitations to identification[34]	Determine the strengths and limitations of PHC professionals to identify situations of violence against women
21	Nurses' performance in primary care for women victims of domestic violence: an integrative review Atuação do enfermeiro na atenção básica frente a mulheres vítimas de violência doméstica: uma revisão integrativa[35]	Identify the actions of PHC nurses in the face of victims of domestic violence, summarizing the understanding of the problem by society and the conceptualization of the importance of welcoming victims.

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22	Perceptions of Violence Against Women by health Professionals[36]	Describe the perceptions of health professionals about violence against women
23	Nurses' actions towards women victims of violence (Atuação do(a) enfermeiro(a) a mulheres vítimas de violências)[37]	Analyze the conduct of nurses in Basic Health Units in the face of cases of violence against women in the city of Ponta Grossa-Paraná.

Source: prepared by the author, 2024.

Regarding the nature of the studies, the predominance of qualitative studies (20) was evident, followed by mixed studies (2) and quantitative studies (1), among which we highlight: IR (3), Systematic Review (3) and Scoping Review (1) (Table 3).

Table 3 – Methodological description according to type of study, sample and collection instrument (n = 23)

N	Type of study	Sample	Collection instrument
1	Exploratory, descriptive study, qualitative approach	*23 health professionals*	*Semi-structured interviews*
2	Mixed Method	*13 health professionals*	*Semi-structured interviews, SINAN, training frequency*
3	Cross-sectional quantitative study	*106 health professionals*	*Questionnaire*
4	Descriptive, exploratory study, qualitative approach.	*08 health professionals*	*Semi-structured interviews*
5	Scoping review	*10 selected studies*	*Search in databases PubMed, Scopus, Web of Science, Embase, Magiran, Scientific Information Database (SID), IranDoc and search engine Google Scholar*
6	Qualitative study	*16 health professionals*	*Semi-structured interviews*
7	Cross-sectional qualitative study	*158 health professionals*	*Questionnaire*
8	Integrative literature review	*09 selected studies*	*Search for journals in VHL, SciELO, PubMed and Embase*
9	Systematic review of mixed methods	*09 selected studies*	*Search for journals in the VHL database (Lilacs, Medline, BDENF, IBESC, CUMED)*
10	Qualitative study	*31 health professionals*	*Semi-structured interviews*
11	Descriptive study, qualitative approach	*21 health professionals*	*Focus group*
12	Qualitative study	*23 health professionals*	*Semi-structured interviews*
13	Qualitative study of exploratory type	*49 profissionais da rede intersetorial*	*Semi-structured interviews*
14	Descriptive study and qualitative approach.	*10 health professionals*	*Semi-structured interviews*
15	Systematic review	*39 selected studies*	*Search in 03 databases (Lilacs, PubMed, SciELO)*
16	Qualitative study	*20 health professionals*	*Semi-structured interviews*
17	Systematic review	*6 selected studies*	*Electronic search in 6 databases: MedLine/PubMed, Scopus, Lilacs, SciELO, Embase, and Web of Science databases. Google Scholar, OpenGrey, and OATD*
18	Qualitative study	*14 health professionals*	*Semi-structured interviews*
19	Integrative review	*34 selected studies*	*Search in 04 databases PubMed, SciELO, Lilacs, PubMed, CINAHL*

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20	Descriptive and exploratory study with qualitative approach	*21 profissionais*	*Semi-structured interviews*
21	Theoretical study, integrative type, with qualitative approach	*26 selected studies*	*Database searches: VHL, PubMed, SciELO*
22	Qualitative study	*26 health professionals*	*Sociodemographic questionnaire and semi-structured interview*
23	Qualitative study, exploratory and based on field data collection	*6 health professionals*	*Questionnaire*

Source: prepared by the author, 2024.

Regarding data collection instruments, semi-structured interviews were the most prevalent (54%), followed by questionnaires (17%) and focus groups (8.7%). The samples ranged from 8 to 158 participants. The instruments were applied to professionals from the SUS network and professionals from the intersectoral network to combat violence against women, with their application predominating among professionals from Primary Health Care (PHC).

As for review studies (systematic, integrative and scope), searches in the PubMed database were predominant, with 6 to 39 articles being used.

With regard to the results, these were categorized into three dimensions of competencies, namely: knowledge, skills and attitude, which can be developed or improved so that professionals can offer comprehensive and effective care to victims of sexual violence. Each dimension was associated with a type of competency. Knowledge as a technical competency is related to knowledge acquired through experience or professional training and specific knowledge of the profession. Attitude as a behavioral competence is described as teamwork, assertive communication, problem-solving ability, proactivity, adaptability and creativity. Skill as a functional competence is understood as developing intersectoral actions, working collaboratively and strengthening public policies.

The adoption of the concept of competence as a theoretical category arises from the fact that it allows the identification and analysis of acquired learning attributes, which are fundamental for the implementation of good care practices by health professionals, aiming to resolve the diverse health problems of individuals and the community, including social issues and illness processes. [3]

Table 4 – Identification of competencies in the study results based on the components (n = 23)

N	Results	Skills	Authors
1	Reductionist view of violence limited to physical harm, related to economic factors and victim blaming.	Técnica	Silva et al.[17]
2	Professionals felt safe and supported when dealing with domestic violence against women, because the HERA method emphasized roles and collective action within the clinical team. Challenges to implementation managerial support with resource allocation, monitoring and evaluation; lack of institutional support in prioritizing work on domestic violence; staff turnover; lack of feedback from external support services regarding cases; and inconsistent practices regarding documentation of domestic violence.	Functional Behavioral	Bacchus et al[18]
3	Participants reported minimal prior knowledge about violence and training; the need to implement adequate resources and specific training programs to overcome this problem for emergency room nurses and doctors.	Técnico Funcional	Almegewly et al.[19]
4	Difficulties for PHC professionals in identifying cases, providing support, monitoring victims, and feelings of fear.	Technical	Nascimento et al.[20]
5	Employee barriers (lack of knowledge and training, lack of time to perform screening, lack of staff trust, client judgment, and lack of safety and comfort to ask related questions and forget about employees), client barriers and the prevailing culture in society (tolerating and not reporting domestic violence, fear of the spouse due to the high power of men in society, fear of losing children and life, and racial and cultural issues), and organizational barriers (lack of necessary support from the organization, lack of funding from the organization, lack of protocol).	Technical Behavioral Functional	Purbarrar et al[21]
6	Insufficient knowledge about the services, resulting in communication difficulties and incorrect referrals.	Behavioral Functional	Aguiar et al.(22)

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7	Male doctors' perception of violence against women based on the patriarchal model.	Technical	Silva, Mesquita e Campelo(23)
8	Fragilities of professional practice, fear or (lack of) knowledge about the systematization of nursing care.	Technical	Gomes et al.(24)
9	Limited view of professionals about violence against women, little knowledge on the subject and victim care services considered a barrier in identifying and managing cases.	Functional Technical	Conceição e Madeiro(15)
10	The theoretical-explanatory model of the phenomenon allowed the understanding of the meanings attributed by professionals to the care offered to women in situations of violence.	Funcional	Carneiro et al.(25)
11	The issue of violence is a challenge for professionals who feel unprepared to deal with the care needs of victims, lacking qualifications and tools such as protocols	Functional Technical	Miranda et al.(26)
12	Professionals know how to identify the types of domestic violence, but they need to be more aware in order to welcome, identify and report cases.	Functional Technical	Odorcik et al.(27)
13	Challenges in networking, professional training, intersectoral communication and interface between health, social and education services.	Functional Behavioral	Souza, Peres e Mafioletti(8)
14	Employees perceive violence against women, the meanings they attribute to them, difficulty in approaching it since women are afraid to reveal it.	Technical	Silva e Ribeiro(28)
15	Difficulties in identifying the problem and handling it, lack of training, teamwork, intersectoral network, fear, lack of time.	Technical Behavioral Functional	d'Oliveira et al.(29)
16	Attentive and sensitive listening and team and intersectoral work. Lack of skills and absence of protocol to guide the actions of professionals when identifying violence.	Functional Behavioral	Costa et al.(30)
17	The evident disparity between studies shows that some professionals have below-ideal knowledge results and require training to adopt the correct attitude in identifying women victims of domestic violence in clinical practice.	Technical Behavioral Functional	Nascimento et al.(31)
18	Attitudinal disposition to assist victims and learn from reporting cases; lack of preparation of professionals to report, difficulty in understanding notification and reporting.	Functional Technical	Leite e Fontanella(32)
19	Care network, teamwork, health professionals in the care network, training and education, comprehensiveness, protocols, services, access to services and support from managers; organized into strengths, demands and weaknesses.	Technical Behavioral Functional	Trentin et al.(33)
20	Professional experience, receptive environment, creating bonds and listening to reports from women, children and/or neighbors and observing their behavior; identifying injuries; prenatal consultations; and home visits. Limitations: silence, denial/non-recognition of violence, lack of reports from victims; fear and guilt; failures and lack of preparation of the health team; and fear of the presence of the aggressor.	Technical Behavioral Functional	Arboit, Mello e Vieira(34)
21	Difficulty in identifying and approaching; use of support in the search and active listening as a tool to better provide a bond with victims.	Technical	Leite et al.(35)
22	Difficulty in recognizing types of violence, prejudiced view of women, lack of knowledge of the network and legislation.	Functional Technical	Lira e Castro(36)
23	The role of nurses involves active listening, promotion and prevention actions, empowerment of users' rights, reporting of the problem and dialogue with other services available in the network. Improvements are needed in public policies related to women's health, qualification of nursing professionals and guidelines for PHC focused on this topic.	Functional Behavioral	Tracz, Gonçalves e Marcovicz(37)

Source: prepared by the author, 2024.

It was observed that, of the selected studies, 43% highlighted the three dimensions of necessary competencies. Technical competency was the most frequent in the studies with 78%, followed by behavioral and functional competencies with 74% each.

DISCUSSION

In technical competence, 17 studies[15,17,19,20,21,23,24,26-29,31-36] demonstrated prior or completely non-existent knowledge; unpreparedness to identify, unqualified to provide assistance to women victims of sexual violence, lack of knowledge of the whole situation; feelings of fear and insecurity.

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They also identified a reductionist and patriarchal view.

These findings point to the need for professional development; qualification and training for identification, management, approach and reception of victims, monitoring, recording of case reports, overcoming fear, stigma and prejudice to provide assistance and comprehensive care to victims. In addition, guidance on ethical responsibility regarding confidentiality and privacy of information.

Regarding behavioral competence, 10 studies [8,18,21,22,29-31,33,34,37] identified the existence of teamwork and qualification methods that supported the team in dealing with the issue. They also found weak communication, lack of trust among team members, and high staff turnover, compromising comprehensive care for these women. However, they presented ways to develop this competence, based on team qualification with a focus on clarifying the roles and work process of the team; on the action and interaction of health professionals with victims, based on their practice through sensitive and welcoming listening, and with other sectors, in order to meet demands and contribute to the empowerment of women, enabling the breaking of violent relationships.

Furthermore, regarding functional skills, 17 studies [8,15,18,19,21,22,25-27,29,30-34,36,37] identified a lack of institutional support in prioritizing work on domestic violence; lack of funding for organizing health care for victims; absence of a protocol; lack of monitoring and evaluation of cases; lack of feedback from external support services regarding cases; lack of knowledge of services, resulting in communication difficulties and incorrect referrals.

These studies showed that professionals recognize the different possibilities for handling cases, but point out the need to develop a shared public policy, involving management in the applicability of handling cases, given the fragmentation of the organization of care for victims, the development and implementation of protocols and flows, the implementation of monitoring and evaluation, and the strengthening of intersectoral coordination.

Comparing the competencies (Table 4) and the objectives of the studies (Table 2), it can be seen that the most frequently mentioned approaches were: perception, attitude and performance of professionals; knowledge and identification of the situation of violence; challenges, potential, limitations and obstacles in assisting victims; strategies for implementing care.

The studies show the indication of educational strategies for the development of competencies linked to the process of care for women victims of sexual violence, from the perspective of organizing care; promoting person-centered care; assertive communication; intra and intersectoral coordination; planning of resolutive actions; decision-making; sharing of knowledge; respect for the victim's autonomy; carrying out procedures in a safe and resolutive manner; qualified listening, sharing of care, construction of tools to guide care; monitoring and evaluation of cases.

In this sense, the qualification and transformation of health care practices in actions and services, with an emphasis on strengthening professionals and users, through educational strategies, result in powerful assistance in tackling the complexity of the issue of sexual violence. [8]

CONCLUSION

The studies indicated that PHC teams have great potential for caring for women in situations of violence. In addition, they highlighted the need to offer ongoing education strategies on the topic, aiming to overcome the difficulties in identifying and caring for victims and their families by the team. They also showed that there are no specific skills for victims, but highlighted the need for paths to be followed in the qualification of professionals and in the implementation of structural actions to guarantee comprehensive and intersectoral care for them.

The results presented in this analysis cannot be generalized, as they were identified within the limits established for the study sample. This was noted due to the scarcity of research related to the work of health professionals in specialized care, such as hospitals, Emergency Care Units, Psychosocial Care Centers, among others.

In this sense, it is essential to conduct further studies that can deepen the necessary skills of professionals in the health care of women victims of sexual violence who work in specialized care.

In this way, this IR identifies relevant results for reflection by professionals and managers, contributing to filling gaps in the scientific field regarding the necessary skills of professionals in the care of women victims of sexual violence. Furthermore, it provides support for planning and developing EPS actions that contribute to the team's work process in improving care for women victims of sexual violence.

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