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Revista de Enfermagem da UFPI

ISSN 2238-7234

REVIEW

Scientific knowledge produced in the Nursing area about violence: an integrative review

Conhecimento científico produzido na área da Enfermagem acerca da violência: revisão integrativa
Conocimiento científico producido en el área de Enfermería sobre la violencia: revisión integradora

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Objective: To identify the scientific knowledge about violence produced by nurses in two databases. **Methods:** This is qualitative research with an integrative literature review. We searched for articles in Portuguese, English, and Spanish, published in the last five years, with associated descriptors by the Boolean operator. After applying the inclusion and exclusion criteria, 35 articles were selected. **Results:** Four thematic categories were identified, referring to violence against children and/or adolescents, the elderly people, women, and professionals, in addition to their behavior in situations of violence. The culture of violence is rooted in society as a form of conflict resolution. To break this cycle, the studies showed, for example, the importance of professional training and qualification, as there was a lack of academic training and the insecurity generated by the fear of retaliation since professionals can also end up becoming victims of violence. **Conclusion:** There is still little evidence on this topic, especially in the behavior of the professionals and strategies for preventing and coping with violence. Therefore, the importance of fostering production both about violence and nursing care when facing this situation is highlighted.

Descriptors: Violence. Knowledge. Nursing. Nursing Care. Evidence-based Nursing.

RESUMO

Objetivo: identificar o conhecimento científico acerca da violência produzido por enfermeiros em duas bases de dados. **Métodos:** pesquisa qualitativa, do tipo revisão integrativa da literatura. Foi realizada busca de artigos em português, inglês e espanhol, publicados nos últimos cinco anos, com descritores associados por operador booleano. Depois de aplicado os critérios de inclusão e exclusão, foram selecionados 35 artigos. **Resultados:** identificaram-se quatro categorias temáticas, referentes à violência contra crianças e/ou adolescentes, idosos, mulheres e profissionais, além da conduta desses nas situações de violência. Verificou-se que a cultura da violência está arraigada na sociedade como uma forma de resolução de conflito. Para romper com esse ciclo, os estudos evidenciaram, por exemplo, a importância da formação e capacitação profissional, uma vez que se observou carência na formação acadêmica e também a insegurança gerada pelo receio de retaliações, já que os profissionais também podem acabar se tornando vítimas da violência. **Conclusão:** considera-se que ainda existem poucas evidências acerca dessa temática, principalmente no que refere à conduta dos profissionais e as estratégias de prevenção e enfrentamento à violência. Logo, destaca-se a importância de fomentar a produção tanto acerca da violência quanto dos cuidados de enfermagem frente a essa situação.

Descritores: Violência. Conhecimento. Enfermagem. Cuidados de Enfermagem. Enfermagem Baseada em Evidências.

RESUMEN

Objetivo: Identificar el conocimiento científico sobre la violencia producida por enfermeros en dos bases de datos. **Métodos:** Investigación cualitativa del tipo revisión integradora de la literatura. Se buscaron artículos en portugués, inglés y español, publicados en los últimos cinco años, con descriptores asociados por el operador booleano. Tras aplicar los criterios de inclusión y exclusión, se seleccionaron 35 artículos. **Resultados:** Se identificaron cuatro categorías temáticas sobre la violencia contra niños y/o adolescentes, adultos mayores, mujeres y profesionales, además de su conducta en situaciones de violencia. Se observó que la cultura de la violencia está arraigada en la sociedad como forma de resolución de conflictos. Para romper este ciclo, los estudios mostraron, por ejemplo, la importancia de la formación y la capacitación profesional, ya que existía una falta de formación académica y también la inseguridad que genera el miedo a las represalias, ya que los profesionales también pueden acabar convirtiéndose en víctimas de la violencia. **Conclusión:** Se considera que aún existe poca evidencia sobre este tema, especialmente en la conducta de los profesionales y las estrategias para prevenir y afrontar la violencia. Por lo tanto, se destaca la importancia de impulsar la producción tanto sobre la violencia como sobre los cuidados de enfermería ante esta situación.

Descriptor: Violencia. Conocimiento. Enfermería. Atención de Enfermería. Enfermería Basada en la Evidencia.

INTRODUCTION

Violence is a complex phenomenon that occurs in the most varied forms and implies several elements and theoretical positions. It can be natural as no one is free from its occurrence, or artificial due to an abuse of force by some over others. ^(1,2) Thus, the practice of violence expresses attitudes contrary to someone's freedom and will. ⁽²⁾

Violence can be divided into three major groups - self-directed, interpersonal, and collective. Self-directed violence is any act of violence performed against oneself such as suicide and self-mutilation. Interpersonal violence can take two forms: family violence, between family members, or between intimate partners; and community violence, often in public places, between individuals who may or may not be related. Finally, collective violence is practiced by larger groups and can include hate crimes, terrorist acts, war, among others. Therefore, understanding violence only as injury or death limits the full perception of its concept and associated risk factors. ⁽³⁾

In a country with a vast territory such as Brazil, all social groups are vulnerable to violence, even differing according to age group, gender, race, and socioeconomic conditions. ⁽⁴⁾ In the Brazilian reality, children and adolescents, women, homosexuals, people with disabilities, people with mental disorders, slum dwellers, and migrants are the main victims of violence. ⁽⁵⁾

Thus, specific groups of people suffer throughout their lives from several types of violence, resulting in debates by the most varied sectors of society such as health, education, and justice, aiming at reducing and preventing situations of violence and promoting peace. Primary Care is one of the strategies to achieve this intention in the health area. For example, we highlight its privileged position in the territory, which promotes approximation and bonding with the patients, enabling the creation of spaces for dialogue and social participation. ⁽⁶⁾

Health professionals are fundamental in services, especially nurses, as they are one of the first to identify and accept cases of violence. The quality of care will depend on how prepared and qualified this professional is to act in these situations. Therefore, we believe that review studies are powerful tools to help and improve nursing care practices because based on the findings, we can identify the most frequent types of violence, the most vulnerable population, the strengths and weaknesses in acting. We can also identify gaps in knowledge such as the existence of research aimed at a form of violence and not in general, so health actions can become even more effective and efficient, including for the prevention of violence. Thus, we formulated the following research question: What is the scientific production of nurses about violence? Thus, this study aims to identify the scientific knowledge about violence produced by nurses in two databases.

METHOD

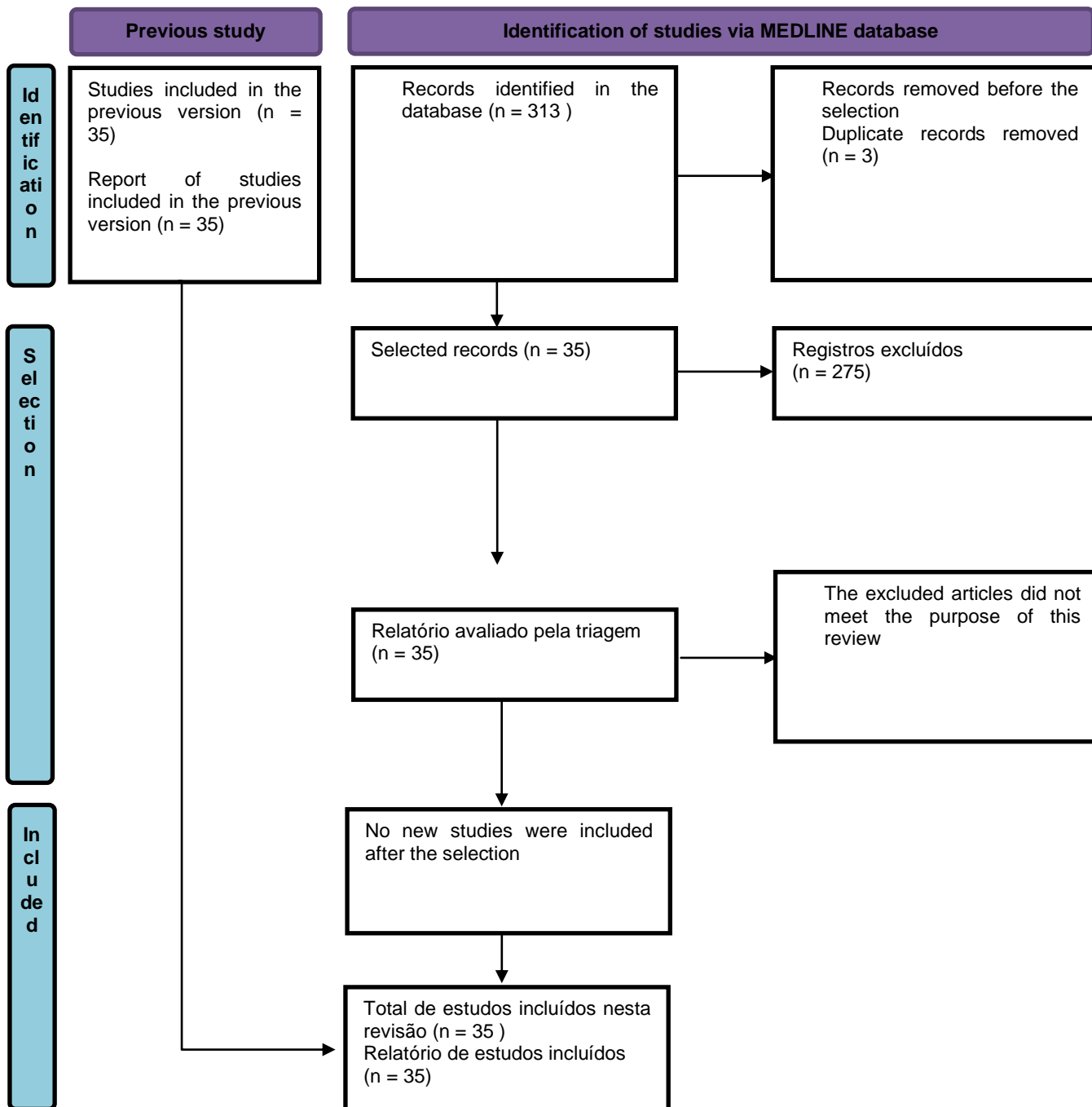
This is an integrative literature review with a descriptive and qualitative approach. The integrative review is a research method that allows the incorporation of evidence in clinical practice by making a synthesis of knowledge on a given topic, which facilitates decision-making and allows for the identification of the weaknesses of the studies, as well as the need for future research. ⁽⁷⁾

To prepare this review, we needed to systematically and rigorously go through the stages of its construction divided into the identification of the theme and selection of the research question, and also defining the search strategy, descriptors and databases to be used; establishment of inclusion and exclusion criteria for studies; data collection by reading the title, descriptors and summary of publications and consequent organization of selected studies; critical analysis of included studies; interpretation, presentation and discussion of results; and presentation of the review clearly and completely. ⁽⁷⁾

Thus, to answer the research question and its objective, we used the online Medical Literature Analysis and Retrieval System (MEDLINE) and National Library of Medicine and National Center of Biotechnology Information (PubMed) databases with the following associations of descriptors extracted from the Medical Subject Headings (MeSH) search operator "Nurse AND Violence" and "Nurse OR Professional AND Violence". We established the following inclusion criteria: scientific articles, original, free, complete, and available online, published from 2015 to 2019, in Portuguese, English, and Spanish. The exclusion criteria were: repeated publications and gray literature as unpublished literature.

We used the PICO strategy to select the descriptors that included the guiding question: P (population, with choice of the condition of interest) - violence - *violence* AND I (intervention of interest) nursing - *nurse* OR O (Outcomes, with the definition of results to definition of interest - professional behavior) - *professional*. We excluded component C (Comparison, being the control group to be compared with the intervention group) because studies that did not necessarily use control groups were accepted. ⁽⁸⁾ After selecting the descriptors and starting the search, we used the PRISMA strategy (Table 1) for identification, screening, and inclusion of articles in this review. ⁽⁹⁾

Table 1. Flowchart of the selection of studies according to PRISMA 2020 flow diagram for updated systematic reviews which included searches of databases and registers only.



Source: The authors (2021).

Thus, from the association of the descriptors “Nurse AND Violence” and “Nurse OR Professional AND Violence”, we found 142 and 171 articles, a total of 313, which after applying the inclusion and exclusion criteria and a careful reading of the title, descriptors and abstract of publications, we reached 35 articles, 19 in the association “Nurse AND Violence” and 16 in “Nurse OR Professional AND Violence”.

For the treatment of the data, we used the Content Analysis proposed by Bardin, which proposes three stages - an exploration of the material, treatment of results, and interpretation. The exploration of the material included the organization of the material, with a thorough reading of the results, seeking particularities in the manuscripts for the elaboration of ideas. After this search, we constructed coded tables with number, year, title, general objective, and main results found according to the categories from the analysis. ⁽¹⁰⁾

RESULTS

The analysis of the 35 articles of interest resulted in four categories: “Violence against children and/or adolescents”; “Violence against the elderly people”; “Violence against women”; “Violence against professionals and their behavior in situations of violence”. They are organized by year of publication, title, general objective, and main results. Most manuscripts were published in 2017, followed by 2015. There was a predominance of research carried out in Brazil, so that 14 articles were carried out in countries such as Chile, Portugal, Spain, Mexico, England, and the United States.

Referente aos grupos mais pesquisados e que mais sofrem violência, foi identificado como grupo frequente o de crianças/adolescentes^(11,12,13,14,15), bem como o de idosos.^(16,17) Porém, em primeiro lugar, o grupo que surgiu com destaque em maior vulnerabilidade foi o das mulheres.^(18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33) Ainda, um dos artigos abordou as repercussões do homem

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que praticou violência contra a parceira.⁽²⁷⁾ Por fim,
surgiu a violência contra os profissionais da saúde,
além do conhecimento, conduta e estratégias desses
trabalhadores no enfrentamento desse
problema.^(15,34,35,36,37,38,39,40,41,42,43,44,45)

The researched groups that suffer violence the
most were children/adolescents^(11,12,13,14,15) and the
elderly people were identified as a frequent
group.^(16,17) However, in the first place, women were
the group that emerged prominently in greater
vulnerability.^(18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33) One of
the articles addressed the repercussions of men who
practiced violence against their partners.⁽²⁷⁾ Finally,
violence against health professionals emerged and
the knowledge, behavior and strategies of these

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workers in dealing with this problem.<sup>(15,34,35,
36,37,38,39,40,41,42,43,44,45)</sup>

Violence against children and/or adolescents

Children and adolescents are affected and even
the cause of violence, especially in adolescents.⁽¹¹⁾
The studies addressed prevention strategies in the
schools such as cultural circles. On the other hand,
the biggest initiative against violence is at home
since violence is often constant in this environment.
^(12,14) Also, investing in the personal skills of
adolescents has the potential to promote their
interest in participating in activities, enabling
employment opportunities, which is another strategy
for preventing violence in adolescence.^(14,15)

Table 2 - List of articles in the category “Violence against children and/or adolescents”, according to code, year, title, general objective, and main results.

Nº	Year	Title	General Objective	Main results
11	2019	Prevalence of school violence and use of alcohol and other drugs in adolescents	To analyze the suffered and practiced school violence and its association with the use of alcohol and other drugs among adolescents aged 12 to 18 years old.	Suffered and practiced school violence was 62.2% and 51.9%. About 44.6% of aggressors do not want to change their behavior. Use of alcohol (16.5%), tobacco (15.7%), illegal drugs (6.8%) and drunkenness (12.6%).
12	2017	Organization of professional practices against intrafamily violence against children and adolescents in the institutional context	To analyze, based on the professionals' discourse, how their practices are organized in situations of intrafamily violence against children/adolescents.	Power relationships that unfold in services that deal with situations of violence; to meet demands for care in services and the conception of violence as a public health problem and violence as a social problem.
13	2018	Gender and generation perspectives in the narratives of sexually abused women in childhood	To analyze the narratives of women sexually abused in childhood, identifying issues related to gender and generation.	Girls were the main victims of sexual abuse. The abusers were mostly male and known by them.
14	2015	Educational intervention on violence with adolescents: possibility for nursing in school context	Educational intervention with adolescents about violence in the school context, using the Culture Circles methodology.	The Culture Circle enabled to unveil the different faces of the manifestation of violence, through situations of physical and verbal aggression among school members, threats against the teacher and violence against property, even practices of embarrassment.
15	2016	Coping with domestic violence against children and adolescents from the perspective of primary care nurses	To analyze the actions reported by primary care nurses in dealing with domestic violence against children and adolescents.	The nurses were familiar with public policies but were unable to put them into practice; there was unpreparedness to identify and face violence; they did not participate in training courses; they feared reporting detected cases of violence.

Source: The authors (2021).

Violence against the elderly people

This category had two papers that addressed abuse in the home environment, with psychological abuse as the most frequent followed by neglect, economic and physical abuse, and the main aggressors were their children, spouse, daughter-in-law, son-in-law, nephews, and neighbors. Another

issue was that elderly women are more likely to suffer abuse than elderly men. ⁽¹⁶⁾ Many professionals recognize/distrust possible cases of violence against elderly people but they do not know how to proceed, requiring permanent education for the professionals and greater communication between the bodies responsible for the complaint and reception. ⁽¹⁷⁾

Table 3 - List of articles in the “Violence against the elderly people” category, according to code, year, title, general objective, and main results.

Nº	Year	Title	General objectives	Main results
16	2017	Elder abuse within the family environment in the Azores Islands	To dimension the maltreatment of vulnerable elderly people in the family and community environment in <i>Ilhas dos Açores</i> .	Suspicion of abuse in 24.5% of the elderly people. Psychological abuse was more common and their children were mainly responsible for this abuse.
17	2018	Violence against the elderly: the conceptions of nursing professionals regarding detection and prevention	To analyze the conceptions of nursing professionals working in Basic Health Units regarding the detection and prevention of abused elderly people.	Strategies used to identify violence against the elderly people; Types of violence; Behavior used after finding a suspicion of violence; SUS and the issue of violence against the elderly population. Professionals recognize/distrust possible cases; however, they do not know how to proceed.

Source: The authors (2021).

Violence against women

Physical violence is recurrent in the studies analyzed. However, women only seek a referral center in extreme situations, reporting ineffectiveness in reporting and the judicial system, leaving them more vulnerable to reconciliation and, therefore, to the recurrence of violence. ^(23, 26) Some studies showed the complaint of women who are not well received at the health units, treated with coldness through an exclusively biomedical and curative view, paying attention only to physical injuries. ^(20,23,26,29)

The studies also showed the opinion of health professionals who find themselves unable to deal with situations of violence. In this sense, a survey pointed out the lack of preparation in undergraduate nursing courses so that students were unable to talk about intimate partner violence against women, not knowing protocols, prevention, detection, and intervention strategies, which can reflect on the practice of future health professionals. ⁽²⁹⁾

The discussion of the role of the team also addressed the need for qualification and continuing education. A study showed the social representations of health professionals in domestic violence against women. Based on the research results, an intervention was carried out to train professionals regarding compulsory notification, code of ethics,

Maria da Penha Law, strategies for prevention, early detection, and coping with violence against women. ⁽²⁸⁾

The studies showed the repercussions of violence on women, which are often not perceived by them or even by health professionals. Psychological violence, for example, is difficult to be treated because it does not have visible sequelae on women's bodies, and several taboos hinder reporting the situation. ^(18,19,25) Thus, the support network is essential for these women, especially when children, parents, friends, and sisters transmit confidence and support for them to verbalize their feelings, not relativizing situations as “couple fights”. ^(20,23,24,26)

In addition to the physical and psychological consequences, there are also repercussions of sexual violence. One study showed that some married women do not recognize sexual violence in their relationship because they consider it an obligation from the marital contract. ⁽³⁰⁾ Other studies showed the neglect of women with their health when they feel protected by having a sexual relationship with only one partner, reflecting the delay in performing the Pap smear and the lack of condom use, for example. ⁽²¹⁾

Table 4 - List of articles in the “Violence against women” category, according to code, year, title, general objective, and main results.

Nº	Year	Title	General objectives	Main results
18	2017	Violence against women, Espírito Santo, Brazil	To estimate the prevalence and factors associated with psychological, physical, and sexual violence in women victims of violence by an intimate partner assisted in the primary care services.	Psychological violence remained associated with education, marital status, maternal history of intimate partner violence, childhood sexual violence, and having used drugs. Physical aggression was related to age, education, marital status, and maternal history of intimate partner violence. Low-income women who were sexually abused in childhood.
19	2018	Domains of common mental disorders in women reporting intimate partner violence	To verify associations between types of intimate partner violence and domains of common mental disorders in women.	Physical abuse without and with sequelae, more likely to have symptoms of an anxious depressive mood. The chances of having symptoms of decreased vital energy increased with psychological aggression, physical abuse without sequelae, and physical abuse with sequelae.
20	2018	Critical path of women in situations of intimate partner violence	To know and analyze the critical route of women in situations of violence by an intimate partner, from their perspective.	Reasons to seek help: increased severity of aggression, the impact of violence on children, and family support. Going through different sectors and services before accessing the Reference Center such as police, legal, health, and social centers.
21	2018	Implication of violence against women on not performing the cytopathologic test	To analyze the association between partner violence and not having a Pap smear test in the last three years.	Women in situations of sexual and physical violence committed by a partner had a higher prevalence of delayed Pap smears when compared to non-victims.
22	2017	Association between domestic violence and women's quality of life	To analyze the association between domestic violence against women and quality of life.	The 424 women who presented a prevalence of domestic violence had a 61.59 quality of life index
23	2015	<i>Necessidades de saúde: a interface entre o discurso dos profissionais de saúde e mulheres vitimizadas</i>	To understand the limits and evaluative possibilities of the Family Health Strategy regarding the recognition of health needs of women who experience violence.	The discourses of women and health service professionals revealed the need for autonomy and bonding. Their comprehension is limited to the recognition of physical or psychological injuries.

24	2015	<i>Mulheres experimentando a intergeracionalidade da violência conjugal</i>	To analyze the family relationship, in childhood and adolescence, of women who experience domestic violence.	Women witnessed violence between their parents; suffered repercussions from violence between parents; they were indignant with the mother's submission to her partner and reproduced marital violence.
25	2015	Intimate partner violence and anxiety disorders in pregnancy: the importance of vocational training of the nursing staff in facing them	To identify the relationship between post-traumatic stress disorder, trait anxiety, and state and intimate partner violence during pregnancy.	Intimate partner violence, which occurred during pregnancy, was associated with the indicative of post-traumatic stress disorder.
26	2015	Support to women who denounce experiences of violence based on her social network	To analyze the possibilities of help/support through the mapping and recognition of the social network of women who denounce the experience of violence, in a Police Station for Women.	The discreet presence of health services in the composition of the social network was revealed and, when mentioned, the relationship between health professionals and women was characterized as fragile.
27	2016	Repercussions of imprisonment for conjugal violence: discourses of men	To know the repercussions of imprisonment for marital violence for men.	The experience of preventive detention triggers family breakdown, social stigma, financial difficulties, and psycho-emotional symptoms, such as phobia, depression, hypertension, and headache.
28	2015	Domestic violence against women: representations of health professionals	To analyze the representations about domestic violence against women among health professionals from Family Health Units.	The central core of this representation, formed by the terms of "aggression", "physical aggression", "cowardice" and "lack of respect", has a negative connotation and was mentioned by the interviewees.
29	2015	Perception of nursing students about couples' violence: knowledge, beliefs and professional role	To examine the knowledge, beliefs, and perception of the professional role that nursing students have about violence against women in intimate relationships.	They are unaware of the characteristics of abuses, guidelines, protocols, selection, and screening issues. They do not identify their professional role. They perceive violence as a specific situation and dissociating prevention from health care. They perceive the aggressor as a mental patient.

30	2016	Sexual violence as a limiting factor on the perception and management of the risk of HIV in women married to migrants	To analyze the influence of sexual violence on the perception and management of HIV risk in women married to migrants.	Three categories emerged from the speeches to discuss the influence of sexual violence on the perception and management of HIV risk: "Characterization of sexual practices in the context of migration", "Experiences of sexual violence" and "Construction of the risk of HIV-AIDS".
31	2017	Reclaiming Our Spirits: Development and Pilot Testing of a Health Promotion Intervention for Indigenous Women Who Have Experienced Intimate Partner Violence	To describe the intervention development, results of a pilot study, and the subsequently revised intervention.	Those within the health system can contribute to reconciliation and healing for all by understanding how history lives, including through the strength and resilience of indigenous women, and taking that understanding into care service.
32	2016	<i>Protocolos na atenção à saúde de mulheres em situação de violência sexual sob a ótica de profissionais de saúde</i>	To analyze the use of protocols in the health care of women in situations of sexual violence from the perspective of professionals.	There were points of convergence and divergence between the two municipalities regarding the use of protocols in the health care of women in situations of sexual violence.
33	2015	Preferences for intervention among Peruvian women in intimate partner violence relationships	To identify what abused Peruvian women want or need as intervention strategies.	Compassionate support and practical interventions such as job skills training, financial support, and assistance in finding employment and housing.

Source: The authors (2021).

Violence against professionals and behavior in situations of violence

One of the studies carried out with health professionals in pre-hospital care showed that these workers experience situations of violence, especially verbal and moral harassment. ⁽³⁴⁾ Verbal violence is generally practiced by patients, family members, and people in general while bullying is caused by co-workers. Professionals also reported violence by their patients. ⁽⁴⁰⁾

The behaviors performed by health professionals in situations of violence show a lack of professional preparation to meet the demands of violence in health services. ^(15,38,39) Another study showed that training is needed to improve the skills of professionals for diagnosis, promoting favorable attitudes and awareness of existing regulations that consider cultural diversity. ⁽³⁶⁾ Therefore, they should have opportunities for knowledge of public policies to protect people who suffer violence and also provide security for professionals who file the complaints. ⁽¹⁵⁾

Another study showed the approach that professionals need to establish a bond and trust with their patients to have more efficient care regarding violence. ⁽⁴¹⁾ For example, the work of community health agents, considering that the other

professionals report difficulty in combating intrafamily violence because for them, entering this environment is seen as an invasion. On the other hand, the agents establish a bond and trust with the family and become the link between the team and the population. ⁽³⁵⁾ Also, when there is a good bond with the professionals, the patients can expose the situations of violence they have experienced during childhood, exploring strategies so that the cycle does not repeat. ⁽⁴²⁾

Regarding the length of work, a study revealed that professionals with less time of care had more positive results when acting in situations of violence. ⁽³⁷⁾ Thus, we again emphasize the importance of training, especially for those professionals who have been working for a long time in the services. On the other hand, another study also revealed a difference in the length of professional experience, showing that professionals over 40 years old had better professional performance in cases of violence. ⁽³⁸⁾

Regarding the notification of interpersonal/self-inflicted violence, it is an obligation of all health professionals but there are still professionals who are unaware of the obligation to notify cases of violence. However, even though they are aware of this, many cases of violence are not identified by professionals,

contributing to the invisibility of this problem in health services. ⁽³⁷⁾

Professionals are still very afraid to notify cases of violence due to fear of judicial involvement. ⁽⁴⁴⁾ A study also showed the fear revealed by health professionals when dealing with domestic violence. They are often intimidated by the aggressors and by threats from the victims' families. ⁽¹⁵⁾ Physicians

Scientific knowledge produced in the Nursing.. interviewed in another study reported that they have no security after reporting cases of violence and cited cases of professionals who reported and were later threatened by the aggressors. ⁽⁴⁵⁾ In another study, nurses reported that they do not perform the complaint process for reasons of personal safety or convenience. ⁽¹⁵⁾

Table 5 - List of articles in the category “Violence against professionals and behavior in situations of violence”, according to code, year, title, general objective, and main results.

Nº	Ano	Título	Objetivo geral	Principais resultados
34	2017	Verbal abuse and mobbing in pre-hospital care services in Chile	To determine the perception of verbal abuse, psychological harassment, and associated factors by paramedical technicians and professionals in the pre-hospital care areas of three regions in southern Chile.	The participants consider that they have suffered verbal abuse in the last year. A total of 17.6% of the paramedical technicians and 13.5% of the professionals perceived bullying.
35	2016	Family violence against children and adolescents in context: How the territories of care are imbricated in the picture	To understand the context of care directed to families involved in intrafamily violence against children and adolescents, from the perspective of professionals from a city in the interior of the state of São Paulo.	Two issues were identified: the context where this violence occurs (domestic space) and the power relationships existing in the emergence of this care in the territory.
36	2018	Dentists' intention to report suspected violence: a cross-sectional study in eight Arab countries	To evaluate the intention of dentists in eight Arab countries and report suspicion of exposure to violence among patients and factors associated with this intention.	The response rate was 65.2% of general practitioners. Of these, 68.8% intended to report and 52.2% considered themselves capable of identifying victims of violence. Some had a negative perception that reporting was not mandatory.
37	2018	Gender violence: knowledge and professional conduct of the family health strategy	To evaluate the knowledge and behavior of professionals from the Family Health Strategy units regarding gender violence.	Knowledge about the definitions, epidemiology, and management of violence ranged from reasonable to excellent. Difficulty in questioning women about violence and its notification. Professionals with less assistance time presented more appropriate behaviors.

38	2018	The relationship between healthcare providers' performance regarding women experiencing domestic violence and their demographic characteristics and attitude towards their management	To investigate the relationship between the performance of health providers with women who suffer domestic violence.	There was no association between health providers' performance on domestic violence and their demographic characteristics, except for their age, professional experience, and economic status. A significant association between attitudes towards service providers and their performance with women who experience domestic violence.
39	2017	Intimate Partner Violence Among Men With Disabilities: The Role of Health Care Providers	To explore demographic characteristics and help-seeking behaviors of this population to delineate the role of health care.	More than half of study participants were abused by an intimate partner, and nearly two-thirds described an act of physical abuse as the most serious type of abuse. 40.8% had previous contact with medical service providers due to abuse.
40	2017	Strategies used by nursing staff in situations of workplace violence in a haemodialysis unit	To identify the strategies used by nursing workers in a hemodialysis service in situations of violence by patients during care.	The strategies used are described in the following categories: Tolerating violence due to the patient's health condition; workaround conflict situations and give in to the patient's request; adopt a stance of rejection of violence; and away from the offending patient.
41	2017	Identification and assessment of intimate partner violence in nurse home visitation	To develop strategies for identifying and evaluating intimate partner violence in a home visiting program for nurses.	Women are more likely to discuss experiences of violence when nurses initiate unstructured discussions that focus on parenting, safety, or healthy relationships.
42	2017	Professionals' perception of intimate partner violence in young people: a qualitative study in northern Spain	Women are more likely to discuss experiences of violence when nurses initiate unstructured discussions that focus on parenting, safety, or healthy relationships.	Three themes were identified: "A False Sense of Gender Equality", "Intimate Partner Violence Among Young People: Subtle, Every day and Standardized", and "Media campaigns do not meet the needs of young people".
43	2017	Making the links between domestic violence and child safeguarding: an evidence-based pilot training for general practice	To improve the knowledge, skills, attitudes, and self-efficacy of general practitioners caring for families affected by domestic violence.	Lack of cohesion and coordination in addressing domestic violence and child protection. Little understanding of the consequences for children.

44	2015	Notification of juvenile violence in Emergency Services of the Brazilian Unified Health System in Feira de Santana, Bahia, Brazil	To analyze the performance of professionals from health emergency units for reporting cases of violence against children and adolescents, considering sociodemographic characteristics, professional category, and difficulties.	Most cases of violence treated in emergency units were notified; however, less than 50% of professionals did not notify the System.
45	2017	Organization of professional practices against intrafamily violence against children and adolescents in the institutional context	To analyze, based on the professionals' discourse, how their practices are organized in situations of intrafamily violence against children and adolescents.	Power relationships that take place in services that deal with situations of violence; routines instituted to meet the demands of care in the services and the interplay between the conception of violence as a public health problem and that of violence as a social problem.

Source: Authors (2021).

DISCUSSION

Although most studies addressing children and adolescents have focused on the violence that occurs in schools, according to the study by Hildebrand et al., 63% of children and/or adolescents have suffered some form of violence in the family environment, with parents (50.9%) as the main aggressors. The most frequent types of violence were: psychological, negligence, abandonment, sexual and physical. ⁽⁴⁶⁾ This finding exemplifies how much the testimony and/or experience of violence influences their reproduction, so that in the school environment, for example, bullying is usually the type of violence that stands out the most. For this reason, the school needs to address the issue, identifying the cases and providing conditions for the eradication of this practice, investigating the reasons that led to aggressive attitudes, as well as seeking ways to dialogue and change the behavior of students. ⁽⁴⁷⁾

The fragility of children and adolescents is similar to the elderly person, making them also susceptible to the occurrence of violence. Thus, it is clear that the culture of violence is rooted in society, so that the lack of family structure and preparation of family members to care for children and the elderly person can generate overload and stress, leading to violence. Therefore, health professionals need to pay attention to these individuals who lack care for their basic life activities, as they have great potential to become victims of abuse by their family members. Depression in dependent elderly people is another risk factor for violence. ⁽⁴⁸⁾ Therefore, it is necessary to offer support to families, identifying and treating these problems to reduce and prevent intra-family violence.

In recent years, violence against women has been addressed more consistently, but many studies are still covered in taboos. The issue is often treated as a distant problem, which only happens in the most precarious regions, on the periphery. However, this

phenomenon is, unfortunately, increasingly present in women's lives since violence against women is historical and its origin shows a system of domination-subordination that determines the roles of each gender, based on subjectivities, representations, and behaviors that must be obeyed and that were founded for a long time in society. Consequently, this thought is externalized with violent acts, from physical and sexual subjugation to the actualization of death, which can be caused by an aggressor or by the victim. ^(49,50)

The results of this research showed the partner as the main aggressor. In another study, the perspective of women was that the aggressive behavior of husbands/partners was a reflection of the dominant masculinity and the family culture in which men were raised, giving men power and dominance in the marital relationship. ⁽⁵¹⁾ Female empowerment has generated a need to restructure the male role, seeking other means for its strengthening so that men do not feel threatened with the independence of women. ⁽⁵²⁾

Another form of violence in this review was violence against health professionals. This type of violence has increased considerably. Research conducted by the Pan American Health Organization, released in 2015, revealed that 66.7% of professionals suffered some type of aggression in the workplace, while in 2006 the percentage was 54.6%. ⁽⁵³⁾ Therefore, it shows the importance of strategies that guide the operationalization of policies and guidelines for the promotion of respect, prevention, and confrontation of violence and bullying at work and in relationships with the people. ⁽⁵⁴⁾

The studies that addressed the behavior of professionals in situations of violence showed "coldness" and unpreparedness in care. This behavior may occur due to the great demand in the health sectors, especially in the public sphere, together with the limitations of physical, human, and material resources. However, the health team should be more

Vallejos CCC, Gutmann VLR, Silva CD concerned with the quality of care, making listening in the receptions efficient. The role of the health team should be widely discussed to have a greater reflection on the professional importance in the phenomenon of violence, as well as the intersectoral network to avoid the revictimization of women in this context. ⁽⁵⁵⁾

A research carried out with nursing, medicine, dentistry, and physiotherapy students identified the report of incipient knowledge about the theme of violence and the difficulty in identifying and dealing with violence. ⁽⁵⁶⁾ The lack of ability to deal with situations of violence comes from graduation, as the theme is not addressed. Therefore, discussions about violence must permeate all disciplines of undergraduate courses, so that future professionals have a theoretical-scientific basis to act competently in these cases.

There is also a lack of training in health services, lack of communication between multidisciplinary teams, lack of protocols for the care of people in situations of violence, and, therefore, difficulty in implementing guidelines aimed at fighting violence. ⁽⁵⁷⁾ Thus, professionals must be prepared so that the problem is not minimized, seeking not only to take care of the injuries but also to talk directly to the patients, so that the causes of the event can be found and strategies for prevention can be made. ⁽⁵⁸⁾

Finally, there is also a lack of protective mechanisms for the safety of professionals who carry out the notifications, often causing fear to perform such action. However, notification can be carried out without the victim's permission and it is not necessary to identify the aggressor, evidencing the absence and/or misunderstanding of the behavior of care in situations of violence. The notifications are extremely important as they enable the epidemiological dimension of situations of violence and enable the development of public policies aimed at reducing and dealing with this problem and its consequences. ⁽⁵⁸⁾

As a limitation of this article, we can mention the search in only two databases. We believe that this review has as its primary contribution the identification of scientific knowledge produced in the Nursing area about violence as a broad and general theme, not directed at specific groups. Also, we can find secondary contributions such as the need for education and qualification for professionals involved in caring for cases of violence, as well as the importance of future research addressing strategies for preventing and coping with violence and nursing care in this situation.

CONCLUSION

As a result of the review, we conclude that a large part of the studies focused on violence against women because this type of violence has increased significantly in recent years. The research results showed that male partners and ex-partners are the main perpetrators of violence against women, and they use physical, verbal, psychological, and sexual violence as a form of domination over them. Many women do not find shelter in the legal and health services, which makes breaking the relationship and situations of violence even more difficult.

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By seeking the scientific production on violence, this study identified that nursing restricts its research to specific groups and common types of occurrence of violence, such as physical and psychological. Thus, as much as many studies have given voice to people who have suffered violence, there is still little evidence on this topic, especially in the behavior of professionals and strategies for preventing and fighting violence. Therefore, we highlight the importance of promoting the production of the theme of violence, in general, from the perspective of the population that uses health services. In this way, nurses will be able to know what violence represents for their target population of care, seeking the quality of care in a targeted manner.

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Financing sources: No

Conflicts of interest: No

Date of submission: 2021/03/07

Accepted: 2021/07/27

Publication: 2021/09/15

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How to cite this article:

Vallejos CCC, Gutmann VLR, Silva CD. Scientific knowledge produced in the Nursing area about violence: an integrative review. *Rev Enferm UFPI* [internet]. 2021 [acesso em: dia mês abreviado ano]; 10:e769. DOI: 10.26694/reufpi.v10i1.769