



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

NURSE ATTENDANCE TO WOMEN VICTIM OF DOMESTIC VIOLENCE ATENDIMENTO DO ENFERMEIRO À MULHER VÍTIMA DE VIOLÊNCIA DOMÉSTICA ATENCIÓN DEL ENFERMERO A LA MUJER VÍCTIMA DE VIOLENCIA DOMÉSTICA

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ABSTRACT

Objective: evaluating the nurses provided care to women victims of domestic violence. **Method:** a qualitative, descriptive and exploratory study, with five nurses at a university hospital in northern Minas Gerais (MG). We used the technique of recorded interview; after, transcribed and analyzed by Content Analysis Technique. This study had the research project approved by the Research Ethics Committee, protocol No. 2076/2010. **Results:** health professionals show a humanizing and empathetic care to victims through a holistic approach during the reception. Regarding the complicating factors, the difficulty in dealing with the feelings of the moment predominates; others punctuate the lack of a multidisciplinary team; others see no difficulty. **Conclusion:** the care given to victims of domestic violence still requires assistance, beyond technicalities, in order to prioritize the reception of the same in health services. **Descriptors:** Domestic Violence; Violence Against Women; Humanization of Care; Nursing Care.

RESUMO

Objetivo: avaliar o atendimento do enfermeiro prestado à mulher vítima de violência doméstica. **Método:** estudo qualitativo, descritivo e exploratório, com cinco enfermeiros de um Hospital Universitário do Norte de Minas Gerais/MG. Utilizou-se a técnica de entrevista gravada, posteriormente transcritas e analisadas pela Técnica Análise de conteúdo. O estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa, protocolo nº. 2076/2010. **Resultados:** os profissionais da saúde apresentam um atendimento humanizador e empático às vítimas através de uma abordagem holística durante o acolhimento. Quanto aos fatores dificultadores, predomina-se a dificuldade em lidar com os sentimentos do momento; outros pontuam a falta de uma equipe multiprofissional; outros não veem dificuldade. **Conclusão:** o cuidado prestado às vítimas de violência doméstica requer ainda a assistência, além da técnica, de forma a priorizar o acolhimento das mesmas nos serviços de saúde. **Descritores:** Violência Doméstica; Violência Contra a Mulher; Humanização da Assistência; Cuidados de Enfermagem.

RESUMEN

Objetivo: evaluar la asistencia de las enfermeras proporcionada a las mujeres víctimas de la violencia doméstica. **Método:** un estudio cualitativo, descriptivo y exploratorio, con cinco enfermeras de un hospital universitario en el norte de Minas (MG). Se utilizó la técnica de la entrevista grabada, posteriormente transcrita y analizada por la Técnica de Análisis de Contenido. Este estudio fue un proyecto de investigación aprobado por el Comité de Ética de la Investigación, el protocolo nº. 2076/2010. **Resultados:** los profesionales de la salud presentan una atención humanizadora y empática a las víctimas a través de un enfoque holístico en la recepción. En cuanto a los factores de complicación, domina la dificultad en el trato con los sentimientos del momento; otros acentúan la falta de un equipo multidisciplinario; otros ven ninguna dificultad. **Conclusión:** la atención prestada a las víctimas de la violencia doméstica aún requiere asistencia más allá de aspectos técnicos con el fin de dar prioridad a la recepción de la misma en los servicios de salud. **Descriptores:** Violencia en el Hogar; Violencia Contra la Mujer; Humanización de la Atención; Cuidados de Enfermería.

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INTRODUCTION

Domestic violence against women still stars in a reality that haunts the female audience in which violates their rights in different global locations and covering various socio-epidemiological profiles (ages, ethnic groups and social strata). Violence can be understood as the use of words or actions that harm people. Abusive or unjust use of power, as well as the use of force resulting in injury, suffering, torture and death, configure themselves acts of violence.¹

The same author above exposes that violence against women is an extremely complex phenomenon, with deep roots in the power relations based on gender, sexuality, social institutions and self-identity.

Intimate partner violence can occur multiple times in the same relationship and its end point should be given by decision of the woman herself, although there are factors (close support of people, economic conditions and favorable materials, quality support services, among others) that may contribute to the output of this situation.²

The violence whose consequences revolve around death, harm or physical, sexual or psychological suffering to the woman can occur in the family or in any other interpersonal relationship, including, among other things, rape, ill-treatment, sexual abuse and, still, can be perpetrated or tolerated by the State and its agents, wherever they may occur and should therefore be the object of studies and affirmative propositions for its eradication.³

Governmental institutions describe the violence as the intentional use of physical force or power, real or threat against your own self, against another person, or against a group or community, that results or can result in injury, death, psychological harm, developmental disability or deprivation of liberty.⁴

The nurse needs to organize a coherent set of knowledge and experience in the face of this situation, so that concrete assistance to women does not cause suffering and anguish. To provide this care, the professional certainly will enter into confrontation with complex emotional tensions and causing internal conflicts and personal. However, the nurse is continuing its actions, since his goal is to give assistance to the woman.⁵

When an individual is faced with a dangerous situation without being prepared, fear becomes evident. Fear is a reaction to a situation of danger or to external stimuli too intense that surprised the subject in a state of

unpreparedness of which he is not able to protect himself or dominate. Between fear and anguish, the difference lies in the fact that the first characterized by non-preparation for the danger, while in distress there is something that protects against the dread.⁵

Violence against women is referred to in various ways since the 50s. Designation of domestic violence twenty years after its establishment shall be referred to as violence against women. In the 1980s, it is referred to as domestic violence and, in the 90s, the studies begun to deal with these power relations, in which women in any age group is subjected and subjugated as gender violence.³ A study conducted in Teresina (PI) shows that most of the professionals interviewed reported being important to his participation as a member of this multiprofessional team.⁶ Health services of reference to cases of greater complexity can be added to the interdisciplinary team of specialists in pediatrics, infectious diseases, surgery, traumatology, psychiatry or other specialties. There is explicitly important the nurses' participation in the multidisciplinary team that will serve clients who are victims of this violence, but explains that this composition is desirable.⁷

OBJECTIVE

- Assessing the assistance of the nurse provided the woman victim of domestic violence.

METHOD

This is an exploratory, descriptive study of a qualitative approach, carried out in the emergency room of the University Hospital Clemente de Farias/HUCF, situated in the city of Montes Claros/MG.

Initially, all the victims who give entry into the emergency room of the HUCF are embraced by a multidisciplinary team composed of servers of that Hospital. The subjects selected for this study were the nurses who work in the emergency room of the HUCF of the city of Montes Claros/MG.

There were included in this study nurses employees in the sector in question of the said hospital, who have a minimum of 06 months of experience with this service. It is considered excluded those nurses that did not meet the inclusion criteria.

It was designed as an instrument to produce empirical data a roadmap for semi-structured interviews recorded with the aid of a portable recorder. Before the start of the

production of the information the pre-test was held with three nurses who worked in the emergency room of this institution, but are employees.

The production of information was made with five nurses. The interviews were held in a room of their own emergency room, in previously scheduled dates and times with the nurses and that met the interests of the same. Then the interviews were read and transcribed in full and undertook analysis using content analysis.⁸ This, while method, is defined as a set of techniques of analysis of communications that uses systematic procedures and objectives description of contents of messages. Thus, they were categorized and discussed according to the following categories found in this research:

- 1) Type of nurse care to women victims of violence.
- 2) Difficulties encountered by nurses during the service.

The research met the ethical principles defined by the National Health Council (CNS) through resolution 196/96, to conduct research in humans. The same was approved by the Research Ethics Committee of the State University of Montes Claros (CEP UNIMONTES), under Protocol No. 2076/2010.

RESULTS AND DISCUSSION

• Type of nurses' care to women victims of violence

Domestic violence in Montes Claros/MG configures a serious public health problem in which has achieved a high level of reported cases. The University Hospital Clemente de Faria (HUCF) is the reference hospital for the care of these cases by the nurses. Thus, it is clear a form of distinguished service, especially in so far as it is directed to this type of users of the service to be friendly, holistic, humanizing and, therefore, characterized by essence of caring in nursing. Among the respondents, it could be seen this attitude in the speeches:

[...] we ask to close the screening room, I especially, because it is a case that involves a social issue often involves some particularities, that we need to respect the question of dignity, the victim's privacy and whereas she finds herself in a moment of great fragility. [...]. We do a holistic approach to her, out of the entire context that she was the victim. (E1)

A study conducted in Porto Velho (RO), in the year 2009, 966 people were interviewed in their domicile in which 66,5% were women and of these, 19,3% were victims of domestic violence. The types of violence against women

with greater notification were: physical violence, psychological violence and sexual violence. It is noted, through this study, that the beginning was after the gathering with the partner in which most of the same was alcoholic. Most victims do not seek help for fear of their attackers.⁹ In this research the nurse offers private, cozy and humanizing care to the patient by giving him confidence in the service and facilitating their accession.

Considering that the woman is a preferred target of domestic violence, it becomes of great importance the attention of professionals, especially those in the nursing practice in its trajectory and in any work environment, can face this situation, requiring specific knowledge and skill to perform this handle as an expression of humanizing nurse with power transformer, which should be felt and experienced by the person who cares and who care.¹⁰⁻¹ Some factors, such as the insensitivity and lack of training of health professionals, the trend in medicalization of cases and the lack of coordination between the different sectors of society, make the problem of domestic violence even more complex and of difficult approach.¹²

Women identified the lack of dialogue in the relationship as responsible for the disunity of the couple and by numerous episodes of disagreement that end in fights; men are rarely (in order to share their concerns with the wife and participate in House Affairs), women put themselves in the role of charge the dialogue and the presence of man in the House, believing it to be a form of dialogue to find peace between the couple, which puts the health care professional who welcomes this client in a delicate situation by having to accommodate this customer victim of violence.¹³

Hosting is a fundamental factor for a humanized and individualized assistance, as it is essential in establishing bonding and rapport with women; becomes necessary to show solidarity with their pain and suffering, establishing a relationship of empathy with the woman, and vicarious an appropriate response;⁵ more targeted care by nurses to the victim of violence, it is a distinct form, considering a set of factors related to the situation. Professionals should take into account the individuality of women to infer that she is exposed, fragile. It is necessary taking into account the issue of privacy and dignity of the victim, adopting a welcoming attitude. This dimension of nursing care corroborates with the idea of hosting such a peculiarity of taking care.¹¹ This reflection brings the possibility of performing nursing

care to women victims of sexual violence associated with perspective associated to humanizing actions, welcoming, listening, touching and silencing. Through this perspective, of hosting, distinct, has the following statement:

[...] Of course it's kind of hard to talk because he's a patient traumatized, the victim of aggression, has to be more[...] take it easy, so you can talk and the person feel free to talk about what's going on. (E2)

It is emphasized the importance of a strategy of differentiated look approach, which takes into account a situation distinct and quite delicate. The respondent notes that it is necessary to perform an approach so that the woman has security and tranquility to report violence, feeling comfortable in a controversial situation.

The respondent 4 also ponders the assault the woman requires a differentiated service for part of the nurse in relation to other services, as is explicit in the speech that follows:

Look, we try making a maximum attendance, the most humanized as possible, [...] the attention, the look you should have for this woman, a duct, and it has to be a more careful conduct. [...]. But the fact that she has been through a trauma we must have a unique look to this audience. (E4)

Noteworthy does the humanization of the attendances, a more discerning conduct, careful, constitute a differentiated approach for these users.

The same nurse points out some strategic factors during the nurse's approach to client a victim of violence, which can facilitate the attendance, contributing to driving the situation better:

[...] It is important you be calming the woman, be guided by explaining that she is in a secure environment, that the information is confidential, that will give a protection for her, don't be afraid to report what happened. (E4)

It is inferred that, sometimes, the woman can feel intimidated in relation to the information that is provided during the service. So, many women don't tell and many professionals don't ask, even by the limited time available for the meeting. There is also the view that domestic violence is a private matter and can only be solved in this context.¹⁴

The shame of exposing that they are physically assaulted by the partner is one of the most embarrassing feelings that women report regarding the situation of domestic violence. When they report their partners,

expect to find institutional support, which is not always the case. This seems to be one of the factors that encourage a return to living with the perpetrator of the assault, which takes them to drop the charges on the promise of no more partner violence to them or as a result of threats.¹⁵

So, it figures as a fundamental part of the nurse the nursing guidelines, the clarification that this is sensitive information, whose owner should be solely the client and the health professional. The host, understood as the first professional contact with the woman who was the victim of violence will provide security, both physical and emotional, and constitutes an important factor for adherence to treatment.

It is understood that nursing care to women victims of sexual violence requires more than technical skills, requiring individualized attention that transcends the sense of cure and treat. From the moment that the women in situations of sexual violence seeking specialized health service, nursing professionals have the opportunity to counsel women and show the true essence of their profession, the care/caring. In this sense, the nursing care action as the host can be realized at the time that it adopts an attitude of listening and silencing.¹¹ In turn, it has also been found that is not always rendered a distinguished service to that of the public service health of the University Hospital Clemente de Faria. It is evident that the care of nurses is limited to screening, performed without a major criterion without a holistic approach that considers all the dynamics of a situation involving domestic violence. The following speech shows this fact:

[...] By the time the patient arrives nurse classifies this patient, then passes to the clinician, [...]. Now, contact even with this patient indeed has no agent; just at the moment of classification we do the first service. (E3)

In this talk, the nurse E3 implies that the contact made with the woman victim of domestic violence during the act of triage and sorting is not a differentiated service. So, if not creates a link between professional and user, necessary to better conduct the case. After the completion of the triage nurse forwards the client for the doctor, who will conduct the service.

Considering that the University Hospital Clemente de Faria is a reference in the attendance to women victims of violence, it points out that all nursing care targeted at this audience should be guided in the essence

of an inter-subjective relationship with the next.

The action of taking care of the woman victim of violence by health service nursing often follow a biomedical model, in which assistance actions are directed to do so, justifying the predominance of careful technical dimension. It is believed that the historical evolution of the nursing profession, associated with the technological and scientific advancement, contributes to a way of doing that if you configure in interventions, without the incorporation of subjectivity in the relationship between care and the caregiver.¹¹

What can be seen of this type of care is a fragmented health care, centered on the physical-biological involvement, though it's far from contemplating the integrality of attention to health, which involves other issues, social, cultural, psychological and legal.¹⁶

Nursing, when performing the care the woman victim of sexual violence, can uncover several other problems that can affect the physical and emotional integrity of the woman. The nurse, by adopting the posture of the woman health service search, with their complaints varied, is able to highlight situations of violence which are contained in the silence, in fear and shame. Therefore, this cozy care by nursing sensitive and human eyes allows for the health of the woman victim of domestic violence, with the purpose of regaining your self-esteem, your mental health and your quality of life.¹¹

• Difficulties encountered by nurses during attendance

On condition of nurses, the individual will certainly be confronted with emotional and relational tensions of a complex system that includes the economic situation, hierarchical or conflicts among the members of the interdisciplinary team and priority in developing assistance consistent with the physical and psychological needs of your customer.¹⁷

When discussing the topic of domestic violence, must take into account the feeling of helplessness of who performs the listeners about the violence, which in research situation worsens by uncertainty as to the continuity of the host. There is also, especially in the case of women, the fear of the abuser, shared by who listens and who reports. This involves issues of personal safety. Thus, both the confidentiality of information, the privacy of the context of the interview, are ethical measures of

confidentiality of data and also, especially in this case, precautions regarding the physical or emotional health of the participants.¹⁰

Provide assistance to women victims of domestic violence involves ethical, moral and religious questions, which may be the cause of psychological and emotional repercussions. Perform this type of care causes various sentiments according to personal and professional experience of each individual. You can see different non-verbal reactions; some people were thrilled, uncomfortable with what they were talking about, they didn't want to demonstrate insensitivity or fear. A participant said being afraid to say something compromising and asked that turned the tape recorder. Some have asked you to stop recording, with the claim that I needed to reset to continue the interview. Others said they had much to discuss or have shown to be comfortable.⁵

To understand that the attendance to women victims of violence is a complex service, was approached in the interview to the participants of this research the question pertaining to the difficulties encountered in meeting the customers, enabling thus the setting of this category.

Among the lines of respondents is as follows:

[...] Have to separate the personal from the professional issue, [...] I find absurd, I get indignant; accept a good, try to approach, trying to talk, support, to comfort a little because it's kind of complicated. (E2)

It becomes clear in talking up there is the involvement of professional subjectivity. The respondent referred, as well as segregation between the professional attitude and their cargo of values embedded in it personally. According to him, therefore, it is necessary to promote conversation, support, comfort based on professionalism, without considering, in the strict sense, their pre-notions on the subject.

I interviewed E4 referred another difficulty:

[...] Initially they tend to deny the violence, sometimes because they are often the people themselves closer to them that have violated, so they got the fear perhaps of denounce. (E4)

With respect to the speech, one can see a difficulty which sometimes can derail the meeting. The nurse reports that it is difficult to obtain the information relating to the violence. This difficulty, in turn, is triggered, at first, a denial of the violent act by the woman herself. This refers to the importance of strategic actions on the part of nurses

during the approach of this woman, so that he can get reliable information in order to direct your care. E4 proposes, Furthermore, that this problem is generated by fear to report the aggressor, which is an individual close to the woman. All this leads to the need for a professional qualification to perform this type of service.

This corroborates with the exposed that victims of violence are often embarrassed or frightened to make the legal procedures that could lead to a possible punishment of assailant.¹⁸

Sensitization with regard to its importance, the breaking of preconceived ideas and the right training to diagnose situations of violence are necessary conditions so that the healthcare professional is able to detect and report, the who has jurisdiction, this reality that presents itself so expressive in the everyday life of their attendances, whatever your area of expertise.¹⁹

The author highlights the notification with respect to its great importance, because it is through her that violence gain visibility, enabling scaling of epidemiological problem and the creation of public policies aimed at prevention. The health professional must notify cases of violence that have knowledge, including the domestic, which may account for the omission.

E1 already scores another difficulty in his speech:

Have difficulties, because we don't have this multidisciplinary support. There are no psychologists, no social worker in the evening [...]. (E1).

It is evident that a factor in maintaining the assistance to the woman victim of violence at the hospital under study refers to the multidisciplinary perspective, with which this type of care should count. According to the respondent, it is necessary to rely on a support by a multiprofessional team at all times customer service.

To contextualize that remark, it is stated that the violence experienced by women leave sequelae not only physical, but also psychological and social. Thus, the customer service these women requires an interdisciplinary team, you can contemplate all aspects of your life, thus promoting a holistic service, suitable in these cases.¹⁴ So, in most cases of sexual violence, women, without guidance from a lawyer, don't initiate procedures in police stations that they would open investigation and determine trial and penalty to the aggressors. Likewise, if the assault results in a pregnancy, you need appropriate psychological support to be heard

and embraced in order to facilitate decision-making in relation to pregnancy. It is important the psychological support and social services so that women can break the silence and rearrange their lives after the trauma.¹⁸

With regard to nursing, reflection of the care the woman victim of violence, from the humanistic theory, envisions a practice that enhances the meaning of the experience by being that cares and be careful. In this way, when the professional shares that experience to take care in their daily lives with who cares, lets a transaction intra-human permeated by intersubjectivity in order to understand the other, like a be in potential. For this drop handle, this relationship provides the express their feelings and negative behaviors.¹¹

For other participants of this survey, there are no difficulties during the service provided to women victims of domestic violence, as is explicit in:

[...] has no difficulty, [...] when they come into the hospital they are willing to really stop it, or at the moment of anger come on impulse [...]. (E3).

E3 refers that there is no difficulty in meeting and assigns that to the posture of the victims, to its intention to finalize with the practice of violence, or because of the impulsiveness of women, which, in these moments, they saturate themselves in relation to this kind of situation.

[...] the service is well standardized, agent has customer service flowchart, so there are no difficulties. Just in case, I think it would have, that the hospital is a reference in this service, sometimes missing doctor, sometimes motherhood is too full and the woman ends up resigning. (E5).

Similarly, E5 does not report difficulties during the service to victims of domestic violence. However, one caveat, pondering that, sometimes, the health service does not count with the whole team which leads the service, or even demand in that hospital, which for being intense just hindering assistance.

FINAL REMARKS

This study showed the type of service provided by the nurse, who during the host's privacy is respected, as well as the weaknesses of the victim, through a holistic approach. With that, one can realize the importance of the nurse's care to women victims of domestic violence. As a result of the trauma, the first approach by a nurse with the victim becomes difficult. However, study

participants reported having a humanized, expanded attention and distinguished look for this public respecting the ethical precepts by means of conduits more careful.

Regarding the difficulties faced during the service, the nurses argue emotional separation with the professional. The fear in denouncing the aggressor and the lack of a qualified multidisciplinary team often becomes a factor difficult to provide the appropriate assistance. To do this, it should also invest in the increase on research and scientific production, in order to improve and guarantee the quality of life for women victims of domestic violence.

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Submission: 2013/12/22

Accepted: 2014/04/15

Publishing: 2014/06/01

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