

INTERVENTIONS AND OUTCOMES IN WOMEN WITH A NURSING DIAGNOSIS OF INTIMATE PARTNER VIOLENCE

INTERVENÇÕES E RESULTADOS EM MULHERES COM DIAGNÓSTICO DE
ENFERMAGEM VÍTIMAS DE VIOLÊNCIA POR PARCEIRO ÍNTIMO

INTERVENCIONES Y RESULTADOS EN MUJERES CON DIAGNÓSTICO DE
ENFERMERÍA VÍCTIMAS DE VIOLENCIA DE PAREJA

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ABSTRACT

Objective: cross-mapping of Nursing interventions and outcomes for the population of women with the International Classification for Nursing Practice's Nursing Diagnosis of Intimate Partner Violence. **Methodology:** methodological cross-mapping study composed of two phases. The integrative literature review allowed for the identification of the Nursing interventions and outcomes carried out for women in a situation of Intimate Partner Violence. The second phase, the cross-mapping provided a comparison of the Nursing interventions and Nursing outcomes with those found in the literature and those present in the classification. **Results:** the sample included 10 articles that presented 36 Nursing interventions and 12 more frequent Nursing outcomes. There was a correspondence between 32 of these interventions and all outcomes with the classification. **Conclusion:** in summary, the terms of Nursing interventions and outcomes were mapped, and most had similarities with the standardized terms of the classification. However, other interventions in the literature did not match, demonstrating the need for further studies to improve the standardized Nursing language.

Descriptors: Nursing Care; Nursing Assessment; Nursing Diagnosis; Nursing Process; Violence against Women.

RESUMO

Objetivo: realizar o mapeamento cruzado das intervenções e dos resultados de Enfermagem para a população de mulheres com o Diagnóstico de Enfermagem Vítimas de Violência de Parceiro Íntimo, da Classificação Internacional para a Prática de Enfermagem. **Metodologia:** estudo metodológico de mapeamento cruzado, composto por duas fases. A revisão integrativa de literatura, permitiu a identificação das intervenções e dos resultados de Enfermagem realizados para as mulheres em situação de Violência de Parceiro Íntimo. A segunda fase, o mapeamento cruzado proporcionou a comparação das intervenções de Enfermagem e os resultados de Enfermagem com os encontrados na literatura, e dos presentes na classificação. **Resultados:** a amostra contou com 10 artigos que apresentaram 36 intervenções de Enfermagem e 12 resultados de Enfermagem mais frequentes. Houve correspondência entre 32 dessas intervenções e de todos os resultados com a classificação. **Conclusão:** em suma, foram mapeados os termos de intervenções e resultados de Enfermagem, sendo que a maioria apresentou similitude com os termos padronizados da classificação. Porém, outras intervenções da literatura não tinham correspondência, demonstrando a necessidade de estudos adicionais para o aperfeiçoamento da linguagem padronizada de Enfermagem.


Descritores: Cuidados de Enfermagem; Avaliação em Enfermagem; Diagnóstico de Enfermagem; Processo de Enfermagem; Violência contra a Mulher.


RESUMEN

Objetivo: mapear intervenciones y resultados de enfermería para la población de mujeres con el Diagnóstico de Enfermería Víctimas de Violencia de Pareja, de la Clasificación Internacional para la Práctica de Enfermería. **Metodología:** estudio de mapeo cruzado metodológico, que consta de dos fases. La revisión integrativa de la literatura permitió identificar las intervenciones y resultados de Enfermería realizados para mujeres en situación de Violencia

de Pareja. La segunda fase, de mapeo cruzado, proporcionó una comparación de las intervenciones de Enfermería y los resultados de Enfermería con los encontrados en la literatura y los presentes en la clasificación. **Resultados:** la muestra contó con 10 artículos que presentaron 36 intervenciones de Enfermería y 12 resultados de Enfermería más frecuentes. Hubo correspondencia entre 32 de estas intervenciones y todos los resultados con la clasificación. **Conclusión:** en suma, fueron mapeados los términos de las intervenciones de enfermería y los resultados, la mayoría de los cuales fueron similares a los términos estandarizados de la clasificación. Sin embargo, otras intervenciones en la literatura no coincidieron, lo que demuestra la necesidad de estudios adicionales para mejorar el lenguaje de enfermería estandarizado.

Descriptores: Atención de Enfermería; Evaluación en Enfermeira; Diagnóstico de Enfermería; Proceso de Enfermería; Violence contre les Femmes.

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INTRODUCTION

Intimate Partner Violence (IPV) is any harmful behavior within an intimate relationship that is perpetrated by a partner. Physical aggression, sexual abuse, psychological abuse, coercive conduct, and other attitudes may be present.¹

In addition, IPV can comprise the five natures of violence: physical violence (which includes the use of physical force intentionally, intending to cause pain or harm to bodily integrity), psychological (which includes actions such as humiliation, contempt, isolation, threats, intimidation, among others, that cause damage to identity, psychological health, self-esteem, and personal development), sexual (defined by the imposition of having, participating in, and/or witnessing sexual acts that are not allowed), patrimonial (materialized by any conduct that withholds or destroys material goods, rights, documents, or economic resources that belong to the woman), and moral (characterized by conducts such as slander, defamation, and insults). Such controlling behaviors may persist during or after the relationship's ending.²

From an epidemiological point of view, 15% to 71% of women have suffered physical and/or sexual violence at least once in their lives by an intimate partner. According to the same study, in Brazil, 37% of women in rural areas and 29% of women in urban areas reported having suffered sexual and/or physical violence by a partner.³

From this perspective, a study on violence against women in the state of Rio de Janeiro, published by the Public Security Institute (ISP), showed that 66% of women were victims of threats, (representing about 37,423 women), 53% suffered illegal constraint and 50% of the perpetrators were ex or current partners. Per day, there were, on average, 52 registrations of women threatened by ex or current partners.⁴

Given this context, the cycle of violence requires intervention from an external agent to be broken, and nurses are sensitive to this cycle, either by their interest in family abuse or by personal experiences. Furthermore, nurses who feel skilled in dealing with women in situations of violence are facilitators of care for these patients, mainly by monitoring and evaluating the responses to abuse.⁵

In this perspective, when the nurse receives women in situations of violence and shows his/her support and that of the team, it is possible to establish a bond of trust with the woman, in such a way, not only to identify the clinical evidence (signs, symptoms, and preferences of the user) but also to evaluate the history of violence and the possibilities of intervention, mobilizing family and social resources, referrals, monitoring, among others.⁶

However, most Nursing professionals do not feel qualified to deal with issues of violence. As much as they are aware of the magnitude of the problem and the challenge that violence is for primary care, they feel unprepared for the identification and confirmation of suspected cases, as well as in the care and referral of these women.⁷

In this context, we find the Nursing Process (NP), which aims to meet the health needs of women in situations of IPV. Defined as a methodological tool, it has five steps: Nursing History, Nursing Diagnosis (ND), Planning, Implementation, and Evaluation.⁸

The planning process, in this context, is the moment to choose the Nursing Interventions (NIs), which are defined as autonomous actions of the nurse that are based on scientific knowledge and clinical judgment, to benefit the client and improve outcomes.⁹

Such interventions are designed to achieve expected outcomes. In this context, outcomes are defined as a behavior, state, or perception of the community, family, or individual that is measured over the course of the response to an intervention.¹⁰

Consistent with the above, in the scientific field of Nursing, classification systems coexist, standardized Nursing languages related to Nursing Intervention and Nursing Outcomes (NO), one of them being the International Classification for Nursing Practice (ICNP®) which, in its current version, allows the construction of statements of ND, NI, and NO, through the model of the seven axes: focus, judgment, means, action, time, location and client.¹¹

Given the framework described above, the investigation of NI and NO for women with the ICNP® ND, "Victim of intimate partner violence" is essential. In this sense, the scarcity of studies addressing the cross-mapping of NI and NO in the population of women in situations of violence by their intimate partner is highlighted, explaining the scientific need for further theoretical study on the subject, in order to identify the elements that may contribute to an accurate and quality Nursing care.¹²

In summary, this study aimed to perform cross-mapping of Nursing interventions and outcomes in women with the ICNP® Nursing Diagnosis Victim of Intimate Partner Violence.

OBJECTIVE

Cross-mapping of Nursing interventions and outcomes for the population of women with the International Classification for Nursing Practice's Nursing Diagnosis of Intimate Partner Violence.

METHOD

Type of study

This is a methodological cross-mapping study. It was structured in two stages, the first stage being the Integrative Review (IR) of the literature and the second, the cross-mapping.

First stage

The IR is a tool that aims to gather empirical literature articles, theoretical literature articles, and studies with qualitative or quantitative approaches, among others, in order to investigate similar or identical problems, synthesize the findings, and then make considerations based on the results identified in each study.¹³

To integrate this distinct knowledge, it is necessary to employ a rigorous six-phase method: identification of the question, sampling, categorization of the studies, then evaluation, interpretation of the results, and finally synthesis of the knowledge of the articles included in the study.¹⁴

Selection criteria

In this study, the guiding research question was, "What are the Nursing interventions and Nursing outcomes performed for women experiencing violence by their intimate partner?"

The inclusion criteria were the articles that encompassed the Nursing interventions and results carried out in women over 18 years of age, victims of violence, manifested by at least one of the five natures of violence (physical, sexual, psychological, patrimonial and moral), by the intimate male partner, published in Portuguese, Spanish and English, with a maximum limit of 10 years of publication.

Such a year limit is justified by the fact that there are few recent studies on the subject, which would impact the results obtained.

The exclusion criteria employed in this study were articles in the format of letters to the reader, editorials, repeated in other databases previously searched, not freely available in the databases, and congress abstracts.

Period and setting

Between July 20 and August 30, 2020 in the city of Campinas (SP), Brazil. The databases used were: LILACS (Latin American and Caribbean Health Science Literature Database); COCHRANE, SCOPUS and MEDLINE via Pubmed (Medical Literature Analysis and Retrieval System Online), EMBASE (The Excerpta Medica Database) and CINAHL (Cumulative Index to Nursing and Allied Health Literature).

The searches followed the characteristics of the descriptors and keywords defined by DECS (for LILACS), MESH (for MEDLINE, COCHRANE and SCOPUS), EMTREE (for EMBASE), and CINAHL titles (for CINAHL). English and Spanish terms were used for the international databases.

Data collection

Two search strategies were used (by combining the Boolean operators "AND" and "OR" with the descriptors and keywords). The first was "intimate partner violence" OR "violence against women" OR "domestic violence" OR "partner abuse" OR "spousal abuse" AND "Nursing interventions" and the second, "intimate partner violence" OR "violence against women" OR "domestic violence" OR "partner abuse" OR "spousal abuse" AND "nursing outcome".

After the search, the titles, abstracts, and keywords of all publications found in the databases were carefully read to verify the inclusion criteria of the articles. Then, after the first filter, the articles were saved, and each study was subjected to a rigorous reading in its entirety, aiming to find the relevant research to compose the sample.

The result of the IR is exemplified in the article selection flowchart, adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 200924) (Figure 1).

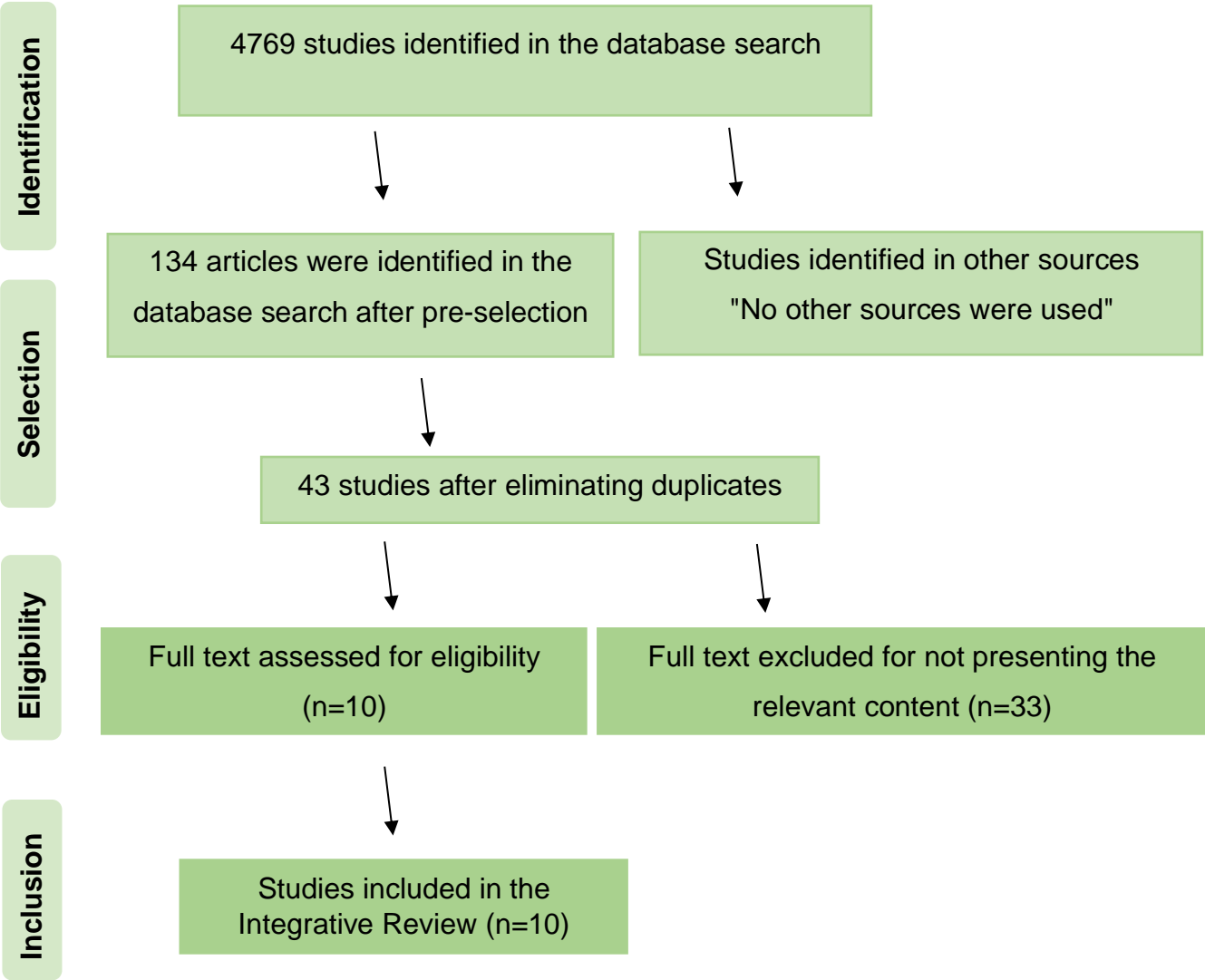


Figure 1 - Flowchart used in the studies selection for the Integrative Review. Campinas (SP), Brazil, 2021.

Initially, 4,769 results were obtained in the database search. After a pre-selection (reading of titles, abstracts, keywords, and descriptors), 134 articles were left that encompassed the IR theme. A total of 4,635 articles were excluded since they did not meet the objectives of this study.

Of the 134 articles, 47 were duplicates, three were not in Portuguese or English, or Spanish, 20 were not freely accessible, and 31 were in the format of editorials, congress annals, letters to the reader, or author comments. In this sense, 43 articles were analyzed in full. Subsequently, 33 articles were excluded because they did not answer the question of this IR or did not meet the inclusion criteria, leaving 10 studies that made up the final sample.

Instrument used to collect the information

In the categorization phase, an instrument was used for data collection, elaborated, and validated in Brazil, which allowed the separate analysis of each of the 43 articles selected in terms of identification of the article, methodological characteristics of the study, assessment of methodological rigor, interventions, and results identified.¹⁵

Subsequently, a synoptic table was built for the 10 articles that met the inclusion criteria, with the objective of analyzing and synthesizing them, considering: the title of the research, authors, journal, country, year, methodological design, objective, interventions, results, and level of evidence.

The articles were evaluated according to the Oxford levels of evidence. This classification is performed in five levels, 1a, 1b, 1c, 2a, 2b, 2c, 3a, 3b, 4, and 5, being scientific papers and case reports the lowest level of evidence and meta-analysis or papers with randomization the highest.¹⁶

Second stage

Cross-mapping is a process of expressing or explaining something by means of words with similar or equal meaning.

Thus, the comparison of apparently similar data, between standardized and non-standardized language, aims to identify similarities and validate objects studied in different contexts. Through cross-mapping, it is possible to find existing nursing data in the literature on NI and NO, and map them with the NI and NO established by ICNP®.

For this method to be successfully employed, it is necessary to employ cross-mapping using the context of an ND and making adaptations for NI and NO, using the meaning of the words, using keywords from NI and NO from the literature to identify them in the ICNP®, using verbs from NI and NO from the literature, as verbs, and map interventions with two or more verbs to two or more interventions from the ICNP®.¹⁷

Data treatment and analysis

Therefore, in this study, from the perspective of the ND Victim of Intimate Partner Violence, we identified in the literature the NIs and NOs performed for this population, then we located the keywords for each NI and NO found, in order to identify the similarity and correspondence with the NIs and NOs of the ICNP®. NIs and NOs that did not show similarity were also documented.

Subsequently, two correspondence tables were created, one comparing the NIs found in the literature and the ICNP® NIs, and the second comparing the additional NOs found in the literature with the ICNP® NO.

RESULTS

The composition of the final IR sample included 10 articles and their main characteristics are presented in table 1.

Table 1 - Characterization of the studies included in the integrative review. Campinas (SP), Brazil, 2021.

Author, year of publication (country of study)	Methodological design	Language	Objective	Results	Level of evidence
Noriega RB 2018 ¹⁸ (Spain)	Literature review	Spanish	To know the procedures for identification and intervention of gender-based violence in primary care	The cases were identified through interviews, questionnaires, and by the relationship of trust with the professionals. The procedures carried out then follow the legal standards that govern the institution.	5
Gupta J et al. 2017 ¹⁹ (Mexico)	Cluster randomized controlled trial	English	To assess whether an intervention by nurses would reduce IPV and improve outcomes for reproductive coercion, mental quality of life, safety planning behaviors, and use of community resources.	In the second stage of the survey, the women who received the interventions had a significantly better mental and behavioral quality of life, and safety planning than the control group.	1B
Miller E et al. 2017 ²⁰ (United States)	Cluster Controlled Randomized Clinical Trial	English	To expose how an intervention was executed, and how professionals and patients perceived it.	The professionals believe that the intervention increased women's confidence in talking about	1B

				reproductive violence and coercion. While patients reported receiving the relevant information, and feeling more supported and less isolated when receiving the intervention.	
Bradbury-Jones C et al. 2016 ²¹ (England)	Integrative review	English	To discuss domestic violence and abuse, with a focus on recognition and the nurse's response in public health.	The results addressed the role of the nurse, the consequences of violence for women and their children, risk factors, and the extent of the problem of violence.	5
Visentin F et al. 2015 ²² (Brazil)	Exploratory-descriptive study, with a qualitative approach	English	To identify the actions performed by nurses in primary care for women in IPV situation.	The nurses cited the interventions described as strategies for acting to combat violence.	5
Davila YR et al. 2013 ²³ (United States)	Exploratory-descriptive study	English	To describe a strategy called RADAR, which, has a clinical focus of assessment and intervention in cases of IPV, and also describe a strategy to increase advanced practice nurses' (APNs) understanding of IPV.	The paper described interventions, assessments, safety planning, documentation, and reporting. Finally, the RADAR strategy that aims to improve care for women suffering from IPV was presented.	5
Leppäkoski T, Paavilainen E. 2012 ²⁴ (Finland)	Descriptive, cross-sectional, multicenter study	English	To create a model for identifying women in situations of acute physical	The interventions were considered relevant by the women who participated in the research.	5

			Intimate Partner Violence (IPV) who seek assistance in emergency services and also to intervene in the violence	While the professionals reported that the multiprofessional teamwork is important for the work against violence	
Ford-Gilboe M et al. 2011 ²⁵ (Canada)	Exploratory-descriptive study	English	To describe the iHEAL intervention. Outline the principles and structure of the intervention for women who have experienced IPV.	The three phases of the iHeal intervention were described; phase 1: getting in sync (2-4 meetings in the first month); phase 2: working together (8-10 meetings) and phase 3: moving forward (1-3 meetings in the last month of the intervention). Each phase has its own interventions and expected results. The primary care intervention aims to be the starting point for change in the lives of women who have experienced IPV.	5
E Miller et al. 2011 ²⁶ (United States)	Randomized Clinical Trial	English	To examine the effectiveness of a family planning intervention for cases of IPV and reproductive coercion.	Women who reported experiencing IPV in the months prior to the study and who went through the intervention were 71% less likely to experience coercion in pregnancy. Furthermore, women who were in the intervention group were more likely to report	1B

				ending the relationship.	
Hughes, J 2010 ²⁷ (Canada)	Qualitative pilot study	English	To explore and describe the experiences of public health nurses located in rural communities in assessing and intervening on behalf of women experiencing IPV	The article presents the role of nurses in the identification and intervention of women who have suffered violence in a remote rural community, as well as the challenges they face.	5

One study addressed women's perspectives on the care they received when seeking care, as well as professionals' views on the essential elements to act effectively against violence and the factors that negatively influence interventions.¹⁶ In addition, another article provided vignettes based on the authors' clinical experiences and then proposed the necessary assessments, safety planning, and documentation.²¹

As for the cross-mapping, 36 most frequent NI were identified, and there was correspondence with the NI of the ICNP® 2019 ²⁸ in 31 of them. Figure 3 shows the NIs distributed in categories. There was no similarity with the following NIs: encouraging the woman to try to avoid arguing with her partner; encouraging her to obtain a restraining order and keep it with her at all times; encouraging the woman to include money, clothes, medications, important documents in her purse; encouraging the woman to listen to instincts and judgments to keep her safe; and encouraging her to meet partners only in public areas, never in private.²³

Table 2 - Correspondence between Nursing Interventions. Campinas (SP), Brazil, 2021.

Correspondence between Nursing Interventions	
Integrative review	ICNP® 2019
Category: emotional aspect and bonding	
Establish a relationship of bonding, trust, and involvement with the woman 19,21,24-5	Establishing an emotional bond Establishing trust
Establish dialogue and attentive listening, without time constraints 18,22,24	Listening to the patient
Offer emotional support (consisting of a good relationship between patient and professional, showing non-judgment, respect for women's decisions, calmness, <u>empathy</u> ,	Support the Victim of Partner Violence Provide guidance on stress management Provide guidance on relaxation techniques Provide guidance on the breathing technique Support the family coping process

objectivity, sympathy, and understanding of women's emotions), and short- and long-term family care ^{18,19, 24,27}	Support the family Counsel the patient Promote spiritual support Promote family support Promoting self-efficacy Promote self-esteem Promote positive, psychological state Promote hope Provide emotional support Provide Spiritual Support Provide support for self-management (Control)
Provide an environment of open communication, kind and safe care ^{18,21, 24}	Establishing effective communication Identify barriers to communication Facilitating the ability to communicate needs Facilitate the ability to communicate feelings Provide privacy
Demonstrate acceptance, empathy, and respect for the patient's decisions ^{18,21,22,23,25}	Support the decision-making process Support the family decision-making process
Emphasize that she is not to blame for the violence she suffers ^{18,23}	Reinforce that it is not the patient's fault
Identify the family support network ^{18,25}	Identify family support
Supporting women to increase their instrumental support, sense of belonging, and their social connectedness ^{18,25}	Promote the ability to socialize Promote Social Support Provide (Supply) social support Promote positive relationships
Category: safety aspect	
Facilitate and provide the information and phone numbers of legal, community and resource access services available to women who need help, providing a detailed list at the end ^{18,20,23, 24-7}	Educate the family about community services Counseling about community service Counseling about self-help services Counseling on health services Provide health promotion service Provide the health promotion service for child development
Perform safety and vital risk assessment: (assessing the risk of serious injury or danger to the life of the woman, her children, or her relatives) ^{18,23-7}	Obtain data on the risk of violence Provide orientation on the risk reduction technique
Identify economic difficulties ¹⁸	Obtain the financial condition data
Assisting the woman to develop comprehensive long-term security	Establish the safety plan Obtain the safety data

plans for herself and her children ^{19,21,23,25,27}	Obtain data about the adherence to the safety regime Obtain data on the safety measure Educate on the safety of the child
Help the woman memorize the phone numbers of emergency shelters, and ask a family member or neighbor to transport her to community services that can help her ²⁷	Arrange (Organize) the transport service Encourage the family to transport the patient Encourage the patient to obtain the shelter phone
Encourage the woman to make and rehearse a safety plan with the children, including the actions of teaching them to call the police ²³	Encourage the patient to guide the child to request police service
Help her plan an escape route, where to go, and how to get there ²³	Encourage the patient to obtain an escape plan
Help the woman identify other trusted people who can check and assess her safety ²³	Encourage the family to evaluate the patient's safety regiment
Encourage to call the police quickly in danger signal ²³	Encourage the patient to request police service
Encourage women to vary their work and school commutes ²³	Encourage the patient to change her commute to school and work
Encourage women to limit their exposure to people or circumstances that threaten their physical and emotional safety ²³	Promote and set limits
Encourage the woman to add a magic eye for the door, and add or increase the external lighting ²³	Encourage the patient to evaluate the safety of the residential building
Encourage the woman to stay out of rooms with only one entrance/exit, such as a bathroom, and to change or add door and window locks ²³	Provide guidance on home security
Encourage the woman to park the car facing away from the garage, have extra keys accessible, and keep the gas tank full ²³	Provide guidance on safety measures
Assist the woman to establish a safe place at home to hide ²³	Assist the patient in implementing a safety plan
Use an educational card to discuss the issues of violence, hotlines, and places to go ^{19,20,26}	Provide instructional material
Category: health aspect	

Refer to intervention services when necessary ^{18, 19,20,22-3,27}	Refer to an auxiliary health service Refer to a community service Refer to a healthcare provider Refer to a social worker Refer to self-help service Refer to an emergency service Refer to legal services Refer to a support group therapy Refer to family therapy
Perform a physical examination to identify the lesions ^{18,24}	Physical examination
Identify the physical, psychological and situational signs and symptoms ¹⁸	Identify the psychosocial condition Identify the attitude toward caregiving Obtain data on decision making Obtain data on grief Evaluate the psychosocial response to the care plan
Conduct harm reduction counseling, including reproductive health issues ^{19,26}	Orientation on sexual behavior Guidance on family planning Violence prevention Reinforcing positive behavior
Encourage the use of contraceptives that do not require the partner's knowledge ^{20,26}	Counseling on contraceptive use Pregnancy prevention
Provide the suggestions for the woman to follow up, if she decides. ^{18,23,25}	Ensure continuity of care Schedule a follow-up visit (or subsequent visit)
Educate all patients about the ways in which reproductive coercion and partner violence can affect sexual and reproductive health ^{20,26}	Counseling about sexual behavior Counseling on abuse Counseling on self-care

Regarding the NO, the 12 most frequent in the IR were identified and there was a correspondence between all of them in relation to the ICNP® 2019 ²⁸ (Table 3).

Table 3 - Correspondence between the Nursing outcomes. Campinas (SP), Brazil, 2021.

Matching Nursing Outcomes	
Integrative review	ICNP® 2019
Category: emotional aspect and bonding	
Lack of confidence in disclosing experiences of violence ^{21,22,24}	Self-disclosure (or self-exposure), inappropriate Self-disclosure (or self-exposure), appropriate Disposition (or readiness) to self-disclosure (or self-disclosure) of health condition, improved

	Disposition (or readiness) to self-disclosure (or self-disclosure) of health condition, impaired Disposition (or readiness) to self-disclose (or self-report) health status, effective Lack of trust in health care provider
Feeling of security in asking for and receiving help ²⁷	Health seeking behavior Health seeking behavior, impaired
Denial of experiences of violence ^{18,20-1,23}	Denial Denial, Absent
Feeling of support ²⁴⁻⁵	Family support, positive Social support, effective Lack of family support Lack of social support
Development of emotional protection strategies ^{19,25}	Emotional recovery, effective Capacity for protection, effective Capacity for protection, impaired Psychological condition, effective Psychological condition, impaired
Category: safety aspect	
Safety planning behaviors ^{19,20,23,25}	Adherence to safety precautions Non-adherence to safety regime Environmental safety, effective Adherence to safety precautions Safety behavior, effective Safety behavior, impaired
Category: health aspects	
Reduced sense of isolation ^{20,25,27}	Isolation (or withdrawal, introversion) behavior, decreased Isolation behavior (or withdrawal, introversion), improved
Awareness of their situation ^{18,21}	Strong self-awareness (or self-cognition) of abuse Lack of self-awareness (or self-cognition)
IPV risk reduction ^{18,23,26}	Risk of Violence Violence, absent
Reduction of reproductive coercion ^{19,26}	Sexual harassment, decreased Aggressive behavior, absent
Confronting violence ^{18,22,25}	Difficulty in coping Coping, effective
Increased awareness and use of victim services ^{19,20,26}	High awareness of community violence services Lack of knowledge about community services

DISCUSSION

According to the Law 8.080/90, it is a principle of the Unified Health System, the guarantee of an organized and specialized public attendance for women in situations of domestic violence, including attendance, reparative plastic surgeries, and psychological attendance.²⁹

However, nurses report difficulties in identifying women who suffer IPV, addressing the issue, providing care, and referring them to the appropriate services in the network, as stated in a qualitative research conducted in two hospitals in the state of Rio Grande do Sul.³⁰ In this sense, it is understood that the lack of knowledge about NI and NO compromises the qualified and integral care ensured by Law 8.080/90.

In this sense, this IR had 10 articles included in the final sample, highlighting the presence of three randomized studies^{19,20,26}, which allowed the verification of NI in a population, thus allowing accurate decision-making by professionals.³¹

Regarding NI belonging to the category emotional aspects and bonding, a multicenter cross-sectional study, included in this IR, exposed the opinions of women in situations of violence after receiving care in the emergency department. Their reports showed the desire to be heard and not judged as guilty, as well as the appreciation of receiving emotional support demonstrated through empathy, objectivity, and understanding of their feelings.²⁴ Given the above, we realize the importance of the professional knowing what a woman in a situation of violence expects from him, as well as knowing how to manage sensitive and humanized interventions that welcome these users.

From this perspective, the NI: establishing a relationship of bonding, trust, and involvement with the woman and establishing dialogue and attentive listening, without time constraints, were also reported in a study that aimed to identify the care performed in women in a situation of violence. Moreover, the research also pointed out that these actions resulted in trust and prevention of damage from violence, which are two identified in this IR.³²

The previous study also described that women wished to feel support and encouragement from the staff, and pointed to the importance of professionals showing empathy as a factor in women's decision-making.³⁰ Added to this, other NI were reported that were identified in this study: promoting safety, performing follow-up care for women in situations of violence, and referring the woman for psychological attention.³²

In contrast, a study that aimed to understand the procedures for the identification and intervention of gender-based violence in primary care revealed the importance of motivating women to participate in support groups and activities from their social groups, in order to avoid returning to the situation of violence, as well as exposed the expected results during the care process: denial of violence, awareness of the situation, and coping with violence.¹⁸ Thus, nurses can help women to establish a support network, as well as support them to empower themselves with internal and external resources for a healthy coping with the situation.

As for the category safety aspects, in relation to NI encouraging women to develop safety behaviors, the studies ^{19,21,23,25,27} of the current research detail in a practical way the safety actions that the nurse should help women to exercise such as: establishing a safe place in the home to hide, memorizing emergency shelter numbers, asking a friend or family group member to help take her to community services, parking the car facing out of the garage, keeping the tank full, keys accessible, avoiding arguments with her partner, obtaining and maintaining a

restraining order at all times, including money, documents, medications, and clothing in a purse, staying out of rooms with only one entrance or exit; changing or adding locks on doors and window; make and rehearse a safety plan with the children, teach them to call the police; add a magic eye to the door, add or increase outdoor lighting; plan an escape route, where to go, how to get there; listen to instincts and judgments to keep her safe; meet the partner only in crowded areas, never in private; identify other trusted people who can check and assess the woman's safety; call the police as soon as possible and vary the routes to and from work and school.

In addition, there was no correspondence with the ICNP® regarding NI's encouraging the woman to include money, clothes, medications, and important documents in her purse, encouraging the woman to avoid arguing with her partner, encouraging her to obtain a restraining order and keep it with her at all times, encouraging her to meet partners only in public areas, never in private, and encouraging the woman to listen to instincts and judgments to keep her safe.²³

Based on the brief interventions described in the current literature and the lack of correspondence between some NIs and the ICNP®, it can be inferred that the lack of depth about the meaning of safety behaviors causes many of these cares to be subjectively inferred by nurses, which hinders assistance, since some actions may not be known, and as a consequence, they are not offered to those who need them most, women who suffer violence.

Regarding the health aspects category, a qualitative research conducted with 11 nurses from the family health strategy in Rio de Janeiro, described the following NI's used by the professionals: potentiate the woman's best; address the requirements of a healthy life; perform physical exams, HIV, syphilis, hepatitis B and C exams and facilitate the woman to talk about the violence, if she wishes to; and, finally, support the rescue of social relationships.³³

The study also proposed the NO, vital energy to perform daily activities; reestablish the identity, self-esteem, and confidence of the patient; avoid isolation, and promote emotional balance. From this perspective, there was agreement in the literature with the IR in the NI performing the physical examination and encouraging social support, and in the NO women's confidence in the professional, and decreasing isolation and emotional balance.³³

The limitation of having few updated references available in the databases for the identification of results, as well as for the discussion of such results, is highlighted. Another limitation was the language restriction and the fact that only one researcher searched for the studies; however, the analysis was done by two people independently. Despite these factors, the results of the studies allowed the gathering of accurate evidence.

CONCLUSION

In summary, this study mapped the terms of the interventions and the Nursing outcomes, in women with the ICNP® Nursing Diagnosis Victims of Intimate Partner Violence.

The identification of similarity with the standardized language system in the vast majority of Nursing interventions identified in the literature and in all Nursing results explains the use of the essence of the care plan, without, however, presenting the standardized terms in ICNP®. Allied with this fact, the additional interventions observed in the literature without correspondence in standardized Nursing language were evidenced. In this context, it is

necessary to clarify the concepts, the practical definition of the terminological subsets of outcomes and NI, as well as the inclusion of new interventions and the implementation of validation studies, in order to polish and improve the terms contained in the standardized Nursing language systems.

It is hoped that this research will contribute to providing security and autonomy when establishing a care plan, allowing nurses to select accurate, personalized, and integral Nursing interventions and results, in order to beneficially meet the needs of each woman in a situation of violence.

CONTRIBUTIONS

Lorrany contributed by writing the project, collecting data and writing the scientific article. On the other hand, Erika guided the project and methodology, as well as revised the article.

CONFLICT OF INTERESTS

There is no conflict of interest.

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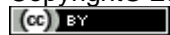
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