

NURSING PERFORMANCE IN THE CONSERVATION OF WOMEN'S HEALTH IN SITUATIONS OF VIOLENCE

ATUAÇÃO DA ENFERMAGEM NA CONSERVAÇÃO DA SAÚDE DE MULHERES EM SITUAÇÃO DE VIOLÊNCIA

ACTUACIÓN DE ENFERMERÍA EN LA CONSERVACIÓN DE LA SALUD DE MUJERES EN SITUACIÓN DE VIOLENCIA

Leônidas de Albuquerque Netto¹
Eric Rosa Pereira²
Joyce Martins Arimatea Branco Tavares³
Dennis de Carvalho Ferreira²
Priscilla Valladares Broca⁴

¹ Clínica da Família Mário Dias de Alencar. Rio de Janeiro, RJ – Brazil.

² Centro Universitário UniAbeu, Faculdade de Enfermagem. Rio de Janeiro, RJ – Brazil.

³ Universidade do Estado do Rio de Janeiro – UERJ, Faculdade de Enfermagem, Departamento de Enfermagem Fundamental. Rio de Janeiro, RJ – Brazil.

⁴ Universidade Federal do Rio de Janeiro – UFRJ, Escola de Enfermagem Anna Nery, Departamento de Enfermagem Fundamental. Rio de Janeiro, RJ – Brazil.

Corresponding author: Priscilla Valladares Broca. E-mail: priscillabroca@gmail.com

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ABSTRACT

Violence against women is a complex phenomenon that causes negative effects on their health. The principle of Levine's Theory of Nursing is to keep or recover a person (the woman who experiences violence) to a state of health (away from violence). **Objective:** To analyze, from the point of view of Levine's Nursing Theory, nursing care for women who have suffered violence. **Method:** Qualitative and descriptive research, carried out in the Family Health Strategy from Rio de Janeiro - Brazil, with eleven nurses who provided care to women living in violence situations, through individual interviews using a semi-structured questions instrument. The Research Ethics Committee from Federal University of Rio de Janeiro and the Municipal Health Department approved previously this protocol. The statements were analyzed using the Collective Subject Discourse method. **Results:** The analysis of the interviews resulted in four central ideas regarding: energy conservation, structural, personal and social integrity of women. **Conclusion:** Care needs to promote energy conservation, through the women integral care, and not just focused on violence. They emphasized issues such as reception and access to the Health Unit, rescuing the woman's ties with members of their social network.

Keywords: Nursing; Family Health; Violence Against Women.

RESUMO

A violência contra a mulher é um fenômeno complexo que provoca efeitos negativos sobre sua saúde. O princípio da Teoria de Enfermagem de Levine é manter ou recuperar uma pessoa (a mulher que vivencia a violência) para um estado de saúde (longe da violência). **Objetivo:** analisar, pela ótica da Teoria de Enfermagem de Levine, o atendimento da enfermeira às mulheres que sofreram violência. **Método:** pesquisa qualitativa e descritiva realizada na Estratégia de Saúde da Família do Rio de Janeiro - Brasil, com 11 enfermeiras que prestaram atendimento às mulheres em situação de violência, com base em entrevistas utilizando roteiro de perguntas semiestruturado. Pesquisa aprovada pelo Comitê de Ética em Pesquisa da Universidade Federal do Rio de Janeiro e Secretaria Municipal de Saúde. Os depoimentos foram analisados pelo método do Discurso do Sujeito Coletivo. **Resultados:** a análise das entrevistas resultou em quatro ideias centrais referentes a: conservação de energia, integridade estrutural, pessoal e social das mulheres. **Conclusão:** o cuidado precisa possibilitar conservação de energia, por meio da atenção integral às mulheres, e não apenas focado na violência. Enfatizaram questões como acolhimento e acesso à unidade de saúde, resgatando vínculos dessa mulher com membros da rede social.

Palavras-chave: Enfermagem; Saúde da Família; Violência Contra a Mulher.

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RESUMEN

*La violencia contra la mujer es un fenómeno complejo que provoca efectos negativos sobre su salud. El principio de la teoría de enfermería de Levine es mantener o recuperar a la persona (la mujer que vive la violencia) a un estado de salud (lejos de la violencia). **Objetivo:** analizar, desde la óptica de la teoría de enfermería de Levine, la atención de la enfermera a las mujeres que sufrieron violencia. **Método:** investigación cualitativa y descriptiva, realizada en la Estrategia de Salud de la Familia de Río de Janeiro - Brasil, con once enfermeras que atendieron a mujeres en situación de violencia, en base a las entrevistas llevadas a cabo con un cuestionario semiestructurado. La investigación fue aprobada por el comité de ética en investigación de la Universidad Federal de Río de Janeiro y la Secretaría Municipal de Salud. Los testimonios fueron analizados por el método del discurso del sujeto colectivo. **Resultados:** el análisis de las entrevistas resultó en cuatro ideas centrales: conservación de la energía, integridad estructural, personal y social de las mujeres. **Conclusión:** los cuidados deben permitir la conservación de energía, por medio de la atención integral a las mujeres, no apenas cuando se enfoca la violencia. Se realizaron asuntos tales como acogida y acceso a la unidad de salud, rescatando vínculos de la mujer con miembros de la red social.*

Palabras clave: Enfermería; Salud de la Familia; Violencia Contra la Mujer.

INTRODUCTION

According to the World Health Organization (WHO),¹ violence is the use of physical force or power, in threat or in practice, against another person, group or community, resulting in suffering, death, psychological distress, impaired development or deprivation. Violence against women is characterized as any action or omission that causes death, injury, physical, sexual, psychological suffering, moral or property damage.^{2,3}

Through a multicenter study in 10 countries, the WHO found that 15 to 71% of the world's women have already been victims of physical or sexual abuse.¹ This problem is even more common in the so-called "developing countries", including Brazil.³ It is estimated that about 30% of women who have had an intimate partner in their lives have experienced violence.⁴ The damage caused by such violence can last a lifetime and is related to the good physical, sexual, reproductive, emotional, mental and social issues of battered women.⁵

A research qualitative analysis published in recent years has shown the scientific evidence regarding health care for women in situations of violence. The publications emphasize the communication as a tool for a link for good service to women in situations of violence;⁶ need for continuing education on violence for health professionals;⁷ the responsibility of nursing to care for these women;⁸ the value of networking among women's services;⁹ and the practice of hosting women as an understanding of women in situations of violence.¹⁰

The health service work should be directed towards the integrity of the service to the women, proposed as guideline of the SUS, in which the service must go beyond the physical injury or organic problem. Health professionals should enable these users to get out of the situation of violence, because intervening immediately in the case is always better than observing, waiting and teaching.¹¹ Since March 2003, compulsory notification of violence has been in force in Brazil against women assisted in health services, as determined by Law 10,778.¹² It is considered urgent to train and qualify health

professionals to recognize cases of violence and to be able to contribute to better care.^{11,13}

Coping with violence against women as a public health problem requires the health team, especially nursing, to take sensitive and accommodating positions to deal with victims. These professionals are expected to be available for the prevention and management of these situations so women in situations of violence feel supported by their health demands.³ The research problem consists in the fragility of nursing in the development of an approach specifically for the care of these women in situations of violence to promote an integrated approach to their health. The woman must be understood in her real health needs.

The research object of this research is anchored theoretically in the concept of conservation of Levine's theory of nursing, who highlights the principles of energy conservation and structural, personal and social integrity.⁸ Energy conservation consists of the measurement of vital signs as the power parameters verification. The conservation of structural integrity focuses on multiple experiences with injuries, in which human beings have developed an established idea that awaits the restoration of structural integrity throughout life.⁸ The conservation of personal integrity describes that human beings have a public and a particular dimension, which involves the definition of the human being that goes beyond the individual.⁸ They use their relationships to define themselves. The conservation of social integrity involves the definition of the human being that goes beyond the individual.⁸ They use their relationships to define themselves.¹⁴

Thus, Levine's Nursing Theory⁸ may help reflecting on the definition of strategies for the promotion and integral care of women in situations of violence to be promoted by the nurse, considering the conservation of energy and structural, personal and social integrity.

Therefore, this study answers the need to care for women in situations of vulnerability and by the management of the Family Health Strategy in the care of this woman, valuing main-

ly the formation of bond.^{3,11} Also, practices and experiences by nurses who assist to women in situations of violence and who can improve the service provided to this demand are shown through a process of knowledge construction. This research aims to use the knowledge of a theory in nursing to support and provide integral care to this population, considering the physical, psychological, sexual and social health integrality.

Regarding nursing care for women in situations of violence, these concepts will investigate if care provided in a basic health unit encompasses the perception of health conservation and integrity. Thus, the objective was to analyze the nurse's care for women who suffered violence, from the point of view of Levine's Nursing Theory.

METHOD

TYPE OF STUDY

This is qualitative research, anchored in Levine's Nursing Theory.

METHODOLOGICAL PROCEDURES

SCENARIO OF THE STUDY

The research scenario was a family clinic located in the city of Rio de Janeiro. The family clinics are a reference that represents the reform of primary health care in the city of Rio de Janeiro. The purpose of the model is to focus on prevention and health promotion actions, as well as the early diagnosis of diseases and comorbidities that have a higher incidence in socio-economically disadvantaged populations.

DATA SOURCE

The participants were nurses who had performed at least one service to women who had suffered violence in the last 12 months in the service studied. The initial sample was all the nurses who were in service in this health unit, for a total of 12. However, one of them denied to participate and, consequently, the sample was composed of 11 participants.

Regarding the characterization of the participants, six nurses were between 22 and 29 years old, while five were between 30 and 43 years old. Six of these participants had a specialization degree in Family Health, but they are the same ones that have less time of experience in the area, ranging from one to three years of experience in care. When questioned about if they like to work in the Family Health Strategy, all of them answered yes, except that they do not like or do not feel well in assisting women in situations of violence.

The inclusion criteria were nurses who should have been working for at least one year in this service and having performed

at least one care for some women in situations of domestic violence. The exclusion criterion was the resident nurses or those new in the service, who were still in the period of experience.

DATA COLLECTION

Data were collected between June and August 2016. A semi-structured questionnaire was used in an individual way for data collection, which presented the following questions: What do you understand about violence? what are your feelings about it?; how do you care for these women, and what aspects of your care do you prioritize to energy conservation and the structural, personal, and social integrity of these women?

The nurses were invited to participate in the study during practice intervals in the service. Therefore, it was scheduled date and time, according to their availability. The interview took place in a reserved space, a closed room and avoiding unwanted interruptions. The interviews were recorded in electronic material (MP3) and later transcribed in full, aiming at the reliability of this information.

DATA ANALYSIS

The data were analyzed by the of the discourses of collective subject (DCS) of Lefèvre, which consists of the organization of qualitative data of verbal nature, obtained from the empirical statements generated by the interviewees.¹⁵

Before elaborating the DCSs, two methodological figures need to be constructed: the key expressions (KE) and the central ideas (CI). The key expressions (KE) are verbatim excerpts from the speech, highlighted by the researcher and revealing the essence of the testimony. Through them, the discourses of the collective subject (DCSs) are constructed. On the other hand, the central idea (CI) is a linguistic expression that describes the meaning of each homogeneous set of KE, which later originated the DCS.¹⁵

Therefore, the CI-synthesis provided a grouping of KEs to construct the DCS and connectives were added to unite the KEs, obeying a coherence, principle, middle and end of discourse. In this construction process, it was necessary a discourse moving from the more general to the more particular one. Finally, the repetitions of ideas and the particularism of the individual discourses were eliminated, for the structuring of the discourse of the collective subject.¹⁵

Thus, the DCS is a speech-synthesis written in the first person singular, from excerpts from individual discourses, constituting the main of these methodological figures. They were written in italics to indicate that it is a speech or a collective statement. As a data processing technique for collecting collective thinking, the DCS results in a panel of DCSs, precisely to suggest a collective person speaking as if he were an individual subject of speech. This form of presentation of research results gave a lot of naturalness, spontaneity, and liveliness to collective thinking.

For this study, the researcher had a careful reading of each of the interviews with the nurses who assisted the women who experienced the violence, paying attention to the key expressions (KE) coming from each of the speeches. Later, with these identified expressions, the next step was to establish the emerging central ideas (CIs). And finally, to construct the discourses of the collective subject (DCSs) to analyze the data in a coherent way, elucidating all the objectives of the research based on the theoretical reference.

The key expressions had the purpose of revealing the essence of the testimony or, more precisely, of the discursive content of the segments that were divided. Then, the discourses of the collective subject (DCSs), translated as a discourse-synthesis written in the first person singular, were drawn from individual speech extracts (key expressions), constituting the main methodological figure, to get collective thinking.

In the analysis of the interviews, four central ideas (CIs) were defined, according to Levine's Nursing Theory: nurses' action in favor of the energy conservation of women in situations of violence; preservation of structural integrity when assisting women in situations of violence; performance of nurses in the personal integrity of women in situations of violence; and the social integrity of women in situations of violence.

ETHICAL ASPECTS

The research was approved by the *Comitê de Ética na Pesquisa* of the *Escola de Enfermagem Anna Nery* the *Instituto de Cuidados da Saúde São Francisco de Assis* of the *Universidade Federal do Rio de Janeiro*, under the number 1547947/2016, and also by the *Comitê de Ética na Pesquisa* of the *Secretaria Municipal de Saúde do Rio de Janeiro*, under the number 1578518/2016. It also met the requirements required by Resolution 466/12 CNS/MS.

The nurses were identified with alphanumeric codes, in which the letter N represents "nurse" and the numbers followed the order of the interviews.

RESULTS

The analysis of the interviews had four central ideas regarding energy conservation, structural, personal and social integrity of women in situations of violence, according to the principles of health conservation in Levine's Nursing Theory, described in the discourses of the collective subject.

The first central idea presents the collective discourse concerning the role of nurses in favor of the energy conservation of women in situations of violence:

It is difficult to encourage good food or quiet sleep for the woman who was beaten. I try to give her strength to continue taking care of her children. I say thing with pow-

er to animate her. I take full care not focused on violence. I want health, that she can have energy to sustain daily activities. I work the life expectancy and future that she wants for herself. There are times when she stops eating and sleeps is the first impaired thing too (DCS I).

The speeches on the second central idea refer to the preservation of structural integrity in the care of women in situations of violence:

I prioritize the healing of the marks, so she does not look in the mirror and feel inferior. These women have bruises, and I take care of what I see. If you do a good physical examination, you notice the signs. The most important things are rapid tests for HIV and STDs. When the woman has a vaginal complaint, I see if she has STD and treatment. When she is beaten, it is an aesthetic issue too, in which she worries about how she will appear in front of her children, with marks on her body (DCS II).

The third central idea identifies the role of nurses in the personal integrity of women in situations of violence, as described in the discourse:

We need to rescue their self-esteem. I talk to her and find a way for her to speak more easily. You can only work her psychological after several consultations. Informing the woman well about her rights is important. Once I let the woman talk, I just listened, and I saw that it helped, because she wanted to know that she could trust someone. I told her how beautiful she was and how capable she was. Gradually you can rescue her self-esteem, so she can value herself. I make a humanized welcome to the bond (DCS III).

The nurses' performance on the social integrity of women in situations of violence is exposed in the fourth central idea, in the discourse of the collective subject:

I have to strengthen the rescue of social relationships, so she has always someone with whom she can talk. I question the woman if she can go home to her parents or some friend. We still focus on the woman and do not realize what's around her. It is important for a woman to know that she does not have to isolate herself. There are families where the father, mother or sister who comes with this woman to the health unit. Her relationship with the community is difficult because her husband may have involvement with the bad guys. I look for another institution that can help, like a psychosocial center (DCS IV).

DISCUSSION

NURSES' CARE IN THE ENERGY CONSERVATION OF WOMEN IN SITUATIONS OF VIOLENCE

Regarding the energy conservation, some nurses said that women tend to be isolated and depressed in the acute episodes or chronic consequences of violence. Then it is necessary to minimize the vulnerable situations, with the rescue of the self-esteem. Women may even be encouraged to perform extra, cultural or leisure activities so they can have new opportunities, avoiding isolation and depression.

Relying on Levine's theory, nursing should use its professional ability and knowledge in its way of interacting to develop an integrated care,¹⁴ aiming at the balance of energy conservation and integrity, since the energy conservation is a protective factor for the integrity of the individual's functional system. However, Levine points out that if the intervention is unsuccessful to change the individual's life course, nursing can offer support to favor the necessary adjustments and to preserve the totality.⁸

It is a challenge to encourage healthy eating or improved sleep and rest patterns if the family does not have minimal housing resources, such as sewage or running water. Thus, guidelines and instructions should be given to the reality in which the woman lives. Also, the study participants assure that they talk about various questions about healthy lifestyle, as a way to focus on the aggression or for fear of talking about the most painful aspects from an emotional point of view.

Because of its impact on the biological, social and psychological spheres, which requires access to a complex type of health care and services, the recognition of violence against women as a public health issue requires treatment of the issue under approaches that resources used by the health area, requiring the intersection of health with other areas of human knowledge.^{11,13}

This low conservation of energy caused by violence compromises physical and emotional health, a picture that health professionals seek to revert with words of encouragement to self-esteem and acceptance, so before they think about seeking some help they feel welcomed as human beings. Such behavior is different from what Levine considers: a guided individual, not just disease-focused care, because a holistic approach favors recovery of health and vitality to meet everyday challenges.⁸

STRUCTURAL INTEGRITY IN THE CARE OF NURSES TO WOMEN IN SITUATIONS OF VIOLENCE

In the structural integrity, the discourses showed that the weakening of women is what leads them to seek health care, especially in the physical impairments, but they do not reveal

their causes. In this sense, nursing will only suspect violence after anamnesis and then the nurse should use activities to treat women's injuries during clinical practice, limiting themselves to damages, so they do not become permanent.⁸

The structural integrity of women has also been addressed by participants regarding requests for tests to investigate the existence of infections such as HIV, syphilis, hepatitis B and C. Thus, professionals understand the seriousness of sexually transmitted infections (STIs) as a consequence of violence. It should be noted that the basic health units in Rio de Janeiro provide rapid tests for patients who wish to do them, besides serology and emergency contraception.

Women who suffer from violence and seek health services are more anxious than simply applying protocols. They expect to receive decent, respectful care with a shelter that protects them from re-victimization. This is the role of nursing in care, since they need emotional support, self-esteem, and motivation to overcome aggressions of any kind.¹⁰ Levine's theory emphasizes that assessing an individual's structural integrity should not lose the attention of the influence of their past and present experiences, even because these experiences may influence their present condition.⁸

Therefore, structural integrity is related to the healing process through experiences lived through life, with visible and/or invisible wounds.⁸ In this context, the interviewees affirmed that the most important thing is to establish dialogue and bond with this woman, so it is possible to change her dependence for independence, besides the rescue of her autonomy.

THE ANALYSIS OF THE PERSONAL INTEGRITY OF WOMEN IN SITUATIONS OF VIOLENCE IN THE PERCEPTION OF NURSES

Personal integrity is the maintenance or recovery of the patient's identity and self-esteem. According to Levine, there is always a portion of people's lives that is divided from common experience, but the decision to divide or not is always an expression of privacy.⁸ For the woman who has experienced violence in an intimate relationship, there is isolation of their social or family relationships and may develop a depressive condition. Thus, dependence on people is considered a threat to personal integrity because it affects the individual's pride and self-concept.⁸

Faced with the social and psychological complexity that causes the woman's emotional weakness and self-esteem, the participants consider that the work to recover positive feelings for them will only be possible during some consultations. The importance of information and guidance to these women in their rights in the legal sphere and public safety is also essential and identified in the speeches.

The main relevant damages to women's mental health are irritability, diminished self-esteem, professional insecurity, sadness, loneliness, crying, anger, lack of motivation, relationship difficulties at work, desire to leave work, difficulties in family relationships, physical and mental illness. These problems are still considered difficult to approach by nurses, which requires continuous processes of permanent education for the management of cases.⁷

Through the participants' report, it was identified that they want to know a lot about the psychological health of women in situations of violence, which is the most difficult factor. One strategy used by them is to first initiate the physical approach and then achieve psychological awareness when women are already feeling more comfortable talking about the violence they are experiencing.

Even in marital relationships in which there is no explicit violence, it is common to observe the domination suffered by the woman. However, the dualities (active-passive, victim-victim, autonomy-heteronomy) that marked gender studies do show the senses in conjugal interactions. Aggression has multiple motivations and manifestations and occurs in certain contexts with different meanings.¹⁰

It was also mentioned the importance of attentive listening, allowing the woman to expose her problems, which provides relief from tensions and working the self-esteem, self-confidence, and power of these women, encouraging them to seek alternative study, work or housing in relatives or friends, in the access to the social network, for their subsistence.

THE APPROACH OF NURSES TO CARE FOR WOMEN IN SITUATIONS OF VIOLENCE AND THEIR SOCIAL INTEGRITY

Faced with social integrity, the identity of anyone is linked to family, group of friends, community, and religion. The members of the primary social network, among relatives, friends, and neighbors are present in the daily lives of women and can be configured as spaces for help. It is up to the health professional to recognize the social actors that constitute women's social networks to foster meaningful help in the relational context. For this, communicative processes are used for bonding and better health care for women.⁶

In the case of some women, the partners do not allow or hinder their contact with relatives and friends, limiting their space to the home environment, subjecting them to routine activities, housekeeping, and childcare under their full responsibility. This imposition is contrary to the tendency of contemporary relationships, whose domestic tasks and childcare need to be shared equally between men and women.¹⁶

In many cases, there is a fragility of the intimate partner's relationship with this woman, which was provoked by the vio-

lence against her. Thus, in the consultation with these women, the nursing team investigates the woman's social network, always seeking along with her which relatives or friends could provide some kind of support in this moment of fragility, be it emotional, material, services or information.

The nurses expressed the need of encouragement of women in situations of violence, giving them the strength to react, with legal and well-structured guidance on the care network. However, this approach to women in the health sector is considered difficult, since the predominant clinical practice, limited to complaint-behavior, is limited by the repercussions for women's health. From the point of view of assistance and research, this fact requires theoretical and methodological references that subsidize the practices of health professionals and nurses who work in the *Estratégia de Saúde da Família*.⁹

Weaving networks to confront violence requires focusing attention on resources and positive possibilities that offer some kind of help/support, free of judgments and patriarchal conceptions, respecting women's projects, acts and decisions in their experiential context.⁶ For women who are experiencing situations of violence, the nurse can use the possibilities of support, from their families, relatives, and friends to the institutions of social and psychological assistance.

The conservation of social integrity is the recognition of the patient as a social human being, involving human interaction. Levine mentions that the disease state is often solitary, and in stressful times, the interactions with other people become important. Not only is the patient still involved in other people's concerns, but new problems can also be solved by the participation of everyone who is included in their social life.⁸

Not to let the women to be isolated from their social relationships, including with family and friends is one of the most important aspects considered to safeguard mainly the emotional balance of these women. This is mainly because, when there is contact with this woman, the relatives help her with the violence, and the recovery of the trauma caused by the aggression or even the denunciation of violence becomes better and faster.

Most women who experienced the violence and who denounced their aggressors are those who suffered physical violence, outside the residence and by an unknown person. In deprived communities where these women live, violence is still present as a form of domination of those who try to impose a parallel dominion, even with the presence of the forces of pacification. Records indicate that women living in this community need the support of security services to intervene and mediate social and family conflicts.¹⁷

Nursing and other health professionals need to have a level of sensitivity to dealing with these women. It is not possible to solve this problem in a practical, quick and effective way, as in many other health problems. The professional needs to

share his or her emotions, with the main result of the woman feeling better supported and speak clearly about her demands for health care.

CONCLUSION

Faced with the objective of the research, the study participants stated that they seek to provide good care, with a focus on the conservation of women's mental health to strengthen the maintenance of energy conservation. The key on energy conservation was to encourage the empowerment of women, giving them the strength to react and guidance on the care network.

The study participants also reflected on the importance of the approach in personal integrity. Even though they feel unprepared for this service for the emotional fragility of women, nurses seek to work and empower women in their abilities and talents for a better quality of life, for the sustenance of their daily activities or even for breaking with the violent relationship.

Thus, social integrity is essential in approaching and providing care for women in situations of violence. Violence is present in the context of the family and the nurses seek to rescue the woman's bonds with those who are more accessible to her, encouraging her in the search for relatives or institutions.

The challenge for nurses is to seek a social network for women in a community deprived of economic and social resources, so it is important to consider the multidisciplinary of care.

The limitation of the research was data collection occurring only with nurses from a basic health unit in Rio de Janeiro. For future research, it is also necessary to investigate other health professionals to raise awareness of the topic.

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