



HEALTH PROFESSIONALS' ASSISTANCE TO WOMEN IN SITUATION OF SEXUAL VIOLENCE: AN INTEGRATIVE REVIEW

ASSISTÊNCIA DE PROFISSIONAIS DE SAÚDE À MULHER EM SITUAÇÃO DE VIOLÊNCIA SEXUAL: REVISÃO INTEGRATIVA

ASISTENCIA DE LOS PROFESIONALES DE LA SALUD A LA MUJER EN SITUACIÓN DE VIOLENCIA SEXUAL: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze the scientific publications between 2003 and 2013 about health care to women in situation of sexual violence. **Method:** an integrative review from the research question << How does health care of women in situations of sexual violence happen? >>. There were used the descriptors *violence against women, sexual violence and assistance*, in MEDLINE, LILACS and Scielo virtual library databases. The selected studies were analyzed and criticized, considering the accuracy and characteristics. **Results:** the 16 studies highlighted the appreciation of the biomedical model in care to women in situations of violence, the lack of inter-agency coordination, the unpreparedness of the professionals in attendance and the consequences for the health of abused women seeking health services and network attention. **Conclusion:** it becomes necessary to build focused attention networks in primary health care and training of professionals to take care of women in situations of sexual violence in a comprehensive care perspective. **Descriptors:** Violence Against Women; Sexual Violence; Assistance.

RESUMO

Objetivo: analisar as publicações científicas entre 2003 a 2013 sobre a assistência à saúde às mulheres em situação de violência sexual. **Método:** revisão integrativa a partir da questão de pesquisa << Como ocorre a assistência à saúde da mulher em situação de violência sexual? >>. Foram empregados os descritores *violência contra a mulher, violência sexual, assistência* nas Bases de Dados MEDLINE, LILACS e biblioteca virtual Scielo. Os estudos selecionados foram analisados e criticados, considerando o rigor e as características dos mesmos. **Resultados:** os 16 estudos destacaram a valorização do modelo biomédico na atenção às mulheres em situação de violência, a falta de articulação intersetorial, o despreparo dos profissionais na assistência e as consequências para a saúde da mulher violentada que procura os serviços de saúde e da rede de atenção. **Conclusão:** torna-se necessária a construção de redes de atenção com foco na atenção primária à saúde e capacitação dos profissionais para o atendimento às mulheres em situação de violência sexual, na perspectiva da integralidade do cuidado. **Descritores:** Violência Contra a Mulher; Violência Sexual; Assistência.

RESUMEN

Objetivo: analizar las publicaciones científicas entre 2003 a 2013 acerca del cuidado de la salud de las mujeres en situación de violencia sexual. **Método:** una revisión integradora a partir de la pregunta de investigación << ¿Cómo es la medida que se da la atención de la salud a las mujeres en situación de violencia sexual? >>. Fueron utilizados los descriptores de la violencia contra *las mujeres, la violencia sexual, la asistencia* en las bases de datos MEDLINE, LILACS y biblioteca virtual Scielo. Se analizaron y criticaron los estudios seleccionados, teniendo en cuenta la precisión y características. **Resultados:** los 16 estudios pusieron de relieve la apreciación del modelo biomédico en la atención a las mujeres en situación de violencia, la falta de coordinación entre organismos, la falta de preparación de los profesionales de la asistencia y las consecuencias para la salud de las mujeres maltratadas que buscan los servicios de salud y la red atención. **Conclusión:** se hace necesaria la construcción de redes de atención centrada en la Atención Primaria de Salud y la formación de profesionales para atender a mujeres en situación de violencia sexual en la perspectiva de la atención integral. **Descritores:** Violencia Contra la Mujer; La Violencia Sexual; Asistencia.

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INTRODUCTION

Domestic violence against women is presented as a serious public health problem, with influences of still present gender inequalities in society, which requires the need for more effective action of the State, public officials and society at large. So, to ensure the human rights of women, considering that despite initiatives for the prevention and control at the national and international context, yet we face a frightening statistic that reflects its magnitude and complexity.

Specifically about sexual violence, survey information about Domestic Violence Notification, Sexual and/or other Violence in the Notifiable Diseases Information System (SINAN) set up a map featuring the profile of sexual violence in 2011, where there were met over 13.000 women by the Unified Health System (SUS). The principal place of occurrence was the residence (7.626 cases), followed by public road (2.117 cases), the main aggressor's partner or ex-partner (1.681 cases). It is noteworthy that the age group between 20 to 49 years old accounted for 65% of the aggressions committed by a partner or former partner involving violence to women in general.¹

These data show that the main perpetrator of women in sexual and domestic violence situation is the companion highlighting gender inequalities. Gender-based violence takes a greater dimension in sexual violence, as it implies relations of power and ownership other mainly of men and women.²

Study found that sexual violence was most commonly discussed in researches published between 2001 and 2011, highlighting the gender inequalities socially between women and men which influences the actions of men directed at women.³ It is noteworthy that, despite the concern with the phenomenon for over a decade, assistance to women in situation of sexual violence still has gaps and weaknesses in the care network services, among these health services, which do not realize the singularities and women's demands in this situation, either for structural reasons of these services, lack of professional training, deficient academic education, whether by rooted gender issues in society that most often legitimize the aggression of men against women, which requires commitment that public policies are really effective in combating sexual violence.

Sexual violence is understood as any behavior that forces the woman to relate

sexually unwanted manner or that leads to market or use their sexuality without prevention with contraceptive methods, with the use of force, manipulation, blackmail to keep a pregnancy, marriage, prostitution, conducting abortion or to withdraw or limit women's sexual and reproductive rights.⁴

Sexual violence makes women more susceptible to sexually transmitted diseases, unwanted pregnancy, and psychological damage such as depression, suicide and sexual disorders. Rape is an act of sexual violence affecting adolescents and women around the world, and that in most cases the offender is one of the members of the family, known or next, which provides that adolescents and battered women denounce least this type of crime, configured as a public health problem.²

Approaching sexual violence requires the integration between the sectors of health, justice, public security, labor, besides the involvement of civil society in an organized way. It is important to the population to acquire knowledge about the structure of the woman service offerings in sexual violence. This allows the breaking of barriers that limit the approach of this kind of violence on account of their social impact, cultural, historical and genre rooted in today's society.²

The Ministry of Health recommends organized care in integrated care networks for women in situations of violence from the primary care.⁵ However, health services lack of skilled professionals and multidisciplinary team to the health care of women in situations of sexual violence. This need is intensified by the lack of skills of professionals about gender violence or lack of training or guidance to provide care for these women during the academic.⁶

This study presents contributions to give more visibility to sexual violence against women, as well as providing knowledge of health care developed for women in situations of sexual violence, and to maintain or readjust the developed practices aimed at comprehensive care. In addition, research on this subject depict what should be changed and the challenges ahead to achieve the quality of service offered to these women, and raise reflections of public management, professional network of attention to violence and society in general in order unlink from women prejudices sexually assaulted, proceeding to the attacker's complaint, acceptance and appreciation of their demands without trial.

OBJECTIVE

- To analyze the scientific publications between 2003-2013 about health care of women in situations of sexual violence.

METHOD

It is a study of an integrative review type of literature that allows the use of current knowledge due to a specific theme, since this type of review allows analysis of different studies about the same subject for a better understanding and development benefits for the quality of services in health.⁷

In this perspective, six stages were followed:

1) Definition of the guiding question: define the studies that are included, the measures adopted for the identification and the information collected from each selected study.⁷ In this study, it was proposed the following question: How does the health care of women in situations of sexual violence?

2) Search or sampling in the literature: should be broad enough to contemplate a sample to ensure a significant representation about the guiding question. It is noteworthy that the criteria of the sample print fidelity and reliability of results.⁷

In the study, the search was conducted in the following databases: Latin American and Caribbean Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and virtual library Scientific Electronic Library Online (SciELO) to the survey of articles in the literature. There were used to research for articles the following descriptors: violence against women and sexual violence and assistance. For the MEDLINE database, we used the same descriptors, but translated into English.

The inclusion criteria for the selection of the articles were: articles published in Portuguese, English and Spanish; available online in full and published indexed in the aforementioned databases covering the last ten years, from 2003 to 2013.

Regarding the exclusion criteria repeated documents were removed; that did not cover on health care in the context of sexual violence against women, those who were not available in its entirety electronically and monographs, dissertations, theses or other document.

The first filtering of articles in LILACS, MEDLINE and SCIELO databases met the inclusion and exclusion criteria.

They were initially selected 179 articles and after the first filtration they were

reduced to 105 articles. With the reading of summaries of articles that number decreased to 16 articles selected for analysis, and the exclusion was due to repetition and not specifically addresses the researched topic.

3) Data collection: should include the definition of the subject, the methodology, the sample size, measurement variables, the method of analysis and concepts used that support the study.⁷

Initially, throughout the process of organizing the data found, the summaries available in publications readings were taken, thus seeking to identify the main information of the articles (objectives, participants, sample, and main results). Data were distributed and filed according to the approach of the central idea of the findings of the studies. We have read and analyzed the abstracts and later texts that presented correlation with the subject studied were read in their entirety.

Therefore, when reading the full texts were highlighted variables that allowed extracting key information of the analyzed articles, stating the following: participants of the study sample, study variables, analysis method, main results and related concepts used.

4) Analysis and review of the studies included: the selected studies were analyzed and criticized, considering the rigor and the characteristics thereof, aimed at finding the main findings and contributions in relation to the care practice of health professionals in combating sexual violence against women.

5) Discussion of results: we carried out a comparison of the data through the findings of other authors in the literature, with outlines of the conclusions and inferences of the researchers.

In the study, to discuss the findings, we used gender as a category of analysis, linking interpretation with theorists who deal with the issue.

6) Presentation of the integrative review: this phase must be clear and complete for the reader to assess the criticality of the results; the data is organized in tables, charts, in order to facilitate comparison with all selected studies.⁷

In this study, we constructed a frame (figure) in order to facilitate the understanding of comparison between the found studies. In addition, the end was a proposal for intervention in order to subsidize the care practice of health professionals in combating sexual violence against women.

Given the results found the articles analyzed three categories emerged: << Assistance based on the biomedical model >>, << Primary care as a gateway >> and << Joint care services and the need for qualified professionals with a humanized look >>.

RESULTS

In general, the articles discuss assistance stating that we need health professionals trained to assist women in situations of sexual violence from the host, qualified listening ensuring a harmonious environment so that women establish trust with these professionals. In turn, many health professionals still have a vision of the medicalization of care giving priority to the treatment and healing of visible marks after

the assault. In addition to these professionals, the battered women should be welcomed in a specialized service and not in the context of primary health care (PHC).

It was also possible to note the importance of coordination with the sectors of health, public security and the managers so that the service is not restricted to treatment protocols, but that comprehensive care prevail.

We point out that some articles address domestic violence against women in the general context and only cited the assistance to women in sexual violence situations, as shown in Figure 1.

Identification	Title of the articles	Authors	Journal (volume, year, page)	Thematic/Considerations
A1	Violence between users of health units: prevalence, perspective and conduct of managers and professionals.	Osís MJD, Duarte GA, Faúndes A(8)	Journal of Public Health (v. 46, n.2, p. 351-8, 2012).	The basic attention should be the gateway to women in situation of violence and that their services must act in full and integrated way.
A2	Profile of the sexual violence in Brazil.	Andalaft Neto J, Faúndes A, Osís MJD, Pádua KS(9)	Femina (v. 40, n.6, p. 301-6, 2012).	About assistance to women in situation of violence if it makes use of the protocols of care, specific exams ordered and the service is still limited.
A3	Characteristics of sexually abused women and adherence to follow-up: trends over the years in a reference service in Campinas, São Paulo, Brazil.	Oshikata CT, Bedone AJ, Papa MSF, Santos GB, Pinheiro CD, Kalies AH(10)	Journal of Collective Health (v.27, n.4 page 701-13, year 2011)	The use of information on meeting women in situation of sexual violence beginning in the ER, the importance of psychological damage, civil society empowerment and awareness of managers of public safety are important aspects for a quality care.
A4	Ambiguities and contradictions in the care of women who suffer violence.	Villela VW, Vianna LAC, Lima LFP, Sala DCP, Vieira TF, Vieira ML, Oliveira EM(11)	Health and Society. (v.20, n.1, p.113-23, 2011).	Vision of health professionals on the assistance to women in situation of violence. Many professionals feel that the hospital serves only to meet situations of violence visible through the body and still others find that the Basic Health Unit (BHU) is not a place of specialized care.
A5	Nursing care to women victims of violence: integrative review.	Moura MPB, Guimarães NCF, Crispim ZM(12)	Journal of Nursing the Midwest Of Minas Gerais (v.1, n. 4, p.571-82, 2011).	The nursing care in cases of sexual violence must be warm and humane, which requires capacity-building to develop strategies in complex situations aimed at holistic care.
A6	The meaning of sexual abuse in the manifestation of the body: a phenomenological study.	Labronici LM, Fegadoli D, Correa MEC(13)	Journal of School of Nursing of the University of São Paulo (v.44 n.2, p.397-402, 2010)	The meaning of sexual violence at the demonstration of corporality requires qualification and specialization of health services that meet women in situation of sexual violence so that the actions of care are geared to the subjectivity of the other and not just instrumental.
A7	Integral attention to the health of women in situations of gender violence - an alternative to the primary health care.	D'Oliveira AFPL, Schraiber LB, Hanada H, Durand	Science & Collective Health (v.14, n.4, p.1037-50, 2009).	Addresses the gender violence in health services mainly in the PHC. Doing a critique of the technical standard of 1999 on ways to face sexual violence assistance whereas must be renewed.

J(14)				
A8	Women victimized sexually - demographic profile and analysis of attendance in a reference center.	Ramos CRA, Medicci VPG, Puccia MIR(15)	The Journal of the Institute of Science and Health (v.27, n.1, p.22-7, 2009).	It takes a quality assistance to ensure continuity of care for women in a situation of sexual violence; professional awareness and monitoring of the assistance. In addition, you must have a service organized, to capture the women sexually assaulted.
A9	Assistance to victims of sexual violence: the experience of the University of Taubaté.	Faria AL, Araújo CAA, Baptista VH(16)	Electronic Journal of Nursing (v.10, n.4, p.1138-43, 2008).	Reaffirms the role of the universities with the demands in health. The inclusion of sexual violence in University courses in the training of future professionals influence more Humanized, because when these develop warm techniques possibly can capture more women to attend.
A10	Integral care to women victims of sexual violence: Center for Integral Assistance to women's health, State University of Campinas.	Bedone AJ, Faúndes A(17)	Journal of Public Health (v.23, n.2, p.465-9, 2007)	Highlight multi-disciplinary and integrated service, with trained health professionals even about legal rights and the need for construction of new specialized health centers.
A11	Multidisciplinary assistance to victims of sexual violence: the experience of the Federal University of São Paulo.	Mattar R, Abrahão AR, Andalaft Neto J, Colas OR, Schroeder I, Machado SJR, Mancini S, Vieira BA, Bertolani GBM(18)	Journal of Public Health (v.23, n.2, p.459-64, 2007)	It discusses the continuity of assistance by professionals who follow a care nurse-initiated Protocol ending with a lawyer. The sessions are held at the woman's House, a place of learning for health professionals who provide assistance, students and teachers. Universities contribute in training professionals to work in this area of care.
A12	Achievements and challenges in the care of women who have suffered sexual violence.	Villela WV, Lago T(19)	Journal of Public Health (v.2, n.2, p.471-5, 2007).	The articulation between the Government agents of the sectors of health, public safety and the judiciary provides the completeness, quality and resolution attention.
A13	Practices of professionals in family health teams devoted to women in situation of sexual violence.	Oliveira CC, Fonseca RMGS(20)	Journal of School of Nursing of the University of São Paulo, (v.41, n.4, p. 605-12, 2007).	Health professionals' perceptions enabled the identification of the fragility, fear, fears, disorganization of the professional worker process to receive and direct on the drive for sexual assault. Highlights the basic attention to health as gateway.
A14	Social representations of health professionals about sexual violence against women: study in three municipal public maternity hospitals of Rio de Janeiro, Brazil.	Cavalcanti LF, Gomes R, Minayo MCS(21)	Journal of Public Health (v.22, n.1, p.31-9, 2006).	Associate professional's assistance to women in situation of sexual violence to medicalization obscuring often suffering sense and lived by them. The prenatal assistance can become an important gateway to address situations of sexual violence, and encourage the host.
A15	Self-esteem of raped women.	Vianna LAC, Bomfim GFT, Chicone G(22)	Latin American Journal of Nursing (v.14, n.5, p.695-701, 2006).	Most hospitals and professionals is not yet prepared to attend the women in situation of violence, which requires these the challenge of recreating the language of health, resizing and space of the people each your story in different contexts.
A16	Prevalence of violence against women health service user.	Marinheiro ALV, Vieira EM, Souza L(23)	Journal of Public Health (v.40, n.4, p. 604-10, 2006).	Highlights the types of violence perpetrated by intimate partner against women. The assistance should have cozy character with more training for professionals.

Figure 1: Summary of selected articles in databases.
Sources: LILACS, MEDLINE and SCIELO Virtual Library.

The articles found in the research were distributed in accordance with the following categories: assistance based on the biomedical model, primary care as a gateway and coordination of assistance and services; need for qualified professionals with a humanized look.

DISCUSSION

◆ Assistance based on the biomedical model

In this category, the study found criticisms about the use of the biomedical model, noting that professionals base their practices on care for the visible and physical damage committed by the aggressor to the woman, and care protocols, with targeted actions in the medicalization of assistance. For some health professionals sexual violence is understood as a female body experience that demand for symptoms that may be diagnosed.²¹

The Ministry of Health Technical Standard provides that in addition to protocols and emergency care, women in situations of violence need the advice and humanization in the health service. The correct follow-up protocols by health professionals to women in situations of violence ensure specialized medical care and emergency; however, it is important to highlight that, in addition, there is a need to draw a focus on service profile in the life situation, understanding the social context, including how this woman comes to service.^{2,9}

Sexual violence can lead to consequences not always visible, such as: fear, shame, guilt and insecurity.¹³ From this perspective, care actions should not be limited only to the use of instrumental techniques, but prioritize the subjectivity of the subject, for that professionals should exercise an open posture and careful listening to understand that every woman under sexual violence situations reacts in a different way because of the socio-cultural and historical context in which it operates. Thus, women in situations of violence requires a multidisciplinary health assistance with a view to understanding it as a holistic being, covering all aspects of women's lives that interfere in this context.³

The work with domestic violence against women should not only involve the relief of pain and symptoms, biomedical traditional bases, the use of conversation technique as a way of bringing together professionals and users of the service is required. This technique would be formulated and implemented to produce relevant guidelines and find ways of resolving the situation in

which every woman is. Therefore, it is recommended that it be adopted within the PHC, in the professional every day in order to enhance the human and social rights, and not trivialize the violence experienced by these women, and encourage them by experienced problems.¹⁴

Many times professionals and society trivialize violence and gender based on traditional and biomedical basis of health.¹⁴

Sexual violence stands out in all the gender violence especially the suffering caused on issues involving sexuality. Overall, some professionals regard this situation as normal, based on the dualistic tradition about the social construction of gender identity and sexuality, which separates the body from the mind and enhances the biological aspects of sexuality at the expense of their cultural characteristics.²¹

Sexual violence is related to gender inequalities and cultural prejudices. Therefore, it is necessary to consider gender as an element that is part of the social relations established on perceived differences between the sexes, being a first way of signifying power relations.^{21,24} This can also be observed in health professional practices female which link the use of drugs and / or alcohol to male domination valuing moral judgment.¹¹

In the context of gender violence, professionals need to adopt a more critical attitude to sexual violence, the perception of unequal distribution of power and asymmetrical relations established between men and women in society, favoring the devaluation of women and their subordination to men in this type of violence. Face sexual violence as something that is not natural and seeing forms of violence against women, is to demystify the practices of health and safety services based on gender inequalities.^{21,11}

Women victims of violence should be referred to specialized services. However it is necessary to give priority to listening and dialogue for women to express all the difficulties that permeate the context of violence. The staff of the Family Health Strategy (FHS) exhausts the action strategies against the violence of gender and women should be placed as to be proactive in building their care.²⁵

It should be established respect, care in care, qualified listening, dissemination of information about the existence of reference services, the availability of space conducive to privacy, the right to transport to travel to these reference services, and prior

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information women in situations of sexual violence. These are fundamental aspects to ensure humane care for these women, as Decree nº 7.958/2013 which states that the assistance to women victims of violence needs to be done with respect, without discrimination, to confidentiality and privacy of conduct adopted by professionals all areas involved.²⁶

The host is important to ensure humane care, the professionals empowered with this element guarantee the credibility and confidence in the service. The technical standard for the humanized attention to people in situation of sexual violence addresses aspects of humanization and highlights its importance to health professionals, but emphasizes the importance of collecting the remains and perception of health professionals providing assistance to women in situations of sexual violence that the perpetrator be punished.²⁷

◆ Basic care like gateway and articulation of the assistance services

The second category includes studies addressing the articulation of health networks showing that assistance to women sexually abused must overcome the isolated calls in order to link them to the comprehensive care is offered to this woman. In this context, articulate care networks for women in situation of sexual violence are to ensure support to health services and public safety. Turn to organize the service on combating sexual violence in health care networks is necessary to make the PHC the center of the action because it is the gateway and structural axis of the other health care levels.²⁸

Ordinance 485 of 2014 Ministry of Health redefines the operation of the Service for Assistance to People in Situation of Sexual Violence in the SUS. Therefore, health services should be organized in intersectoral networks against violence against women, men, children, adolescents and elderly people and its premises preserve life, offering comprehensive health care and foster care network.²⁷

Structure a support network for women in sexual violence situations is to articulate the public health and safety services to ensure immediate compliance and prevent possible health problems. In this perspective, expand care networks depends largely on the political will of local managers, as many see the care of sexual violence as favorable practice encouraging abortion.¹⁹

This theme is the result of several discussions to involve social, cultural and ethical issues. Added to this, some health professionals and public safety adopt biased, discriminatory and unsafe behavior. Therefore, health professionals are faced with the practice of abortion and rape of the body in the care women sexually assaulted by that often prevents the development of quality care.¹⁹

For services to primary care are part of intersectoral networks to assist women who experience violence, caution is needed so that actions cannot be reduced to a set of screening points and/or referral of these women and thus can act so comprehensive and integrated. So do not just create a network, it is important a continuous evaluation process and impact of actions to rectify and improve the performance of the professionals. In addition, assistance to women victims of violence should be offered by intersectoral networks, consisting of various departments and institutions such as public safety and welfare.⁸

It is noteworthy that some professionals, managers and users of the BHU service generally refer not have knowledge of how to assist women in situations of violence in primary care.⁸ Added to this, some health professionals have in mind that assistance to women in situations of violence can be reduced in primary care considering the existence of specialized services.¹¹

Study found that FHS professionals face difficulties in access, lack of support and resolution to the organs that make up the network of services in the face of gender violence. This is configured as an obstacle to coordinate and integrate care network to gender violence, because there should be counter-systems where the woman would be forwarded, it would help the specialized security services, health, social care to provide a capable service to meet the needs of every woman assaulted.²⁵

According to the World Health Organization (WHO) for that care is organized in care networks, the primary care health professionals must not only understand the humanization of health care, but also use the elements that compose it as listening and welcoming. Thus, the initial approach should be made to women who seek first the service in BHU and from then forward them to other sectors of health.²⁹

It is important to socialize information about the health care network services to women victims of violence even in highly complex services such as hospitals. This allows

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a reduction in dropout rates when these women are referred to specialized outpatient care. Therefore, it is relevant to the availability of women battered information to improve the follow-up of the case and active search for specialized centers, in order to contribute to the organization and the improvement of women care services in this condition.^{10,15}

FHS health professionals need to consider the use of more humane methods in an attempt to accommodate these women, since BHU is to some women in gateway violence situation in the SUS, so it takes organize health work process to ensure coordination with the various sectors involving the care to women in situations of sexual violence.²⁰

Thus, ensuring humanization of health care is to enable the coordination of services providing assistance to women in situations of sexual violence. In this direction there is the importance of articulating not only health care, but to integrate them with public safety and local managers in the care of women who have suffered sexual violence effecting comprehensive care to these women. Thus, professionals from the ambulance driver must be aware of the care to women under this condition.¹⁷

To promote integrity, the FHS teams have to use the services available in the community for preventing and combating violence. These services are the existing social facilities in the area covered by the FHS, examples of them are non-governmental organizations, neighborhood associations, churches, among others. Thus, these articulated social actors can reduce the socio-economic, cultural impacts, political and health that violence may result in women's lives sexually assaulted and society.³⁰

◆ Need for qualified professionals and with a humanized view

Articles grouped in the third category suggest that to deal with women in sexual violence situations is necessary educational activities aimed at training health professionals, since it is an approach that permeates many aspects of the human being. The training of health professionals it is essential as it ensures greater understanding and better approach to women's health conditions of sexual violence, and overcome prejudice.⁶

Gender violence denotes social origin invisibility in health services considering that it is seen by many individuals as a private order problem, they involve relations between partners, male and female, that can be solved

by them. Thus universities do not prepare health professionals to deal with the different cases of violence, which would make it easier to detect.²³

The training of health professionals on sexual violence requires a professional to noticeable social impact of phenomena, which are able to produce health problems of women.² Therefore, the approach to sexual violence against women demand training the way professionals to enable knowledge of gender issues that permeate social relations, in order to avoid prescriptive attitudes and judgment to the woman.

In this context, it is important to train professionals to provide the care and comprehensive care to women in situations of sexual violence as subjects who need to have their human rights guaranteed.²³ As an example, there is the multidisciplinary care carried out with the help of legal sector, in a place of academic practices aimed at women in situations of sexual violence, stressing the importance of learning for teachers and students of the Federal University of São Paulo (UNIFESP).¹⁸ Moreover, it is necessary inclusion of approach sexual violence in undergraduate and stimulating the creation of research and extension projects that help the students to become familiar with the subject and to adopt appropriate conduct in their professional practice.

Other women to care experience of sexual violence in the university context highlights the need for training of professionals to perform welcoming attitudes, as demand for services is reduced due to factors such as fear, shame and ignorance by women sexually assaulted. Moreover, the importance of awareness and training of students and professionals involved in the program allows changing the future conduct adopted by them.¹⁶

The weakness in the care of health to women approached by the general sexual violence professionals is consistent with the limited approach during graduation, which contributes to the lack of awareness of the conditions of these battered women and assistance not always efficient. In this sense, the disclosure of the subject and the promotion of training for professionals aim to overcome the lack of preparation in assistance.⁶

In turn, Decree n° 7958 of 2013 provides for public safety and health professional training courses for humanized specialized care and the training of health professionals, with a focus on collection, storage and transport of collected traces in clinical so that before

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these data the attacker is quickly punished.²⁶ Thus, we see the importance of this action, but the training of professionals for the humanization of care should be prioritized at the expense of instrumental and prescriptive practices.

Professionals involved in assistance to women in sexual violence situations need to be trained in an attempt to recreate the language of health, so set up a space for life stories in different contexts of each battered woman and with different needs, but with the right autonomy on how one wants to be treated. Coupled to this, there is an urgent need to train professionals directed to a humanized look, welcoming attitude and holistic care.^{22,12}

it is clear that violence against women should be addressed from the academic to the nurse, whereas it acts directly and fully with women in situations of violence, from the development of practices that address these curricular gaps inherent in training in order to instrumentalize it to a planning more targeted assistance to the demands and needs of women.³ It is understood that this should also be a practice in the training of all professionals in the care network to assist the woman after aggression.

CONCLUSION

The study reported the traditional concepts of health and understands the social, cultural and subjective situations of women in situations of sexual violence by health professionals and public security, as the assistance to these women is permeated now by social and cultural prejudices, or by unequal gender issues among men and women.

Intersectoriality is another aspect highlighted by studies showing that women often are unaware of the sectors responsible for health care, especially primary care. Even the professionals give credibility to ways to assist the woman in situation of sexual violence in primary care or do not see the importance of the host that is not restricted only to the care of physical injuries, but realize the woman as a human being who comes to service weaknesses and need for a more humanized look of professionals in primary care as well as in hospitals and referral centers.

In turn, we need to set up and strengthen to care networks to provide quality care to women under situations of violence, establish health actions in primary care and develop support in other specialized care services to

women in situations of sexual violence both in health and in public safety and welfare. Also, bring the PHC for this responsibility with this woman is to allow access to more information about their condition, their rights and services for continuity of care.

The studies also showed that it is necessary to train professionals of public health and safety that are unprepared and limited to dealing with the various dimensions of sexual violence, and enter the thematic universities that address violence against women as ways to ensure future professionals with a more human look and noticeable to the possible situations of sexual violence.

To meet by professional women under sexual violence situations is fundamental to setting up a network of care where the axis of the assistance is in the PHC. The services that wish to work with violence against women need to take beyond the instrumental techniques, the use of more humane methods even in the care of medium and high complexity.

The studies also showed that train professionals and develop the approach to violence in universities are important, but the work after these experiences are paramount, because the services require people who actually have concrete actions about meeting women sexually assaulted.

As proposed intervention is recommended that managers, health professionals, public safety, meet on the committees format to talk about the limits that hinder assistance to women in situations of sexual violence and the experiences in their care. With this, there will be a benefit in the demands of the services that meet these women view to the coordination of network services and humanization of practices in services. It also suggests the questioning from the listening of visualized situations such as demands by women who have been sexually assaulted in the experience gaps and weaknesses of the offered assistance.

Strengthening PHC is essential, as is the center of care and structuring tool for the construction of care networks. New proposals for intervention in FHS against sexual violence should be encouraged. In addition, more and more graduates and technicians can adopt in their curricular matrices teaching matters involving domestic violence against women for the training of future professionals more sensitized to the issue.

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