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Comprehensive care for women victims of violence

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Abstract *Violence against women is defined as any act resulting from gender relations that cause death or physical, sexual, psychological, property and moral harm. Comprehensive care requires professionals understanding the support network to guide and refer women victims of violence to services and to value complaints/anxieties. The objective of this study was to identify the scientific production of comprehensive care for women victims of violence. This is an integrative literature review. Data collection was performed via a paired and independent search by two researchers in the Scopus, PubMed, CINAHL, Web of Science, LILACS, BDENF and SciELO databases between January and February 2023. After applying the eligibility criteria and descriptors in health sciences and medical subject headings, ten articles were retrieved. IRAMUTEQ software was used for data analyses. There are great challenges in implementing comprehensive care, and violence against women, as a serious social problem, demands health, education, social assistance and public security policies. The comprehensive actions taken in the care of women victims of violence demonstrate a strong link with the practices of reception and humanization, in addition to an interdisciplinary and intersectoral scope.*

Key words *Violence against women, Completeness, Careful*

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Introduction

Violence is a multicausal and complex phenomenon that requires the implementation of expanded coping strategies. Therefore, coping with violence requires epidemiological, psychological, social and biological approaches viewed from a social perspective[1,2].

According to the World Health Organization (WHO), violence is the use of physical force or power, threatened or actual, against oneself, another person, a group or community that causes or will cause suffering, deprivation and even death to any person or species[1,3].

Violence against women is defined as any act resulting from gender relations that cause death or physical, sexual, psychological, property and moral harm. In this context, domestic violence against women is a public health problem that affects the social life of the women involved; power relations and gender inequality remain strong influencers in this sphere[2].

Data indicate that Brazil is one of the countries with the highest incidence oof violence against women; in a ranking of more than 83 countries, Brazil ranks 5th, behind only El Salvador, Colombia, Guatemala and the Russian Federation. With respect to the Northeast Region of Brazil, there has been an increase in femicide rates, accounting for 79.3% of femicides in the country, thus making it the region with the highest rate of female deaths from violence[4].

Over the years, the government has developed policies aimed at guaranteeing the human rights of women in domestic and family relationships to protect them from all forms of negligence, discrimination, exploitation, violence, cruelty and oppression. Law n° 11,340, of August 7, 2006, stands out as an important milestone for combating domestic violence, articulated in an integral and multiprofessional network, permeating actions of the Federal Government, the states, the Federal District, municipalities, and nongovernmental agencies[5,6].

In this context of interconnected care, comprehensiveness is a guiding principle of the Unified Health System (SUS), which seeks to promote the integration of services through care networks. This care requires the use of humane practices to guarantee user accessibility, resolution and/or referrals necessary for cases of violence[7].

Professionals who work directly in the care of victims must understand violence against women in a holistic way, avoiding behaviours that prevent more effective action. Comprehensive care requires professionals understanding the support network to guide women and refer them to services and is an approach that values complaints and anxieties and not only visible marks caused by physical injuries, expanding care to the bio-psychosocial-spiritual dimension[8].

The following question guided this study: what is the main evidence available in the scientific literature on comprehensive care for women victims of violence?

The study of this topic is relevant because it highlights comprehensive care and its importance for coping with domestic violence.

Thus, the aim of this study was to identify scientific methods for providing comprehensive care to women victims of violence.

Method

A systematic search was performed in databases through an integrative literature review following the stages proposed by Mendes *et al.*[9]: identification of the topic to be researched and hypothesis selection, determination of inclusion and exclusion criteria, categorization and evaluation of the studies included in the integrative review, interpretation of the results found and presentation of the review.

To conduct this review, the following mnemonic strategy was considered: P (*population*: women), V (*variables*: violence), and O (*outcomes*: comprehensive care), as shown in Chart 1.

The following guiding question was elaborated: What is the main evidence available in the scientific literature on comprehensive care for women victims of violence?

The data were collected in January and February 2023 via search strategies that combined controlled and uncontrolled Health Sciences Descriptors (DeCS) and *Medical Subject Headings* (MeSH) interrelated with the Boolean operators AND and OR: Women, "Violence against women"/"women maltreated", "Integrality in health", *Women, "Violence Against Women"/"Battered Women", "Integrality in Health"*.

The search process was performed in Scopus, PubMed (via the National Library of Medicine), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, *Literatura Científica e Técnica da América Latina e Caribe* (LILACS), BDENF (nursing database) and Scientific Electronic Library Online (SciELO), through the portal of the Coordination for the Improve-

ment of Higher Education Personnel (CAPES) via the proxy server of the Regional University of Cariri-URCA (proxy.urca.br).

The search was performed in a paired and independent manner by two researchers so that there was agreement in the results.

The search strategies were developed on the basis of the specificity of each database or virtual library and are presented in Chart 2.

The inclusion criteria were original articles; studies without a time frame; and studies published in Portuguese, English or Spanish and available in full. The exclusion criteria were repeated and/or duplicated studies in databases, book chapters, doctoral theses, master's theses, technical reports, brief notes and studies related to other thematic areas.

The survey of studies in each database is described in Figure 1. The initial search revealed 194 studies, and after screening and applying the eligibility criteria, 10 articles remained for exploration of the results and discussion. An adaptation of the *Preferred Reporting Items for Systematic Review and Meta-Analyses* (PRISMA) flowchart was used, as presented by Moher *et al*.[10]

Data processing and analysis were performed via IRAMUTEQ software (*Interface de R pour les Analyzes Multidimensionnelles de Textes et de Questionnaires)*; this R-based software is a free program that allows the processing and statistical analysis of textual information[11] and was chosen for its ability to represent the number of words, the average frequency of words and the textual relationship between words.

IRAMUTEQ uses several data processing and analysis techniques, including group specificity research, similarity analysis, descending hierarchical classification (DHC) and word clouds[11].

We opted for descending hierarchical classification (DHC) and similarity analysis (SA), which make it possible to identify analytical categories through the material and the cooccurrences be-

Chart 1. Search strategy items, components and descriptors.

Strategy items	Components	Keywords MeSH	Keywords DeCS	Keywords EMTREE
Population	Women	*Women*	Women	*Women*
Variables	Violence	*Violence Against Women/Battered Women*	Violence against women/Abused women	*Violence Against Women/Battered Women*
Outcomes	Comprehensive care	*Comprehensiveness in Health*	Comprehensive health care	*Comprehensiveness in Health*

Source: Authors.

Chart 2. Search strategies for each database and/or virtual library.

Database/virtual library	
Search strategies	*((Women) AND ("Violence Against Women" OR "Battered Women") AND (" V"))*
PubMed/MEDLINE	*((Women) AND ("Violence Against Women" OR "Battered Women") AND ("V"))*
BASELINE	*Women AND "Violence Against Women" OR "Battered Women" AND "Integrality in Health"*
CINAHL	*((Women) AND ("Violence Against Women" OR "Battered Women") AND ("Integrality in Health"))*
Scopus	*((Women) AND ("Violence Against Women" OR "Battered Women") AND ("Integrality in Health"))*
Web of Science	(Women) AND ("Violence Against Women" OR "Battered Women") AND ("Integrality in Health")
LILACS/BDENF	((Women OR Women) AND ("Violence against women" OR "women maltreated " OR "Violence Against Women" OR "Battered Women") AND ("Integrality in health" OR "Integrality in Health"))
SciELO	((Women OR Women) AND ("Violence against women" OR "women maltreated " OR "Violence Against Women" OR "Battered Women") AND ("Integrality in health" OR "Integrality in Health"))

Source: Authors.

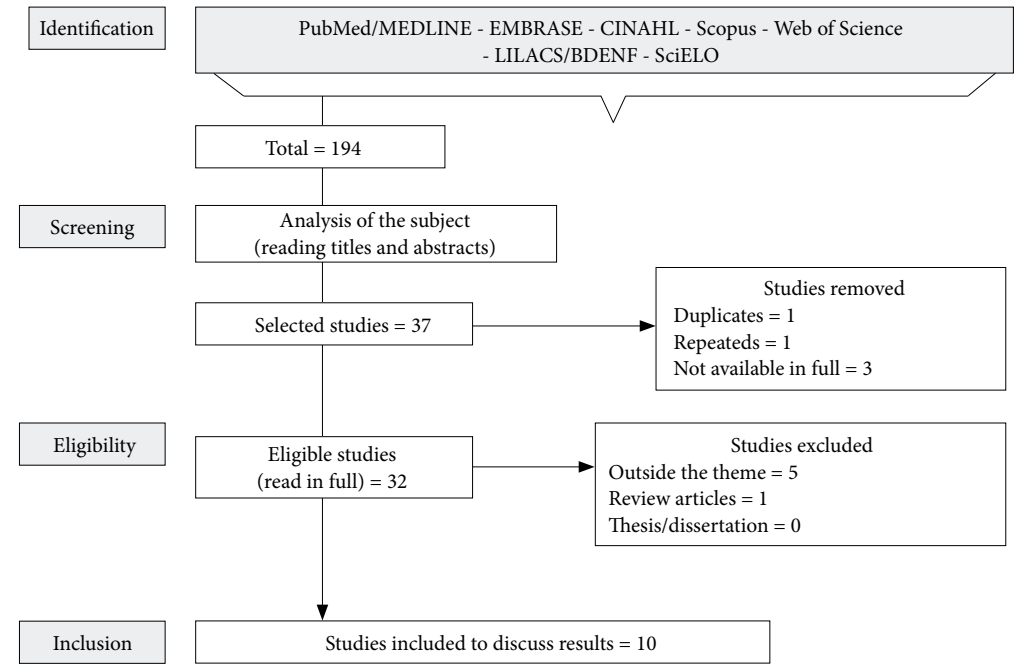

Figure 1. Flowchart of the study selection and identification process.

Source: Authors.

tween the words and the connectivity between them[11].

Notably, the *corpora* consisted of excerpts taken from the content presented in the results of the selected articles that reported on the self-care of pregnant women and were grouped in abstract format. For *corpora* formatting, the text was separated by individual command lines and placed in a single text file (.txt). In accordance with Camargo and Justo[11], the coding, reading and correction of the corpus were performed to adapt the material to the analytical requirements of IRAMUTEQ.

The results of the studies were hierarchically categorized according to level of evidence (LE) into six categories: level 1, evidence obtained through a meta-analysis of multiple randomized controlled trials; level 2, results obtained from individual studies with an experimental design; level 3, results obtained from quasiexperimental studies; level 4, results obtained from nonexperimental descriptive studies or studies with a qualitative approach; level 5, conclusions obtained through experience reports or case reports; and level 6, scientific statements based on expert opinions[12].

Finally, the discussion was constructed using a descriptive format using relevant findings and literature.

Results and discussion

Ten publications, predominantly of national origin and published between 2007 and 2020, were analysed in this review. Regarding the level of evidence of the studies, there was a predominance of qualitative studies (level 4).

Chart 3 provides a description of the studies included in this review (title; year of publication; database and journal; and methodological design and results).

The general *corpus* processed by IRAMUTEQ consisted of 10 texts (consisting of the abstracts of the selected articles) separated into 46 text segments (TSs), of which 38 TSs were used (82.61%). A total of 1,626 occurrences (words, forms and terms) were observed, 606 of which were distinct

words and 428 of which were hapaxes (words that appeared at least once in the corpus).

The analysed content was categorized into four classes by descending hierarchical classification (DHC), resulting in two classes: Class 1, with 20 TSs (52.63%), and Class 2, with 18 TSs (47.37%). The dendrogram in Figure 2 shows the relationship between these 2 classes, indicating the independence of each.

Class 1, titled "Multiple faces of comprehensive care in approaching women victims of violence", and Class 2, titled "Public policies *versus* comprehensiveness in cases of violence against women", are described below.

Class 1: multiple faces of comprehensive care in approaching women victims of violence

Class 1 comprised 52.63% (f = 20 TS) of the total *corpus* analysed and was composed of words such as "Attention"; "Approach"; and "Caution".

Chart 3. Synopsis of the results.

No.	Title of article	Year	Methodological design	Results
1	Confronting violence against women: Intersectoral articulation and comprehensive care	2014	Qualitative and exploratory research	The study showed that the intersectoral interconnectedness and the attention provided by services are elements that interfere in the fight against violence against women. Both elements are related to strengthening the network of care for women victims of violence. The study points to the need to know the attributions of other institutions and reaffirms the importance of connection among them.
2	Approach to women in situations of sexual violence from the perspective of bioethics	2018	Qualitative and exploratory research	Multiprofessional teams are faced with challenges in care approaches due to the lack of an appropriate environment and professionals to implement the integrality of care, as well as deficits in professional preparedness. There is underreporting of cases and resistance to attending cases of sexual violence. Intervention bioethics is needed to support interventional actions to transform the context and promote improvements in the approach to women in situations of sexual violence, highlighting the urgency of public policies and truly effective laws for the protection of women.
3	Public policies for the protection of women: Evaluation	2017	Estudo exploratório e descritivo	This study observed the evolution of Brazilian legislation and increase in interventions by the government to control violence. The service evaluated advocates the humanization of care, the principles of dignity, nondiscrimination, secrecy and privacy, avoiding the exposure and exhaustion of victims. Physical and gynaecological exams are performed, as well as other complementary tests such as serological tests and the collection of trace evidence to identify the aggressor, in addition to pharmaceutical assistance and multidisciplinary monitoring.
4	Practices of team professionals of family health aimed at women experiencing sexual violence	2017	Estudo exploratório e descritivo	This study found that sexual violence against women involves issues in the singular, particular and structural dimensions of objective reality, which should be addressed by health professionals. Assistance to women in situations of sexual violence can only be effective to the extent that there is intersectoral work, with clear and effective public policies and with adequate training of health professionals.

it continues

Chart 3. Synopsis of the results.

No.	Title of article	Year	Methodological design	Results
5	Comprehensive health care for women in situations of gender violence – an alternative to primary health care	2009	Qualitative and exploratory research	This study highlights the need for attention directed to sexual violence in Brazil and discusses a possibility of action in primary care as implemented at the Samuel B. Pessoa School Health Center. The actions proposed and integrated into the Program of Integral Attention to Women's Health (PAISM) provide assistance for difficult family conflicts (CONFAD), conceptualized as a specific technique of detection, listening and qualified guidance, which characterize a technique of conversation as professional action. The authors discuss aspects related to the connection of the health sector with the intersectoral care network and its main challenges.
6	Domestic violence against women and the role professional in primary health care: An ethnographic study in Matinhos, Paraná, Brazil	2013	Qualitative research and ethnographic approach	This survey addressed care centred on biological precepts, focusing on physical injuries and medicalization and dialogue, active listening, psychosocial issues and the establishment of bonds, especially with community health workers. The scarcity of an official local structure for the management of domestic violence leads to action inscribed under the concept of reception, as recommended by the SUS, described in the literature, and verbalized at the UBS but little problematized.
7	Nursing care for women victims of sexual violence	2010	Descriptive/ qualitative exploratory study	This study revealed that the care provided by nursing to a victim of sexual violence is still centred on the technicist model and that this care should be expanded to welcoming and humane care, allowing a relationship of sharing of values and emotions between being a caregiver and being cared for, with attention that transcends the sense of curing and treating, incorporating attitudes of solicitude, patience and concern.
8	Elements of integrality in practices of health professionals towards rural women victims of violence	2012	Exploratory and descriptive study	This study reveals not only the relational devices reception, bonding and dialogue but also the construction of collective actions through group activities as elements of care for rural users in situations of violence; these actions potentiate health promotion and individual and collective empowerment in the dimension of violent events.
9	Domestic violence against rural women: Care practices developed by community health agents	2018	Descriptive/ qualitative exploratory study	The results revealed that the studied health professionals used relational care practices, such as dialogue, active listening and bonding, as well as practices related to the context itself and to the health service, such as guidance and teamwork. The community health workers found possibilities to identify and intervene in situations of domestic violence against rural women. However, they needed training and multidisciplinary and intersectoral support so that they could respond effectively to the biopsychosocial demands of this specific population.
10	Historical changes in the intersectoral network of services aimed at violence against women – São Paulo, Brazil	2020	Qualitative and exploratory research	The data showed that despite the expansion of assistance, defence and protection services for women, there are challenges regarding the integration of actions and interaction with professionals to seek a common care plan, considered the main foundation for network performance.

Source: Authors.

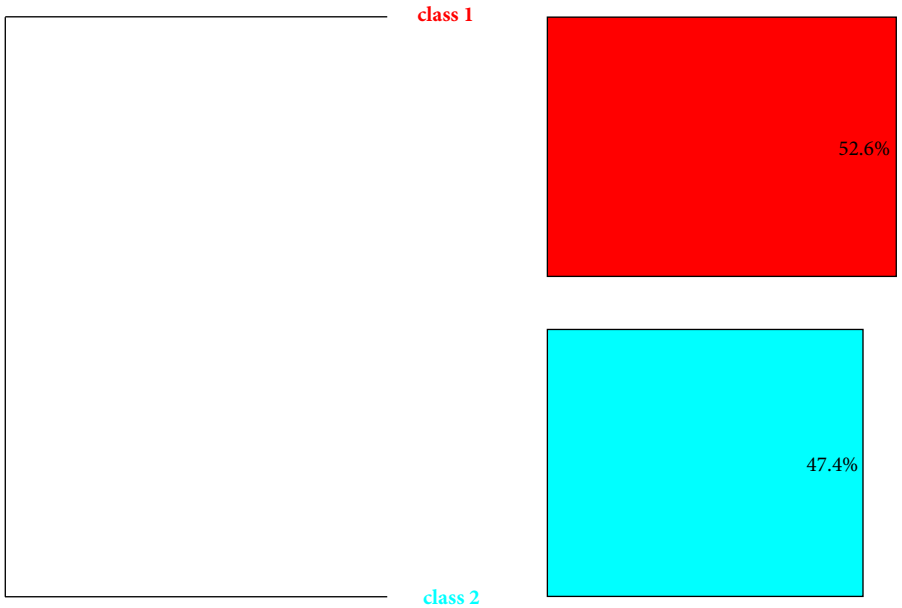

Figure 2. Dendrogram with the two classes generated by IRAMUTEQ software, 2023.

Source: Authors.

According to the text segments presented by class, the three main words referred to an interconnected comprehensive care approach and its nuances.

Integrality in health care is one of the main axes of the Unified Health System (SUS), and its relevance involves issues such as meeting the demands according to the needs of individuals, considering their individualities and the dimensions of care in the areas of promotion, prevention, health recovery and rehabilitation, substantial challenges of the health system[13].

From this perspective, comprehensiveness must be inherent to health facilities, especially with respect to the intersectoral nature of care services for women victims of violence, since this intersectoral articulation can overcome the fragmentation of knowledge and practices[14,15]. Violence against women is a serious social problem that demands health, education, social assistance and public security policies.

Therefore, the challenges of comprehensive care can be observed in various agencies that have as their main focus gender approaches since comprehensive care also involves identifying the demands of the victim in each service, with an emphasis on the importance of the knowledge of professionals about referrals in the network and the real effectiveness of the network in human responses to cases of violence[15].

Both elements are related to the strengthening of the ***care*** *network for women victims of violence. The study highlights the need to know the attributions of other institutions and reaffirms the importance of articulation between them* (Abstract 3; score: 12.05).

Integrality is inherent to health professionalism and should be within the scope of the actions developed and in daily work. According to Trentin *et al.*[16], issues such as teamwork, intersectorality itself and personal development issues, such as the commitment of the professional himself or herself, are associated with the effectiveness of actions in the integral context because complex, interdisciplinary topics require multiprofessionality and intersectoriality of care.

However, the same study indicates that even when these assumptions are understood to be necessary for the success of the approach, professionals often face structural limitations and professional training limitations, in addition to practical issues such as underreporting and resistance to attending specific cases, such as sexual violence[16,17].

[...] the multiprofessional team faces challenges in the ***approach*** *owing to the lack of an appropriate*

environment and professionals to contemplate the integrality of care, as well as deficits in the professional preparation itself (Abstract 2; score: 15.32).

In this context, the understanding of the role of professionals in cases of domestic violence permeates structural issues and practical action, considering that, in many situations, the assistance offered is based on biological and mechanistic principles of care, which are reinforced by structural and vocational training gaps[18].

Accordingly, from the perspective of nursing care for victims of sexual violence, a reflective approach to this practice demonstrates a technicist nature of care, and it is extremely important to encourage comprehensive, welcoming practices on the basis of the principles of humanization and ethical-theoretical values and scientific theories of the profession to strengthen the multiprofessional relationships that integrality can provide [19].

[...] the care provided by nursing to victims of sexual violence is ***still*** *centred on the technicist model, and that care should be expanded to a welcoming and* ***humane*** *action [...]* (Abstract 10; score: 7.24).

On the basis of reflections in the context of gender and power relations exercised between men and women from a social and cultural perspective, a study sought to provide opportunities for reflective moments through dramatizations with professionals who work in the context of gender violence and the silencing of victims to reinforce the importance of including comprehensive practices in the execution of care. Of the main practices discussed, attentive listening stands out, even in the face of indirect dialogue, where a welcoming attitude and a clinical perspective help in the management of women victims of violence[20].

In the context of attentive listening and the precepts of welcoming, comprehensiveness must be considered not only in everyday situations but also in sectors that are sometimes neglected. As an example, it is worth mentioning the reality of women who are victims of violence and who live in rural areas[21,22].

The dynamics of care in this context involve several actors in care practice, such as CHAs, who are key players in strengthening the bond and in the identification of current or potential situations related to gender violence. Among the main practices developed by these professionals, care through relational actions such as bonding (interpersonal relationships), attentive listening, dialogue, health guidelines, and the promotion of the bond between professionals, users and health services[22].

[...] ***dialogue, active listening****, psychosocial issues and the establishment of* ***bonds****, with* ***community*** *health* ***agents*** *standing out in this* ***approach*** *[...]* (Abstract 8; score: 29.32).

In consensus, in addition to the CHAs, the doctors, nurses, psychologists and other professionals aware of the reality of each region should make use of the most diverse possibilities within the field of integrality to guide reception, relational practices, discussions and planning of care, and collective actions, as well as the implementation of the expanded clinic as a facilitator of interdisciplinary care in the context of gender violence[21].

[...] not only are the relational devices embracement, ***bonding*** *and* ***dialogue*** *but also the construction of collective actions through group activities recognized as potentiating health and health promotion for individuals and collective empowerment in the dimension of violent events as elements of* ***care*** *for rural users in situations of violence [...]* (Abstract 1; score: 19.87).

Notably, to combat violence against women, it is necessary to integrate knowledge produced in the various sciences. Gender violence is a sensitive topic that addresses the violation of women's rights and has its origins in multiple determinants and its roots in the sociohistorical and cultural construction of asymmetrical power relations between genders. Facing this problem depends on the awareness of individuals, families, communities and society in general so that the values of patriarchal culture can be deconstructed in all social spaces where violence against women is constructed, naturalized and legitimated. It is necessary that the gender focus is incorporated in the construction of public education, health, social assistance and public security policies so that it is possible to promote the construction of human relationships that do not violate the human rights of women[13].

On this basis, it is necessary to reflect on the main public policies linked to the integrality of the assistance provided in cases of violence against women, a theme that emerged in class 2 of the analytical corpus.

Class 2: public policies *versus* comprehensiveness in cases of violence against women

Class 2 comprised 47.37% (f = 18 TS) of the total *corpus* analysed and was composed of words such as "Public" and "Political". According to the text segments included in the class, the two main words refer to public policies and their relation-

ships with aspects of comprehensive care in the sphere of gender violence.

Public policies aimed at women's comprehensive health care include objectives that involve aspects of gender violence, with the principles of the SUS as a guideline. Its practical implementation is of paramount importance to strengthen actions and comprehensive care in the most diverse sectors aimed at the public in question, including the social, health, legal and criminal spheres[23].

Among the challenges is the materialization of the assumptions of networking, such as horizontality and the confrontation of power relations existing between different policies and sectors. One possibility is the articulation of professionals from different areas of knowledge in meeting the complexity of the demands of women in situations of domestic violence[25].

Therefore, it is necessary to reflect on policies that can contribute to combating violence against women by providing a) educational actions to increase awareness of the dynamics of violent relationships; b) actions to strengthen and empower individual women, which enable the emancipation of women; c) educational and awareness-raising actions for aggressors to promote behavioural changes; d) group strengthening actions that promote feelings of belonging, mutual respect and support and participation in decision-making contexts of public policies; and by e) strengthening, articulating and mediating networks of services and solidarity networks for the implementation of policies and programs with more assertive primary, secondary and tertiary prevention actions against this serious social phenomenon[17].

Regarding the orientation of care through the application of assumptions contained in public policies on women's health, the National Policy for Integral Attention to Women's Health (PNAISM) serves as a basis for the development of practical care skills such as qualified listening, empathy, and early detection of conflict situations, and plays a role in the intersectoral organization of services, with interdisciplinary action[24].

Historical evolution in the political, social, cultural and assistance components has promoted a reformulation of and improvement in the intersectoral approach, even in the face of the numerous difficulties existing in integrated work. This fact corroborates the need to increasingly understand public policies and current care models for the care of women victims of violence, which is an important agenda for the discussion of this subject [25].

*[...] the **data** were analysed in light of the **legislation** and guidelines **recommended** by the Ministry of Health. In line with established **public policies**, there has been an evolution of Brazilian **legislation** and increasing intervention by the **government** to control violence [...]* (Abstract 5; score: 33.38).

In addition to the policies that guide comprehensive care in women's health, the importance of knowing and discussing the Policy to Combat Violence against Women, laws related to criminal scope such as the Maria da Penha law and the femicide law, in addition to several documents regulating assistance, such as compulsory notification and protocols for assisting women victims of violence, is emphasized.

Similarity analysis

For textual treatment by the software, some definitions were adjusted so that the graph demonstrated the connectivity and relationships between the terms. The following options were selected in the "definitions" tab and later "graphic settings": scores at the edges, communities and halos, aiming to form groups by affinities, as well as highlighting related terms by colour. In addition, forms with an occurrence above 5 were used to produce the graphic tree.

On the basis of the graphical representation shown in Figure 3, a semantic range can be observed composed of the words violence, health and woman, demonstrating proximity between terms that refer to the identification of variables associated with the approach to comprehensive care in the face of intersectoriality and policy information, reinforcing the context described during the CHD discussion.

Final considerations

The comprehensive actions taken in the care of women victims of violence demonstrate a strong link with the practices of reception and humanization, in addition to permeating the scope of intersectorality, reinforcing the importance of integrating the various services available as well as the existing knowledge in the *practice* of care.

As a limitation, the study highlights the limited international literature on the subject, making it impossible to obtain a geographical focus on the comprehensiveness of actions and their impact on combating violence against women.

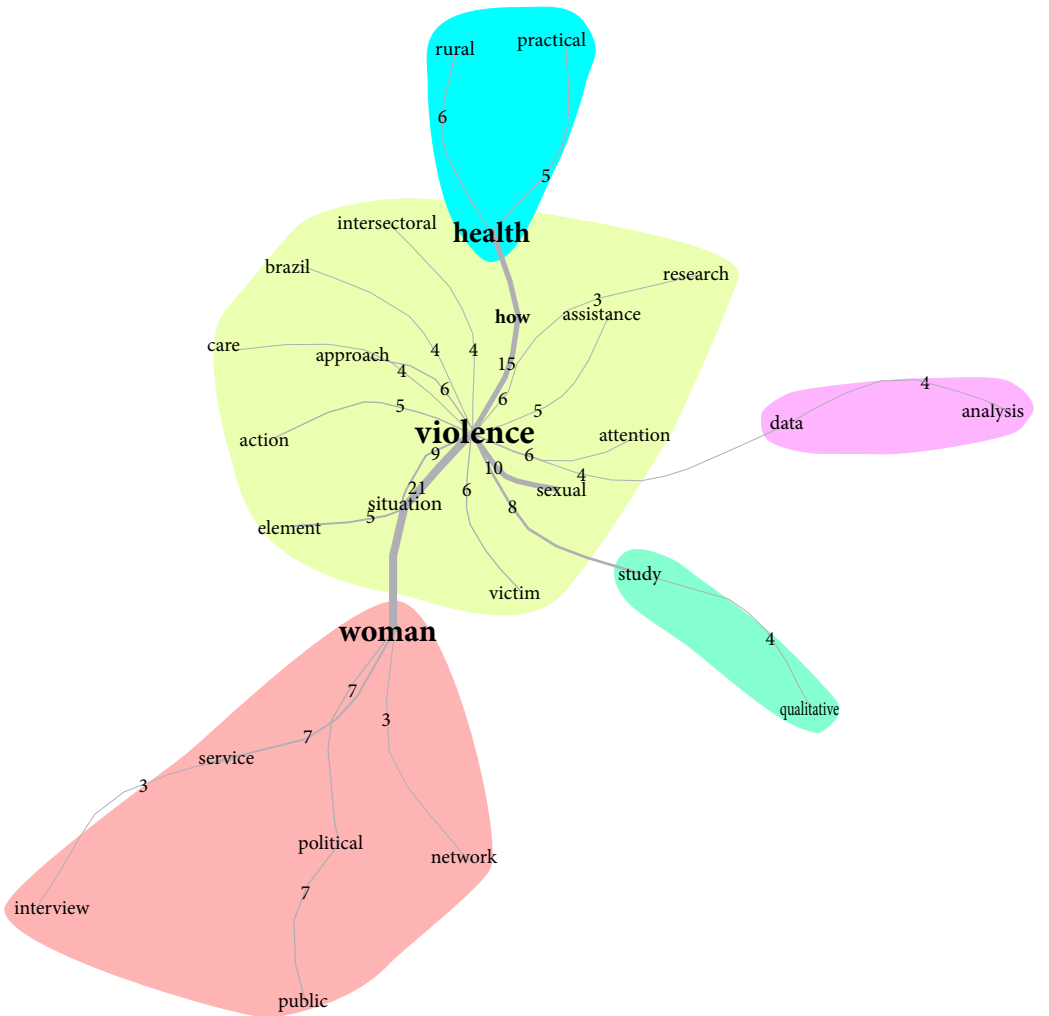

Figure 3. Analysis of corpus similarity.

Source: Authors, using IRAMUTEQ software, 2023.

Collaborations

PPT Alcântara and FF Carneiro: conception and writing; VM Pessoa: research and methodology; AGA Pinto and MFAS Machado: writing.

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