

Nursing care provided to women in situations of violence in emergency services

Assistência de enfermagem prestada às mulheres em situação de violência em serviços de emergência

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ABSTRACT

Objective: to identify the nursing team role in the care provided to women in situations of violence in emergency services. **Method:** integrative review in the Medical Literature Analysis and Retrieval System Online, Scopus and Virtual Health Library databases, with 24 articles selected. **Results:** the actions of the nursing staff in emergency services were classified as: clinical care for women in situation of violence; identification of violence against women during screening; need for training to face violence; and the role of forensic nursing in actions aimed at violence against women. **Conclusions:** the nursing team plays a leading role in coping with violence in emergency services. However, the existing barriers to implement actions in this area can be overcome by developing protocols and training professionals to face violence against women.

Descriptors: Nursing; Violence Against Women; Intimate Partner Violence; Domestic Violence; Emergencies.

RESUMO

Objetivo: identificar o papel da equipe de enfermagem na assistência prestada às mulheres em situação de violência em serviços de emergência. **Método:** revisão integrativa nas bases de dados *Medical Literature Analysis and Retrieval System Online*, Scopus e no Portal da Biblioteca Virtual em Saúde, sendo selecionados 24 artigos. **Resultados:** as ações da equipe de enfermagem nos serviços de emergência foram classificadas em: cuidados clínicos às mulheres em situação de violência; identificação da violência contra a mulher durante a triagem; necessidade de treinamento para o enfrentamento da violência; e, o papel da enfermagem forense nas ações voltadas à violência contra a mulher. **Conclusões:** a equipe de enfermagem é protagonista no enfrentamento da violência nos serviços de emergência, contudo, existem barreiras para a concretização de ações nesse âmbito que podem ser superadas pela elaboração de protocolos e capacitação dos profissionais para o enfrentamento da violência contra a mulher.

Descritores: Enfermagem; Violência Contra a Mulher; Violência por Parceiro Íntimo; Violência Doméstica; Emergências.

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INTRODUCTION

Violence against women is a problem faced worldwide. According to the World Health Organization, violence against women is defined as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”⁽¹⁾. In Brazil, in 2016, 4.4 million women were victims of aggression and, in 2017, 4,936 women were murdered, the highest number recorded since 2007. Many of these crimes are femicide, a term used to describe the violent deaths of women due to gender, and, in this regard, Brazil occupies 5th place in the world rank⁽²⁻⁴⁾. Data from the United Nations (UN) show that in 2017, for four out of every ten femicides registered in 23 Latin American countries occurred in Brazil⁽⁵⁾.

Since the Ministry of Health’s Mortality Information System does not allow identifying the motivation for female homicide, it is impossible to classify the death as femicide. However, the literature indicates that normally, before a woman is a victim of fatal violence, she possibly has suffered other types of gender violence, especially intimate partner violence (IPV). This finding leads to a reflection on how many deaths of women could be avoided if violence had been identified in advance^(3,6).

Violence affects women in different aspects of their lives and generates pathophysiological and psychological problems^(4,7) thus, it is essential that health professionals know how to recognize it and act in this situation. The importance of nursing professionals stands out in this context, as in the multidisciplinary health team, they perform actions of women embracement in situations of violence by identifying, notifying, assisting and making referrals in the different types of violence. However, research shows gaps in the training of nursing teams to act in cases of violence against women, justified, above all, by the naturalization and invisibility assumed by the phenomenon in society⁽⁸⁻⁹⁾.

In the health scenario, emergency services are one of the gateways for women in situations of violence. However, according to the literature, health care to women in situations of violence is often provided in a way that only considers the resolution of physical signs of violence, and other aspects that determine the occurrence of this harm, such as issues of social and psychological order are ignored, which negatively compromises women’s health care⁽¹⁰⁻¹¹⁾.

The present study is justified by the high rate of women in situations of violence in the country and the central role of emergency services in identifying and dealing with this phenomenon. Therefore, the objective was to identify the role of the nursing team in the care provided to women in situations of violence in emergency services.

METHOD

This is an integrative review performed from the following steps: development of the research question; literature search and definition of exclusion and inclusion criteria; definition of extracted information and categorization; evaluation of studies; interpretation of results; presentation of the review and synthesis⁽¹²⁾.

The research question was formulated using the PICo strategy, in which P represents population or problem, I represents interest, and Co the context. In this sense, the terms P (Nursing Team), I (Care provided to women in situations of violence) and Co (Urgent and emergency services) were defined for this study. Thus, the question was developed: What is the role of the nursing team in the care provided to women in situations of violence in urgent and emergency services?

The Medical Literature Analysis and Retrieval System Online (MEDLINE), the Scopus and the Virtual Health Library (VHL) database were searched, which, in this study, aggregated searches in the following databases: Latin American and Caribbean Health Sciences Literature (LILACS); Caribbean Health Sciences Literature (MEDCARIB); Pan American Health Organization Institutional Repository for Information Sharing (PAHO-IRIS) and WHO Library Information System (WHOLIS).

The search period was from January to May 2020, and the descriptors used respected the PICo strategy, as follows: P: Enfermagem (*nursing*), enfermeiros (*nurses*) and enfermagem em saúde pública (*public health nursing*); I: Violência doméstica (*domestic violence*), violência (*violence*), violência contra a mulher (*violence against women*), violência de gênero (*gender violence*) and violência por parceiro íntimo (*intimate partner violence*); Co: Emergências complexas (*complex emergencies*), emergências (*emergencies*) and serviços médicos de emergência (*emergency medical services*).

The inclusion criteria were publications in the form of original research articles, texts available in full with free online access, published between years 2006 and 2020. The start of the search was in 2006 because, in the Brazilian context, Law 11.3460/2006, known as Law Maria da Penha, which made domestic violence against women a crime, was enacted this year. On the international scene, in 2006 the United Nations (UN)⁽¹³⁾, published a study pointing to the global expression of the phenomenon of violence against women and providing guidelines for the implementation of actions by the health sector and also for conducting scientific research on the subject. Thus, we understand that year 2006 represents a milestone with regard to fighting violence against women in the world.

Data extraction was performed according to an adapted instrument, recommended and validated for integrative review studies⁽¹⁴⁾. Data mapping was performed in a form

created to insert data of year of publication, authors, journal, country, field of knowledge, language, type of study, research objective or question, participants, data treatments, results, interventions performed, analysis and implications for the study area. The steps for sample selection, including the removal of duplicate references, were performed manually using the Excel program.

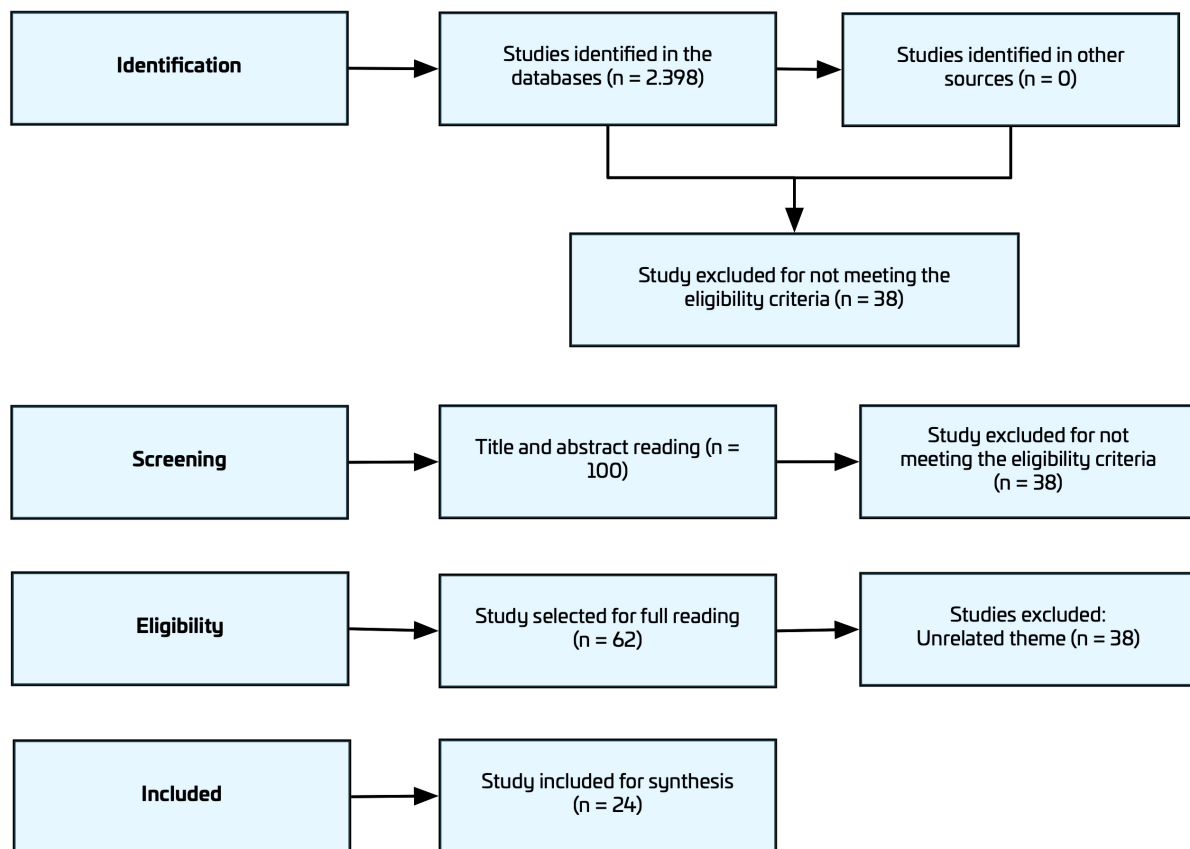
Data were extracted by one reviewer and confirmed by a second reviewer. Any doubts arising during the process were resolved by consensus discussion. The selected articles were identified by the letter A followed by Arabic numerals in the

results table, from their selection in each database surveyed, and the results were described through descriptive analysis.

RESULTS

The total of 1,176 articles were found in the MEDLINE database, 1,148 articles in Scopus and 74 in the VHL. After reading the titles and abstracts for the selection of those dealing with the topic of interest, 24 articles were chosen. The searches and selection of articles were performed according to the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) statement⁽¹⁵⁾ (Figure 1).

Figure 1. Flowchart of search and selection of studies.



Of the total of 24 articles, six were produced in the United States, four in Brazil, three in Canada, two in South Africa, two in Iran, one in South Korea, one in England, one in Italy, one in Turkey, one in New Zealand and one in Sweden. Four out of 24 studies were published in Brazilian journals. Regarding language, four were in Portuguese and 20 in English. Sixteen studies (64%) had a qualitative approach and nine (36%) were quantitative.

The total number of nurses and/or professionals of the nursing team in the sample of analyzed studies was 1,591 participants. Eight studies had only the nursing team as a sample, nine evaluated the multidisciplinary team, seven

evaluated women in situations of violence and/or evaluated protocols and instruments of the work process of nurses/multidisciplinary teams in emergency services. Regarding the period of publication, 2015 and 2018 were the years with more publications, with four articles in each.

Table 1 presents the details of the selected articles:

From the analysis of the selected articles, four empirical categories were highlighted: clinical care for women in situation of violence; identification of violence against women during screening; need for training to face violence; and the role of forensic nursing in actions aimed at violence against women (Chart 1).

Table 1. Articles selected in the searched databases. Curitiba, PR, Brazil, 2021.

Art.	Title	Authors	Year	Journal	Objectives	Approach	Results
A1	Preservation of forensic traces by health professionals in a hospital in Northeast Brazil ⁽¹⁶⁾	Musse JDO, Santos VS, Santos DDS, Santos FPD, Melo CMD	2020	Forensic Science International	To investigate the levels of knowledge of professionals about processes and skills during the care of victims of violence in an emergency unit ⁽¹⁶⁾	Qualitative	Professionals knew less than 50% of the procedures necessary for the documentation, collection and preservation of forensic traces, which explains the low implementation of actions ⁽¹⁶⁾
A2	Challenges of caring for victims of violence and their family members in the emergency department ⁽¹⁷⁾	Rahmqvist J, Benzein E, Erlingsson C	2019	International Emergency Nursing	To describe the experiences of nurses when caring for victims of violence and their family members in the emergency department ⁽¹⁷⁾	Qualitative	It is necessary to prioritize issues related to violence for patients in emergency services. Nurses need practical knowledge on how to care for victims of violence ⁽¹⁷⁾
A3	Educating Nurses to Screen and Intervene for Intimate Partner Violence During Pregnancy ⁽¹⁸⁾	Bermele C, Andresen PA, Urbanski S	2018	Nursing for Women's Health	To describe how the team implemented an evidence-based protocol for screening pregnant women for intimate partner violence (IPV) ⁽¹⁸⁾	Qualitative	Participants in the tested educational program rated the program as excellent and showed a significant increase in knowledge about violence ⁽¹⁸⁾
A4	Emergency nurses' ways of coping influence their ability to empower women to move beyond the oppression of intimate partner violence ⁽¹⁹⁾	Van der Wath A, Van Wyk N, Van Rensburg EJ	2016	African Journal of Primary Health Care & Family Medicine	To describe emergency nurses' ways of coping with exposure to IPV survivors ⁽¹⁹⁾	Qualitative	The lack of formal structures to help emergency nurses deal with IPV can prevent nurses' ability to help in facing violence ⁽¹⁹⁾
A5	Awareness and Attitudes Towards Violence and Abuse among Emergency Nurses ⁽²⁰⁾	Ch O, Cha K, Yoo Y	2015	Asian Nursing Research	To identify the awareness and attitudes of emergency nurses in relation to abuse and violence ⁽²⁰⁾	Qualitative	Awareness and training on abuse and violence is needed for emergency nurses so they can offer appropriate interventions to victims ⁽²⁰⁾

Continue...

Table 1. Continuation.

Art.	Title	Authors	Year	Journal	Objectives	Approach	Results
A6	Care for women victims of violence: empowering nurses in the pursuit of gender equity ⁽²¹⁾	Cortes LF, Padoin SMDM, Vieira LB, Landerdahl MC, Arboit J	2015	Rev Gaúcha Enferm	To study the care to women victims of violence provided by emergency nurses ⁽²¹⁾	Qualitative	It is necessary to seek the development of skills in clinical practice through care protocols and evidence that contributes to advances in women's rights, in the dimension of social and gender education in order to implement policies aimed at comprehensiveness ⁽²¹⁾
A7	Factors to consider for family violence screening implementation in New Zealand emergency departments ⁽²²⁾	Schimanski K, Hedgecock B	2009	Australasian Emergency Nursing Journal	To explore the definition of family violence and the main issues that emergency nurses need to consider when implementing screening for family violence ⁽²²⁾	Qualitative	Evidence is not robust enough to support emergency department screening programs ⁽²²⁾
A8	Caring for victims of intimate partner violence: a survey of Canadian emergency departments ⁽²³⁾	Mcclennan S, Worster A, Macmillan H	2008	Canadian Journal of Emergency Medicine	To determine the proportion of Canadian emergency departments that have universal IPV screening programs and intervention procedures ⁽²³⁾	Quantitative	There was no significant change in the existence of IPV policies or universal screening in emergency departments. Appropriate procedures for women exposed to IPV should be a priority ⁽²³⁾
A9	Factors influencing identification of and response to intimate partner violence: a survey of physicians and nurses ⁽²⁴⁾	Gutmanis I, Beynon C, Tutty L, Wathen CN, macmillan HL	2007	BMC Public Health	To describe the attitudes and behaviors of health professionals in relation to IPV ⁽²⁴⁾	Qualitative	Specific training on IPV and professional experience have an impact on professional practices in relation to IPV ⁽²⁴⁾
A10	Approaches to Screening for Intimate Partner Violence in Health Care Settings A Randomized Trial ⁽²⁵⁾	Macmillan HL, Wathen N, Jamieson E	2006	JAMA	To determine the ideal method for IPV screening in healthcare settings ⁽²⁵⁾	Qualitative	The study compared three IPV screening methods using two instruments; face-to-face approach was the least preferred by women ⁽²⁵⁾

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Table 1. Continuation.

Art.	Title	Authors	Year	Journal	Objectives	Approach	Results
A11	Women exposed to intimate partner violence: a Foucauldian discourse analysis of South African emergency nurses' perceptions ⁽²⁶⁾	Van der Wath A	2019	African Health Sciences	To discover discourses that can help to understand the responses of emergency nurses to women exposed to IPV ⁽²⁶⁾	Qualitative	Study participants subtly expressed themselves against the cultural and patriarchal domain that tolerates IPV. This form of resistance has the potential to transform discourses that normalize IPV ⁽²⁶⁾
A12	The relationship between healthcare providers' performance regarding women experiencing domestic violence and their demographic characteristics and attitude towards their management ⁽²⁷⁾	Yousefnia N, Nekuei N, Farajzadegan Ziba	2018	J Inj Violence Res	To investigate the relationship between healthcare providers' performance regarding women who suffer IPV ⁽²⁷⁾	Quantitative	Training, employing people with professional experience and codifying IPV guidelines for all health professionals are recommended to improve healthcare providers' performance regarding IPV ⁽²⁷⁾
A13	Performance of Healthcare Providers Regarding Iranian Women Experiencing Physical Domestic Violence in Isfahan ⁽²⁸⁾	Yousefnia N, Nekuei N, Farajzadegan Z, Yadegarfar G	2018	Iran J Nurs Midwifery Res	To investigate the performance of healthcare providers regarding women undergoing IPV in emergency and maternity wards ⁽²⁸⁾	Quantitative	The performance of healthcare providers in relation to IPV is not satisfactory. To improve care, a national standardized protocol must be codified and health professionals must receive training ⁽²⁸⁾

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Table 1. Continuation.

Art.	Title	Authors	Year	Journal	Objectives	Approach	Results
A14	Injuries of Women Surviving Intimate Partner Strangulation and Subsequent Emergency Health Care Seeking: An Integrative Evidence Review ⁽²⁹⁾	Patch M, Anderson JC, Campbell JC	2018	J Emerg Nurs	To examine the literature related to seeking health care after surviving IPV ⁽²⁹⁾	Qualitative	Additional knowledge about the possible risk factors contributing to difficulties in recognizing IPV in emergency services is needed ⁽²⁹⁾
A15	Intimate partner violence screening in emergency department: a rapid review of the literature ⁽³⁰⁾	Ahmad I, Ali PA, Rehman S, Talpur A, Dhingra K	2017	J Clin Nurs	To identify IPV screening interventions used in emergency departments ⁽³⁰⁾	Quantitative	Knowledge of appropriate methods for detecting IPV in screening in emergency departments can help nurses to provide effective and patient-centered care ⁽³⁰⁾
A16	Brief Motivational Intervention for Intimate Partner Violence and Heavy Drinking in the Emergency Department: A Randomized Clinical Trial ⁽³¹⁾	Rhodes KV, Rodgers M, Sommers M	2015	JAMA	To determine if a brief motivational intervention reduces IPV and excessive alcohol consumption ⁽³¹⁾	Qualitative	For women who suffer IPV, the use of a brief motivational intervention in the emergency department did not significantly reduce IPV incidents ⁽³¹⁾
A17	Injury outcomes in African American and African Caribbean women: the role of intimate partner violence ⁽³²⁾	Anderson JC, Stockman JK, Sabri B, Campbell DW, Campbell JC	2015	J Emerg Nurs	To examine the differences in the prevalence of injuries due to recent experiences of IPV and the association between IPV and hospitalizations and visits to emergency services ⁽³²⁾	Quantitative	Intimate partner violence was associated with the use of emergency services in the previous year, hospitalization, and multiple injuries. Emergency nurses need to assess IPV when women report injuries to make sure that violence is treated and avoid its recurrence ⁽³²⁾

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Table 1. Continuation.

Art.	Title	Authors	Year	Journal	Objectives	Approach	Results
A18	Use of emergency department services by women victims of violence in Lazio region, Italy ⁽³³⁾	Farchi S, Polo A, Asole S, Ruggieri MP, Lallo DD	2013	BMC Womens Health	To describe the characteristics of women victims of violence assisted in emergency departments and characteristics of previous visits ⁽³³⁾	Quantitative	Most women visited emergency services several times before the violent episode. Medical and nursing staff of services must be prepared and trained to assist women victims of violence ⁽³³⁾
A19	Abuse experiences, substance use and reproductive health in women seeking care at an emergency department ⁽³⁴⁾	Sutherland MA, Fantasia HC, McClain N	2013	J Emerg Nurs	To describe experiences of child sexual abuse (CSA), IPV, substance use and reproductive health in adult women who sought care in a rural emergency service ⁽³⁴⁾	Qualitative	Screening for violence performed by nurses working in emergency departments can be an important link between women in situations of IPV and the health service ⁽³⁴⁾
A20	Yes we can! Improving medical screening for intimate partner violence through self-efficacy ⁽³⁵⁾	Chapin JR, Coleman G, Varner E	2011	J Inj Violence Res	To describe the policies and procedures developed by a counseling and resource center for domestic violence ⁽³⁵⁾	Qualitative	Partnerships with women's centers can provide valuable resources and training to improve care for women in situations of violence in emergency services ⁽³⁵⁾
A21	Nursing care of women who suffered sexual violence ⁽³⁶⁾	Reis MJD, Lopes MHBDM, Higa R, Bedone AJ	2010	Rev Lat Am Enfermagem	To characterize the nursing care provided to women who have suffered sexual violence ⁽³⁶⁾	Qualitative	The care provided to women in situations of violence proved to be appropriate and of better quality in the night period ⁽³⁶⁾
A22	The training needs of Turkish emergency department personnel regarding intimate partner violence ⁽³⁷⁾	Aksan H, Asli D, Aksu F	2007	BMC Public Health	To evaluate the knowledge, attitudes and experiences of the emergency department personnel in relation to IPV ⁽³⁷⁾	Quantitative	Few professionals feel they have sufficient training in care for victims of IPV. Professionals share prejudices that prevent them from performing appropriate interventions. In addition, 69% of women and 84.7% of men surveyed accepted at least one reason to justify beating women ⁽³⁷⁾

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Table 1. Continuation.

Art.	Title	Authors	Year	Journal	Objectives	Approach	Results
A23	Identifying abuse among women: use of clinical guidelines by nurses and midwives ⁽³⁸⁾	Svavarsdottir EK, Orlygsdottir B	2009	J Adv Nurs	To identify the incidence of violence against women who seek health services and evaluate the use of clinical guidelines to identify interpersonal violence ⁽³⁸⁾	Quantitative	Screening women victims of violence in emergency services is crucial to offer them the necessary interventions and guarantee the future provision of appropriate health services ⁽³⁸⁾
A24	Spousal violence: challenge for health professionals ⁽³⁹⁾	Bispo TCF, De Almeida LCG, Diniz NMF	2007	Rev. baiana enferm	To analyze the representations of health professionals about women in IPV ⁽³⁹⁾	Qualitative	Although health professionals notice the situation of violence, they do not provide embracement of the abused woman and are anchored in the idea that their responsibility is to treat the injury, perpetuating the silence and naturalizing the situation of violence experienced by the woman. This way, the organization of care provided to women by hospital institutions based on the biomedical model is also justified ⁽³⁹⁾

Chart 1. Selected articles and corresponding empirical categories.

Empirical Categories	Articles included
Clinical care for women in situation of violence	A6, A11, A17, A21, A22, A24
Identification of violence against women during screening	A3, A6, A7, A8, A10, A12, A14, A15, A17, A18, A19, A23
Need for training to face violence	A1, A4, A5, A9, A13, A16, A20, A22
The role of forensic nursing in actions aimed at violence against women	A1, A2, A5

DISCUSSION

The review of studies allowed to identify the nursing team role in the care provided to women in situations of violence in emergency services. The analyzed studies were produced in all continents: 14 articles in the Americas, three in Asia, three in Europe, two in Africa, one in Oceania and one in Turkey, which is located in the Asian and European continents. According to the WHO, the overall prevalence of physical violence and/or intimate partner violence among women was 30%. The highest rates were found in Africa, the Eastern Mediterranean and Southeast Asia, where approximately 37% of women reported having experienced IPV at some point in their lives. The rate was approximately 30% in the Americas and 25% in Europe and Western Pacific. The lowest prevalence was found in developed countries, with rates of 23%. However, studies on global data that take into account the different types of violence caused to women are still scarce

and make it difficult to analyze the situation of violence against women as a whole⁽⁴⁰⁾.

The presence of articles from countries that represent important global prevalence of intimate partner violence, such as the USA, Brazil and South Africa, can be considered an advance, as this shows an expansion in terms of the development of research on the subject. Articles from these countries explored the gender subordination characteristic of specific cultures that affects the behavior of nurses in these regions. For example, a South African study⁽²⁶⁾ explored the discourses around IPV and demonstrated the influence of gender stereotypes in nursing actions aimed at women in situations of violence, even though participants expressed themselves against this behavior. These data are corroborated by a study conducted in the USA⁽⁴¹⁾, in which health professionals' actions supported by gender biases aimed at women were identified as determinants of inequities in health care.

The category "clinical care for women in situation of violence" reflects that care based on the biomedical model was not mentioned as a problem in emergency services and often considered the only care the nursing team should offer⁽³⁹⁾. In addition, two articles^(21,39) highlight the technical care offered to women in situations of violence and mention conducts filed in emergency services, such as: checking vital signs, performing dressings, administering medications and requesting tests.

In this hegemonic care model based on biomedical logic and the formation of emergency service organizations, professionals are required to perform only clinical care. Clinical care is important to identify cases of violence and maintain women's lives, but should not be the only action in these services. They must invest in communication methods to create safe environments for disclosure of the situation experienced; in the construction of intersectoral networks to face violence and offer victim embracement when necessary; and in the development of channels for sharing information to provide appropriate care in situations of violence against women⁽⁴²⁾.

In a study conducted in Turkey⁽³⁷⁾, many professionals stated that dealing with victims of IPV requires interfering with the privacy of the family and patients, and that they felt ashamed to talk about it. Issues like these can prevent them from carrying out appropriate interventions to confront violence. These discourses reinforce the subordinate position of women in situations of IPV and that professionals do not act directly on this phenomenon⁽²⁶⁾.

For the nursing staff of the emergency service investigated in study A24, the responsibility for identifying cases of violence against women rests with professionals working in social services and psychology, which shows a fragmented and discontinued organization of the work process. However, in

article A17, it was found that women in situations of intimate partner violence frequently visited emergency departments in the year prior to the femicide, thereby demonstrating the importance of the early identification of these situations by the nursing staff in order to avoid fatal violence outcomes^(29,32).

In a study analyzed, nurses had an embracement attitude during emergency care for women who suffered sexual violence, which contributed to the return of 84.9% of patients to outpatient nursing consultations after the violent event. However, this result may have been influenced by the study setting, a hospital specialized in women's health that has an institutional protocol implemented to care for women in situations of violence⁽³²⁾.

Regarding the category "identification of violence against women during screening", in articles A3, A6, A15, A17, A18, A19 and A23 screening was scored as an essential moment to detect the situation of violence suffered by women^(18,21,30,32-34,38). In North American studies, there is a recommendation for universal screening for IPV as it has shown to be a safe practice in environments such as emergency services. The use of institutional protocols for this purpose was also cited as a method to facilitate the detection of violence in emergency services⁽³²⁻³³⁾ and increase professionals' knowledge about health care for women in situations of IPV⁽¹⁸⁾. Conversely, a study⁽²²⁾ did not identify benefits with the implementation of screening for women in situations of violence and considered the development of studies to improve tools that are efficient in emergency services. Another study also identified the lack of evidence to support screening for IPV, showing inconsistencies in the studies analyzed⁽²²⁻²³⁾.

Regarding the existence of protocols in emergency services to guide IPV care, a study identified that only 13 out of the 61 emergency services evaluated had revised their protocols since the publication of the current guideline at the time, and only five nurses demonstrated knowledge of such guidelines⁽²³⁾.

The category "need for training to face violence" includes articles that identified, for example, knowledge gaps in the nursing staff regarding procedures and referrals offered to women in situations of violence during their stay and after hospital discharge, pointing to the occurrence of this problem in the international context. Article A9 reports that more than 60% of participants did not receive training on violence against women⁽²⁴⁾ and, among participants in article A22, the rate of professionals who had never received training on how to act in a situation of IPV was 90%⁽³⁷⁾. In addition, a study (A13) pointed out that only a few participants offered post-discharge information for women victims of domestic violence, which was attributed to the lack of informational material for distribution⁽²⁸⁾.

Articles A1, A5 and A9 identified that in general, physicians feel safer in providing care to women in situations of violence than nursing, but when the nursing team is trained, this

difference disappears, which reinforces the need for training of the multidisciplinary teams^(16,20,24). This information is corroborated by a study evaluating training programs to face intimate partner violence, which demonstrated that such actions are effective in improving the responses of health professionals to situations of violence, including intervention planning, identification and registration of violence⁽⁴³⁾.

The fourth category “the role of forensic nursing in actions aimed at violence against women” points out that forensic nurses have a prominent role in the context of coping actions developed in the United States of America. This specialty was recognized in 1992 in the United States, with the formation of the International Association of Forensic Nursing. The actions performed by forensic nurses include examining, recognizing, collecting, preserving traces and conducting health education on interpersonal violence. That country has standardized protocols for the forensic examination of victims of violence and sexual abuse⁽⁴⁴⁻⁴⁶⁾.

Article A1 explores the Brazilian reality with regard to the implementation of Forensic Nursing⁽¹⁶⁾. Its results point to the lack of national protocols and professionals’ lack of knowledge regarding this specialty that was included in the list of specialties by the Federal Council of Nursing in 2011 and regulated by Resolution 556/17⁽⁴⁷⁻⁴⁸⁾. Most nursing professionals in an institution in Brazil have less than 50% of knowledge about the steps of collecting, documenting and preserving evidence. It was also identified that medical professionals are more likely to know and perform forensic procedures than nursing professionals, possibly due to medical training that includes knowledge about forensic medicine in its curricula, unlike the curriculum of nursing courses^(16,20).

Given the centrality of forensic actions associated with nursing actions, we understand that recommendations of articles A1, A2, A5 should be considered; they discuss the need for the formation of courses and training on the forensic area aimed at the nursing team from the undergraduate curriculum. The development of protocols and clinical guidelines for better management of situations of violence should also be seen as a duty of institutions and the state, with emphasis on emergency services that are deficient in such instruments^(16-17,20).

The limitations of this study were the number of databases searched and the time frame, which may have caused the loss of some related articles. Nonetheless, this study contributes to professional Nursing practice by highlighting the main role of this professional category in the care provided to women in situations of violence who access emergency services. In addition, it highlights the potential of actions aimed at forensic practice to face violence against women, based on the qualified action of nursing professionals.

CONCLUSION

This study identified the role of the nursing team in the care provided to women in situations of violence in emergency services. The results were grouped into categories that are related: clinical care for women in situation of violence; identification of violence against women during screening; need for training to face violence; the role of forensic nursing in actions aimed at violence against women.

This review highlights the importance of the nursing staff in emergency services for promoting actions to combat violence against women. However, studies demonstrated gaps in this field of knowledge. According to the reviewed articles, in addition to the clinical care of physical signs left by violence, it is necessary to include the theme in undergraduate nursing courses. It is important that future nurses reflect on the issues determining the occurrence of violence against women based on gender subordination.

Actions focused on emergency services are necessary to train nursing professionals to identify and face violence, based on the development of institutional and national protocols associated with the adoption of appropriate instruments for the practice of services. This way, it will be possible to overcome the stigma that addressing the issue of violence in health services means, somehow, invading the woman’s personal life, which can make professionals naturalize cases of violence in these services, culminating in the perpetuation of the phenomenon.

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