

Nursing in the immediate care of the victim of sexual violence
A enfermagem no atendimento imediato à vítima de violência sexual
Enfermería en la atención inmediata de la víctima de violencia sexual

Received: 10/14/2020 | Reviewed: 10/21/2020 | Accept: 10/23/2020 | Published: 10/24/2020

Irizete Maria da Silva

ORCID: <https://orcid.org/0000-0002-2447-8004>

Hospital Universitário da Universidade Federal do Piauí, Brasil

E-mail: irizetemaria@hotmail.com

Dean Douglas Ferreira de Olivindo

ORCID: <https://orcid.org/0000-0002-9433-2625>

Centro Universitário Santo Agostinho, Brasil

E-mail: dean_olivindo@yahoo.com.br

Gabriela Oliveira Parentes da Costa

ORCID: <https://orcid.org/0000-0001-9473-8986>

Instituto Federal do Maranhão, Brasil

E-mail: gabiparents@hotmail.com

Aclênia Maria Nascimento Ribeiro

ORCID: <https://orcid.org/0000-0002-5582-9663>

Universidade Federal do Piauí, Brasil

E-mail: aclennya@hotmail.com

Alaine Maria da Costa

ORCID: <https://orcid.org/0000-0002-5501-5715>

Hospital Universitário da Universidade Federal do Piauí, Brasil

E-mail: alainemaria@gmail.com

Lígia Maria Cabedo Rodrigues

ORCID: <https://orcid.org/0000-0002-8295-1330>

Hospital Universitário da Universidade Federal do Piauí, Brasil

E-mail: ligiacabedo@yahoo.com.br

Gislane de Sousa Rodrigues

ORCID: <https://orcid.org/0000-0003-1929-059X>

Hospital Materno-Infantil de Juazeiro, Brasil

E-mail: girodrigueslima27@gmail.com

Gualbitânia de Sousa Oliveira Barbosa

ORCID: <https://orcid.org/0000-0002-4694-4782>

Hospital Getúlio Vargas, Brasil

E-mail: gualbitania@outlook.com

Geana Rosa de Viveiros Oliveira

ORCID: <https://orcid.org/0000-0002-3332-930X>

Hospital Universitário da Universidade Federal do Piauí, Brasil

E-mail: geana.voliveira@gmail.com

Benício José da Silva

ORCID: <https://orcid.org/0000-0001-6232-7816>

Hospital Universitário da Universidade Federal do Piauí, Brasil

E-mail: oncineb@hotmail.com

Nadja Vanessa Dias de Oliveira

ORCID: <https://orcid.org/0000-0001-9879-9997>

Hospital Universitário da Universidade Federal do Piauí, Brasil

E-mail: dranadja@hotmail.com

Clédison Portela Morais

ORCID: <https://orcid.org/0000-0001-8263-6536>

Hospital Universitário da Universidade Federal do Piauí, Brasil

E-mail: cledisonportela@hotmail.com

Abstract

Objective: to analyze in the main literature how the nurse's performance should be in the face of emergency care for the victim of sexual violence, identifying the main challenges in the immediate care of this victim. Methodology: it is an integrative literature review, with a qualitative approach and descriptive characteristics of the theme in question. The survey was carried out from February to November 2019, by the Virtual Health Library, in the databases: Lilacs, Medline, Bdenf and Ibecs, using the descriptors: Sexual violence, AND Violence against women, AND Nursing care. Another search was carried out on the Google Academic virtual library platform, with the descriptors: Sexual violence "AND" Nurse "AND" Notification. The time frame of both searches was from 2014 to 2018. The initial survey was 659 articles. After complete analysis, there were 14 articles that made up the final sample of this research. Results: the nurse is responsible for actions of identification, prevention, guidance, assistance to the victims and notification of the incident. Using as a tool the nursing

process with anamnesis, physical examination, diagnosis, planning, implementation and evaluation of nursing. The latter also has the responsibility of not forgetting the ethical, moral and legal precepts that involve cases of violence. Conclusion: The studies analyzed showed numerous challenges in the immediate care of victims of sexual violence, such as the scarcity of materials and supplies, inappropriate places for care, which must be individualized and reserved so as not to expose intimacy and respect the patient's dignity. As well as non-physical barriers such as the lack of human resources, which generates work overload for the team.

Keywords: Sexual violence; Violence against Women; Nursing care.

Resumo

Objetivo: analisar nas principais literaturas como deve ser a atuação do enfermeiro frente ao atendimento emergencial à vítima de violência sexual, identificando os principais desafios no atendimento imediato a esta vítima. **Metodologia:** trata-se de uma revisão integrativa da literatura, com abordagem qualitativa e características descritivas da temática em questão. O levantamento foi realizado de fevereiro a novembro de 2019, por Biblioteca Virtual de Saúde, nas bases de dados: Lilacs, Medline, Bdenf e Ibics, utilizou-se os descritores: Violência sexual, AND Violência contra a mulher, AND Cuidados de enfermagem. Outra busca foi realizada na plataforma da biblioteca virtual Google Acadêmico, com os descritores: Violência sexual” AND “Enfermeiro” AND “Notificação. O recorte temporal de ambas as buscas foi de 2014 a 2018. O levantamento inicial foi de 659 artigos. Após análise completa, restaram 14 artigos que compuseram a amostra final desta pesquisa. **Resultados:** o enfermeiro é responsável por ações de identificação, prevenção, orientação, assistência às vítimas e notificação do ocorrido agravo. Utilizando como ferramenta o processo de enfermagem com anamnese, exame físico, diagnóstico, planejamento, implementação e avaliação de enfermagem. Tendo este também a responsabilidade de não esquecer os preceitos éticos, morais e jurídicos que envolvem os casos de violência. **Conclusão:** Os estudos analisados evidenciaram inúmeros desafios no atendimento imediato de vítimas de violência sexual, como a escassez de materiais e insumos, locais inadequados para o atendimento, que deve ser individualizado e reservado para não expor a intimidade e respeitar a dignidade da paciente. Como também barreiras não físicas como a falta de recursos humanos que gera a sobrecarga de trabalho para a equipe.

Palavras-chave: Violência sexual; Violência contra a mulher; Cuidados de enfermagem.

Resumen

Objetivo: analizar en la principal literatura cómo debe ser el desempeño del enfermero ante la atención de emergencia a la víctima de violencia sexual, identificando los principales desafíos en la atención inmediata de esta víctima. **Metodología:** es una revisión de la literatura integradora, con un enfoque cualitativo y características descriptivas del tema en cuestión. La encuesta fue realizada de febrero a noviembre de 2019, por la Biblioteca Virtual en Salud, en las bases de datos: Lilacs, Medline, Bdenf e Ibecs, utilizando los descriptores: Violencia sexual Y Violencia contra la mujer Y Atención de enfermería. Se realizó otra búsqueda en la plataforma de biblioteca virtual Google Academic, con los descriptores: Violencia sexual "Y" Enfermera "Y" Notificación. El período de tiempo de ambas búsquedas fue de 2014 a 2018. La encuesta inicial fue de 659 artículos. Luego de un análisis completo, fueron 14 los artículos que conformaron la muestra final de esta investigación. **Resultados:** la enfermera es responsable de las acciones de identificación, prevención, orientación, asistencia a las víctimas y notificación del incidente. Utilizando como herramienta el proceso de enfermería con anamnesis, exploración física, diagnóstico, planificación, implementación y evaluación de la enfermería. Esta última también tiene la responsabilidad de no olvidar los preceptos éticos, morales y legales que envuelven los casos de violencia. **Conclusión:** Los estudios analizados evidenciaron numerosos desafíos en la atención inmediata de las víctimas de violencia sexual, como la escasez de materiales e insumos, lugares inadecuados para cuidado, que debe ser individualizado y reservado para no exponer la intimidad y respetar la dignidad del paciente. Así como barreras no físicas como la falta de recursos humanos, que genera sobrecarga de trabajo para el equipo.

Palabras clave: Violencia sexual; Violencia contra la Mujer; Atención de Enfermería.

1. Introduction

The World Health Organization-WHO (2013), defines violence as the intentional use of physical force or power, real or in the form of a threat against itself, or against others, that causes or is likely to cause injury, death, psychological damage, developmental disability or deprivation of liberty.

Since the beginning, acts of violence are something that accompanies humanity, and should be seen not only as a political, social, cultural, psychological problem, but mainly as a public health problem as it directly affects the life and health of the population (Silva et al., 2020).

Among the various types of violence, intrafamily violence is highlighted, as it affects the whole of society, affecting, on a continuous basis, especially women. As stated by the UN Secretary-General, Kofi Annan, violence against women causes great damage to the family, marking her for several generations, limiting her growth and affective and social economic development, especially when this violence occurs within the family, as she understands home is a place of welcome, affection and protection (Souza et al., 2017).

Among the most common types, sexual violence stands out, which is all the action in which a person in a relationship of power and through physical force, repression or psychological intimidation, forces another to the sexual act against their will, which can be classified as rape, which is when it is subjected to the act of anal, oral or vaginal penetration, using the penis or other object, whether or not under the effect of substances, also having as sexual violence forced sex in marriage, child sexual abuse, abuse incestuous and sexual harassment (Dias et al., 2020; Santos et al., 2020).

In Brazil, the problem brings alarming data on this subject, showing that according to the Notifiable Diseases Information System (SINAN), in 2013, 50,320 rapes were registered, thus corresponding to one case per minute. In 2014, 20,085 cases were reported and 70% of these victims are children and adolescents. However, police agencies, such as the Brazilian Public Security Forum - FBSP (2014), bring 47,646 notified cases to the same year, showing that there is a real discrepancy between the notifications of the two systems (Brasil, 2013; Serqueira et al., 2017).

Within this context, rape is undoubtedly the type of sexual violence that causes the greatest damage to a woman's life, as it causes great social, physical, and psychological suffering such as fear, anxiety, depression, nightmares, chemical dependency, anguish, and even guilt. , in addition to serious consequences such as STIs / AIDS and unwanted pregnancies, which, if not treated properly, may make it impossible for her to move on with her life and even have new emotional relationships (Santos et al., 2020; Serqueira et al., 2017).

Emergency care for the victim of sexual violence must be systematized and, however, humanized to meet all of their needs with regard to physical, psychological and social health care, psychological and legal support for the victim, in addition to all applicable legal notifications. to the case, always respecting your privacy and integrity. In this context, the main difficulty of the nursing professional in the face of emergency care for victims of sexual violence arises, which is how to provide comprehensive and humanized care, avoiding

traumatic forms of intervention, respecting the ethical and legal precepts inherent to the profession.

From the above, the present study aimed to analyze in the main literature how the nurse's performance should be regarding emergency care for victims of sexual violence, identifying the main challenges in the immediate care of this victim.

2. Methodology

The present study is an integrative literature review, with a qualitative approach and descriptive characteristics of the subject in question. The integrative review research is a method that provides the synthesis of theoretical knowledge with the applicability of results of relevant studies in practical functionality, presenting the relevant and irrelevant aspects to be considered for the use of this methodological resource (Ercole et al., 2014).

The scientific survey was carried out from February to November 2019, through consultation on the Internet, at the website of the Virtual Health Library (VHL) platform, in the following databases: Lilacs, Medline, Bdenf and Ibecs, used descriptors: Sexual violencea "AND" Violence Against Women "AND" Nuraing Care. Another search was carried out on the Google Academic virtual library platform, with the descriptors: Sexual violence "AND" Nurse "AND" Notification. The time frame of both searches was from 2014 to 2018.

The initial survey was 659 articles. After applying the inclusion criteria: full texts, available for free online, published in the last 5 years, in Portuguese, English and Spanish, which met the proposed objectives of this research; and, exclusion criteria: incomplete texts, not available in full, in other languages and that did not meet the objectives proposed in this research, review articles, manuals and books, there were 25 articles that were read in full for complete analysis, with 14 articles remaining that made up the final sample of this research.

3. Results and Discussion

The 14 selected publications were analyzed and their information was extracted according to the research objectives. For a better understanding of the results, the data were compiled in tables. Table 1 shows the distribution of the references selected on the platforms.

Table 1 - Distribution of references obtained from the Virtual Health Library (VHL) platform and the Google Academic virtual library platform, following the established descriptors. Teresina, 2019.

Platform	Cross descriptors	References obtained	References selected
Virtual Health Library (VHL)	Sexual violence, AND violence against women, AND care nursing	98	08
Academic Google	“Sexual violence” AND “nurse” AND “notification”	614	06

Source: Authors.

It is observed that 98 of the references on the theme were found in the VHL and 614 of those in the google academic search platform.

Table 2 describes the information about the databases, the year of publication, the languages of the publications, the area of knowledge and the type of study.

Table 2 - Distribution of references included in the integrative review, according to the databases: language, area of operation and type of study. Teresina, 2019.

Database	Year	Language	Area	Type of study
Bdenf	2017	Portuguese	Nursing	Qualitative and quantitative
Medline	2017	English	Cheers	Qualitative
Bdenf	2017	Portuguese	Nursing	Qualitative
Bdenf	2015	Portuguese	Nursing	Qualitative
Ibecs	2014	Spanish	Nursing	Qualitative
Lilacs	2014	Portuguese	Nursing	Qualitative
Bdenf	2014	Spanish	Cheers	Qualitative
Bdenf	2014	Portuguese	Nursing	Quantitative
Set.edu	2017	Portuguese	Nursing	Qualitative
Scielo	2015	Portuguese	Nursing	Qualitative
Ufjf	2017	Portuguese	Nursing	Qualitative
UMC	2018	Portuguese	Science and Health	Qualitative
REVRENE	2015	Portuguese	Nursing	Quantitative
Set.edu	2017	Portuguese	Nursing	Qualitative

Source: Authors.

It can be seen in Table 2 that most of the articles found were published in 2014 and 2017, a higher percentage in the Portuguese language and the type of qualitative study was highly prevalent among the findings.

In general, the selected studies discuss the nurse's action in the assistance to women victims of sexual violence, as well as the main difficulties encountered during the identification, reception, care and notification of these cases.

Regarding the authors and type of study, it is observed that they did not publish more than one article involving the same theme and that Brazilian studies published in the Portuguese language had a significant predominance in publications with a qualitative approach, the same happened with studies published internationally thus showing a specific preference for the study approach.

In this context, it was also observed that the database that most published on the subject in question was Bdenf (35.7%), and the most predominant research area was nursing, as shown in Table 2.

According to the survey carried out on the virtual platforms used, the year that appears with the most predominance of publications is 2017 (42.8%), followed by 2014 (28.5%). As for the journals, it was noticed that they are equally distributed in relation to the researched subject, according to Table 3.

Table 3 - Distribution of publications according to year, journal title and frequency in each journal found. Teresina, 2019.

Year	Periodic	Frequency	%
2017	Rev enferm UFPE on line	1	7,14
2017	Obstetrical and Gynecological Survey	1	7,14
2017	Online Brazilian Journal of Nursing	1	7,14
2015	Rev. Eletr. Enf.	1	7,14
2014	Cultura de los Cuidados	1	7,14
2014	Saúde Soc.	1	7,14
2014	Revista de Enfermagem da UFSM	1	7,14
2014	Revista Baiana de Enfermagem	1	7,14
2017	International Nursing Congress	1	7,14
2015	Revista Brasileira de Epidemiologia	1	7,14
2017	HU Revista	1	7,14
2018	Revista Científica UMC	1	7,14
2015	Rev Rene	1	7,14
2017	Ciências Biológicas e de Saúde Unit	1	7,14

Source: Authors.

Regarding the journal of the articles found, it is clear that there was no repetition, with each article from a different journal.

Through the results obtained, it was possible to observe that some studies have lines of research common to each other, being able to then categorize them according to their thematic axes in order to facilitate the discussion of the authors about their results. With this it was possible to create two distinct

categories, which are described: Nursing in the immediate assistance to the victim of Sexual Violence and The nurse's challenges in caring for the victims of sexual violence.

Nursing in immediate care for the victim of sexual violence

For the analysis of this category, 05 articles were selected that evidenced the care and the importance of immediate nursing action in the face of the victim of sexual violence, emphasizing care and measures to be taken during the immediate care of this victim so that she comes to have comprehensive care and humanized, which aims to minimize damage and promote a recovery of its physical and emotional health.

Regarding the nurse has a crucial role in the care of the patient, as this is the frontline professional of any service, being the one who usually receives, welcomes and evaluates victims in situations of violence. In addition to being the one who spends the most time in contact with them, he is also the one with the greatest sensitivity and ability to combine knowledge and practice in detecting, evaluating and providing care to the victim, who is the professional who makes the link between the institution the client and other professionals (Littiere & Nakano, 2015).

According to Martins, et al (2017), the nurse, in addition to being the professional with the greatest presence in the care scenario, is also responsible for actions of identification, prevention, guidance, assistance to the victims and notification of the incident. Using as a tool the nursing process with anamnesis, physical examination, diagnosis, planning, implementation and evaluation of nursing. It also has the responsibility of not forgetting the ethical, moral and legal precepts that involve cases of violence.

In line with Brazilian authors, Spanish authors such as García & Felipe (2014), affirm that nurses have an important role not only in recovery, but especially and crucially in early detection, through qualified listening and welcoming for an appropriate management of each case. And that it is in the training of these professionals that knowledge about teamwork, ethical and moral values must be inserted that will make the difference in care and guarantee the continuity of care through the development of individualized care plans.

According to Martins, et al (2017), the nurse, in addition to being the professional with the greatest presence in the care scenario, is also responsible for actions of identification, prevention, guidance, assistance to the victims and notification of the incident. Using as a tool the nursing process with anamnesis, physical examination, diagnosis, planning, implementation and evaluation of nursing. It also has the responsibility of not forgetting the ethical, moral and legal precepts that involve cases of violence.

In line with Brazilian authors, Spanish authors such as García & Felipe (2014), affirm that nurses have an important role not only in recovery, but especially and crucially in early detection, through qualified listening and welcoming for an appropriate management of each case. And that it is in the training of these professionals that knowledge about teamwork, ethical and moral values must be inserted that will make the difference in care and guarantee the continuity of care through the development of individualized care plans (Roxanne et al., 2017).

Within this context, at the national level, the Ministry of Health recommends that assistance to these victims should preferably occur within 72 hours after the run, since after this time, the effectiveness of prophylactic care against STI / AIDS, hepatitis B and pregnancy, becomes less effective. In this sense, when receiving a patient who is a victim of sexual violence, it is recommended that the following care steps be taken: reception, anamnesis, clinical and gynecological exams, collection of traces, emergency contraception, prophylaxis for HIV, STIs and Hepatitis B, mandatory communication to the health authority within 24 hours through the violence notification form, complementary exams, social and psychological monitoring, and outpatient follow-up (Rodrigues et al., 2017).

The nurse's challenges in caring for victims of sexual violence

For the analysis of this category, 09 articles were selected, which reported the main challenges faced by nurses in the immediate care of victims of sexual violence and the main measures to be taken in the face of these difficulties.

It can show that nursing professionals need to be prepared to act in the face of cases of sexual violence, this is due to the inefficiency in addressing the topic during the graduation of these professionals, since the topic is treated superficially in the academy (Rodrigues et al., 2020).

In line with this study, a survey carried out at a university hospital in Spain showed that the greatest challenges in the care of women victims of sexual violence are found in the lack of training and professional qualification for this type of care, as well as the lack of knowledge and / or lack of specific protocols for this, showing that experience and working time are not enough to provide quality care to these women, requiring knowledge and qualified training (Alcaraz et al., 2014).

Brazilian authors also agree that for comprehensive and humanized care for these victims, it is necessary that professionals have training in the recognition of symptoms and signs of abuse and violence since the reception, and physical examination of the patient. Just as knowledge and the existence of protocols, rules and routines are essential, as well as a compulsory notification form and laws to protect victims. Thus, these are the main barriers faced by professionals in the care of sexual violence. Thus, it is clear that it is necessary to

break them so that this professional is able to provide comprehensive care to these patients (Santos et al., 2014).

Following this context, there was a notable lack of depth on the subject in question, in undergraduate courses with little knowledge about public policies aimed at assisting women in situations of violence. However, the main challenge pointed out was the lack of implementation and implementation of standard protocols and routines that standardize care for victims of sexual violence in the national territory (Silva, 2018).

Machado, et al (2017), agrees with this thought, showing that one of the greatest barriers in the care of victims of sexual violence, is found in the lack of knowledge or unfamiliarity regarding the denunciation and notification, as shown in his research. This fact contributes to the underreporting, as well as to the incomplete and ineffective service to them. As a result, there is a lack of information that serves as a basis for formulating public policies to combat violence and impunity, leading to an unbelief both in the health system and in the public and legal authorities.

In consensus with this same thought, Sousa, et al (2015), reports in a study, that numerous barriers are pointed out for the failure to fill in the notifications, such as the professionals' unpreparedness in filling out these forms, which are extensive, and with a lot of information, in addition to the difficulty of handling and approaching the patient, due to the fact that the patient is fragile, ashamed, afraid and with a feeling of guilt that causes her to close herself in a world of silence. Furthermore, and the lack of a reserved and appropriate space for individualized care for this woman, makes it difficult to collect data for notifications.

Regarding this issue, the nursing professional's fear of becoming involved in the misfortune of the sexual violence case was also emphasized, this is due to the lack of security and management regarding the approach to the victim. In addition to the professional's fear, another stalemate at the time of notification is this victim's fear and resistance to publicly exposing his image, his drama and especially the identity of the aggressor, who is often the intimate partner or someone close (Freitas et al., 2017).

In addition to these barriers, another aspect that proved to be limitations in the care of victims of sexual violence was the scarcity of material and supplies, limited physical space and the lack of planning and permanent training for professionals to deal with this demand, especially in addressing and recognition of cases, as well as the fragility of filling out notification forms, contributing to underreporting and or incomplete notifications. (Baptista et al., 2015).

However, it is known that for holistic and humanized care for victims of sexual violence, all health services need to be prepared to receive, welcome and treat this woman. However, when you do not have the means to do so, it should be sent in a timely manner to specialized services within the integrated care network. In view of this, the barriers imposed by the inter-sectoral networks that make up the health system are major difficulties in providing care for comprehensive care for these women in situations of violence (Menezes et al., 2014).

4. Conclusion

In front of the health team, the nursing professional is undoubtedly the one who provides immediate and lasting care to all types of patients. Within the context of sexual violence, the professional nurse has the crucial role of being the mediator between the victim and the health service, providing care that aims to promote and recover the physical and emotional health of this victim, without leaving aside the ethical precepts, moral and legal that involve the problematic that each case brings.

The analyzed studies showed numerous challenges in the immediate care of victims of sexual violence, such as the scarcity of materials and supplies, inadequate places for care, which must be individualized and reserved so as not to expose the intimacy and respect the patient's dignity. As well as non-physical barriers such as the lack of human resources, which generates work overload for the team.

It was also evident that the lack of preparation and training of professionals regarding care, compulsory notification is undoubtedly a major challenge for improving the quality of the service provided to these individuals, requiring the formulation of strategies that improve the qualification of undergraduate courses, as well as the creation of training and continuing qualification programs for professionals already inserted in the labor market, as well as the standardization of care for these victims, through the implementation of protocols that will guide the professionals and qualify the assistance provided to these women. For this to occur, further scientific research on the subject is necessary in order to guide the professional nurse in caring for the victim of violence, in addition to guiding actions aimed at ending violence against women.

Referências

Alcaraz, C. L., et al. (2014). Formação y detección de la violencia de género en la profesión sanitaria. *Revista de Enfermagem da UFSM*, 4(1),217-226.

Baptista, R. S., et al. (2015). Violência sexual contra mulheres: a prática de enfermeiros. *Revista da Rede de Enfermagem do Nordeste*, 16(2), 210-217.

Brasil, Ministério da Saúde. (2015). Ministério da Justiça. Secretaria de Políticas para as Mulheres. Atenção humanizada às pessoas em situação de violência sexual com registro de informações e coleta de vestígios. Norma técnica/Ministério da Saúde, Brasília.

Dias, G. A. et al. (2020). Representações Sociais de profissionais da Estratégia Saúde da Família sobre violência doméstica contra a mulher. *Research, Society and Development*, 9(7).

Ercole, F. F. et al. (2014). Revisão Integrativa versus Revisão Sistemática. *Rev Min Enferm.*, 18(1),1-11.

Littiere, A. & Nakano, A. M. S. (2015). Rede de atenção à mulher em situação de violência: os desafios da transversalidade do cuidado. *Rev. Eletr. Enf.* 17(4).

Fórum brasileiro de segurança pública. (2014) Anuário Brasileiro de Segurança Pública. São Paulo.

Freitas, R. J. M., et al. (2017). Atuação dos enfermeiros na identificação e notificação dos casos de violência contra a mulher. *HU Revista*, 43(2),91-97.

García, C. P., & Felipe, M. A. M. (2014). La práctica clínica enfermera en el abordaje de la violencia de género. *Cultura de los Cuidados*. 18(40).

Machado, M. E. S., et al. (2017). Perception of health professionals about violence against women: a descriptive study. *Online Brazilian Journal of Nursing*, 16(2), 209-217.

Martins, D. C., et al., (2017). VIOLÊNCIA: abordagem, atuação e educação em enfermagem. *Cademo de Graduação- Ciências Biológicas e da Saúde-UNIT*,4(2),154.

Menezes, P. R. M, et al. (2014). Enfrentamento da violência contra a mulher: articulação intersetorial e atenção integral. *Saúde Soc. São Paulo*,23(3), 778-786.

Organização mundial da saúde - OMS. (2013). Violence against women. Recuperado de: <http://www.who.int/mediacentre/factsheets/fs239/en/>.

Rodrigues, C. G. S. Rede de atenção à mulher em situação de violência doméstica sob a ótica da enfermeira. *Research, Society and Development*, 9(7).

Roxanne, A. et al., (2017). Evaluation and Management of Female Victims of Sexual Assault. *Obstet Gynecol Surv*, 72(1), 39-53.

Santos, J. et al. (2014). Conhecimento de enfermeiras em unidades de saúde sobre a assistência à mulher vítima da violência. *Revista Baiana de Enfermagem*. Salvador, 28(3),260-270.

Santos, G. K. et al. (2020). Caracterização e tendência temporal das notificações de violência sexual no Rio Grande do Sul. *Research, Society and Development*, v. 9(8).

Silva, A. F. C. et al. (2020). Violência doméstica contra a mulher: contexto sociocultural e saúde mental da vítima. *Research, Society and Development*, 9(3).

Silva, A. P. N. et al. (2018). Violência doméstica contra a mulher: problema de saúde pública e a atuação do enfermeiro Nesse contexto. *Revista Científica UMC*, 3(3).

Sousa, M. H. et al. (2015). Preenchimento da notificação compulsória em serviços de saúde que atendem mulheres que sofrem violência sexual. *Revista Brasileira de Epidemiologia*, 18(1),94- 107.

Souza, A.C.D. et al. (2017). O Enfermeiro e a Violência Sexual contra a Mulher. *Unit Universidade Tiradentes*. 9(12).

Percentage of contribution of each author in the manuscript

Irizete Maria da Silva– 23%
Dean Douglas Ferreira de Olivindo– 7%
Gabriela Oliveira Parentes da Costa– 7%
Aclênia Maria Nascimento Ribeiro– 7%
Alaine Maria da Costa– 7%
Lígia Maria Cabedo Rodrigues– 7%
Gislane de Sousa Rodrigues– 7%
Gualbitânia de Sousa Oliveira Barbosa– 7%
Geana Rosa de Viveiros Oliveira– 7%
Benício José da Silva– 7%
Nadja Vanessa Dias de Oliveira– 7%
Clédison Portela Moraes– 7%