

Nursing care for women in situations of sexual violence: integrative review

Assistência de enfermagem às mulheres em situação de violência sexual: revisão integrativa

Asistencia de enfermería a las mujeres en situación de violencia sexual: revisión integradora

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ABSTRACT

Objective: from the literature, to describe the role of nurses in assisting women in situations of sexual violence. **Method:** bibliographic search in seven databases, in April 2020, for integrative literature reviews, searching for primary studies published between 2015 and 2019, in which ten articles were selected and examined. **Results:** from the synthesis of the evidence, three categories emerged: clinical drug care, clinical non-drug care and lack of professional qualification, revealing some women's dissatisfaction with the care. **Conclusion:** the studies examined clearly describe the nursing care provided immediately to women after sexual assault. However, they do not address continuity of the care, which is an important gap. The knowledge synthesized offered valuable input to improving the quality of nursing care for women in situations of violence and confirmed the importance of the findings to supporting clinical practice in this field of study.

Descriptors: Nursing; Nursing Care; Violence against Women; Sex Offenses.

RESUMO

Objetivo: descrever a atuação do enfermeiro no atendimento às mulheres em situação de violência sexual a partir da literatura. **Método:** pesquisa bibliográfica na modalidade revisão integrativa da literatura, com busca dos estudos primários publicados entre 2015 a 2019, realizada em abril de 2020, em sete bases de dados, sendo selecionados e analisados dez artigos. **Resultados:** da síntese das evidências, emergiram três categorias: assistência clínica medicamentosa, assistência clínica não-medicamentosa e falta de qualificação profissional, revelando insatisfação de algumas mulheres no atendimento. **Conclusão:** os estudos analisados descrevem com clareza a assistência de enfermagem prestada de imediato às mulheres pós agressão sexual, porém, não abordam a continuidade do processo, constituindo-se essa uma importante lacuna. A síntese de conhecimento produzido oferece subsídios valiosos para a melhoria da qualidade da assistência de enfermagem às mulheres em situação de violência e ratifica a importância dos seus resultados para fundamentar a prática clínica nesta área de estudo.

Descritores: Enfermagem; Cuidados de Enfermagem; Violência contra a Mulher; Violência Sexual.

RESUMEN

Objetivo: describir el rol de las enfermeras en la asistencia a las mujeres en situación de violencia sexual a partir de la literatura. **Método:** investigación bibliográfica en forma de revisión integradora de la literatura, realizada en abril de 2020, con búsqueda sobre estudios primarios publicados entre 2015 y 2019, en siete bases de datos. Fueron seleccionados y analizados diez artículos. **Resultados:** de la síntesis de las evidencias emergieron tres categorías: atención clínica con uso de medicación, atención clínica sin uso de medicación y falta de calificación profesional, poniendo en evidencia el descontento de algunas mujeres en cuanto a la atención. **Conclusión:** los estudios analizados describen claramente los cuidados de enfermería brindados prontamente a las mujeres luego de la agresión sexual, sin embargo, no abordan la continuidad del proceso, lo que constituye un vacío importante. La síntesis de conocimientos producidos ofrece valiosos subsidios para mejorar la calidad de la atención de enfermería a las mujeres en situación de violencia y confirma la importancia de sus resultados para fundamentar la práctica clínica en esta área de estudio.

Descritores: Enfermería; Atención de Enfermería; Violencia contra la Mujer; Delitos Sexuales.

INTRODUCTION

The National Policy for Reducing Morbidity and Mortality from Accidents and Violence (PNRMAV) was created in 2001 by the Ministry of Health of Brazil and officially established violence as an issue to be addressed in the Brazilian healthcare sector. Among the many extant public health problems in our country is the problem of violence, which, due to its magnitude, gains prominence with each passing day. Violence is responsible for causing injuries and physical and mental trauma and reducing people's quality of life, and it may even lead to premature death¹.

A report by the World Health Organization (2018) reveals that approximately 35% of women suffered physical or sexual violence by an intimate partner or non-partner between 2012 and 2016, maintaining the incidence reported

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in 2002. Sexual violence against women can damage their physical, mental, sexual, and reproductive health^{2,3}. In a study conducted in Thailand, the average rate of sexual violence by an intimate partner was 25.4%⁴. This shows that the problem is global and that Brazil needs to advance its policies to reduce and control its national incidence.

In order to reduce the distress and trauma of women who have suffered sexual violence, they require care by a trained and compassionate multidisciplinary team⁵. Nurses are considered to be responsible for care at the different levels of healthcare by guaranteeing comprehensive and individualized assistance to the individual⁶.

Since sexual violence remains an incident public health problem, permeating some decades in Brazil, given the increasing specialization of the healthcare sector and scientific advancements in nursing, further studies are needed to allow for theoretical and practical scientific advancements on the subject. Given the importance of and current need for compassionate professionals in the provision of care for women exposed to sexual violence, producing scientific knowledge in nursing about this type of violence may support the professional training process and further the discussion over this problem.

Therefore, the objective here is to describe the role of nurses in the care provided for women exposed to sexual violence, based on the literature.

METHOD

We conducted an integrative review of the literature, which is a research method that enables a synthesis of the production relative to an area of knowledge that is under investigation, in an orderly and systematic manner. Through this review, our objective was to contribute to knowledge on the subject and identify possible gaps in research. The following six steps were taken to develop this review: 1 – identify the topic and select the research hypothesis or question, 2 – define inclusion and exclusion criteria for the studies, 3 – determine the information to be extracted from the selected studies, 4 – evaluate the included studies, 5 – interpret the results, and 6 – present the review⁷.

In the first stage, we defined the topic and developed the core question for the review: *what is the scientific evidence on the practice of nurses in the provision of care for women exposed to sexual violence?*

To choose the index terms, we consulted Medical Subject Headings (MeSH) and Health Sciences Descriptors (DECs). After exhaustive searches, we used the following index terms combined with the Boolean operators AND and OR: "Nursing," "Enfermagem," "Sex Offenses," "Sexual Violence," "Sexual Abuse," "Rape," "Violence Against Women," "Delitos Sexuales," "Agresión Sexual," "Atentado contra el Pudor," "Ofensas Sexuales," "Crimes Sexuais," "Delitos de Discriminação Sexual," "Ofensa Sexual," "Violência Sexual," "Injúria Sexual," "Delito Sexual," "Violación," "Estupro," "Violencia contra la Mujer," "Crímenes contra las Mujeres," "Violência contra a Mulher," "Crimes contra as Mulheres," "Delitos contra a Mulher," "Violência contra as Mulheres," "Violência Doméstica e Sexual contra a Mulher."

The following databases were chosen: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medical Literature Online (MEDLINE) via PubMed, Scopus, Web of Science, Latin American and Caribbean Health Sciences Literature (LILACS), Base de Dados de Enfermagem (Nursing Database) (BDENF) via the Virtual Health Library (VHL) Regional Portal. We also performed searches in the Scientific Electronic Library Online (SciELO).

In the second stage, we defined the inclusion and exclusion criteria for the studies. The inclusion criteria considered complete papers in either Portuguese, English, or Spanish resulting from original studies published between 2015 and 2019 about the female population group and nursing care for women exposed to sexual violence. We excluded dissertations, theses, editorials, opinion pieces, duplicate papers, and other reviews and publications that did not address the subject. These papers were collected in April 2020.

In the third stage, we determined what information would be extracted from the selected studies: title, objective of the study, year of publication, origin, study design (participants), elements of the nurse's performance, and Levels of Evidence (LOE) according to the classification proposed by the scientific evidence classification system for the methodological approach⁸. The extracted information was initially organized in spreadsheets and entered into a chart.

The selected studies were evaluated in detail in the fourth stage, and we interpreted the results and provided a description of the main results of our study in the fifth stage. The sixth stage constitutes a presentation of the review through this paper, which reports the main results, as evidenced by our analysis of the included papers.

RESULTS

Identifying the studies

A total of 204 studies were identified in the aforementioned databases. The literature search process followed the PRISMA⁹ recommendations. From this total, 53 duplicate papers were excluded, leaving 151 papers. Observing the inclusion and exclusion criteria, the titles and abstracts were then read, and 136 papers were excluded, leaving 15 eligible papers that met the inclusion criteria. Subsequently, two reviewers independently conducted a complete, in-depth reading of these studies. Any disagreements that arose between the evaluators were discussed among the authors of this paper and resolved by consensus, resulting in a final sample of ten articles. Figure 1 illustrates this process.

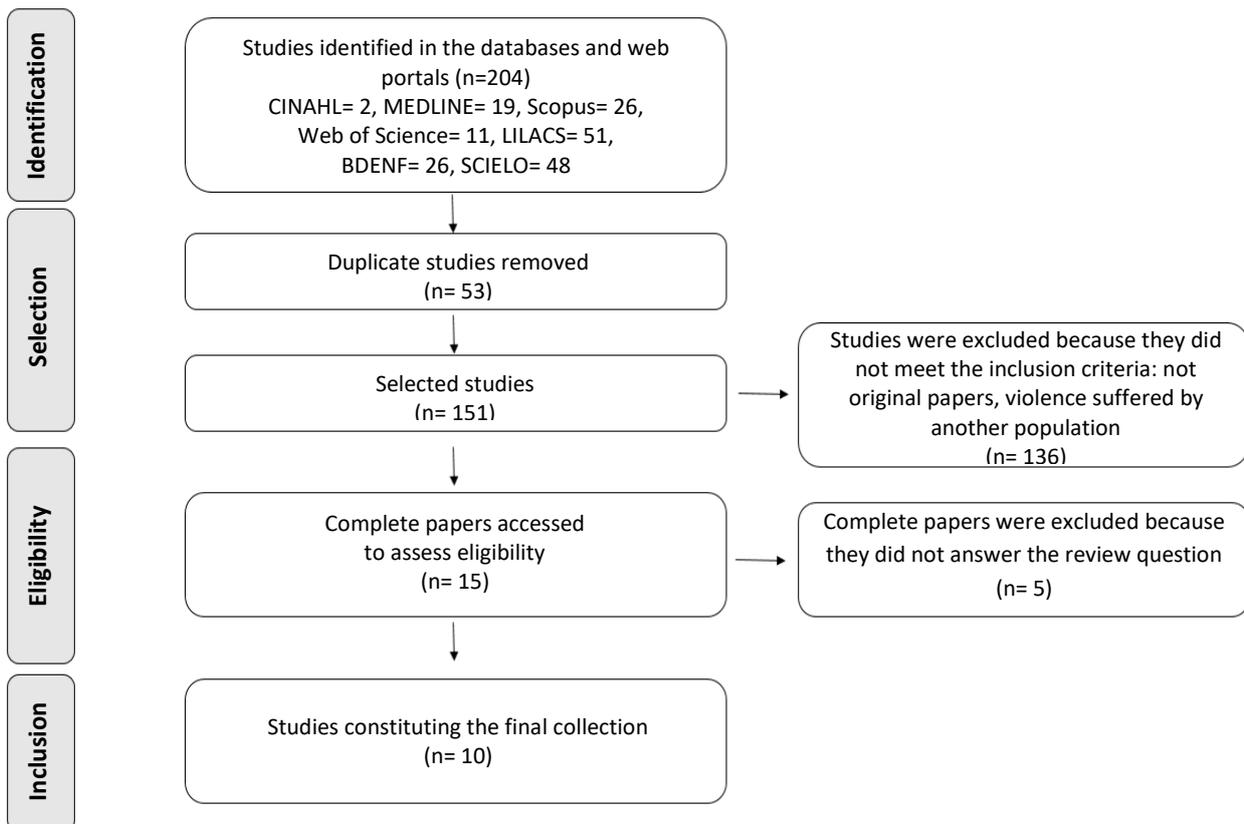


FIGURE 1: Flowchart of the search and selection process for the studies, based on the Prisma⁹ model. Florianópolis, Santa Catarina, Brazil, 2020.

Upon analyzing the research designs in the sample, we identified that only one study employed a quantitative approach while nine adopted a qualitative approach, making use of some theoretical frameworks, such as phenomenology, holistic theory, among others. Therefore, the collected data is discussed qualitatively.

During data analysis, we assessed the contribution of studies on the role of nurses in the provision of care for women exposed to sexual violence and found that the studies had a moderate level of scientific evidence, given all the papers classified as Level V by the evidence classification system which categorizes studies hierarchically based on the methodological approach⁸. This is because almost all of the included studies employed a qualitative approach, which does not mean that they are less valuable, but this is related to the fact that this type of study is not generalizable.

Summary of the results

A table was prepared to organize the 10 selected articles, containing the following variables: references (authors/year), objective, participants, design, summary of the results, and level of evidence (Figure 2).

Reference	Objective	Participants	Design	Summary of the results	Level of Evidence
Barros <i>et al.</i> (2015) ¹⁰	Understand the structure of health services and how they function from the perspective of women who have suffered rape	11 Women who have experienced sexual violence	Qualitative	Qualification in care practices and strategies for organizing services that facilitate the nursing process and ensure documentation of the interventions performed	V
Silva, Padoin and Vianna (2015) ¹¹	Understand and analyze the conceptions that professionals in family health teams have regarding violence against women and the care practice	30 Health professionals	Qualitative	The care practice is based on a biological conception of the problem, with social tendencies. The care is directed towards the treatment of physical injuries, listening, orientation on reporting assault, and referral to specialized health departments and social services.	V
Baptista <i>et al.</i> (2015) ¹²	Investigate the practice of nurses relative to sexual violence against women	27 Nurses	Quantitative	Professionals are aware of their role in identifying sexual violence, but most of them do not feel prepared to act in this type of situation.	V
Cortes <i>et al.</i> (2015) ¹³	Understand the actions taken by nurses in urgent and emergency care to provide care for women exposed to violence and analyze actions that seek to empower women for gender equality	10 Nurses	Qualitative	Clinical care related to medication administration, conversations, listening, and orientation	V
Reis, Lopes and Osís (2016) ¹⁴	Describe the experiences of women who have suffered sexual violence and its impact and importance in their lives	11 Women who have experienced sexual violence	Qualitative	Nurses are responsible for attending to the women in the emergency room and for all follow-up appointments.	V
Cortes and Padoin (2016) ¹⁵	Understand the motivations behind the nurse's actions in providing care for women exposed to violence	10 Nurses	Qualitative	The initial search to recover the women's physical health, providing emotional well-being, support, and continued care	V
Trigueiro <i>et al.</i> (2017) ¹⁶	Understand the daily actions of women who have experienced sexual violence	11 Women who have experienced sexual violence	Qualitative	Psychological suffering was evidenced, translated by fear. To overcome the consequences of this type of sexual violence, the women sought support from family and friends and reintegration into the job market and school.	V
Fornari and Labronici (2018) ¹⁷	Understand the process of resilience in female victims of sexual violence	12 Women who have experienced sexual violence	Qualitative	The attention provided by nursing care in institutional support services promoted help in the women's recovery.	V
Trentin <i>et al.</i> (2018) ¹⁸	Investigate how professionals approach women exposed to sexual violence, from the perspective of Intervention Bioethics	30 Professionals, including lawyers, social workers, nurses, physicians, psychologists, and nursing technicians	Qualitative	Professional commitment to teamwork and intersectoral collaboration	V
Netto <i>et al.</i> (2018) ¹⁹	Analyze the care provided by nurses to women who have suffered violence, from the perspective of Levine's Nursing Theory	11 Nurses	Qualitative	Energy conservation and structural, personal, and social integrity of women exposed to violence	V

FIGURE 2: Characteristics of the scientific production included in the integrative review. Florianópolis, SC, Brazil, 2020.
 Source: Prepared by the authors.

The objectives of the studies focused on understanding/analyzing nursing care for women exposed to sexual violence and to a broader context of violence. A complete reading of the studies demonstrated that the objectives proposed in the original studies had been met (summary of the results). As for the participants of the qualitative studies, there were 163 participants: 58 (35.6%) were nurses, 45 (27.60%) were women who had experienced violence, and 60 (36.80%) were lawyers, social workers, nurses, physicians, psychologists and nursing technicians. Participation in the studies involved semi-structured interviews, questionnaires, and a focus group.

Data analysis revealed the production of existing scientific knowledge about nursing care for women vulnerable to situations related to sexual violence. The results indicate the main practices conducted in the provision of care for this group, which are categorized as drug-based clinical care and non-drug-based clinical care, and the lack of professional qualifications, which reveals the dissatisfaction of some women receiving care.

Under the guidance of protocols, drug-based clinical care orients the immediate care to be provided to women in order to prevent and/or minimize physiological/systemic damage.

The multidisciplinary team involved in the provision of care develops non-drug-based clinical care through respectful service, without revictimizing the women, and by providing emotional support and building their self-esteem.

The lack of professional qualifications reveals the dissatisfaction of some women receiving care. Based on the data presented in the studies in this review, the need for professional qualifications is justified. Nurses do not receive specific training to provide this type of care, and when they come across such situations in their work environments, they find it difficult to carry out the established protocols.

DISCUSSION

Data analysis revealed the production of existing scientific knowledge about nursing care for women vulnerable to situations related to sexual violence. The results demonstrate the main practices conducted in the provision of care for this group, which are characterized as drug-based clinical care and non-drug-based clinical care, and they also point to the lack of professional qualifications, which indicates the dissatisfaction of some women receiving care.

The control/prevention of Sexually Transmitted Infections (STIs) is the initial focus of the clinical care provided by nursing professionals, in order to ensure the structural integrity of women who have been sexually assaulted. The fear of developing these STIs can further weaken their state, which is accentuated by the thought of the difficulty in raising a child with the Human Immunodeficiency Virus (HIV), for example, in considering the possibility of a pregnancy. In addition to requesting laboratory tests, in their clinical practice, the nurse will be able to identify skin lesions that must be treated to prevent their permanence based on the patient's medical history^{10,13,16,19}.

The nursing care provided is considered a technique. Always registered with the services responsible for the provision of care, it is based on conduct directed toward biological questions. Management is routinely performed around the assessment of vital sign patterns, chemoprophylaxis of HIV and serological tests, and administration of emergency contraceptives and the vaccine and immune globulin against hepatitis B^{10,11,13,15}. Nurses are also responsible for and assigned to taking care of the skin lesions of women who have suffered raped in order to contribute to their physical recovery. This care includes bandages whenever there is an open wound resulting from the event¹³⁻¹⁵.

After providing this clinical care, the nurse offers orientation/makes referrals to other professionals trained to provide continued care, such as physicians, psychologists, and social workers, who are considered specialists in the literature¹³⁻¹⁵. The multiprofessional work with the aforementioned professionals suggests an efficacy in the provision of care with regard to listening to the women and reducing work overload^{14,18}.

Nursing's capabilities and skills relative to providing continued care in this context is worth reflection, as they can even minimize the exposure of these women who have experienced sexual violence and feel socially violated through their exposure and constant need to relive their experience with every retelling of their medical history to other specialized professionals. For example, instead of the physician who collects traces (semen) from the woman's body, this procedure could be performed by a nurse with specific training to do so, such as a forensic nurse²⁰, since they have the qualifications and skills to attend to this population.

After the professionals perform the clinical protocols, a dialogue is initiated with these women, and they are heard. These efforts are intended to help them gain their emotional well-being and prevent any possible psychological harm resulting from their experience. This is a moment of exchange wherein the women can relieve themselves through

emotional release, and the nurses are able to carry out the necessary clinical or legal guidelines to provide security to vulnerable women and to orient the need for family support^{10,15}.

A study reports that, in addition to executing protocols, women expect a dignified and respectful reception that prevents their revictimization. Therefore, nurses are also responsible for providing emotional support and encouraging and boosting their self-esteem^{10,19}.

Dialogue is also seen as a way to prevent the multidisciplinary team's judgement of the women, as well as their curiosity and instinct¹⁵, which would distort ethical precepts. This dialogue allows nursing professionals to show compassion towards women who have been assaulted¹⁷. Dialogue between professionals and patients, as well as with companions, helps the women find strength as they face their experience, and it awakens them to the opportunities and alternatives that they can have as human beings¹⁵.

A study conducted in Thailand to evaluate intimate partner violence, which encompassed the physical and emotional aspects and sexual violence experienced by the women, corroborates that dialogue and the attention of nursing professionals and family members are beneficial and reduce physical symptoms and symptoms of depression. However, the mediating effect was characterized as weak for the sample in the study⁴.

In 2015, a study with 27 nurses in primary healthcare revealed that they routinely did not ask questions about sexual violence in their provision of care, representing 77.8% of the study's sample, although 85.1% had already provided care to women who had experienced sexual violence. Moreover, 88.8% did not apply the protocol for care, and 62.9% made referrals to other services. The study reported that the professionals had not received specific training for this provision of care and claimed not to have protocols in place that favor this care, in addition to their unfamiliarity with the ethical and legal aspects¹².

Another study demonstrated the existence of defined protocols for care as well as the professionals' lack of ability to perform the procedures, a fact observed from the professional's judgmental attitude and victim blaming toward the women. Such attitudes caused the patients' dissatisfaction¹⁷.

Professional commitment must "transcend the limit of its function beyond professional technical training," and the lack of knowledge compromises the quality of the approach to care for victims of sexual violence¹⁸. Women attended by unprepared teams have reported complaints about the slow pace of care in the beginning as well as the continuity and lack of infrastructure for care, such as their passage through other professionals and parallel conversations, which demonstrate a lack of ethics and respect for the women, in addition to the insecurity of the professionals who provide the care¹⁰.

Nurses are involved in the follow-up care of the women in appointments scheduled 7, 21, 30, 45, 60, 90, and 180 days after the initial care in specialized services for outpatient follow-up^{10,14}. The literature reveals that the nurse's participation within the multidisciplinary team in this follow-up includes organizing the provision of care, developing protocols to systematize the care, and recording the appropriate and necessary interventions carried out¹⁰.

There has been some progress in the policies and procedures related to providing care for women exposed to sexual violence and to the role of nurses in this process, but "organizational and intersectoral restructuring" is still necessary²¹. For example, in the United States and Canada, the Forensic Nursing specialty covers specific training to provide care for sexual assault cases through the *Sexual Assault Nurse Examiner (SANE)* program for nearly three decades. In the United States, the Forensic Nurse examining sexual assault cases, in addition to conducting the practices that are executed in Brazil, is also responsible for collecting the biological material left by the perpetrator as evidence. The participation of a medical professional is not necessary given the specific training provided by the specialty for the comprehensive care of the women²².

Women's right to abortion when pregnancy results from rape is regulated by law. In Brazil, the Federal Nursing Council does not obligate professionals in their category to participate in the procedure. Participation is optional and based on the professional's values and beliefs. From this perspective, where is the necessary impartiality for the profession? This question arises from the absence of studies on the legal termination of pregnancy related to sexual violence.

CONCLUSION

The studies reviewed allowed us to characterize the role of nurses in the care provided to women exposed to sexual violence, based on the literature.

The results evidence the main practices conducted by nurses in the care provided to this specific population, which are categorized as a set of actions involving both: drug-based clinical care under the guidance of protocols, which orients the immediate care to be provided to the women in order to prevent and/or minimize physiological/systemic damage; non-drug-based clinical care, which the multidisciplinary team develops through respectful service, without revictimizing the women, and by providing them with emotional support and building their self-esteem.

The lack of professional qualifications was evident and was a reason for the dissatisfaction of some women receiving care. The need for professional qualifications is justified by the data presented in the studies in this review, which show that nurses do not receive specific training to provide this type of care. When faced with such situations in their work environments, they experience difficulties, even to carry out established protocols.

The studies analyzed herein clearly address the subject of the nursing care provided immediately to women after experiencing sexual assault. However, they do not address the further care that is provided to continue the process, which constitutes a major research gap. Finally, the synthesis of knowledge presented in this study offers valuable support in improving the quality of nursing care for women exposed to violence, and it confirms the importance of its results in order to provide the basis for clinical practice in this area of study.

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