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CARE FOR WOMEN SUBJECTED TO SEXUAL VIOLENCE AND PUBLIC HEALTH POLICIES: AN INTEGRATIVE LITERATURE REVIEW

Assistência à mulher frente à violência sexual e políticas públicas de saúde: revisão integrativa

Asistencia a la mujer ante la violencia sexual y políticas públicas de salud: revisión integrativa

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ABSTRACT

Objective: To analyze the evidence on scientific production regarding the care for women subjected to sexual violence (SV) focused on their perception as well as that of health professionals and in relation to public health policies in Brazil. **Methods:** Integrative review study that identified 21 articles in SCIELO, Medline, Lilacs and Redalyc databases published in the period from 2005 to 2016 in Portuguese. The study analyzed the effectiveness of public policies in Brazilian services. The following themes emerged: Health care service for women subjected to SV; Women's perception of care after SV; Health professionals' performance in the care of SV victims. **Results:** The comprehensive care recommended by the Ministry of Health is disrespected in 87.5% of the states in the country due to inadequate outpatient settings and professionals who are not trained to serve women according to the norms. There is a predominance of a traditional and fragmented medical care that values the hegemonic biomedical model of care and neglects preventive and health promotion actions. Women are unaware of their rights and suffer because of a society that still blames them for the sexual assault. **Conclusion:** There are still obstacles to the effective implementation of policies targeted at the care for women subjected to SV, and health professionals need adequate training and environment to care for them. There is a gap in the scientific production regarding women's perception of the treatment of SV relating public safety and health in the country.

Descriptors: Health Services Accessibility; Public Policies; Women's Health; Sex Offenses; Health Personnel.

RESUMO

Objetivo: Analisar evidências sobre a produção científica a respeito da assistência à mulher em situação de violência sexual (VS), com foco na sua percepção, bem como na dos profissionais de saúde, e na relação com as políticas públicas de saúde no Brasil. **Métodos:** Estudo de revisão integrativa que identificou 21 artigos, a partir das bases SciELO, MEDLINE, Lilacs e RedAlcy, no período de 2005 a 2016, com idioma em português. O estudo analisou a eficácia das políticas públicas nos serviços brasileiros. Emergiram os núcleos temáticos: Serviço de atenção à mulher em situação de VS; Percepção das mulheres acerca da assistência à VS; e Atendimento dos profissionais de saúde acerca da assistência à VS. **Resultados:** O atendimento integral preconizado pelo Ministério da Saúde é desrespeitado em 87,5% dos estados do país, devido aos ambientes ambulatoriais inadequados e aos profissionais incapacitados para atender às mulheres segundo as normas. Predomina a assistência medicalizada, tradicional e fragmentada, que valoriza o modelo hegemônico biomédico e despreza ações de caráter preventivo e de promoção à saúde. As mulheres desconhecem os seus direitos, e sofrem reflexo de uma sociedade que ainda a culpabiliza pela agressão sofrida. **Conclusão:** Compreende-se que ainda existem obstáculos para efetivação das políticas na assistência às mulheres em situação de VS e os profissionais de saúde necessitam de capacitação e ambiente adequado para assisti-las. Existe uma lacuna na produção científica acerca da percepção da mulher sobre o atendimento de VS relacionando segurança pública e saúde no território nacional.

Descritores: Acesso aos Serviços de Saúde; Políticas Públicas; Saúde da Mulher; Delitos Sexuais; Pessoal de Saúde.



RESUMEN

Objetivo: Analizar las evidencias sobre la producción científica respecto la asistencia de la mujer en situación de violencia sexual (VS) con énfasis en su percepción así como la percepción de los profesionales sanitarios y la relación con las políticas públicas de salud en Brasil. **Métodos:** Estudio de revisión integrativa que ha identificado 21 artículos en las bases de datos SciELO, MEDLINE, Lilacs y RedAlyc en el periodo entre 2005 y 2016 en el idioma portugués. El estudio analizó la eficacia de las políticas públicas en los servicios brasileños. Emergieron los núcleos temáticos “Servicio de atención a la mujer en situación de VS”, “Percepción de las mujeres sobre la asistencia de la VS” y “Atención de los profesionales sanitarios sobre la asistencia de la VS”. **Resultados:** No se respecta la atención integral establecida por el Ministerio de Salud en el 87,5% de los estados del país debido los ambientes inadecuados de los ambulatorios y los profesionales sin capacidad para asistir a las mujeres según las normas. Hay la predominancia de la asistencia basada en medicamentos, tradicional y fragmentada que valora el modelo hegemónico biomédico y desprecia las acciones de prevención y promoción de la salud. Las mujeres no conocen a sus derechos y sufren el reflejo de una sociedad que aún la culpa por la agresión sufrida. **Conclusión:** Se comprende que aún hay obstáculos para la efectuar de las políticas para la asistencia de las mujeres en situación de VS y los profesionales sanitarios necesitan de capacitación y ambiente adecuado para prestar asistencia. Hay una laguna en la producción científica sobre la percepción de la mujer a cerca de la atención de la VS relacionando la seguridad pública y la salud en el territorio nacional.

Descriptor: Accesibilidad a los Servicios de Salud; Políticas Públicas; Salud de la Mujer; Delitos Sexuales; Personal de Salud.

INTRODUCTION

Sexual violence (SV) is one of the forms of violation of human rights and a public health problem. In this study, SV is understood as any action or conduct in which the perpetrator has control over the woman's sexuality involving sexual activity, desire and sexual intercourse against her will with the sole purpose of fulfilling the sexual needs of the perpetrator^(1,2).

SV has an impact on women's way of life, illness and death and can have many consequences, including sexually transmitted infections (STIs), unwanted pregnancy, unsafe abortion, psychiatric disorders (post-traumatic stress disorder (PTSD), depression, somatization and use of psychoactive substances), and even suicide⁽³⁻⁶⁾.

In Brazil, there were 45,460 rapes in 2015, which corresponds to one case per minute. This figure is only the tip of the iceberg. It is estimated that only 10% of SV cases are recorded because many cases are not reported to health and public safety services⁽⁷⁾.

Over the last decades, violence has been discussed and gained visibility in several multidisciplinary fields and international organizations, which has enabled countries to develop health policies and programs aimed at tackling the problem. The issue has been addressed in Brazilian public health policies since 1984 with the creation of the Women's Comprehensive Health Care Program (*Programa de Assistência Integral à Saúde da Mulher – PAISM*)⁽⁸⁾.

After two decades, the PAISM was reformulated and incorporated the approach to gender and health comprehensiveness and promotion into its guiding principles, thus helping to consolidate advances in the field of sexual and reproductive rights⁽⁹⁾.

Practices and services implemented between 2003 and 2013 included integrated actions such as: creation of norms and standards of care, improvement of legislation, encouragement to create a service network, support to educational and cultural projects to prevent violence, and improvement of women's access to justice and public safety services⁽¹⁰⁾.

The increasing concern about SV is portrayed in the various documents and laws published during this period, such as: the National Plan for Women's Policies in 2005 (reworded in 2008); the Maria da Penha Law in 2006; the Policy and the National Pact to Tackle Violence against Women in 2011; Guidelines for Sheltering Women who Experience Violence, Technical Standard of the Center for the Care of Women who Experience Violence in 2012; Technical Standard of the Specialized Women's Police Station, Law No. 12.845 – which provides for the compulsory and comprehensive care of people who experience SV, in 2013⁽⁸⁻¹⁴⁾. The technical standard is the main instrument used to organize services, guide actions, disseminate the operational framework of health care to women who experience SV and guide health services with regard to the provision of care⁽¹⁰⁾.

Emergency care should be provided within the first 72 hours after sexual assault to help women and provide emergency contraception (EC) and prophylaxis for STIs. These women have the right to legal abortion and receive follow-up care from multidisciplinary team consisting of nurses, physicians (gynecologist and psychiatrist), social workers and psychologists⁽¹⁰⁾.

Therefore, women may have great difficulty receiving the care they are entitled to. Therefore, the aim of the present study was to analyze the evidence on scientific production regarding the care for women subjected to sexual violence (SV) focused on their perception as well as that of health professionals and in relation to public health policies in Brazil.

METHODS

This is an integrative review study that allows the synthesis of multiple published studies and general conclusions about a particular area of study. The following steps were followed: formulation of the research question, data collection, evaluation, analysis and interpretation of collected data, and presentation of results⁽¹⁵⁾.

This review was carried out by initially elaborating the following research question: “according to scientific evidence, how is the care to women subjected to SV implemented in health services and how is it characterized according to women’ and health professionals’ perceptions in relation to the recommendations of public policies on women’s health?”.

The articles were selected from the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American Health Sciences Literature (LILACS), BDENF and Scientific Electronic Library Online (SciELO). The descriptors “Health Services Accessibility”, “Public Policies”, “Women’s Health”, “Sex Offenses” and “Health Personnel” were correlated or isolated in searches for publications dating from 2005 to 2016. This period was selected due to the political movement that resulted in the creation of the Maria da Penha Law in 2006. The selection of the material took place from August to December 2016.

Criteria for including the studies in the present research were: texts in Portuguese, since the study analyzed the effectiveness of public policies in Brazilian services, and studies addressing the care of women subjected to SV. The studies were selected regardless of the research methodology they used.

Screening of studies began after identification of 624 articles that included the selected descriptors and met inclusion criteria (Figure 1). After that, a selective reading of the articles was carried out. First, the titles and abstracts were read and then an exploratory, analytical and interpretative analysis of the full texts was carried out to enable the researchers to make some considerations about the object of study of this research. In the eligibility phase, studies that were not open access or that were not available in the CAPES Journals Portal, review studies, letters, editorials, dissertations and duplicates were excluded.

The inclusion phase consisted of the reading of the titles and abstracts followed by an analysis of the full study checking for the inclusion criteria. In all, 21 studies that addressed the subject analyzed remained in the sample (Figure 1).

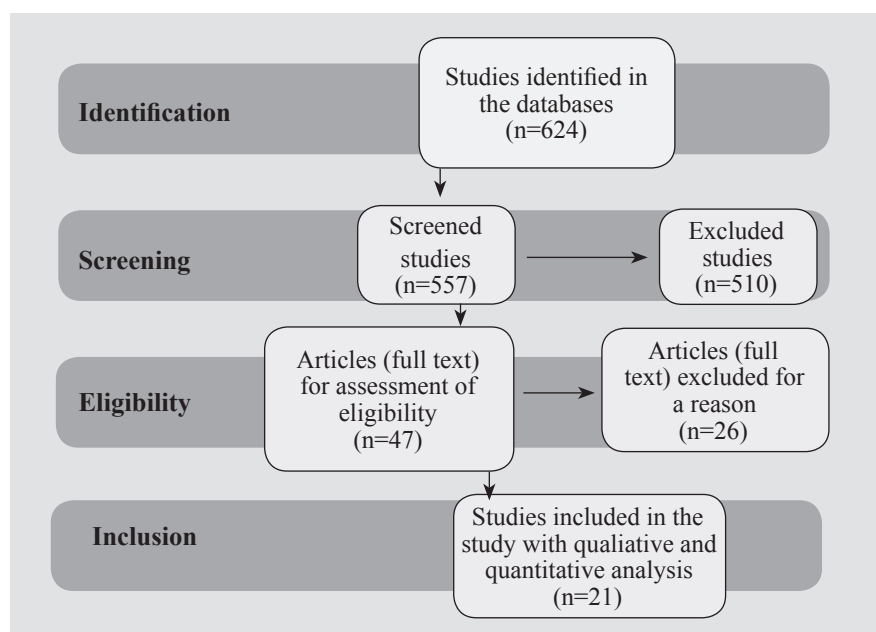


Figure 1 - Article selection flow chart.

The journals that met the selection criteria for the material were cataloged. After that, the studies were read and selected in order to meet the objectives proposed in the study based on similarities and differences between the articles addressed in the reference documents.

In order to guarantee the validation of the present review, the selected studies were analyzed in a detailed and critical way. The researchers sought explanations for the different or conflicting results in the different subjects through pre-analysis, exploration of the material and treatment of results. The data were presented in a descriptive way after the analysis of the integrative review of studies on the research theme through the reading and compilation of the selected articles, which were presented in a chart that features the specifications of the articles according to thematic similarities. This allowed the construction of the following thematic categories: Health care service for women subjected to SV; Women’s perception of care after SV; Health professionals’ performance in the care of SV victims (Chart I).

RESULTS

The present study allowed the search, critical evaluation and synthesis of the available evidence on the subject analyzed with the purpose of gathering and synthesizing results of research on the care of women subjected to SV in a systematic and orderly way, thus contributing to improving the knowledge on the issue, as presented in Chart 1.

Chart I - Identification of the sample of studies according to author (s)/ year, journal, study population, type of study and main results.

Author	Year	Population	Type of study	Main results
Guedes; Fonseca ⁽¹⁶⁾	2011	Health professionals (n=22) working in the Family Health Strategy	Qualitative and exploratory	Combating violence is limited and results from women's financial autonomy in relation to men. There is a need to include a gender perspective in both health policies and practices in the work process to promote female emancipation
Farias; Cavalcanti ⁽¹⁷⁾	2012	Health professionals (n=24) who incorporate in their routine procedures the care of women requesting legal abortion	Quantitative and qualitative, with a pluralistic approach and methodological triangulation	The inadequate use of the right to conscientious objection by health professionals; the existence of professionals' several difficulties to assume a position capable of guaranteeing access to legal abortion; and the interference of ethical principles and religious values as an important element in professional practice that discourages the performance of legal abortion
Andalaft et al ⁽¹⁸⁾	2012	Managers (n=570) responsible for municipal health secretariats and for public health services or SUS-related services that provide care to women subjected to sexual violence	Cross-sectional	Of the 874 hospitals and emergency care services for adults included in the sample, over 26% carried out legal termination of pregnancy in cases of rape, risks to the woman's life, and fetal anomaly incompatible with extrauterine life, respectively. However, circa 6% had at least one interruption in the 10-14 months prior to the study
Villela et al ⁽¹⁹⁾	2011	Health and public safety professionals in the city of São Paulo (n=21)	Qualitative and exploratory	The care of women who experience violence is marked by ambiguities and contradictions; the spaces and workflows are poorly suited to such a delicate issue and professionals' perception is permeated by gender stereotypes
Oliveira et al ⁽²⁰⁾	2005	Women (n=13) who sought health services and health professionals (n=29)	Qualitative and descriptive	Difficulties in receiving both services, women's lack of knowledge about their rights, and the delay in the search for help in the health services
Cavalcanti et al ⁽²¹⁾	2015	Hospital management professionals from the municipalities of Rio de Janeiro (n=19) and Fortaleza (n=15) and three managers (two from Rio de Janeiro and one from Fortaleza) from the central level of the municipal health secretariats (n=37)	Qualitative with methodological triangulation	The issue has been approached differently by the municipalities, which is due to the different ways services have been consolidated, approaches to the feminist movement and specific cultural contexts. The implementation of actions in this context still presents weaknesses, demanding political and technical articulation efforts for the structuring and maintenance of the services
Reis et al ⁽²²⁾	2010	Nursing consultation records (n=146) of women	Quantitative, descriptive and retrospective	Most of the consultations occurred during daytime, there was consistency between the interventions and the nursing diagnoses identified and the women reported that they received guidelines according to the program protocol

Benute et al ⁽²³⁾	2012	Health professionals (n=149) working in the Department of Obstetrics of a university hospital and a public hospital in the outskirts of São Paulo	Quantitative and cross-sectional	Knowledge of the legislation and the description of situations allowed by the abortion law was significantly different in between professionals. In all, 32.7% of physicians, 97.5% of nursing professionals and 90.5% of other professionals do not know the current legislation
Facuri et al ⁽²⁴⁾	2013	Women (n=687) who experienced sexual violence attending a Reference Hospital in Campinas, São Paulo	Qualitative and retrospective	Sexual violence occurred mainly at night, in the street, perpetrated by one unknown offender, with vaginal intercourse and intimidation. Most women told other people and felt supported. Early care was provided to almost 90% of women with prophylactic measures. There was an increase in early demand over the period. Better knowledge of the characteristics of the population and of the event can assist in the structuring and quality of service models
Machado et al ⁽²⁵⁾	2015	Women (n=10) who underwent legal termination of pregnancy	Qualitative based on the methodological framework of Grounded Theory.	The diagnosis of pregnancy provoked feelings of anguish and the desire to have an abortion. For women who sought the supplementary health sector, the guidelines were either precarious or not followed. Professionals performance showed to be relevant for the assimilation of the abortion experience. It is necessary to disclose the right to legal termination of pregnancy and the existence of services that perform it, and to enable health and public safety professionals to serve women in these cases
Higar et al ⁽²⁶⁾	2007	Women (n=72) who performed legal abortion in a public service in the city of Campinas, São Paulo	Qualitative and descriptive	The use of the nursing process provides the woman with individual, comprehensive and humanized care and contributes to adherence to physical, psychological and social treatment and recovery, ensuring the provision of quality and safe care
Aquino et al ⁽²⁷⁾	2012	Users (n=2804) hospitalized due to complications of abortion	Quantitative and cross-sectional	Adequacy to standards was greater in terms of user embracement and guidelines criteria. Social support and the right to information exhibited low levels in the three cities. The technical quality of the care was poorly evaluated. Regarding inputs and physical environment, cleaning was the least appropriate criterion. The situation is more critical regarding the continuity of care in the three cities, lack of scheduled follow-up consultation, information on care after hospital discharge, risk of pregnancy and family planning. Abortion care in these cities is far from what is proposed by Brazilian norms and international organizations
Spinelli et al ⁽²⁸⁾	2014	Health professionals (n=243), nurses (n=154) and physicians (n=80) were randomly selected in 117 Family Health Care centers in Northeastern Brazil	Quantitative, observational and descriptive	Health professionals were found to have sufficient technical knowledge to prescribe EC but do not acknowledge it as a right of women. In addition, they consider that religious influence can interfere with the decision to prescribe and in the use of EC by women
Almeida et al ⁽²⁹⁾	2014	Family Health Strategy professionals (n=13)	Qualitative and descriptive	The results evidenced the invisibility of the violence in the service and the lack of knowledge about Gender and its complexity

Rocha et al ⁽³⁰⁾	2015	Health professionals (n=177) who work/do not work directly with abortion services in a hospital in Brasília	Quantitative, qualitative, exploratory and descriptive	The main explanation for the lack of knowledge among professionals is the poor dissemination of the Program associated with the stigma and prejudice surrounding this subject, indicating the need for continuous professional ethics training as a way of improving the quality of care for women who seek the reference service for interruption of pregnancy in cases provided by law
Kiss; Schraiber et al ⁽³¹⁾	2011	Health professionals (n=50) of public services in São Paulo	Quantitative, qualitative, descriptive and exploratory	Isolated and personal actions were reported. Professionals' fears and helplessness were mentioned, but there were no positive aspects for an eventual intervention. The professionals showed little knowledge of specialized reference services
De Ferrante et al ⁽³²⁾	2009	Obstetrician - gynecologists and general practitioners (n=14) in Ribeirão Preto, São Paulo	Qualitative and descriptive	Knowledge about the types and severity of violence, perceptions about who is the woman involved, medical practice regarding the situation of violence, possibilities for interventions and barriers to accessing the service. Physicians, because they feel unprepared to address the issue, face it with many gender and social class prejudices, transferring the responsibility for possible failures in care to the "others": the services, the network and the women
Trabbold et al ⁽³³⁾	2016	Professionals (n=10) (physicians, nurses, community health workers and program coordinator) working in three Family Health Strategy teams in the city of Montes Claros, Minas Gerais	Qualitative using discourse analysis	The factors that contribute to and/or maintain sexual violence in the form of commercial sexual exploitation of adolescents are economic and social inequality and gender inequality, which is little acknowledged by professionals. The omission/denial of the issue is demonstrated by the lack of mandatory reporting; lack of preventive work in the area; timely actions that are not suitable to the needs of adolescence, prejudice and lack of reference of an intersectoral care network
Mortari et al ⁽³⁴⁾	2012	Primary Health Care nurses (n=8) who experienced the practice of care, situations related to abortion/unsafe abortion	Qualitative and descriptive	The accounts indicate that care is permeated by conflicts between standing against abortion, supporting women or remaining impartial
Bezerra et al ⁽³⁵⁾	2016	Health professionals (n=68) with a higher education degree working in the multidisciplinary teams of nine public hospitals of the municipality of Fortaleza, Ceará	Qualitative	Some of the meanings attributed to the concept of sexual violence are the violation of human rights and emphasis on the perpetuation of gender issues; regarding the causes, the existence of offender's pathologies and the reproduction of family violence – the repercussions affect psychological aspects and lead to exposure to diseases and physical assault
Ramos et al ⁽³⁶⁾	2009	Medical records (n=59) of women attending a public health service in the municipality of Santo André, São Paulo	Quantitative and retrospective	It should be noted that 90% of women started prophylaxis for HIV, but only 40.7% completed treatment. Almost 80% of the cases did not complete the serological control and outpatient follow-up

n: number of individuals; SUS: *Sistema Único de Saúde* (Unified Health System); EC: emergency contraception;

The present integrative review analyzed 21 studies that met the inclusion criteria. Publication sources varied. They included Collective health/public health journals^(17,19-21,24,25,27-32), Psychology journals⁽³³⁾, Nursing journals^(16,22,26,34,36) and Gynecology and Obstetrics journals^(18,23). The studies dated from 2005 to 2016 and were carried out in Brazil.

Most of the studies (66.67%) were carried out in the Southeast region^(16-20,22-26,31-33,36). Those carried out in the Northeast region^(27-29,35) corresponded to 14.25%. In the Midwest region, one study⁽³⁰⁾ was carried out, corresponding to 4.77%. The same occurred in the South region, where one study was carried out, corresponding to 4.77%⁽³⁴⁾. A nationwide study was found⁽¹⁸⁾, and one study was carried out in two regions of the country – Southeast and Northeast⁽²¹⁾.

The analysis of the studies sought to answer the research question and gave rise to the following thematic categories: Health care service for women subjected to SV⁽¹⁶⁻²⁵⁾, Women's perception of care after SV^(26,27), and Health professionals' performance in the care of SV victims⁽²⁸⁻³⁶⁾.

DISCUSSION

Health care service for women subjected to SV

The first theme was present in ten of the studies analyzed in the present study, corresponding to 47.6% of the total⁽¹⁶⁻²⁵⁾.

The creation of the Technical Standard⁽¹⁰⁾ in 2012 allowed the structuring of services for women subjected to SV. The document provides for the full participation of women in each stage of care and emphasizes that their autonomy in accepting some of the phases should be respected. The provision of psychological care and strengthening measures to women and adolescents are tools that help to deal with the conflicts and problems inherent to the situation⁽¹⁰⁾.

The scientific autonomy of health professionals is essential for inclusion of the gender perspective, both in health policies and in practices implemented in the work process. The search for ordinances and legislation as a form of empowering professionals for work performance puts them close to the paths to be followed (referral, conduct and women's rights). These actions transpose the offer of service qualification and refer to the commitment with women's care. Thus, they offer conditions that strengthen the empowerment of these women⁽¹⁶⁾.

The care of women subjected to SV is complex and must be convergent at all levels of care. Therefore, in addition to professionals' engagement in the pursuit of knowledge, health care managers should offer physical support and train teams at all levels of health care. Only then will the service network become precise and humanized in a private and friendly place^(10,17).

Regarding the structure of the national hospitals, only 8% of them offer the care recommended in the technical standard. Only 52% offered EC; 72% offered antibiotics; 49.5% offered immunoprophylaxis of hepatitis B and 45.2% offered immunoprophylaxis of HIV. In addition, 28% of the hospital collect material from the perpetrator. With regard to the collection of serologies and laboratory tests: vaginal specimen – 41.2%; syphilis – 99%; HIV – 60%; hepatitis B – 57%; hepatitis C – 49.9%; transaminases – 47.1%; and blood count – 70%⁽¹⁸⁾.

One of the studies⁽¹⁹⁾ found that the provision of care to women is restricted to public health and safety facilities. In this regard, a major problem is the lack of adequate environments and trained professionals in women's hospitals and police stations. The waiting room in the police station is used for several other purposes. In addition, there is no referral flow and consultations need to be scheduled. In the hospital, women are first seen by security professionals without privacy and without the presence of trained health professionals⁽¹⁹⁾.

The arbitrariness of the information on access to health services is another barrier to care. The study carried out in the city of São Paulo points out women's accounts of their obligation to fill an event report (ER) or undergo a forensic examination at a Forensic Medicine Department (FMD) before seeking care at health care centers⁽²⁰⁾, thereby compromising the initiation of prophylactic actions that should be initiated within 72 hours after the event according to the current guidelines of the Ministry of Health (MoH)⁽¹⁰⁻¹²⁾.

The different systems of management in Brazil enables services to meet the requirements of the MoH in some states. A comparative study of two Brazilian capitals (Rio de Janeiro and Fortaleza) found that in Rio de Janeiro care facilities and women's access to health services are put into effect through referrals from the intra- and intersectoral network, while in Fortaleza there is a disarticulation between the services that are part of the network and there are adequate environments for the care of women subjected to SV⁽²¹⁾.

The current scenario in the country is marked by profound changes in the legal framework of SV care, and it is possible that some obstacles to tackling the problem appear due to limitations in the health sector, such as: women's lack of knowledge about their rights, which involve procedures, referrals, access to legal abortion, and protection, which are also compromised by the low investment in rights awareness⁽¹⁶⁻²²⁾.

Despite the advances in the development of policies and the increased participation of the feminist movement in tackling violence, the provision of health care to women subjected to SV is far from achieving the desired impact. It is necessary to know and identify the deficiencies of the services and fight for the continued political and technical articulation for the structuring and maintenance of services⁽²¹⁾.

In 64.4% of the cases care is provided to women subjected to SV in the health care facility within 24 hours after the occurrence of SV, and in 81.3% of the cases women used emergency contraception in the health care facility within 72 hours after assault⁽²²⁾.

Women need quality care and follow-up to prevent recidivism in cases of chronic violence. All the technologies for the provision of care and prevention of diseases must be provided in addition to information on their rights and the institutions that work in different spheres of public services, including health, safety and social services that can make up the service network.

The MoH standards^(10,12,21) were respected in three studies. In addition to prophylactic medication to prevent pregnancy, laboratory tests should also be a constant concern in all consultations and laboratory tests to detect pregnancy, syphilis, hepatitis B and C, HIV, chlamydia, gonorrhea, trichomoniasis, human papillomavirus (HPV). Occasionally, radiographic examinations, tomography or ultrasonography may be indicated⁽²¹⁾.

Unfortunately, it is difficult to continue treatment, even in quality services. Despite being informed about the purpose of serological tests for STIs and HIV, women do not adhere to antiretroviral therapy (ART)⁽²²⁾.

Women have difficulty accessing the Health Service because of the lack of information⁽²²⁾. Health care managers need to broaden their view to provide health professionals with training in the legal protection that regulates the care of victims of SV, which includes abortion, to ensure accessibility to the care they are entitled to. Health professionals are unaware of women's right to abortion in cases of sexual violence, which is guaranteed by law in such cases, and consider it a crime⁽²³⁾.

In the national study that evaluated the situation of the care of women and children subjected to SV in a sample of 874 hospitals in the country, only 30% of the hospitals reported having performed legal abortion in cases of rape, with 37% of abortions occurring when life was in danger and 26% due to fetal anomaly incompatible with life⁽¹⁸⁾.

Health professionals and managers have a poor knowledge about the effects of SV on women's health and thus do not inform them about examinations and treatments or the legal protections to which they are entitled. This limitation makes it impossible for women to overcome the trauma caused by violence.

The study⁽²⁴⁾ carried out in Campinas, São Paulo, showed that most women get to the hospital for immediate care within the first hours after assault. Given that, professionals can initiate prophylaxis for STIs, including antiretroviral drugs, antibiotics, hepatitis B vaccine and emergency contraception. They may also advise women on the importance of reporting the offender, carrying out abortion and late follow-up for six months and indicate the services available in the state and municipal care network.

The analysis of the studies allow to conclude that 87.5% of the states comply^(21,22) with what is recommended by the MoH programs^(10,12), but not all the services found in this research have a structure to serve women, which constitutes a limitation for care.

Women's perception of care after SV

The second thematic category was present in two of the articles analyzed in this study, corresponding to 9.5%⁽²⁶⁻²⁷⁾ of the sample. The small number of articles that gave voice to women allows the readers to reflect critically. Are the studies about SV complying with a productivist practice of hospital-based care, which does not provide users with a space to criticize, suggest changes to the service, or even point out the absence of humanization in these consultations in the intra and intersectoral network?

Given that, this thematic category presents the beginning of the social visibility of SV. The criminalization of SV began to be discussed in society in 2006 with the creation of Law No. 11.340⁽¹¹⁾, popularly known as the Maria da Penha Law, which created mechanisms to combat domestic and family violence against women, establishing changes in the classification of the crimes and in the police and legal procedures^(10,11).

The penalties for SV resulting from this law⁽¹¹⁾ were not enough to assist women in seeking help after SV⁽²⁵⁾. This finding corroborates the fact that violence is associated with public and punitive safety, but not with women's health care.

While attending health care services, women perceive that their quality is associated with the presence or absence of professional judgment⁽²⁶⁾ and services offered during care and hospitalization⁽²⁷⁾. The positive aspects of the services were more recurrent than the negative ones and included: user embracement and being listened to and supported⁽²⁵⁾.

The study carried out in Campinas showed that all the women attending the service were unaware of the existence of a program for women subjected to SV, the importance of emergency measures and the legal right to interrupt pregnancy. The search for help occurred after pregnancy became the factor that revealed SV⁽²⁷⁾.

Women's perception of the specialized care provided in this service was mostly positive, mainly because they did not feel judged by the team, both with regard to SV and abortion, and because of their ability to understand that the woman was a victim and not guilty or the one causing violence⁽²⁶⁾. The same study reports that the care of women who developed a pregnancy is provided by the social worker, who informs about the procedure and the rights and duties of the woman, who is advised to present a handwritten abortion request and press charges. After that, the woman is seen by a psychologist, a nurse, and a physician⁽²⁶⁾.

The hospitals of the Unified Health System in Salvador, Recife and São Luís showed that the performance of legal abortion still does not fully comply with the norms of the MoH and international bodies⁽²⁷⁾.

Women evaluated hospitals and 10-20% rated them as poor on the satisfaction scale regarding aspects such as: little information on pregnancy, post-discharge care, follow-up consultation, pregnancy planning and access to contraception. In addition, 90-95% of the positive aspects included respect, privacy, non-discrimination, control of vital signs and access to EC. A total of 60-70% of the women who rated hospital as satisfactory mentioned cleaning, supply of sanitary pads, bed linen change, control of the temperature of the place, pain relief and post-procedure examination⁽²⁷⁾.

The guarantee of access of women subjected to SV to legal abortion is provided for in the Technical Standard for Prevention and Treatment of Diseases Resulting from SV Against Women and Adolescents and in the Technical Standard for Abortion Humanized Care. However, there are still many barriers to women's care in the country. The World Health Organization (WHO) emphasizes that accessibility is an indicator of health systems performance^(10,12,17).

The discussion was carried out with little scientific material, which leads to a reflection on the insipient voice of women subjected to SV, real users of the services, about their difficulties to seek services, receive treatment, exercise their rights and remain followed up in such a delicate moment of their lives.

Health professionals' performance in the care of SV victims.

This thematic category is present in nine studies, accounting for 42.85% of the publications⁽²⁸⁻³⁶⁾ analyzed in the present review. Trained⁽²⁵⁾ and untrained⁽²⁸⁾ professionals were found to assist women subjected to SV, but, due to personal issues, some abstain from providing care when it comes to performing legal abortion⁽²⁹⁾.

Given the structure of the service and its adequacy to the MoH guidelines⁽¹⁰⁾, health professionals optimize their performance and integration with the multidisciplinary team and the care networks⁽²⁵⁾. Women's difficulties to explain the problem limits the work of professionals. Because of that, their performance is restricted to referral to other services or transfer of responsibility to another professional⁽²⁹⁾.

There is a predominance of a traditional and fragmented medical care that values the hegemonic biomedical model of care and neglects preventive and health promotion actions. Professionals' attitudes towards the problem makes it impossible to reformulate the actions in order to collaborate in the process of prevention and care of these cases⁽²⁸⁻³⁰⁾.

In primary health care (PHC) centers, there is a difficulty in identifying and directing care due to the invisibility of SV, making care for this and other types of violence limited to the treatment of symptoms and injuries. There is a marked presence of women's judgement by these professionals, imposing a strong moral burden on their opinions⁽³¹⁾.

Professionals can identify assaulted users due to the physical marks left on their bodies or associated symptoms such as: somatizations, unfounded complaints and diffuse discomfort, distress, depression, dyspareunia (painful sexual intercourse), among other manifestations. In addition, they also rely on women's accounts⁽³¹⁾.

The care provided in PHC centers is dichotomously related to emergency services as it allows the establishment of a bond and analysis of nonverbal expressions, which help in the identification of sexual violence. These women can be referred to the following places: Women's Police Station, in cases of physical violence, and, in cases of sexual violence, the *Hospital das Clínicas* in the city, as it has a specialized service to treat victims of this type of violence⁽³²⁾.

Commercial sexual exploitation is not understood as a form of SV. Professionals know about the existence of women, children and adolescents living in this situation and recognize that they need to do something about it. Yet, there are no collective or intersectoral actions⁽³³⁾.

Abortion care is one of the most complicated issues when it comes to SV. Conscientious objection can be exalted by the professional and it may also involve internal conflict regarding religious issues. The inability to be impartial in the face of a woman's decision generates behaviors that undermine women's right to perform legal abortion⁽³⁴⁻³⁷⁾.

In addition to the difficulties to provide care to women, the professionals treat SV as a police case, making the public safety service responsible for the conduct of the perpetrator. In addition, they judge the woman and doubt the veracity of the assault, reversing her position from victim to "offender", or "simulator of assault" in order to harm men⁽³⁵⁾. This behavior restricts the service and makes care in the women's care network unfeasible⁽¹⁰⁾.

The limited view of SV by public safety or emergency services, which are usually not prepared to respond to the needs of women experiencing this situation, constitutes a problem for the care of women as these actions discourage women from reporting the offender or even seeking help^(10,16,35).

The criminalization of sexual violence becomes a major obstacle to the visibility of the problem by society. The reduction to a criminal act involves other issues, such as gender violence, which is forgotten due to the need to punish the offender^(10,16-19).

Professionals' insecurity to provide care to these women is a reflection of the scarcity of appropriate environments, lack of professional training and lack of EC⁽³⁶⁾, even after the implementation of the program called "Women: living without violence" in 2013, which provides for egalitarian access to care through partnerships with state governments, preparing structures, protocols, operating modes and the integration of the entire network of services planned for the House of the Brazilian Woman. This

institution is present in each capital of the country and intends to work in partnership with public safety, justice, psychosocial care and vocational guidance, employment and income generation services⁽³⁷⁾.

Given the above, a limitation of the present study is the scarcity of research on the evaluation of the services provided to women subjected to sexual violence in the country and the continuity of this service in the inter- and intra-sectorial networks in view of the need for follow-up of women for at least six months. There was also a limitation in health professionals' evaluation of the strategies and the guarantee of women's rights for the benefit of the academic community. In addition, the lack of research on the limitations and potentialities of public health services in Brazil should be highlighted.

There were no studies on the subject in the North, Midwest and South regions of Brazil, and the largest number of studies were carried out in the Southeast region, especially in São Paulo and Rio de Janeiro States. There is a need for further studies on the subject because violence is a national phenomenon and it is still perceived in a multifaceted and heterogeneous way.

CONCLUSION

The present integrative review leads to conclude that health care services targeted at women subjected to sexual violence (SV) have experienced dichotomous moments of progress and setbacks. The achievements in the construction of public policies in the country, which have become a technical and scientific support to improve services, are still far from ideal, even with the creation of adequate environments for care, medication, prophylaxis, guidance and information on women's rights and the availability of professionals trained to provide this type of care and health professionals.

Regarding women's perception of SV care, users are dissatisfied due to the neglect experienced at the various levels of care that constitute the care network – from public safety services to health services. This is because they suffer when they are judged with regard to abortion and rape. In addition, health professionals' ignorance of women's rights is also one of the highlights in women's perceptions. The findings also highlight the small number of studies that give voice to women subjected to SV.

The study identified a gap between the MoH guidelines and the reality of health services, especially in the thematic category related to health professionals' performance in the care of SV victims. There is a need for training of professionals so that they are familiar with the inter- and intra-sectoral network and the rights of women subjected to SV. There is also a need to create adequate environments for care and procedure.

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