ABSTRACT

Objective: to analyze the scientific literature on the role of nurses assisting individuals who are victims of sexual violence. Method: this is a bibliographic, descriptive, integrative literature review, with a survey of the full articles, in Portuguese, English, and Spanish, published between January 2014 and September 2019, in the LILACS and MEDLINE databases, the CAPES Portal, and the SCIELO Virtual Library. A semi-structured form was used as an instrument for data collection. The selected articles were presented in a table, and their results were divided according to thematic axes.

Results: it is noted that nursing has a fundamental role in assisting the victim of sexual violence. However, there is a lack of professional training so that care can be done properly, constituting one of the great difficulties of these professionals; therefore, forensic nursing can help overcome this obstacle, as it is a specialization that has a lot to contribute to these victims. Conclusion: it is evident, from this research, the need for more research aimed at sexual violence towards other genders besides women and the greater professional training of nursing workers who work in this area.

Descriptors: Forensic Nursing; Sexual Assault; Nursing Care; Professional Training; Sexual Offenses; Nursing Legislation.

RESUMO

Objetivo: analisar na literatura científica sobre a atuação do enfermeiro no atendimento ao indivíduo vítima de violência sexual. Método: trata-se de um estudo bibliográfico, descritivo, tipo revisão integrativa da literatura, com o levantamento dos artigos completos, nos idiomas português, inglês e espanhol, publicados entre janeiro 2014 a setembro de 2019, nas bases de dados LILACS, MEDLINE, no Portal CAPES, e na Biblioteca Virtual SCIELO. Utilizou-se, como instrumento para a coleta dos dados, um formulário semiestruturado. Apresentaram-se os artigos selecionados em um quadro e os
seus resultados foram divididos de acordo com eixos temáticos. **Resultados:** nota-se que a Enfermagem tem um papel fundamental no atendimento à vítima de violência sexual, porém, falta capacitação profissional para que o atendimento possa ser feito de forma adequada, constituindo-se como uma das grandes dificuldades destes profissionais; logo, a Enfermagem forense é capaz de auxiliar na superação desse obstáculo, pois é uma especialização que muito tem a contribuir com essas vítimas. **Conclusão:** evidencia-se, a partir desta pesquisa, a necessidade de mais pesquisas voltadas para a violência sexual para com outros gêneros além da mulher e da maior formação profissional dos trabalhadores de Enfermagem que atuam nessa área.

**Descritores:** Enfermagem Forense; Agressão Sexual; Cuidado de Enfermagem; Capacitação Profissional; Delitos Sexuais; Legislação de Enfermagem.

**RESUMEN**

**Objetivo:** analizar la literatura científica sobre el rol del enfermero en el cuidado de las personas víctimas de violencia sexual. **Método:** revisión bibliográfica, descriptiva e integradora de la literatura, a través de la encuesta de artículos completos, en portugués, inglés y español, publicados entre enero de 2014 y septiembre de 2019, en las bases de datos LILACS y MEDLINE, el Portal CAPES y el Biblioteca Virtual SCIELO. Se utilizó un formulario semiestructurado como instrumento para la recolección de datos. Los artículos seleccionados se presentaron en una tabla y sus resultados se dividieron según ejes temáticos. **Resultados:** se observa que la enfermería tiene un rol fundamental en la atención a la víctima de violencia sexual. Sin embargo, existe una falta de formación profesional para que la atención se pueda realizar adecuadamente, constituyendo una de las grandes dificultades de estos profesionales; por tanto, la enfermería forense puede ayudar a superar este obstáculo, ya que es una especialización que tiene mucho que aportar a estas víctimas. **Conclusión:** se evidencia, a partir de esta investigación, la necesidad de más investigaciones dirigidas a la violencia sexual en géneros distintos al femenino y la mayor formación profesional de enfermeros que laboran en esta área.

**Descripores:** Enfermería Forense; Agresión Sexual; Atención de Enfermería; Capacitación Profesional; Delitos Sexuales; Legislación de Enfermería.

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INTRODUCTION

It is known that the term 'violence' originates from the Latin 'violentia', which meant strength and power, gaining different concepts over the years and places. Therefore, it is considered important to conceptualize violence to analyze, elucidate, and understand the violent act. It can be seen that violence has become a public health issue, decreasing the quality of life and increasing health spending individually and collectively. In this context, sexual violence is highlighted, gaining prominence due to its high rate of cases. Sexual violence is marked by sexual attempts or practices without consent through intimidation, perpetrated by anyone, including intimate partners, regardless of how or where the facts occurred. This designation includes rape, indecent exposure, and sexual harassment.

It is emphasized that sexual violence can occur in various contexts of sexual interactions, such as forced sex in conjugal or non-marital relationships, oral, genital, or anal sex, either with the genital organ or with objects, without the consent of the victim, pedophilia, abusive incest, inappropriate sexual language, pornographic material displaying unwanted sexual acts, and sexual exploitation.

In the 2019 Brazilian Public Security Yearbook, it was found that, in 2018, sexual violence reached 66,041 records, with females predominating among the victims (81.8%). It was registered that the majority was up to 13 years old (53.8%), 50.9% were black, and 48.5%, white. It was estimated that sexual violence grew by 4.1% in 2017, and, between 2017 and 2018, 127,585 occurrences of sexual violence in Brazil were recorded. It is generally pointed out that sexual violence starts in childhood but can occur at any stage of life, regardless of social class, age, or gender. In studies carried out in the United States, it was observed that 63% of women and 25% of men reported having suffered sexual abuse. In Brazil, the number of sexual abuse cases in men rises to 35%, and in women drop to 40%. It should be noted that these percentages go beyond absolute numbers, representing numerous consequences for these victims and society.

It appears that the individual with a history of sexual violence has numerous complications resulting from sexual abuse, both in personal life and in the social environment, expressed through

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family conflicts, psychological problems, poor school or professional performance, sadness, anger, impaired self-esteem, depression, suicidal thoughts and difficulty in socially and sexually relating to other people.\textsuperscript{6}

In addition to being a traumatic event, this violence goes beyond the social sphere and becomes a public issue. It is understood that the individual victim of sexual abuse is more vulnerable to acquiring Sexually Transmitted Infections (STIs), post-traumatic stress, and suicide attempts. It is known that these and other consequences can arise in the short or long term, requiring comprehensive and continuous assistance in order to avoid future damage.\textsuperscript{7}

It is noted that the assistance to the individual victim of sexual violence can occur in all services integrated into the Unified Health System (SUS), according to the needs of each case. It is recommended that public and private health services notify suspicions and confirm cases of all types of violence perpetrated in all genders, regardless of age, be mandatorily notified to the Brazilian Notifiable Diseases Information System (SINAN in Portuguese). It is added that this notification is only a way of guaranteeing the rights of the victim, not excluding the denunciation to the other organs.\textsuperscript{8}

It should also be noted that the Violence and Accident Surveillance System (VIVA in Portuguese) is part of SINAN; that is, VIVA's notification is made through SINAN. VIVA comprises two items: the continuous VIVA, which is practiced through SINAN and integrates constant surveillance of the most varied forms of violence, including sexual violence, and the VIVA investigation, which deals with violence registered in urgency and emergency services of some municipalities and is carried out every three years.\textsuperscript{9}

Notification is based on integrating the competent bodies on the suspicion or occurrence of sexual violence, providing its use in formulating government policies and actions to calculate and reduce the number of cases.\textsuperscript{10}

It becomes important that healthcare by health teams is provided to the victim of sexual violence, as well as the welcoming that must be done at all stages of assistance and by all health professionals who encounter the victim. Professional secrecy and the role of the victim are issues that should always be debated so that the victim can be offered high-quality care.\textsuperscript{11} The team must be trained to deal with these situations, reinforcing ethical issues and public duties and responsibilities.\textsuperscript{10}

It is understood that the individual victim of sexual violence attends to the healthcare service in search of support, with fear, shame, and insecurity. It is sometimes pointed out that the victim is shy and hesitant, and he/she often attends to the health service only in search of care for physical

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injuries and general healthcare. It is considered important, at this moment, that the nurse knows how to approach this victim and identify the possible injuries, given the vast consequences, assisting both physical and psychological health, in order to prevent the patient from being re-victimized in the health service.7

It is known that professionals working in Primary Health are in a key position to identify cases of sexual violence because they work close to the victims, creating a bond with the patients due to the strong interactions between the patient and the community and the development of individual and collective activities by such professionals. It is observed that the victim can be seen by both the nurse and the psychologist and/or social worker.11

It is known that women are the main victims of sexual violence and are often killed inside their homes by intimate partners. It is noteworthy, in these cases, that many women are marked by the previous existence of signs of aggression. It is sometimes noted that victims are murdered after sexual abuse, treated as disposable objects. Genital mutilation and face destruction due to physical violence are also reported.12

It is emphasized that children also represent a large percentage of victims of sexual violence. In 2018, it was registered that girls up to nine years old accounted for 26.8% of cases, with the peak of violence in this group occurring at 13 years of age. In boys this type of violence occurs less frequently, around seven years of age. Unfortunately, it was pointed out that 75.9% of the victims had some link with the perpetrator.5

Another group that is affected by sexual violence is the LGBT (lesbian, gay, bisexual, transgender) group. It is noted that society has evolved in several factors. However, many paradigms are still broken since those contrary to society’s standards are viewed in a discriminatory manner, becoming the target of violence because of their sexual orientation, for example.13

It is considered important that this registration be carried out because it is possible to calculate the average number of cases and prove that professionals' duty is being done, in partnership with the other agencies, to guarantee the protection and the recovery of victims.14 Unfortunately, it appears that in some parts of the world, including Brazil, adequate assistance is not provided for these victims. It has been pointed out, in studies, that women who have suffered sexual violence have more psychological problems than those who have not suffered sexual violence. However, they face another health problem.15

It should be noted that the Nursing Professionals Code of Ethics (NPCE) does not make explicit the obligation to notify cases of sexual violence. However, the NPCE clarifies the rights and duties in

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these situations, and nurses must provide damage-free assistance from negligence, recklessness, or malpractice. The code also list professional prohibitions, such as being complacent and provoking or being negligent in cases of violence; that is, the acts of failing to notify or neglect a case of violence goes against nurses’ ethical duties and lead to the loss of the right to practice the profession.  

It is argued that health professionals, especially nurses, are of fundamental importance for the protection of the victim, as nurses are the workers who offer the first care and, in addition to exercising the necessary health actions, can be mediators of the victim with justice, in the case of the Forensic Nursing specialty.

It is necessary to know how to identify when the individual is prepared to resume his/her normal life or if he/she still needs follow-up for a longer time so that quality care can be offered to this victim. In ideal circumstances, the victim must be assessed by health professionals before any decision is made and these professionals must have sufficient background or training to provide the best possible assistance.

In a survey carried out at SINAN, from 172 records of adolescents who suffered sexual violence, 70 presented post-traumatic stress and 15 registered pregnancies. However, 31.4% of the 172 records did not have these fields completed, making data collection difficult. Failures in the notification by the professionals are found, which cause damage to the victims’ health and the health system, as it is the correct completion and effectiveness of this notification that make the appropriate measures concerning the care of this victim be taken so that the consequences of violence can be reduced, in addition to contributing to the creation of public policies.

Law No. 12,845, which came into force in 2013, stands out, guaranteeing comprehensive and multidisciplinary care for victims of sexual violence in all hospitals belonging to the SUS network to remedy physical and psychological damage. It is noticed, however, that physical damage has only been contemplated as possible injuries, requiring more than meeting these needs to provide quality care, which leads to reflect on the importance of specialized healthcare in these situations.

It is known that Forensic Nursing is a specialty that combines several specific knowledges related to the care of victims of violence, emphasizing that the nurse is usually the first contact of this victim. Therefore, the forensic nurse deals with clinical aspects and with criminal aspects, such as evidence, which can collaborate to obtain the truth so that this victim has justice achieved.

It should be added that Sexual Assault Nursing Examiners (SANE) and Sexual Assault Forensic Examiners (SAFE) receive clinical training that includes evidence collection, the chain of custody, injury detection methods, and identification of the health needs of victims. These practices...

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collaborate for the quality of the assistance offered and of the forensic evidence collected, resulting in improved understanding and application of the law, and increased number of accusations over the years.\textsuperscript{21}

It was indicated, in previous research, that the places that use SANE or SAFE to perform forensic examinations, in cases of sexual abuse, contribute more to the trials, increasing the rates of conviction. It is pointed out, in the United States, that more than 600 jurisdictions contemplate SANE together with the multidisciplinary team.\textsuperscript{21}

The forensic nurse understands the social system, the Judiciary, and the public health system. She also has a vast knowledge of the forensic sciences being able to collaborate with the judiciary, police, and governmental entities in the analysis of forensic injuries, identify the circumstances of violence, institute diagnoses, and implement the means of therapeutic preventions analyzing their results.\textsuperscript{22}

Among the general competencies and duties of forensic nurses are receiving and creating strategic plans for victims of violence and their families, helping Justice, and knowing how to recognize injuries from ill- mistreatment and violence in the face of different situations.\textsuperscript{16}

It is noted that nurses deal with these situations in their daily lives, requiring qualification to serve these victims better. Thus, this work aims to contribute to health professionals, especially nurses, in professional training, expanding their knowledge and encouraging their improvement, as well as to the academic community, serving as a basis for possible research and professional training, so that society can benefit from high-quality healthcare services.

**OBJECTIVE**

To analyze the scientific literature on the role of nurses assisting individuals who are victims of sexual violence.

**METHOD**

This is a bibliographic and descriptive integrative literature review, a method that allows the synthesis of data obtained from primary research, elaborated through different studies, and that requires a rigorous and systematic data analysis, thus enabling the synthesis of studies employing different methodologies to acquire a vast knowledge from previous studies, covering empirical and scientific data.\textsuperscript{23} The study is characterized as exploratory, offering a broader view and greater familiarity on the subject addressed, aiming to make it more accessible to all. This type of study
leans its organization to a more flexible side, considering different aspects to, thus, bring a better understanding of a given topic.

The guiding question was elaborated employing a theoretical study on how the theme has been approached in the literature, from the researches made on the theme and the indexes of sexual violence in Brazil and in the world, its damages and losses for the individual and society, as well as the quality of assistance in the care, and investigation of the individual who suffered sexual violence.

The following question has emerged: What is the nursing assistance provided to victims of sexual violence?

This work is justified given its relevance for health professionals, the academic community, and society. We sought to analyze, from all the data collected in this study, which prove the high rate of sexual violence, how contemporary literature reveals the nursing care provided to victims of sexual violence in health services.

The databases used to survey the articles were the Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Coordination for the Improvement of Higher Education Personnel (CAPES) and PubMed, using descriptors that match the research theme. Full-text articles, original research, review articles, and experience reports, written in Portuguese, English, or Spanish, and published from January 2014 to September 2019 were included. The following descriptors were used in the SciELO and LILACS databases in Portuguese and verified in the Health Sciences Descriptors (DeCS in Portuguese): Forensic Nursing; Sexual Assault; Nursing Care, and Professional Training. The following descriptors were used in the CAPS, MEDLINE, and PubMed databases in English and verified in the Medical Subject Headings (MeSH): Forensic Nursing, Sexual Abuse, Nursing Care, and Professional Training.

Theses and dissertations, abstracts, manuals, and articles that were published before January 2014 and after September 2019, and articles not fully available in Portuguese, English, or Spanish were excluded, as well as those who did not have the full-texts released, duplicates, and those that belong to other databases that were not used in this work.

Database searches were developed between August 2019 and September 2019.

As a tool for data collection, a semi-structured form composed of the characterization of articles and open-ended questions, including the type of study, location (country), and year of publication was used, among other information that was useful for the research, facilitating the

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achievement of objectives. The articles were pre-selected, excluding those that did not meet the inclusion criteria, leaving only those that fitted the research objectives.

The collected data were analyzed and discussed based on the contemporary literature. The type of research and year of publication were considered in the analysis of the quality of the articles. The selected articles were presented in a table, and their results were divided according to thematic axes to organize them and synthesize the content found. All genders and age groups found in the research were included, and all copyright of the collected data was guaranteed. As the research was not done directly with human beings, approval from a Research Ethics Committee was waived.

RESULTS

The results were signaled from the grouping of articles found in the databases. Descriptors were added to the databases, initially locating 1,092,254 articles. After this junction, the criteria for inclusion in the filters of each database were applied, resulting in 2,417 articles. After this first selection, the titles and abstracts of the articles were read to verify the similarity with the research, thus reaching the second selection of 74 articles. A complete reading of each full-text article was carried out, with a survey of the articles that fitted the objectives of this review, which were used in the research collaboration: a total of 13 articles, excluding the 61 that did not fit the research topic.

The following figure shows the flow of studies through the selection process leading to the 13 articles reviewed in the present study (Figure 1).
Figure 1. Flow diagram of studies adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA 2009). Ananindeua (PA), Brazil, October 20, 2019.

A description of the 13 studies analyzed, organized according to the year of publication, from January 2014 to September 2019, was made (Figure 2).
<table>
<thead>
<tr>
<th>N</th>
<th>Title</th>
<th>Parents</th>
<th>Year</th>
<th>Kind of study</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>&quot;We desperately need some help here&quot; - The experience of legal experts with sexual assault and evidence collection in rural communities.</td>
<td>USA</td>
<td>2014</td>
<td>Qualitative</td>
</tr>
<tr>
<td>02</td>
<td>Development of a Comprehensive Hospital-Based Elder Abuse Intervention: An Initial Systematic Scoping Review.</td>
<td>Canada</td>
<td>2015</td>
<td>Literature review</td>
</tr>
<tr>
<td>03</td>
<td>The (un)receptive experiences of female rape victims who seek healthcare services*.</td>
<td>Brazil</td>
<td>2015</td>
<td>Qualitative</td>
</tr>
<tr>
<td>04</td>
<td>Factors Associated With Forensic Nurses Offering HIV nPEP Status Post Sexual Assault.</td>
<td>USA</td>
<td>2015</td>
<td>Quantitative</td>
</tr>
<tr>
<td>05</td>
<td>Notification of juvenile violence in Emergency Services of the Brazilian Unified Health System in Feira de Santana, Bahia, Brazil.</td>
<td>Brazil</td>
<td>2015</td>
<td>Cross sectional</td>
</tr>
<tr>
<td>06</td>
<td>Development of skills-based competencies for forensic nurse examiners providing elder abuse care.</td>
<td>Canada</td>
<td>2016</td>
<td>Quantitative</td>
</tr>
<tr>
<td>07</td>
<td>Protocols in healthcare for female victims of sexual violence from the standpoint of healthcare professionals.</td>
<td>Brazil</td>
<td>2016</td>
<td>Qualitative</td>
</tr>
<tr>
<td>08</td>
<td>Ethical and legal aspects in nursing care for victims of domestic violence.</td>
<td>Brazil</td>
<td>2017</td>
<td>Qualitative and descriptive</td>
</tr>
<tr>
<td>09</td>
<td>Care for women subjected to sexual violence and public health policies: an integrative literature review.</td>
<td>Brazil</td>
<td>2017</td>
<td>Literature review</td>
</tr>
<tr>
<td>10</td>
<td>The process of resilience in women who were victims of sexual violence: a possibility for care*.</td>
<td>Brazil</td>
<td>2017</td>
<td>Qualitative</td>
</tr>
<tr>
<td>11</td>
<td>Training of health care professionals for the care of women in instances of sexual violence.</td>
<td>Brazil</td>
<td>2018</td>
<td>Qualitative</td>
</tr>
<tr>
<td>12</td>
<td>Establishing Sexual Assault Care Centres in Belgium: health professionals' role in the patient-centered care for victims of sexual violence.</td>
<td>Belgium</td>
<td>2018</td>
<td>Qualitative</td>
</tr>
</tbody>
</table>
Towards a more integrated and gender-sensitive care delivery for victims of sexual assault: key findings and recommendations from the Belgian sexual assault care centre feasibility study.

Belgium 2018 Qualitative and descriptive

Figure 2. Description of the final studies analyzed, organized according to the year of publication, from January 2014 to September 2019. Ananindeua (PA), Brazil, 2019.

It is noteworthy that the year 2015 concentrated the largest number of articles, with four studies representing 30.76% of the sample, revealing that, in that year, there was a greater interest in the theme. In 2019, no article matching the review objectives was found, suggesting that there is a lack of more current studies on this theme as, each year, new scientific advances and new laws appear. Therefore, continuous updating on the subject is necessary.

It is understood that most studies had a qualitative approach (46.14%), with a low level of evidence. It is added that 15.38% had a qualitative and descriptive approach and another 15.38% quantitative. It is pointed out that 15.38% correspond to literature reviews, with only one study using a cross-sectional approach (7.69%).

Most of the selected surveys were carried out in more than one location, that is, multicentric surveys, representing 76.92% of the articles, increasing the relevance of the studies. There was no identification of the study location in 15.38% of the articles, referring to literature reviews, which do not cover a specific place, and only 7.69% were carried out in a maternity hospital that is also a reference center for the care of victims of sexual violence.

Concerning the target audience, it is noted that sexual violence is still very centered on women since 46.14% of the published works on sexual violence are related to female victims. It is observed that 30.76% of the surveys did not identify their target audience. These studies did not define gender when addressing sexual violence, suggesting that the procedures studied are independent of gender.

It is pointed out that the older adults were the target of 15.38% of the studies, and only 7.69% addressed sexual violence in children and adolescents. It should be noted that no research was found on sexual violence affecting males or the LGBT group, as shown in Figure 3.

It is considered fundamental that themes related to the LGBT population and the male population are discussed, which are important victims of sexual violence.
Thematic axes were used to organize and synthesize the content found. It is noted that an article reached more than one objective. Therefore, it contemplates more than one thematic axis.

**Nursing assistance offered to the victim of sexual violence**

The first thematic axis identifies how the nursing assistance is given to the victim of sexual violence.

It was found, in articles 02, 03, 07, 11, and 13, that the nurse's performance occurs together with the multi-professional team; that is, the nurse is not alone in caring for the victim of sexual violence, working in an interdisciplinary way.

In articles 07, 11, and 13, it was revealed that assistance to the victim of sexual violence is done in a fragmented way. It was highlighted, in article 07, that each professional deals with situations of sexual violence in a different way, and article 13 complements that the fragmentation of care compromises the care offered, in addition to causing the patient to be re-victimized in health services.

It was found, in articles 03 and 10, that the nurse's performance occurs through a welcoming, neutral, and understanding approach during the reception of the victim, providing the feeling of protection. It was concluded, however, in article 10, that the nurse's performance is not always performed properly, considering that some nurses act ethically, but others do not know how to deal with the situation in a professional manner, assuming that the situation was caused by the victim herself/himself and that, therefore, it should not be considered as an abuse, discrediting the client and devaluing his autonomy, in addition to being unethical and against his professional duties.

It was observed, in articles 05, 08, and 09, that some nurses are afraid to act in cases of sexual violence, either due to the lack of professional training, lack of experience, or fear of being involved in situations of sexual violence.
with the judicial system, thus requesting the opinion of another professional, referring the victim to other services, or making the public security system liable.

In article 12, it was alleged that nurses work behind other professionals, developing a support function in acute and long-term care for victims of sexual violence. It is noticed that articles 02 and 09 agreed with each other and suggested that the assistance offered by nurses is based on pre-existing protocols, manuals, or guidelines, or the institution in which they work, providing information relevant to their care. It was reported, in article 02, that these protocols include questions already established about the identification of sexual violence, related to its signs, which facilitates the approach of the victim. It was pointed out, in article 09, that nurses use the Nursing Process (NP), providing individualized, comprehensive, and humanized care, contributing to adherence to treatment in physical, psychological, and social recovery, and providing quality care and security for the victim, revealing, further, that there are cases of omission of sexual violence evidenced by the absence of notification.

This finding was confirmed in article 08, demonstrating that the nurse only registers the cases of violence in the Nursing book. In the same article, it was noted that nursing care respects the ethical principles of the victim's secrecy and privacy, guiding their rights. However, professionals do not know which body to refer the victim of sexual violence. Respect for secrecy and privacy was also identified in article 03 through the development of individualized assistance, passing on information about the procedures that will occur.

It was noticed, still in this context, in article 05, that the nurse makes the referral of the victim to other sectors. However, such referral is not always made properly, contributing to the perpetuation of the victimization cycle. The filling out of the VIVA notification system is a responsibility of the nurse.

**Difficulties of nurses in caring for the victim of sexual violence**

In this axis, the difficulties concerning the nursing care for victims of sexual violence are covered.

It was evident, in articles 05, 06, 07, 08, and 11, that one of the difficulties encountered by nurses in caring for the victim of sexual violence is the lack of adequate professional training. These studies show that the theme of sexual violence is not covered by undergraduate classes or it is approached superficially.
In articles 07, 08, 09, and 11, it was understood that the difficulties are related to the lack of knowledge about how to provide assistance to victims of sexual violence and the lack of knowledge about the nurse's duties, rights, and legal frameworks. In articles 07 and 08, it was noted that nurses are unaware of the notification form for this type of violence and its mandatory nature, finding difficulties in its filling out. Besides, insecurity and lack of skills were noticed in cases of sexual violence.

These data were explained in articles 03, 05, and 12, in which the difficulties consisted of the lack of specialization in the area, inadequate training, and experience in cases of sexual violence. The lack of physical, human, and material resources to assist victims of sexual violence was highlighted in articles 03, 05, 08, 09, and 12. Some professionals reported lack of institutional support, team training, incentives, campaigns, team guidance, and the non-transfer of necessary materials in articles 05, 08, and 09.

Data found in articles 07 and 09 show that the lack of organization and knowledge about the network of available health services and the arbitrariness of the information makes it difficult to provide adequate care. It was added, in study 09, that the fact of victims seeking public security services first makes it difficult to get adequate assistance.

In surveys 05 and 08, it was highlighted that professionals have difficulties in dealing with cases of sexual violence due to fear of retaliation on the part of the aggressor, especially in cases of intrafamily sexual violence. Article 08 added the fear of becoming involved with a police agency and the difficulties presented by the victim, such as fear and shame.

Study 03 evidenced an overload of functions concerning professionals responsible for providing care to the victim of sexual violence and other patients. Besides, there was a low number of professionals in relation to the demand, which leads to a superficial care.

In survey 12, other difficulties were listed, such as the language barrier and the presence of parents.

How Forensic Nursing contributes to the care for the victim of sexual violence

In this axis, the contributions of Forensic Nursing to the care of the victim of sexual violence were gathered.

In articles 01 and 04, the use of the Sexual Assault Nursing Examiner (SANE) is considered fundamental for the care of the victim of sexual violence. It was found, in studies 02 and 03, that the SANE provides comprehensive health care, characterized as a psychosocial and medico-legal assistance and a forensic, environmental, and functional assessment, obtaining forensic evidence and

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formulating a care plan for the victim, minimizing the damage suffered by her, and reducing the likelihood of future victimization.

It was found, in article 04, that the use of SANE and Forensic Examiner of Sexual Assault (SAFE) contributes to the creation of protocols that facilitate the assistance of the victim because through the forensic exams performed. It is possible, for example, to create a standard to detect the risks of exposure to the Human Immunodeficiency Virus (HIV) in order to know which patient should be offered Non-Occupational Post-Exposure Prophylaxis (nPEP).

In article 01, it was discussed how the SANE contribute to the Justice, defending that they are fundamental for the criminal investigation because, through the forensic examination, enough evidence can be obtained to incriminate the aggressor. It is understood that SANE is thorough and judicious in order to maintain the chain of custody because if this work is not done correctly, important and definitive evidence for the case may be lost. It is estimated that the forensic nurse can also be a very important witness for trials.

It was described, in article 06, that the forensic nurse performs a general assessment of the victim, attending to the physical, psychological, social, and judicial needs, and elaborates a document with relevant issues for the Justice, generating an accurate, opportune, and complete register of all observations and care provided, including forensic medical examination, a summary of the case, care plans, follow-up, and discharge notes, contributing to the work of Justice, in addition to testifying in guardianship and other necessary procedures.

In article 12, it was proven that the forensic nurse contributes to medical and psychosocial care, while article 13 found that the forensic nurse contributes by helping the doctor in the forensic stages.

**DISCUSSION**

The publications highlight that health professionals are essential and responsible for evaluating and preventing cases of violence so that they do not put the relatives and individuals involved at risk, using ethical and legal means to reduce cases of violence.\(^{10}\)

It is considered important that the care of the victim of sexual violence among health teams is dealt with, and that a welcoming attitude must be adopted at all stages and by all professionals. Professional secrecy and the victim’s role are issues that should always be addressed and discussed among the team in order to offer quality care to the victim and so that the victim is not re-victimized in the health service.\(^{11}\)
Despite much has been said on the sexual violence topic, it is understood that there is still an underreporting of these cases; on the other hand, awareness and disclosure about sexual violence make victims more courageous to report abuses.24 Underreporting is evident through social stigmas and prejudice due to each person's profile, since each individual, victim or professional, faces situations differently.25

It is known that there are failures in the notification by professionals and that these failures cause damage to the health of the victims and the health system. The correct completion and effectiveness of this notification leads to appropriate measures concerning the care for the victim and the reduction of the consequences of this type of violence, in addition to contributing to the creation of public policies.19

It was revealed that nurses are afraid to care for victims, either due to lack of knowledge or fear. However, it is worth noting that this practice weakens the care process. Nurses must carry out the identification and brief notification of the victim to have access to the prophylaxis measures necessary for the prevention of possible diseases or the interruption of a possible pregnancy.8 It is underlined that professionals must be trained and prepared for such measures.10

It should be noted that the NPCE does not make explicit the obligation to notify or respond to cases of sexual violence. However, the code of ethics makes clear the rights and duties of nurses. They are advised to provide assistance free of damage, negligence, recklessness, or malpractice. The following prohibitions are reinforced: to be complacent and to provoke or be negligent in cases of violence; that is, the acts of failing to notify or neglect a case of violence go against their ethical duties, which may lead to loss of the right to practice the profession of nursing.21

The notification of sexual violence is based on integrating the competent bodies on the suspicion or occurrence of sexual violence, providing its use in the formulation of government policies and actions to reduce such cases and calculating the number of cases. It is emphasized that health professionals must notify cases of violence as soon as they are aware of them.10

It is pointed out that the notification can be made in the VIVA system through the SINAN platform. It is known that the VIVA system is composed of two items: the continuous VIVA, which is done through SINAN, integrating constant surveillance of the most varied forms of violence including sexual violence, and the VIVA investigation, which deals with violence registered in urgency and emergency services in some municipalities, updated every three years.9

It becomes necessary to train health professionals to deal with these situations, reinforcing ethical issues, public duties, and responsibilities, including the theme in the curriculum of health

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courses so that professionals can have the minimum of the domain on the subject,\textsuperscript{10} in addition to having a specialization capable of dealing with these situations, such as Forensic Nursing.\textsuperscript{15}

It is noticed that the victim of sexual violence attends to the health service with fear, shame, and insecurity, presenting himself, at times, shy and without wanting to speak, just looking for care for physical injuries and general care. At this moment, it is important that nurses know how to approach the victim and how to identify the possible injuries, given the vast consequences, assisting both physical and psychological health.\textsuperscript{7}

It is pointed out that the care for the victim of sexual violence can occur in all services belonging to the SUS network, according to the needs of each case;\textsuperscript{8} however, there is no specific care for these victims, being often assisted together with other patients and by unskilled professionals.

It is observed that the victim seeks, first, police units and health units, with a preference for police officers. It is noted that the most required health places are hospitals and basic health units, which they often go to due to physical injuries. Lawyers and Non-Governmental Organizations are also reported as other means of assistance.\textsuperscript{26}

It was found that the locations that use SANE or SAFE to perform forensic examinations in cases of sexual abuse contribute substantially to the trials, increasing the rates of conviction. In the United States, more than 600 jurisdictions include SANE together with the multidisciplinary team.\textsuperscript{21} Keeping in mind that the forensic nurse understands the social system, the Judiciary, and the public health system, and that she has a vast knowledge of the forensic sciences, such professional is able to collaborate with the Judiciary Power and police and governmental entities in the analysis of the forensic injuries, being able to identify the circumstances of violence and institute diagnoses, as well as to concretize the means of therapeutic preventions, analyzing results.\textsuperscript{16}

It is pointed out that Forensic Nursing deals with criminal aspects, such as the evidence that can collaborate to get the truth, so that a victim gets justice.\textsuperscript{20} It is observed that SANEs and SAFEs receive clinical training, which include collecting evidence, the chain of custody, methods for detecting injuries, and identifying the victim's needs, which are practices that collaborate to the quality of care.\textsuperscript{21}

Welcoming and creating strategic plans for victims of violence and their families and assisting in helping Justice are among the general competencies and attributions of forensic nurses. In addition to knowing how to identify injuries from abuse and violence, as well as recognizing them in different

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situations and promoting the protection of the human rights of the victim, family members, and aggressors, these professionals also act as judicial experts.\textsuperscript{16}

\textbf{CONCLUSION}

The results obtained in this review were satisfactory since, by analyzing the Brazilian and foreign scientific literature over five years, the review’s objectives were achieved.

It is noted that more current research and studies with high levels of evidence about sexual violence are needed, even though most of the research analyzed was multicentric, bringing a broader view on the subject. In the identification of the target audience, it was confirmed that sexual violence is still very centered on women, with a lack of publications on sexual violence in the male and LGBT population.

It has been proven that nursing care is essential for the care of the victim of sexual violence, that nurses works together with the multidisciplinary team and lack communication with the team, which leads to fragmented practices, compromising the assistance to the victims. A controversy was perceived among the authors: sometimes nursing care is done in a welcoming, neutral and comprehensive way, providing tranquility to the victim, and sometimes the professional is afraid to assist these victims, either due to lack of training or for not wanting to get involved with the judicial system. There is also a failure in reporting this type of violence by nursing professionals, and that the referral of the victims is not always made properly.

It was found that some of the main difficulties of nurses in caring for the victim of sexual violence are the lack of professional training, the inadequacy or lack of knowledge about the conducts to be taken in these cases, and the lack of physical and human resources and materials for appropriate care, as well as the lack of institutional support.

It was observed that professionals with a specialization in Forensic Nursing are crucial for the adequate care of the victim of sexual violence and that the places that have these professionals contribute to the judgment of the perpetrators.

It is evident, from this study, the need for more research focused on sexual violence towards other genders besides women, greater professional training for nurses in this area, and the inclusion of this theme in undergraduate courses, contributing to the training of professionals to meet this demand.

\textbf{CONTRIBUTIONS}

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All authors contributed equally in the design of the research project, collection, analysis, and discussion of data, in the writing and critical review of the content with intellectual contribution, and in the approval of the final version of the manuscript.

CONFLICT OF INTERESTS

None to declare.

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