DOI 10.18471/rbe.v36.37854

PRIMARY CARE HEALTH PROFESSIONALS AND VIOLENCE AGAINST WOMEN: SYSTEMATIC REVIEW

PROFISSIONAIS DE SAÚDE DA ATENÇÃO PRIMÁRIA E VIOLÊNCIA CONTRA A MULHER: REVISÃO SISTEMÁTICA

PROFESIONALES DE LA SALUD DE ATENCIÓN PRIMARIA Y VIOLENCIA CONTRA LAS MUJERES: REVISIÓN SISTEMÁTICA

Hayla Nunes da Conceição[1]
Alberto Pereira Madeiro[2]

How to cite this article: Conceição HN, Madeiro AP. Primary care health professionals and violence against women: systematic review. Rev baiana enferm. 2022;36:e37854.

Objective: to describe the evidence on the potentialities and limitations of primary health care professionals in gender violence against women. Method: systematic review of mixed methods of articles published between 2015-2020, based on the recommendations of the PRISMA model, carried out at databases of the Virtual Health Library. Nine articles were selected after the application of inclusion/exclusion criteria and quality assessment. Results: studies have shown that the view of professionals on violence against women is limited. Little knowledge on the subject and victim care services was considered a barrier in the identification and management of cases. Training and knowledge about violence and the bond between patient-professional were identified as potentialities for prevention, recognition and care for women in Primary Care. Conclusion: health professionals in Primary Care need qualification and greater awareness to know the multiple aspects that involve violence against women.

Descriptors: Violence Against Women. Primary Health Care. Health Services. Health Professionals.

Objetivo: descrever as evidências sobre as potencialidades e limitações de profissionais de saúde da Atenção Primária à Saúde na violência de gênero contra a mulher. Método: revisão sistemática de métodos mistos de artigos publicados entre 2015-2020, norteada pelas recomendações do modelo PRISMA, realizada em bases de dados da Biblioteca Virtual em Saúde. Foram selecionados nove artigos após a aplicação dos critérios de inclusão/exclusão e avaliação da qualidade. Resultados: os estudos demonstraram que a visão das profissionais sobre violência contra a mulher é limitada. O pouco conhecimento sobre o tema e serviços de atendimento à vítima foi considerado barreira na identificação e no manejo dos casos. O treinamento e o conhecimento sobre violência e o vínculo entre paciente-profissional foram apontados como potencialidades para prevenção, reconhecimento e assistência às mulheres na Atenção Primária. Conclusão: profissionais de saúde na Atenção Primária necessitam de qualificação e maior sensibilização para conhecer os múltiplos aspectos que envolvem a violência contra a mulher.

Descritores: Violência contra a Mulher. Atenção Primária à Saúde. Serviços de Saúde. Profissionais de Saúde.

Objetivo: describir la evidencia sobre las potencialidades y limitaciones de los profesionales de atención primaria de salud en la violencia de género contra las mujeres. Método: revisión sistemática de métodos mixtos de artículos publicados entre 2015-2020, basada en las recomendaciones del modelo PRISMA, realizada en bases de datos de

[1] Nurse. MSc in Health and Community. Professor at the Universidade Federal do Piauí. Teresina, Piauí, Brazil. haylanunes_cx@hotmail.com. https://orcid.org/0000-0001-6035-8280.
[2] Doctor. PhD in Gynecology. Associate Professor at the Universidade Estadual do Piauí. Teresina, Piauí, Brazil. http://orcid.org/0000-0002-5258-5982.

la Biblioteca Virtual en Salud. Se seleccionaron nueve artículos después de la aplicación de criterios de inclusión/exclusión y evaluación de la calidad. Resultados: los estudios han demostrado que la visión de los profesionales sobre la violencia contra las mujeres es limitada. El escaso conocimiento sobre el tema y los servicios de atención a las víctimas se consideraron una barrera en la identificación y gestión de los casos. La capacitación y el conocimiento sobre la violencia y el vínculo entre paciente-profesional fueron identificados como potencialidades para la prevención, el reconocimiento y la atención a las mujeres en Atención Primaria. Conclusión: los profesionales de la salud en Atención Primaria necesitan cualificación y mayor concienciación para conocer los múltiples aspectos que conlleva la violencia contra las mujeres.

Descriptores: Violencia contra las Mujeres. Atención Primaria de Salud. Servicios de Salud. Profesionales de la Salud.

Introduction

The expression gender violence has a broad denomination that encompasses different forms of gender and power inequality, and can be manifested by people of opposite or same gender[1]. The introduction of the term gender was fundamental for a better understanding of the dissymmetry between men and women in society and violence against women[2]. Violence against women should therefore be understood as a gender issue, since it occurs based on inequality between men and women, expressed in the patriarchal order by the male overlap over women[3].

As one of the main forms of gender violence, violence against women can be defined as "[...] any gender-based act or conduct that causes death, harm or physical, sexual or psychological suffering to women, both in the public sphere and in the private sphere"[4]. It is the most perverse manifestation of gender inequality and is a relevant theme for public health due to its high magnitude worldwide[5]. According to data from the World Health Organization (WHO), about 35% of women are victims of physical, sexual or both violence throughout their lives worldwide, with their intimate partner as their main aggressor[6].

Women in situations of violence are more prone to health problems and poor quality of life. Exposure to this disease has been associated with frequent search for health services for injuries and bodily trauma, chronic pain, sexually transmitted infections, sexual and reproductive dysfunctions, as well as mental health impairment, such as depression and anxiety[7-8]. Thus, violence against women is a challenge for the health sector, both because it produces consequences that affect individual and collective health and because it requires intersectoral strengthening to respond to its effects[9-10].

Primary Health Care (PHC) services are the main gateway to the health sector for victims of this problem; therefore, they play a fundamental role in the responses to people in situations of violence[11]. PHC professionals are in a privileged situation to act in the prevention, identification, notification, offer assistance and articulate the care of victims in specialized points of the care network[12]. However, the limited view of professionals, the lack of knowledge about the theme, sexist attitudes reflecting prejudice towards women's victimization and disarticulation and/or absence of specialized services have been pointed out as challenges for the integral care of victims[13-14]. Thus, it is essential to analyze how interactions occur between women victims of gender violence and PHC, in order to understand the various facets of this relationship and enable the planning and implementation of strategies to minimize the cases and consequences of this problem[15].

In this perspective, two research questions were formulated, according to the type of systematic review, which involved quantitative and qualitative studies: What are the potentialities and limitations of PHC professionals in the care provided to women in situations of violence? and What are the perceptions of PHC professionals in the action before gender violence against women?

This study aims to describe the evidence on the potentialities and limitations of PHC health professionals in gender violence against women.

Method

This is a systematic study of mixed methods on the potentialities and limitations of PHC professionals in gender violence against women. All stages of the review were developed using the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) to report the review steps[16].

Initially, the investigation question was elaborated. Because it is a review of mixed methods, which involve quantitative and qualitative studies, it requires the formulation of two research questions, oriented to the phenomenon to result in a single synthesis[17]. In this sense, the question of quantitative research was carried out through the PICO strategy (Population, Intervention, Comparison and Results). For qualitative studies, the PICo strategy (Population, Interest/phenomenon of interest and Context) was adopted.

Data were searched between January and February 2020, using the Health Sciences Descriptors (DeCS): primary health care; gender and women's violence. The search was directed by controlled descriptors combined with Boolean operator AND, resulting in the following search key: (tw:(primary health care)) AND (tw:(gender violence)) AND (tw:(woman)).

Data were searched at indexed journals available in the Virtual Health Library (VHL), in the databases: Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (Medline), Nursing Database (BDENF), Spanish Bibliographic Index in Health Sciences (IBESC) and National Medical Sciences Information Center of Cuba (CUMED).

The inclusion criteria of articles were studies with full texts, original, paid or available free of charge in the Portuguese, English and Spanish languages and published in the period 2015 to 2020. Articles with incomplete texts, theses and duplicate articles were excluded.

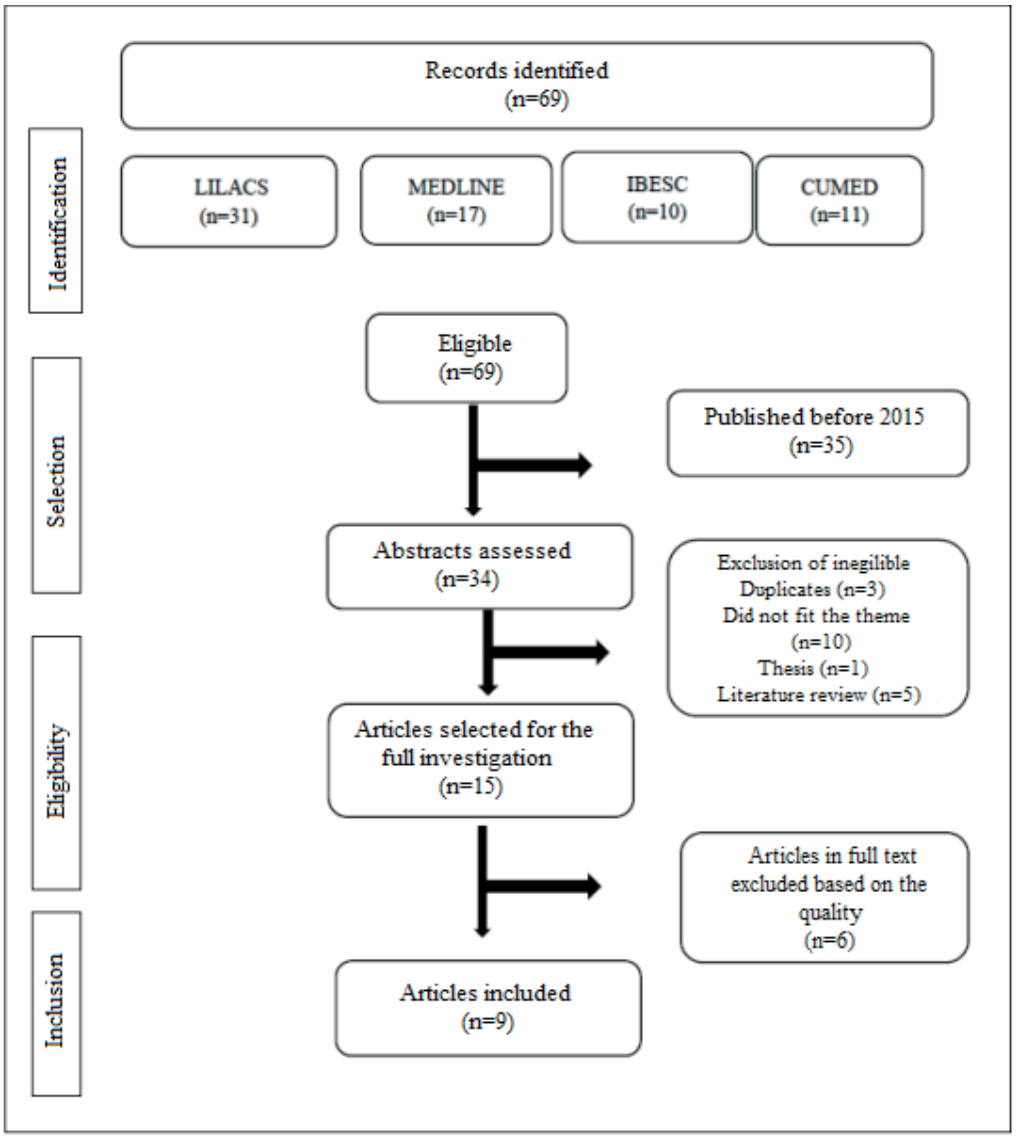
Manual exclusion of repeated publications was performed, with initial screening based on titles, and elimination of all those not related to violence against women and PHC. After reading the abstracts, articles that did not meet the eligibility criteria were discarded. Further eliminations were made after the complete reading of the studies of the articles, confirmed as ineligible.

The evaluation of the quality of the manuscripts was performed using the instruments elaborated by the Joanna Briggs Institute (JBI), already validated in the scientific literature, which allow the analysis of quantitative and qualitative studies[17-19]. The Checklist for Analytical Cross Sectional Studies was used, which evaluates the inclusion and exclusion criteria of the sample participants, study design, period of data collection, scenario and method of investigation of the phenomenon studied, confounding factors and strategies used to minimize them and accuracy in data analysis[19]. In addition, the Checklist for Qualitative Research was applied, which investigates whether the methodology applied is adequate and aligned with the study's guideline, objective, analysis and interpretation of the results, as well as the influence of the researcher on research and ethical aspects[18]. After verifying each criterion, the articles were classification in one of the following categories: include, exclude or seek more information.

Results

The review identified 69 articles. Of these, 35 that did not fit the pre-established period for this study were excluded. Thus, 34 articles were selected to read all titles and, when necessary, abstracts. After this stage, 14 other articles were excluded: 10 did not answer the main question of the study, 3 were repeated in more than one database, 1 corresponded to the thesis and 5 were reviews of the literature. Thus, 15 articles were pre-selected for full reading. After the quality evaluation, 6 articles were excluded. Thus, 9 articles were chosen to form the basis of the analysis of this study, according to the schematic flowchart, described in Figure 1, below.

Figure 1 – Selection flowchart of articles included in the review



Source: Created by the authors.

The following data were extracted from the selected studies: authors, year of publication and performance of the work, language, country in which the research was developed, objective, study design, population studied or research participants and main results. In view of the predominance of women in care-related professions, evaluated in this article, the use of female language will be adopted to refer to health professionals.

Articles published in 2015 (33.3%), in Spanish (44.4%) and in journals in the area of Primary Care, Nursing and Public Health, in this order, predominated. Five (55.5%) articles were conducted in Brazil, two (22.2%) in Spain and one (11.1%) in each of the countries: Cuba, Costa Rica and South Africa.

A single article investigated the relationship between the conditions of preparation of the team and the response on violence against women[20]; three articles evaluated the skills and limitations of primary care teams for the management of gender violence against women[21-23]; two others described the actions of nurses before gender violence against women[24-25]. Most of them (n=6; 66.7%) investigated the behavior, knowledge and social representations of PHC professionals in relation to violence against women[21,23,25-28] (Chart 1).

Chart 1 – Articles on gender violence against women and PHC

Authors and year of publication	Journal, place and year of the study	Language	Objectives
Goicolea I, Marchal B, Hurtig AK, Vives-Cases C, Briones-Vozmediano E, San-Sebastián M; 2019[20]	Gaceta Sanitária. Spain, 2013	Spanish	To analyze how team conditions influenced health professionals' responses to intimate partner violence.
Díaz ELG, Lozano DMF, Mier AP, Castillo EF; 2016[21]	Revista Cubana de Medicina General Integral. Cuba, 2015	Spanish	To characterize the preparation of basic health teams for gender violence.
Signorelli MC, Taft A, Pereira PPG; 2018[22]	Ciência & Saúde Coletiva. Brazil, 2009-2010	English	To explore how domestic violence against women is usually managed in Brazilian PHC.
Arboit J, Padoin SMM, Vieira LB; 2020[23]	Atención Primaria. Brazil, 2015	English	To know the potential and limitations of professionals in Primary Health Care for the identification of women in situations of violence.
Visentin F, Vieira LB, Trevisan I, Lorenzini E, Silva EF; 2015[24]	Investigación y Educación en Enfermería. Brazil, 2012	English	To identify the actions performed by the nurse of Primary Health Care for women in situations of domestic violence.
Sánchez CAV, Fernández CG, Díaz AZ; 2016[25]	Atención Primaria. Spain, 2013	Spanish	To know the level of knowledge and attitudes of nurses about gender violence.
Costa MC, Lopes MJM, Soares JSF; 2015[26]	Escola Anna Nery. Brazil, 2010	Portuguese	To analyze, based on the analytical category of gender, the dimensions that violence against rural women assumes in the conceptions of health managers, professionals and workers.
Loría KR, Rosado TG, Alvarado R, Sánchez AF; 2015[27]	Atención Primaria. Costa Rica, 2013	Spanish	Relation of the attitude towards gender violence of Primary Care professionals with job satisfaction, guidance for professional practice, knowledge and training.
Santos WJ, Oliveira PP, Viegas SMF, Ramos TM, Policarpo AG, Silveira EAA; 2018[28]	Revista de Pesquisa: Cuidado é Fundamental. Brazil, 2013-2014	Portuguese	To understand the social representations of PHC professionals about violence against women perpetrated by an intimate partner.

Source: Created by the authors.

Most of the articles presented a qualitative approach. All articles had nursing professionals as population/research participants (Chart 2).

Chart 2 – Synopsis of studies that address gender violence against women and PHC (continued)

Reference	Population/participants	Type of study	Main results
Goicolea I, Marchal B, Hurtig AK, Vives-Cases C, Briones-Vozmediano E, San-Sebastián M; 2019[20]	Nurses, midwives, social workers and other health professionals	Qualitative and quantitative	Health teams with some motivated, interested and knowledgeable workers on intimate partner violence generate interest among other professionals on the subject, encouraging a multiprofessional commitment. It also pointed out that even social workers are essential to assist victims of intimate partner violence, but that the commitment of other health professionals is necessary to ensure effective care.
Díaz ELG, Lozano DMF, Mier AP, Castillo EF; 2016[21]	nurses and doctors	Qualitative and quantitative	The perception of women's lack of guilt for the situation of violence.
Signorelli MC, Taft A, Pereira PPG; 2018[22]	Community health agents, nurses, physiotherapists, women users of the basic health unit	Qualitative	The lack of preparation of primary care professionals to detect and manage cases of gender violence.
Arboit J, Padoin SMM, Vieira LB; 2020[23]	Nurses, nursing technicians, doctors and community health workers	Descriptive and exploratory, with a qualitative approach	It highlights the importance of community health agents in violence against women, as they are the primary care professionals with the greatest contact with the community.
Visentin F, Vieira LB, Trevisan I, Lorenzini E, Silva EF; 2015[24]	Nurses	Exploratory and descriptive, with a qualitative approach	The potential of PHC professionals to identify women in situations of violence include professional experience, bond with the woman, observations and listening to the reports of women, children and/or neighbors. The limitations permeate the fear of women to expose themselves and the aggressor, to identify the situation of violence, silence and lack of professional preparation.
Sánchez CAV, Fernández CG, Díaz AS; 2016[25]	Nurses	Cross-sectional and descriptive	It points out elements that allow recognition and action to combat violence, such as acceptance and empathy, establishing a bond of trust between the professionals and the woman, dialogue and attentive listening. The limitations mentioned by the participants indicate the lack of professionalism and training to deal with the situation, a feeling of unpreparedness and lack of time for the workload.

Chart 2 – Synopsis of studies that address gender violence against women and PHC (conclusion)

Reference	Population/participants	Type of study	Main results
Costa MC, Lopes MJM, Soares JSF; 2015[26]	Managers and health professionals	Exploratory and descriptive, with a qualitative approach	The nurses showed an average level of knowledge, although two thirds of them considered that it was not enough to solve gender-based violence. The detection of gender-based violence is associated with the professionals' levels of self-perception about the knowledge they have on the subject.
Loría KR, Rosado TG, Alvarado R, Sánchez AF; 2015[27]	Doctors, nurses, psychologists and social workers	Cross--sectional and comparative exploratory	The naturalization of violence against women and the lack of awareness of health professionals and managers about the multiple facets that involve violence against women culminates in the absence of interventions.
Santos WJ, Oliveira PP, Viegas SMF, Ramos TM, Policarpo AG, Silveira EAA; 2018[28]	Doctors, nurses, assistants and technicians	Qualitative	The relationship between acting against gender-based violence showed a statistically significant association with the use of network resources and training.

Source: Created by the authors.

Limitations of Primary Health Care professionals facing gender violence against women

In a study, in which 62.8% of the professionals reported having attended and detected gender-based violence in their care practices, 74.4% were not aware of any protocols, manuals or materials that guided care, in addition to not knowing services in which victims could be referred (53.3%). Furthermore, the fear of legal sanctions, the lack of privacy and the restricted time for consultations, added to the lack of knowledge for the management of gender violence, were the most pointed barriers to the detection of cases in primary care[21].

A study conducted in Brazil highlighted that the unpreparedness of professionals in identifying women victims of violence was associated with social representations, such as the trivialization of violence and the distancing of cases of domestic violence, seen as a private matter only to the family and the victim herself, exempting the service of obligations[28]. Corroborating this view, a study that highlighted that the conception of health professionals directly interferes in the identification of women in situations of violence, in the care of the victim and in the search for the health service, culminating in the absence of health interventions in these cases[26].

The literature also highlights the perception of professionals before gender violence against women as a limitation for the management of this disease in PHC[21,26,28]. In the work carried out with PHC health managers and professionals working in the rural area of southern Rio Grande do Sul, Brazil, it was identified that these professionals were not yet aware of the multiple dimensions that involve violence against women and that they did not understand the phenomenon from a gender perspective. On the contrary, the view of violence prevailed as a naturalized result of male superposition and the role of women as obedient and in the service of the home and family. Moreover, the participants' representations about the perspective of

male-female relationships showed that male supremacy is still considered normal and that it would not be possible to occur the symmetry of power in relationships. However, the participants highlighted the differences in power as the main cause of violence against women[26].

Regarding the naturalization of violence against women, the results of understanding the social representations of PHC professionals about domestic violence perpetrated by an intimate partner were similar, evidencing the woman's guilt about violence, being considered natural and normal in marital relations by health professionals[29]. On the other hand, a study conducted in Cuba with doctors and nurses from basic health teams made it clear that most professionals did not share the idea of blaming women for violent acts that fall on them. The data also showed that they did not share the conception of violence being an intimate subject and that it should be exempt from interventions by health professionals[21]. In addition, 64.4% of the professionals recognized gender violence as a problem for public health and, as such, may have even higher proportions than those already known[21].

Potential of Primary Health Care professionals before gender violence against women

The increased use of resources and network training, on the other hand, is positively related to PHC professionals in the face of gender-based violence[24]. In the work carried out in primary care centers on the southeastern coast of Spain, which investigated the relationship between team members in relation to intimate partner violence consultations, there was evidence that engaged teams, with some domain knowledge on the topic of intimate partner violence and that implement victim-centered care strategies, are able to sensitize all professionals to work as a team and meet in a more qualified way. In addition, social workers were identified as key professionals in supporting and responding to victims of intimate partner violence. However, only the presence of this professional in the team did not allow comprehensive care for women[20].

A study conducted with nurses in Spain found that there was a medium level of knowledge about gender-based violence and that such knowledge was sufficient to solve the problem, although only some of them knew the care protocols. However, it emphasized that the detection of cases was based more on the conceptions of gender issues than on the existing protocols themselves. Nursing care for women victims of violence required knowledge, training and sensitivity, including to prevent new cases[25].

Data from a research conducted with nurses in Rio Grande do Sul, Brazil, highlighted empathy, qualified listening, dialogue and the establishment of bonds of trust between professionals and women as elements that allowed the recognition of women victims of violence. On the other hand, lack of professionalism, exhaustive workload, difficulty of professionals in recognizing and dealing with violence were identified as challenges[24]. A similar result was found in another investigation, also conducted with nurses in Brazil, in which the lack of preparation of PHC professionals to identify women in situations of violence was pointed out as a limitation for coping with this problem[23].

Discussion

A systematic review was conducted to investigate the potentialities and limitations of PHC professionals before gender violence against women. The articles identified in this work show that, in the perception of these professionals, violence against women is sometimes considered natural and that it is part of male-female relationships, with the woman blaming the violent actions on her. Moreover, the asymmetry of power between men and women, although seen as the main cause of gender violence, is perceived as irreversible and commonplace, explaining the lack of knowledge of professionals about the depths of gender violence against women[26,28].

The studies analyzed reveal that professionals perceive violence as a subject restricted to the relationship between victim and aggressor, exempting the health service from responsibilities in the face of this problem[26,28].

It is worth mentioning that perceptions about a phenomenon determine how the individual reacts to it. Thus, the way violence is perceived by professionals can interfere in the way they offer assistance in the face of gender violence against women[29]. The understanding of violent practices against women in social-affective relationships by health professionals is related to the restricted sociocultural view of the role of women as a reproductive, caretaker of the home and submissive to men. The perspective that violent actions that fall on women would be their fault is also related to the lack of knowledge about gender relations in violence, often blaming women for not denouncing situations in the family context and by the affective dependence of the aggressor, transforming her into an "accomplice" of the own violence[28,30-32].

Moreover, society silences women who are victims of violence in various ways, seeking justifications for blaming them in the victim[33]. In this sense, the limited view of the phenomenon and the judgment of victims by health professionals can cause their distancing from health services, resulting in the delay of the process of identification of victims and in comprehensive and articulated care with other services[23]. Furthermore, disrespect for the victim of violent episodes is an attitude that hinders the woman's decision to make the complaint and to break violent affective relationships[29]. Addressing this aspect, a research that analyzed prejudices against women among PHC professionals detected that hostile sexist perceptions contribute to aggravate existing inequities[13]. The fight against violence in the health service, including the commitment of team members to the integral care of women, enables the establishment of PHC as a point of social support for victims[34].

The results related to the potentialities and limitations of PHC professionals allowed analyzing the various challenges and ways to improve the care of victims of violence in primary services. The lack of knowledge of the professionals about the management of cases has been pointed out as the main gap for their effective performance. It is also noteworthy the lack of sensitivity in addressing the problem, the lack of information on protocols for conducting cases, the scarcity of team and network work and the limited time of care in primary services. On the other hand, the potential scares relate to training and knowledge about gender violence, qualified listening, widening the bond between women and health professionals and developing victim-centered strategies[20-28].

In PHC, professionals have the fundamental role of acting in prevention, identification and early intervention in cases of violence. Regarding the identification of victims of violence, a study conducted in a basic health unit in Paraná, Brazil, found that recognition occurs more commonly in cases where aggression leaves clear evidence, focusing on curative and medical-centered aspects for physical and sexual repercussions of acts[15]. On the other hand, the observation of violence by professionals occurs little in less evident cases of psychological and property violent acts[29]. This finding converges with that found in other national and international studies[35-36].

The level of preparation of the team directly influences the health care of women in situations of violence, that is, professionals with greater knowledge about gender violence tend to respond better to the needs of women[20,37]. The scarce information on violence against women was observed in this review as a limiting factor in the performance of PHC in violence against women, similar to that observed in other studies[28-29,34,36]. Data from a research conducted in Pernambuco, Brazil, which aimed to understand the care provided by nurses to women victims of violence, found that these professionals have insufficient knowledge about protocols, norms and flowchart to organize the care of users[28]. The lack of knowledge about the manuals, norms, routines and procedures for the reception, identification, care and referral to specialized services compromises the integral care of victims and makes evident the need for permanent education of PHC professionals to act in violence against women[28-29,34,36].

The findings revealed that PHC professionals, as an initial care service, should be trained to identify women in situations of violence,

empowered on the theme to perform the reception and qualified to implement qualified and free listening of judgments, which would enable comprehensive and interconnected care to competent organs of protection of women[20-22,25]. This finding corroborates studies that indicate as crucial for the correct management of cases, the reflection on the referral of women, to ensure multiprofessional care, protection of rights and rupture of the cycle of violence[28,31,38]. Thus, it is evident the need for training on the theme and its inclusion in the curricular basis of training of health professionals, as well as in postgraduate studies[27,37].

Some limitations of this review need to be considered. First, even taking into account that there was selection of articles in different databases and without language restrictions, there was exclusion of those with lower methodological quality and published before 2015, which may have decreased the range of analysis. Second, few studies have examined institutional and PHC management aspects regarding violence, making it difficult to assess the impact of structural issues on the work process and training of health professionals. Third, all evaluated articles were developed at the local level, in health services and specific cities, being an obstacle to the generalization of the results. However, this study is expected to contribute to the sensitization of PHC managers and professionals regarding the importance of knowing the multiple aspects that involve violence against women, aiming to prevent exposure to situations of violence and enable effective care to victims.

Conclusion

There is agreement in the studies regarding the aspect that most health professionals perceive violence against women as a public health problem, but do not understand the multiple facets that involve the phenomenon. Commonly, violent practices against women are seen by PHC professionals as a common and consensual event in the relations between man and woman, mainly due to the superiority of men in the relationship. The professionals also understand violence as a private event, exempting themselves from responsibilities as social actors of health. In addition, the predominance of judgment and the blaming of women for exposure to violence are often observed in the discourse of PHC professionals. How they give visibility to violence influences the identification, embracement and comprehensive assistance of victims.

The lack of knowledge about violence against women, the scarcity of specialized services to care for victims and the lack of care protocols in Primary Care are considered important gaps for the management of cases. In addition, factors such as unpreparedness and/or lack of stimulus from PHC managers and professionals hinder the integrality of care and intersectoral actions, amplifying the invisibility of violence against women in services. The strengthening of home visits, actions in prenatal consultations and the observation of women's behavior should be strategies to facilitate the reporting of victims and qualify reception and listening. Thus, training and knowledge about gender violence, in addition to strengthening the bond between women and health professionals, are potential factors for adequate prevention, identification and care.

Collaborations:

1 – conception, design, analysis and interpretation of data: Hayla Nunes da Conceição and Alberto Pereira Madeiro;

2 – writing of the article and relevant critical review of the intellectual content: Hayla Nunes da Conceição and Alberto Pereira Madeiro;

3 – final approval of the version to be published: Hayla Nunes da Conceição and Alberto Pereira Madeiro.

References

1. Araújo MF. Gênero e violência contra a mulher: o perigoso jogo de poder e dominação. Psicol Am Lat [Internet]. 2008 Oct [cited 2020 Mar 7]; (14). Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1870-350X2008000300012

2. Gomes NP, Diniz NMF, Araújo AJS, Coelho TMF. Compreendendo a violência doméstica a partir das categorias gênero e geração. Acta Paul Enferm. 2007 Dec;20(4):504-8. DOI: https://doi.org/10.1590/S0103-21002007000400020

3. Bandeira LM. Violência de gênero: a construção de um campo teórico e de investigação. Soc estado. 2014;29(2):449-69. DOI: https://doi.org/10.1590/S0102-69922014000200008

4. Comissão Interamericana de Direitos Humanos. Convenção Interamericana para Prevenir, Punir e Erradicar a Violência Contra a Mulher "Convenção de Belém do Pará" [Internet]. Washington, D. C. (US); 1994 [cited 2020 Mar 7]. Available from: http://www.cidh.org/basicos/portugues/m.belem.do.para.htm

5. Balestero GS, Gomes RN. Violência de gênero: uma análise crítica da dominação masculina. Rev CEJ [Internet]. 2015 May-Aug [cited 2020 Mar 2];19(66):44-9. Available from: https://revistacej.cjf.jus.br/cej/index.php/revcej/article/view/2046

6. World Health Organization. Global and regional estimates of violence against women. Prevalence and health effects of intimate partner violence and non-partner sexual violence [Internet]. Geneva (CH); 2013 [cited 2020 Mar 9]. Available from: https://www.who.int/publications/i/item/9789241564625

7. García-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. Lancet [Internet]. 2006;368(9543):1260-9. DOI: https://doi.org/10.1016/S0140-6736(06)69523-8

8. Schraiber LB, Latorre MRDO, França Jr I, Segri NJ, D'Oliveira AFPL. Validade do instrumento WHO VAW STUDY para estimar violência de gênero contra a mulher. Rev Saúde Pública. 2010;44(4):658-66. DOI: https://doi.org/10.1590/S0034-89102010000400009

9. Organização Mundial da Saúde. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editores. Relatório Mundial sobre Violência e Saúde [Internet]. Brasília (DF): OMS/OPAS; 2002 [cited 2020 Apr 2020]. Available from: https://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2019/04/14142032-relatorio-mundial-sobre-violencia-e-saude.pdf

10. Reichenheim ME, Souza ER, Moraes CL, Jorge MHPM, Silva CMFP, Minayo MCS. Violence and injuries in Brazil: the effect, progress made, and challenges ahead. Lancet. 2011;377(9781):1962-75. DOI: https://doi.org/10.1016/S0140-6736(11)60053-6

11. Miranda APC, Coutinho BH, Melo EM, Rabelo FG, Reis GAC, Ferreira JC, et al. Rede de atenção à mulher em situação de violência no município de Belo Horizonte: uma primeira abordagem. Rev Med Minas Gerais [Internet]. 2016 [cited 2020 May 2];26(Suppl 8):S286-90. Available from: http://rmmg.org/exportar-pdf/2165/v26s8a54.pdf

12. Santos SC, Barros PA, Delgado RFA, Silva LVL, Carvalho VPS, Alexandre ACS. Violência contra a mulher: como os profissionais na atenção primária à saúde estão enfrentando esta realidade? Saúde Pesquisa. 2018;11(2):359-68. DOI: https://doi.org/10.17765/1983-1870.2018v11n2p359-368

13. Mesquita-Filho M, Marques TF, Rocha ABC, Oliveira SR, Brito MB, Pereira CCQ. O preconceito contra a mulher entre trabalhadores da Atenção Primária em Saúde. Ciênc saúde colet. 2018;23(11):3491-504. DOI: https://doi.org/10.1590/1413-812320182311.00132017

14. Silva VG, Ribeiro PM. Violência contra as mulheres na prática de enfermeiras da atenção primária à saúde. Esc Anna Nery. 2020;24(4):e20190371. DOI: https://doi.org/10.1590/2177-9465-ean-2019-0371

15. Signorelli MC, Auad D, Pereira PPG. Violência doméstica contra mulheres e a atuação profissional na atenção primária à saúde: um estudo etnográfico em Matinhos, Paraná, Brasil. Cad Saúde Pública. 2013;29(6):1230-40. DOI: https://doi.org/10.1590/S0102-311X2013000600019

16. Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gotzsche PC, Ioannidis JP, et al. The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions: Explanation and Elaboration. PLoS Med. 2009;6(7):e1000100. DOI: https://doi.org/10.1371/journal.pmed.1000100

17. Cardoso V, Trevisan I, Cicolella DA, Waterkemper R. Revisão sistemática de métodos mistos: método de pesquisa para a incorporação de evidências na enfermagem. Texto contexto - enferm. 2019;28:e20170279. DOI: https://doi.org/10.1590/1980-265x-tce-2017-0279

18. Lockwood C, Munn Z, Porritt K. Qualitative research synthesis: methodological guidance for systematic reviewers utilizing meta-aggregation.

Int J Evid Based Health. 2015;13(3):179-87. DOI: https://doi.org/10.1097/XEB.0000000000000062

19. Moola S, Munn Z, Tufanaru C, Aromataris E, Sears K, Sfetcu R, et al. Systematic reviews of etiology and risk. In: Aromataris E, Munn Z, editors. Joanna Briggs Institute Reviewer's Manual [Internet]. South Australia: Joanna Briggs Institute; 2017. Chapter 7 [cited 2020 Mar 15]. Available from: https://reviewersmanual.joannabriggs.org/

20. Goicolea I, Marchal B, Hurtig AK, Vives-Cases C, Briones-Vozmediano E, San-Sebastián M. Why do certain primary health care teams respond better to intimate partner violence than others? A multiple case study. Gac sanit. 2019;33(1):169-76. DOI: https://doi.org/10.1016/j.gaceta.2017.10.005

21. Díaz ELG, Lozano DMF, Mier AP, Castillo EF. Preparación de los Equipos Básicos de Salud para enfrentar la violencia de género. Rev Cubana Med Gen Integr [Internet]. 2016 [cited 2020 May 25]; 32(3):1-9. Available from: https://www.medigraphic.com/pdfs/revcubmedgenint/cmi-2016/cmi163a.pdf

22. Signorelli MC, Taft A, Pereira PPG. Domestic violence against women, public policies and community health workers in Brazilian Primary Health Care. Ciênc saúde colet. 2018;23(1):93-102. DOI: https://doi.org/10.1590/1413-81232018231.16562015

23. Arboit J, Padoin SMM, Vieira LB. Violence against women in Primary Health Care: Potentialities and limitations to identification. Aten prim. 2020;52(1):14-21. DOI: https://doi.org/10.1016/j.aprim.2018.09.008

24. Visentin F, Vieira LB, Trevisan I, Lorenzini E, Silva EF. Women's primary care nursing in situations of gender violence. Invest educ enferm. 2015;33(3):556-64. DOI: http://dx.doi.org/10.17533/udea.iee.v33n3a20

25. Sánchez CAV, Fernández CG, Díaz AS. Violencia de género: conocimientos y actitudes de las enfermeras en atención primaria. Aten prim. 2016;48(10):623-31. DOI: https://doi.org/10.1016/j.aprim.2016.01.003

26. Costa MC, Lopes MJM, Soares JSF. Violência contra mulheres rurais: gênero e ações de saúde. Esc Anna Nery. 2015;19(1):162-8. DOI: https://doi.org/10.5935/1414-8145.20150022

27. Loría KR, Rosado TG, Alvarado R, Sánchez AF. Actitud hacia la violencia de género de los profesionales de Atención Primaria: estudio comparativo entre Cataluña y Costa Rica. Aten prim. 2015;47(8):490-7. DOI: https://doi.org/10.1016/j.aprim.2014.10.008

28. Santos WJ, Oliveira PP, Viegas SMF, Ramos TM, Policarpo AG, Silveira EAA. Violência doméstica contra a mulher perpetrada por parceiro íntimo: representações sociais de profissionais da Atenção Primária à Saúde. Rev Pesq Cuid Fundam [Internet]. 2018 [cited 2020 Jun 7];10(3):770-7. Available from: http://ciberindex.com/c/ps/P103770.

29. Brum CRS, Lourenço LM, Gebara CFP, Ronzani TM. Violência Doméstica e Crenças: Intervenção com Profissionais da Atenção Primária à Saúde. Psicol pesq. 2013;7(2):242-50. DOI: https://doi.org/10.5327/Z1982-1247201300020012

30. Schraiber LB, d'Oliveira AFPL, França-Junior I, Pinho AA. Violência contra a mulher: estudo em uma unidade de atenção primária à saúde. Rev Saúde Pública. 2002;36(4):470-7. DOI: http://dx.doi.org/10.1590/S0034-89102002000400013

31. Moreira SNT, Galvão LLLF, Melo COM, Azevedo GD. Violência física contra a mulher na perspectiva de profissionais de saúde. Rev Saúde Pública. 2008;42(6):1053-9. DOI: https://doi.org/10.1590/S0034-89102008005000058

32. Silva EB, Padoin SMM, Vianna LAC. Violência contra a mulher e a prática assistencial na percepção dos profissionais da saúde. Texto contexto - enferm. 2015;24(1):229-37. DOI: https://doi.org/10.1590/0104-07072015003350013

33. Peixoto AF, Nobre BPR. A responsabilização da mulher vítima de estupro. Rev Transgressões [Internet]. 2015 May [cited 2020 Jul 9];3(1):227-39. Available from: https://periodicos.ufrn.br/transgressoes/article/view/7203.

34. D'Oliveira AFPL, Schraiber LB, Hanada H, Durand J. Atenção integral à saúde de mulheres em situação de violência de gênero: uma alternativa para a atenção primária em saúde. Ciênc Saúde Colet. 2009;4(1):1037-50. DOI: https://doi.org/10.1590/S1413-81232009000400011

35. Arboit J, Padoin SMDM, Vieira LB, Paula CCD, Costa MC, Cortes LF. Health care for women in situations of violence: discoordination of network professionals. Rev esc enferm USP. 2017;5:e03207. DOI: https://doi.org/10.1590/S1980-220X2016113303207

36. Otero-García L, Briones-Vozmediano E, Vives-Cases C, García-Quinto M, Sanz-Barbero B, Goicolea I. A qualitative study on primary health care responses to intimate partner violence during

the economic crisis in Spain. Eur J Public Health. 2018;28(6):1000-5. DOI: https://doi.org/10.1093/eurpub/cky095

37. Pedrosa CM, Spink MJP. A violência contra mulher no cotidiano dos serviços de saúde: desafios para a formação médica. Saúde Soc. 2011;20(1):124-35. DOI: http://dx.doi.org/10.1590/S0104-12902011000100015

38. Carneiro SP, Carvalho MLB. A violência de gênero e as medidas protetivas. In: Seminário Nacional Demandas Sociais e Políticas Públicas na Sociedade Contemporânea, 12, 2016, Santa Cruz, RS. Anais (on-line) Santa Cruz: Universidade de Santa Cruz do Sul; 2016 [cited 2020 Jul 9]. Available from: https://online.unisc.br/acadnet/anais/index.php/snpp/article/view/14578

Received: July 11, 2020

Approved: May 27, 2021

Published: January 25, 2022