

Nurses care for women in situation of domestic violence during the pandemic: Integrative review

RESUMO | Objetivo: Discutir os desafios de enfermeiras emergências durante as práticas de cuidado à mulher em situação de violência doméstica. Método: Trata-se de uma revisão integrativa da literatura que utilizou a estratégia PICO. Foram realizadas buscas por periódicos entre abril a julho de 2021, na BVS, no SciELO, na PubMed e na Embase; nove artigos foram selecionados. Resultados: Foram identificadas fragilidades nas práticas de cuidado de enfermeiras às mulheres na urgência e emergência hospitalar, decorrente da falta de capacitação profissional, medo ou (des) conhecimento sobre a sistematização da assistência de enfermagem. Conclusão: É necessário que as práticas de cuidado sejam realizadas de maneira integral, de forma holística, vislumbrando a garantia da assistência em saúde conforme às necessidades apresentadas pela mulher, de maneira singular. Com fortalecimento das atividades de educação em serviço, com possibilidade de diálogo entre os serviços que compõem a rede de enfrentamento à violência doméstica contra a mulher.

Descritores: Violência contra a Mulher; COVID-19; Enfermeiros; Hospital.

ABSTRACT | Objective: To discuss the challenges faced by emergency nurses during care practices for women in situations of domestic violence. Method: This is an integrative literature review that used the PICO strategy. Searches for journals were carried out between April and July 2021, in the VHL, SciELO, PubMed and Embase; nine articles were selected. Results: Weaknesses were identified in nurses' care practices for women in hospital urgency and emergency care, due to lack of professional training, fear or (lack of) knowledge about the systematization of nursing care. Conclusion: It is necessary that care practices are carried out in an integral way, in a holistic way, envisioning the guarantee of health care according to the needs presented by the woman, in a unique way. With the strengthening of in-service education activities, with the possibility of dialogue between the services that make up the network to combat domestic violence against women.

Keywords: Violence against Women; COVID-19; nurses; Hospital.

RESUMEN | Objetivo: Discutir los desafíos enfrentados por los enfermeros de emergencia durante las prácticas de atención a mujeres en situación de violencia doméstica. Método: Se trata de una revisión integrativa de la literatura que utilizó la estrategia PICO. Las búsquedas de revistas se realizaron entre abril y julio de 2021, en la BVS, SciELO, PubMed y Embase; Se seleccionaron nueve artículos. Resultados: Se identificaron debilidades en las prácticas de atención de los enfermeros a las mujeres en urgencias y emergencias hospitalarias, debido a la falta de formación profesional, miedo o (falta de) conocimiento sobre la sistematización del cuidado de enfermería. Conclusión: Es necesario que las prácticas de cuidado sean realizadas de forma integral y holística, vislumbrando la garantía del cuidado de la salud de acuerdo a las necesidades presentadas por la mujer, de forma única. Con el fortalecimiento de las actividades de educación en servicio, con posibilidad de diálogo entre los servicios que integran la red de combate a la violencia doméstica contra las mujeres.

Palabras claves: Violencia contra la Mujer; COVID-19; enfermeras; Hospital.

Renara Meira Gomes

Nurse. Master's student at the Graduate Program in Nursing and Health (PPGES) at the State University of Southwest Bahia (UESB). Jequié, Bahia, Brazil.
ORCID:0000-0002-3366-6787

Valdimilson Santos de Carvalho

Assisting physician in the basic and hospital network. Biologist, teacher in the state education network. Jequié, Bahia, Brazil.
ORCID: 0000-0002-7791-1385

Amanda de Alencar Pereira Gomes

Nurse. Master's student at PPGES at UESB. Jequié, Bahia, Brazil.
ORCID ID: 0000-0003-1356-3710.

Vanda Palmarella Rodrigues

Nurse. Doctor in Nursing. Professor of the Nursing course and PPGES at UESB. Jequié, Bahia, Brazil.
ORCID: 0000-0002-5689-5910.

Jéssica dos Santos Simões

Nurse. Master's student at PPGES at UESB. Jequié, Bahia, Brazil.
ORCID: 0000-0003-2489-6836.

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INTRODUCTION

Acts of domestic violence against women (DVAW) are increasingly frequent, resulting from gender, class, race/ethnicity relations and their respective power interactions. ⁽¹⁾ Law No. 11,340, of August 7th, 2006, defines DVAW as any action or omission based on gender that causes death, injury, physical, sexual or psychological suffering and moral or property damage ⁽²⁾; resulting in harm, whether physical injury, psychological harm, developmental disability or deprivation of liberty.

International and national studies reveal an alarming growth in DVAW cases today, linking the worsening of the problem

experienced by several women to the pandemic moment of COVID-19.⁽³⁻⁴⁾

With a view to containing the virus, social isolation was established as an emergency, however, there was a significant increase in cases of DVAW. This fact is related to the longer duration of the woman's stay at home with the aggressor, an environment where aggressions usually occur; in addition, it is understood that economic factors increase stress, and the increase in alcohol consumption was also related to the increase in cases of domestic violence.⁽¹⁾

As a result of the COVID-19 pandemic, hospitals are severely overcrowded, specifically in the urgency and emergency service (UE).⁽⁵⁾ In this scenario, nurses are recognized as professionals working in the sectors that make up the UE services, as they provide initial assistance to patients who seek hospital emergencies on demand.

The practice of nursing care is understood as a singular act, which permeates the interaction between the patient's need for care and the professional nurse's health performance. Health actions are based on scientific evidence, but specific and unique to each patient, in this way, it represents a practice made possible by human relationships.⁽⁶⁾

During the practice of care, the nurses make the first contact with the woman who seeks the hospital emergency due to injuries resulting from situations of violence; generally, women have a serious health condition, with imminent risk of life, with bodily injuries resulting from violent acts perpetrated by the aggressor.⁽⁷⁾

Health care aimed at women in situations of violence who seek health services represents a challenge for nurses during their care practice, given the particularities inherent to the precipitating elements of the health problem. During care delivery, comprehensive care must be guaranteed, with a view to meeting the women's needs.⁽⁷⁾

In this sense, this research aims to discuss the challenges faced by emergency nurses during care practices for women in situations of domestic violence.

METHODS

This is an integrative literature review. Seeking a methodological systematization and envisioning the guarantee of the quality of the study, the following PICO question was formulated: what are the challenges of emergency nurses during the care practices for women in situations of domestic violence? The formulation of the PICO question in non-clinical research represents a methodological systematization, aiming to guarantee the quality of the study; P is an acronym for Patient/Population or Problem, I stands for Interest and Co stands for Context.⁽⁸⁾

To this end, online searches were carried out for journals between April and July 2021, in the Virtual Health Library (VHL), in the Scientific Electronic Library Online Journal Portal (SciELO), in the Medline (Medical Literature) database. Analysis and Retrieval System Online) from the National Center for Biotechnology Information portal of the National Library of Medicine (PubMed) and the Embase database; using the following Health Sciences Descriptors (DeCS): violência contra a mulher, violência doméstica, enfermeiros, unidade hospitalar e urgências; and in English, those belonging to the Medical Subject Headings (MESH): violence against women, domestic violence, nurses, hospital unit and emergencies; combined with the boolean indicators AND and OR.

For the selection of articles, inclusion and exclusion criteria were established, namely, inclusion criteria: articles made available free of charge and in full, relevant to the object of study, published in the period from 2017 to 2021, that initially referred to the subject under study in their title. As exclusion criteria, it was decided not to include findings that were not consistent with the theme, duplicated, with an out-of-date year of publication; yet, readings were initially carried out in the abstracts.

From the searches, 227 articles were identified, in the bases and databases cited, later selected 98 articles after applying filters available on the search engines. As a result of the methodological process, seeking gre-

ater quality of the results, detailed readings were carried out in the abstracts and articles in full, with rigorous implementation of the selection criteria, thus nine articles were selected to constitute this literature review.

As a method of analysis of the selected material, thematic content analysis was used, which is divided into pre-analysis, material exploration and interpretation of results.⁽⁹⁾ Thus, the literature review that emerged from the studies discusses the challenges experienced by nurses during the practice of care for women in situations of domestic violence in the emergency room.

RESULTS

The literature review that emerged from the studies discusses the nurses' care practices for women in situations of domestic violence in hospital urgency and emergency, with the identification of weaknesses in the care process, resulting from the lack of professional training, fear or (lack of) knowledge about the systematization of nursing care. Table 1 highlights the main information of the articles selected to compose this study.

DISCUSSION

The repercussions of domestic violence are serious, being recognized as risk factors for triggering multiple problems, especially in the health field, resulting from acts of physical, psychological, sexual, patrimonial and moral violence.⁽¹⁰⁾

In this direction, the problem is one of the triggers for the triggering of feelings and consequently psychological impacts, considering the close relationship between the woman and the aggressor, which usually exists.

As a result of the violent situations suffered, women seek the various health services, with hospital emergencies being the main entry points, in the form of spontaneous demand. Sometimes in a serious state of health, with imminent risk of life, being referred for immediate care and hos-

Table 1: Characterization of the articles included in the review regarding authorship and year of publication, title, type of study and synthesis of results. Jequié, Bahia, Brazil, 2021.

AUTHOR(S) / YEAR	TITLE	TYPE OF STUDY	SUMMARY OF RESULTS
ALTENBERND B, MACEDO MK, 2020 (11)	Rigor and sensitivity: unique demands of nursing care in the context of urgency and emergency (Rigor e sensibilidade: singulares demandas do cuidado em enfermagem no contexto de urgência e emergência)	Qualitative study carried out with nursing professionals	The study revealed that there are several routines in the daily work of nurses in urgency and emergencies, emphasizing the process of care and humanization.
ANGUITA MV et al, 2019(16)	Humanization of health care in the emergency department: qualitative analysis based on nurses' experiences (Humanização dos cuidados de saúde no serviço de urgência: análise qualitativa baseada nas experiências dos enfermeiros)	Qualitative study explored the perspectives of nurses	The study describes the dynamics in the urgency and emergency sector, and the need for humanization and dynamics in the nursing care process.
PAULA CFB, RIBEIRO RCL, WERNECK AL 2019(15)	Humanization of care: reception and screening in risk classification (Humanização da assistência: acolhimento e triagem na classificação de risco)	Quantitative, analytical, cross-sectional study	The analysis showed that the largest number of patients admitted are women, and fear is an inherent feeling, due to the unknown. The study pointed to patient satisfaction with care.
ACOSTA DF, GOMES VLO, OLIVEIRA DCM, SÉRGIO CFAD, 2018(7)	Nurses' social representations about domestic violence against women: a study with a structural approach (Representações sociais de enfermeiras acerca da violência doméstica contra a mulher: estudo com abordagem estrutural)	Qualitative study carried out with 100 nurses	The study showed that there is a preparation, or rather unpreparedness, in the training of nurses about acting in front of women in situations of domestic violence. Fear was the most reported feeling.
NETTO LA 2018(12)	Nursing performance in the conservation of the health of women in situations of violence (Atuação da enfermagem na conservação da saúde de mulheres em situação de violência)	Qualitative and descriptive research carried out with 11 nurses	In studies, nurses report that depression, fear and physical injuries are more evident injuries in women who experience violence; however, the approach is restricted to physical injuries.
SOUZA TMC, REZENDE FF, 2018(10)	Violence against women: conceptions and practices of public service professionals (Violência contra mulher: concepções e práticas de profissionais de serviços públicos)	Qualitative study	It was found that there are possible weaknesses in the educational process of nurses, and this fact interferes in the practice of care.
FREITAS RJM, SOUZA VB, COSTA TSC, FEITOSA RMM, MONTEIRO ARM, MOURA NA, 2017(14)	Nurses' role in identifying and reporting cases of violence against women (Atuação dos enfermeiros na identificação e notificação dos casos de violência contra a mulher)	Qualitative research, carried out with ten nurses	The study mentions the importance of reporting DVAW cases, however, this is not a practice of nurses, due to fear and other causes.
RODRIGUES WF, RODRIGUES RFG, FERREIRA FA, 2017(13)	Violence against women within a biopsychosocial context a challenge for the nursing professional (Violência contra a mulher dentro de um contexto biopsicossocial um desafio para o profissional de enfermagem)	Quantitative-qualitative study, with professionals from the nursing team	In studies, the authors infer that DVAW acts have repercussions in several areas of women's lives, and that care represents a great challenge for nurses.

Source: Authors' elaboration, 2021.

pitalization.⁽⁸⁾

In studies, it was found that bodily injuries secondary to physical aggression are among the main causes of demand for emergency services by women; these usually have multiple bruises, edema on the face, extensive burns, severe bleeding resulting from firearm perforation (FAP), stabbing perforation (SP), traumatic brain injury (TBI), in addition to other injuries.^(11,12)

The hospital environment, specifically the EU sector, is characterized by constant dynamics and high patient demand. The working professionals experience an intense work routine daily. In addition, they experience characteristic adversities, requiring quick, rational and resolute execution of procedures, in addition to precarious infrastructure, lack of resources and inadequate staffing.⁽¹¹⁾

A significant number of women do not reveal domestic violence as a causal factor linked to their health status. In this context, nurses need to have an active listening, to reveal violence, when this problem is associated with the problem, especially when there is physical injury. The possibility of detecting DVAW by the nurse is linked, due to the longer period of stay of this professional with the patient, and to the specific

questions in the collection of information for the composition of the anamnesis and nursing history. ^(8,13)

In addition, the characteristics linked to the profession, based on the systematization of care, enhances the practice of care with a guarantee of integrality, essential in the care of women, passing through several relational spheres between women, the violence suffered and the possibilities of holistic care by nurses, for the prevention and management of the situations experienced. ⁽⁸⁾

It is observed that the initial approach of nurses' care to women in situations of domestic violence is restricted to the resolution of complaints, based on unspecific behaviors to singular situations, which inefficiently affects the precipitating phenomenon of violence. This fact is related not only to the characteristic aspects of the emergency and difficulties regarding the nurses' work issues, but also to the lack of preparation and sensitivity of health professionals. ^(8,13)

The lack of professional training of nurses in emergencies makes it impossible to provide equal assistance between the therapeutic need and the practice of care, not only in the physical sphere, but also in the field of mental health. Women who seek the services expose their feelings and there is an expression of crying, which generates discredit on the part of professionals about the facts reported by patients. ^(8,10)

There is an alarming underreporting by health professionals, who, in the exercise of their professions, become aware of acts of violence in which women are inserted. In view of this fact, it is clear that the obligation imposed by law in itself does not lead to effective compliance by professionals in the exercise of their professions. ⁽¹⁴⁾

Underreporting is related to several factors, among those known in studies, the professional's fear of reprisals that may come from the aggressor, associated with the perception of idealized exposure, is the most prevalent. In addition, the lack of knowledge of the DVAV as a circumstance of compulsory notification, in addition to the lack of knowledge about how to com-

plete the specific form, are some of the reasons that relate to underreporting. ⁽¹⁴⁾

In this scenario, the arrival of women in situations of domestic violence represents a challenge for nurses, having to deal with the emergency demands of the service and in time, provide care in a holistic and corre-



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lative way to the specific demands related to the aggravating factor experienced by the woman, and offer comprehensive, individualized and welcoming care, based on respect and professional ethics. ⁽¹⁵⁾

Nurses, recognized as professionals with the potential for dialogue, have

communication as a work instrument, an essential element for providing care to women who enter the service with needs that go beyond the materialized. Emergency nurses are important allies for the recognition of the DVAV situation, many times they are not immediately revealed by the woman, due to fear and shame, or the perception that emerges from women due to the naturalization of the problem by the professionals in service. ⁽⁸⁾

The magnitude of the problem that predisposes women to seek the service requires a welcoming service from nurses, with the establishment of the dialogic process in an active way, enabling a space for mutual relationship between women and nurses, with a view to attending to them according to the needs presented; promoting the breaking of women's silence to identify causality, and thus carrying out the planning for systematization of care. ^(8,12)

The practice of welcoming and sensitized care based on dialogue, generates a bond and consequently brings out the feeling of trust between the woman and the professional, which are essential elements for the care to be carried out in a humanistic, empathic and ethical way, promoting resolution of emergency problems that interfere with women's physical and emotional health. ⁽¹³⁾

However, there is a vast literature that identifies the weaknesses inherent in the process of welcoming women in situations of domestic violence in health services. ⁽¹³⁾ The flaws are related to the professional (lack of) preparation, and initially come from the undergraduate curricular matrices, since they do not include essential education and training for professional performance aimed at the phenomenon that involves DVAV. ^(10,13)

In the past, the other demands inherent to the emergency sector, associated with the personal fear of greater involvement with the problem, and the lack of a specific protocol on professional work with women in situations of violence, the latter recognized as a care guide, are other factors that weaken the care provided by nurses to wo-

men who enter the hospital in search of a solution.^(10,13)

In this context, the need for humanized care is emphasized, with the creation of interactive spaces by nurses, enhancing empowerment and the search for the rescue of female autonomy. In addition, nursing care must be humanized and resolute, with the articulation of skills and competences, in order to promote professional access beyond physical damage, as well as emotional and subjective damages presented by patients.^(14,16)

Therefore, it is essential that nurses assume a sensitized and co-responsibility attitude towards women, creating bonds and active listening, as resources that support the systematization of care, carrying out the appropriate conducts and referrals, in order to assist patients in an integrated manner, in

their multi-dimensions.^(8,13)

CONCLUSION

Through the study, it was evidenced that there are several challenges experienced by nurses, during their practice of care for women in situations of domestic violence who enter hospital services; the flaws inherent in the care process interfere negatively in the outcomes, having as causes the lack of professional training, fear, fragmented treatment, considering the physical injuries. In addition, the underreporting of DVAW cases is notorious, and notification is an important tool for analyzing the health situation and implementing actions, with a view to enabling women to leave situations of violence experienced.

Faced with the complexity of the phe-

nomenon that involves the DVAW, it is necessary for nurses to carry out care practices in an integral and holistic way, envisioning the guarantee of health care according to the needs presented by the woman, in a unique way. Therefore, it is essential to strengthen in-service education activities, with the possibility of dialogue between the services that make up the network to combat domestic violence against women.

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