

# Strategies for the identification and follow-up of women in situations of domestic violence under primary health care: an integrative review

Estratégias de identificação e de acompanhamento de mulheres em situação de violência doméstica atendidas na Atenção Primária à Saúde: uma revisão integrativa

*Estrategias de identificación y seguimiento de mujeres en situación de violencia doméstica atendidas por la Atención Primaria de Salud: una revisión integradora*

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## Abstract

**Introduction:** Primary health care (PHC) is the gateway for users to access health services. It is of utmost importance that professionals working in PHC are able to recognize users in situations of domestic violence against women and their follow-up needs. **Objective:** The aim of this study was to analyze the strategies adopted by PHC professionals to identify and care for cases of domestic violence against women committed by an intimate partner, in the context of Brazil and other countries. **Methods:** An integrative review of the scientific literature available at the SciELO and PubMed databases including the descriptors: violence against women AND primary health care (searched in Portuguese). **Results:** Twenty-three papers were found, 16 of them published in Brazil and 7 elsewhere. Among the reported strategies used by health professionals in PHC to identify cases of domestic violence are: welcoming, qualified listening, bonding between the professionals and the women in care, and creation of groups of women. Prenatal testing and gynecological colposcopy are considered appropriate moments for the identification of women in situations of violence. Among the reported strategies for follow-up and care of women in situations of domestic violence are: welcoming, qualified listening, teamwork (with emphasis on the role of community health agents), as well as referral to other agents in the network against domestic violence. Among the challenges faced are the underreporting of cases of domestic violence, and the low capability among professionals to identify and care for women in situations of gendered violence. **Conclusions:** It is of utmost importance that there is more dialogue between PHC and the Network Against Gendered Violence, so that professionals in medical appointments are more attentive to signs of violence, and aware of the necessary follow-up and referrals. Additionally, public policies aimed at women need further funding to secure women's rights and fight gendered violence.

**Keywords:** Violence against women; Domestic violence; Primary health care.

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## Resumo

**Introdução:** A Atenção Primária à Saúde (APS) é porta de entrada de usuários da saúde para serviços de cuidado, sendo necessário que os profissionais que ali trabalham saibam reconhecer a demanda de violência doméstica contra as mulheres. **Objetivo:** Analisar as estratégias adotadas por profissionais da APS para a identificação e o cuidado de casos de violência doméstica contra mulheres cometida por parceiro íntimo (VDCM), no contexto do Brasil e de outros países. **Métodos:** Foi realizada uma revisão integrativa de literatura nas bases de dados Scientific Electronic Library Online (SciELO) e Publications from MEDLINE (PubMed) com os descritores: violência contra a mulher AND atenção primária à saúde. **Resultados:** Foram selecionados 23 artigos (16 manuscritos são publicações nacionais e sete internacionais). Entre as estratégias que os profissionais da saúde utilizam para identificar casos de violência doméstica nos serviços que compõem a APS, destacam-se: acolhimento, escuta qualificada, construção de vínculo com as mulheres nos atendimentos e desenvolvimentos de grupos. Nota-se o momento de realização do pré-natal e do exame ginecológico colpocitológico como espaços propícios para a identificação de mulheres em situação de violência. Dentre as estratégias de acompanhamento e cuidado proporcionadas às mulheres em situação de violência doméstica, salientam-se: acolhimento, escuta qualificada, atuações da equipe, especialmente o papel das Agentes Comunitárias de Saúde, além dos encaminhamentos para profissionais da rede de enfrentamento da violência doméstica. Dentre os desafios encontrados, ressaltam-se a subnotificação dos casos de violência doméstica e a baixa capacitação dos profissionais para identificarem e acompanharem mulheres em situação de violência de gênero. **Conclusões:** Ressalta-se a importância do fortalecimento do diálogo da APS com a Rede de Enfrentamento à Violência contra Mulheres para que os profissionais estejam mais atentos aos sinais de identificação durante as consultas e saibam os fluxos de acompanhamento dos casos e encaminhamentos; além da necessidade de aprimorar os financiamentos de políticas públicas destinadas às mulheres, com o intuito de garantir direitos femininos e combater as violências de gênero.

**Palavras-chave:** Violência contra a mulher; Violência doméstica; Atenção Primária à Saúde.

## Resumen

**Introducción:** La Atención Primaria de Salud (APS) es la puerta de entrada de los usuarios del sistema de salud a los servicios asistenciales, y es necesario que los profesionales que trabajan en ella sepan reconocer la demanda de violencia doméstica contra las mujeres. **Objetivo:** El objetivo de este artículo es analizar las estrategias adoptadas por los profesionales de APS para identificar y atender los casos de violencia doméstica contra la mujer cometida por la pareja íntima, en el contexto de Brasil y de otros países. **Métodos:** Se realizó una revisión bibliográfica integradora en las bases de datos SciELO y Pubmed utilizando los descriptores: violence against women AND primary health care. **Resultados:** Fueron seleccionados 23 artículos. 16 manuscritos eran publicaciones nacionales y 7 internacionales. Entre las estrategias que los profesionales de salud utilizan para identificar casos de violencia doméstica en los servicios que componen la APS, se destacan: la acogida, la escucha calificada, la construcción de un vínculo con las mujeres durante las consultas y el desarrollo de grupos; la atención prenatal y los exámenes colpocitológicos ginecológicos se señalan como espacios favorables para la identificación de mujeres en situación de violencia. Entre las estrategias de acompañamiento y atención a las mujeres en situación de violencia doméstica se destacan: la acogida, la escucha calificada, el trabajo del equipo, en especial el papel de los Agentes Comunitarios de Salud, así como la derivación a profesionales de la red para el abordaje de la violencia doméstica. Entre los desafíos encontrados están el subregistro de casos de violencia doméstica y el bajo nivel de capacitación de los profesionales para identificar y hacer el seguimiento de las mujeres en situación de violencia de género. **Conclusiones:** Se destaca la importancia de fortalecer el diálogo de la APS con la Red de Combate a la Violencia contra las Mujeres, para que los profesionales estén más atentos a las señales de identificación durante las consultas, y conozcan los flujos para el seguimiento de los casos y derivaciones; además de la necesidad de mejorar la financiación de las políticas públicas dirigidas a las mujeres, para garantizar los derechos de las mujeres y combatir la violencia de género.

**Palabras clave:** Violencia contra la mujer; Violencia doméstica; Atención Primaria de Salud.

## INTRODUCTION

The United Nations<sup>1</sup> defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” In the Brazilian legal context, Law 11.340/2006, known as the Maria da Penha Law,<sup>2</sup> protects women in situations of domestic and family violence, categorizes different types of violence (physical, sexual, moral, psychological, and patrimonial), and establishes mechanisms to prevent, punish, and eradicate human rights violations.

Brazilian women experiencing domestic violence are affected by the intersections of race-ethnicity, social class, sexual orientation, age group, among other social markers of difference. From this perspective, Black women are the main victims of gender-based aggression and violence in the country. In most cases, the aggressor is the current or former spouse/boyfriend/partner. And the place with the highest number of reported cases of violence against women is within the home itself.<sup>3</sup>

Considering that primary health care (PHC) is the entry point to different services, with women being its main target group, and that it is the main access point for women experiencing domestic and family violence to receive support for situations that have serious consequences for their physical and mental health, it is fundamental that the professionals working there are able to recognize and intervene in cases of women whose rights have been violated.<sup>4</sup> Therefore, this article aims to analyze the strategies adopted by PHC professionals for the identification and care of cases of domestic violence against women committed by an intimate partner (DVAW), in the context of Brazil and other countries.

## METHODS

### Type of study and databases

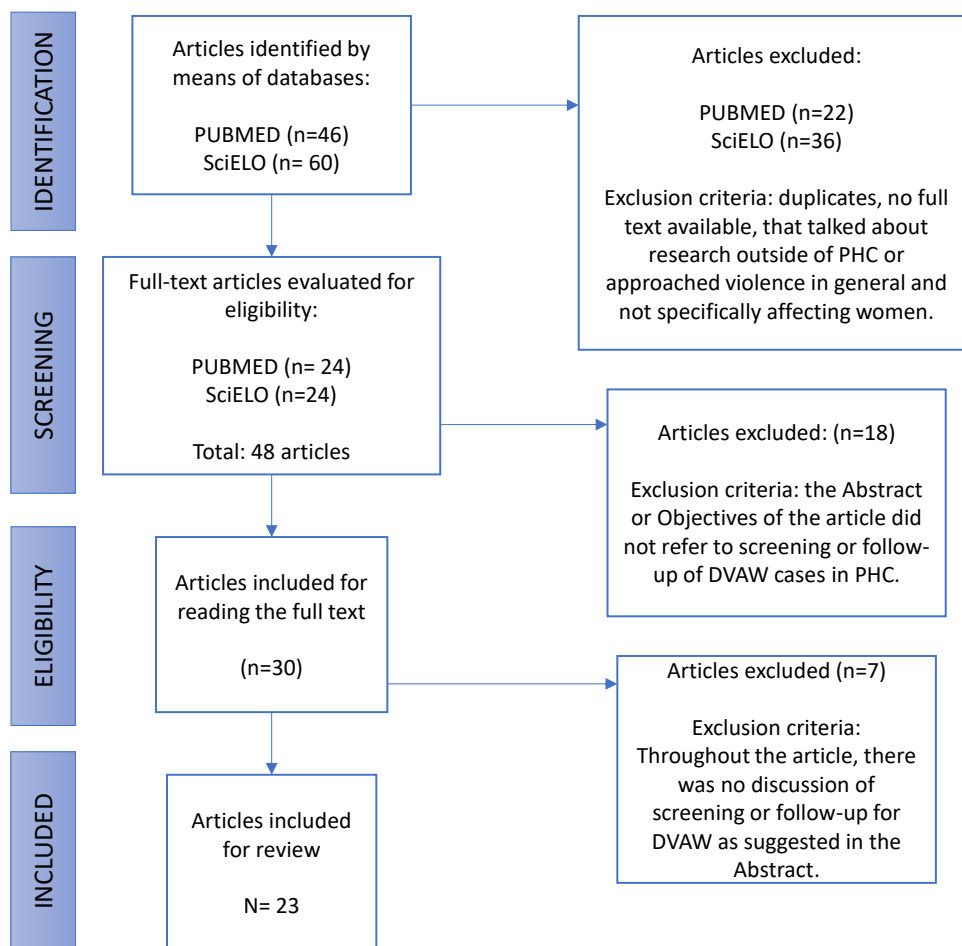
This is an integrative review of scientific publications conducted in two databases—Scientific Electronic Library Online (SciELO) and Publications from MEDLINE (PubMed). The following guiding question was used: “How do primary health care professionals identify DVAW cases and propose care and follow-up strategies?”

For this purpose, the descriptors chosen were violence against women AND primary health care, in their variations in Portuguese, Spanish, and English. The research was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart for integrative and systematic reviews (Figure 1), in September 2022.

### Inclusion and exclusion criteria

The selection and inclusion criteria for the articles analyzed in this work were: 1) studies that evaluated strategies for identifying and/or monitoring women in situations of domestic violence in PHC, with attention to the perspective of the health professional (and not the patient); 2) original research, including clinical trials, cross-sectional studies, observational studies, qualitative studies, and systematic reviews or meta-analyses that provided a synthesis of evidence on the topic; 3) studies that evaluated adult women (over 18 years of age) in situations of domestic violence, regardless of ethnicity, race, religion, sexual orientation, or socioeconomic status; 4) studies published in English, Spanish, or Portuguese, without a specific publication period; 5) publications for which the full text was freely available for reading and analysis.

The exclusion criteria were: 1) research published in other languages; 2) studies that dealt with research in settings other than PHC; 3) studies that addressed violence against other populations and not only women; 4) duplicate studies published in both databases used in this review; 5) publications with unavailable full text or whose access page could not be found.



PHC: primary health care; DVAW: domestic violence against women committed by an intimate partner.

**Figure 1.** Flowchart of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for the selection of articles for the review.

## Selection and analysis

Sixty articles were found in the SciELO database, without applying filters or specifying the year of publication. In the PubMed database, 46 articles were found, without filters and without specifying the publication period. After reading the abstracts, scientific articles that did not meet the inclusion criteria were excluded, resulting in 24 articles in each database.

In total, 48 articles were selected from the two databases. The abstract and introduction of these articles were read, and they were then organized into a table. After this initial reading, 30 articles that met the inclusion criteria were selected.

After reading the 30 selected articles in full, seven publications were discarded because they did not discuss the work of health professionals in identifying and caring for women in situations of domestic violence in PHC. In total, 23 articles remained, which were analyzed in this study. The main data found are detailed in Chart 1. It should be noted that the selected studies underwent a quality assessment, ensuring the reliability and validity of the information used in the analysis.

**Chart 1.** Synthesis of the selected articles in the integrative review.

<b>Authors</b>	<b>Journal, volume, number, pages and year</b>	<b>Location</b>	<b>Strategies for identifying DVAW</b>	<b>Follow-up strategies</b>
Jaqueline Arboit et al.	Rev Esc Enferm USP, v. 51, n. 1, p. 1–7, 2017.	Rio Grande do Sul, Brazil	Welcoming and active listening	Guidance; reporting; referral to the coordinating nurse and to professionals from other health care services (social worker, general practitioner, gynecologist, and psychologist). Teamwork.; follow-up by CHA.
Stela Nazareth Meneghel et al.	Ciência & Saúde Coletiva, v. 26, n. 1, p. 275–284, 2021.	Rio Grande do Sul, Brazil	Conversations during the performance of a gynecological cytological examination.	There was no awareness among the professionals regarding the demands raised by the users, or the solutions presented by the nurses were not considered satisfactory by the users.
Marcos Claudio Signorelli et al.	Cad. Saúde Pública, v. 29, n. 6, p. 1230–1240, 2013.	Paraná, Brazil	Not cited.	Providing support for women in a DVAW situation. Key role of CHA.
Anna Dowrick et al.	Qualitative Health Research, v. 31, n. 9, p. 1697–1709, 2021.	United Kingdom	IRIS Program: training for all clinical and reception staff, questions about domestic violence during consultations.	IRIS Program: workflow for referral to a specialist professional trained in dealing with DVAW.
J. Vogel	Eastern Mediterranean Health Journal, v. 19, n. 3, p. 219–226, 2013.	Afghanistan and Pakistan	Screening instruments.	Not cited.
Pilar Murillo et al.	Gac Sanit, v.32, n.5, p.433–438, 2018.	Spain	Limited capacity of health care professionals to address domestic violence during consultations due to insufficient training/lack of preparation.	Not cited.
Aysegul Catak Taskiran et al.	Primary Health Care Research & Development v.20, n.96, p.1–6, 2019.	Turkey	Not cited.	Examination of the patient, documentation of the findings, and contacting the police. Advising the judicial institution. Others ignored the situation and took no action.
Rebecca O'Reilly, Kath Peters	BMC Women's Health, v. 18, n. 128, p.1–8, 2018.	Australia	Some professionals do not perform screening for intimate partner violence. Other professionals use general questions to identify it, without using screening tools. Others screen for intimate partner violence during prenatal care when women show what they consider "warning signs."	Referrals to specific services for victims of DVAW, such as: psychologists and counselors, women's shelters, police, community services, legal services, and social workers.

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Chart 1. Continuation.

Authors	Journal, volume, number, pages and year	Location	Strategies for identifying DVAW	Follow-up strategies
Vanessa Alcaide Lozano et al.	Atencion Primaria, v. 53, n. 1, p. 1–6, 2021.	Cataluña, Spain	Difficulties in detecting domestic violence are due to several factors, such as: pressure on health care services, the impact of cultural and religious issues, and language barriers.	Not cited.
Jaqueline Arboit et al.	Aten Primaria, v. 52, n. 1, p.14–21, 2019.	Rio Grande do Sul, Brazil	Conversations during prenatal appointments and HV. Welcoming, active listening, spontaneous reporting, and observation of the woman's behavior.	Not cited.
Tatiana das Neves Fraga Moreira et al.	Saúde Soc, v. 23, n. 3, p. 814–827, 2014.	São Paulo, Brazil	Not cited.	Team meetings (with the presence of psychologists and a social worker), HV, and follow-up by CHA.
Tatiana dos Santos Borsoi et al.	Interface - Comunic., Saúde, Educ. v. 13, n. 28, p. 165–74, 2009.	Rio de Janeiro, Brazil	Individual consultations and educational group sessions with pregnant women and family planning users.	Non-referral unit: guidance on rights and possibilities for filing a police report. Referral to police stations, shelters, etc., if the woman wishes to report the incident. Referral unit: Reception, case follow-up, internal referrals to other health care professionals, teamwork.
Ana Flávia Pires Lucas d'Oliveira et al.	Ciência & Saúde Coletiva, v. 14, n. 4, p. 1037–1050, 2009.	São Paulo, Brazil	Raising awareness among all professionals and service workers about the issues of domestic violence against women. Active listening. Privacy. Welcoming environment. Confidentiality. Sufficient time for listening. Trusting relationship.	Not cited.
Mariana Hasse, Elisabeth Meloni Vieira	Saúde debate v. 38, n. 102, p. 482–493, 2014.	São Paulo, Brazil	Not cited.	Qualified assessment of the situation; notification; record-keeping in medical files; prophylaxis in cases of sexual violence; guidance; limited network coordination.
Marta Cocco da Costa, Marta Julia Marques Lopes	Rev Esc Enferm USP, v. 46, n. 5, p. 1088–1095, 2012.	Rio Grande do Sul, Brazil	Providing support and building relationships, especially with CHA.	Guidance and development of collective actions through groups and theater.

Continue...

Chart 1. Continuation.

Authors	Journal, volume, number, pages and year	Location	Strategies for identifying DVAW	Follow-up strategies
Samara Silva Marques et al.	Rev Gaúcha Enferm, v. 38, n. 3, p. 1–8, 2017.	Rio Grande do Sul, Brazil	Welcoming and attentive listening. Difficulty in identifying DVAW: the woman's fragile connection with the service and with the professionals.	Referral to other services (limitation of the ESF in monitoring pregnant women in situations of DVAW). Support from the NASF. Little knowledge about the care and notification network.
Marcos Claudio Signorelli et al.	Ciência & Saúde Coletiva, v. 23, n. 1, p. 93–102, 2018.	South Region, Brazil	Reception and role of CHA.	Reception and role of CHA.
Ariana Sofia Barradas da Silva et al.	Rev Esc Enferm USP, v. 56, n. 1, p. 1–8, 2022.	Cape Verde	Because it is a community-based service, the professionals easily identify women experiencing domestic violence, or community members themselves inform them about who these women are. When it comes to physical violence, women usually seek out the service themselves or are referred by the police.	Referrals to social services or other agencies. Professionals' own attitudes of blaming women for violence are an obstacle.
Marta Cocco da Costa et al.	Rev Gaúcha Enferm. 2017, v. 38, n. 2, p. 1–8, 2017.	Rio Grande do Sul, Brazil	Support from the multidisciplinary team, connection with the professional, important role of nursing.	Not cited.
Paula Suséli Silva de Bearzi et al.	Revista Estudos Feministas, v. 28, n. 3, p. 1–14, 2020.	South Region, Brazil	The team acts as a support network, broadening their perspective to identify situations.	Insecurity among various professionals regarding how to deal with DVAW. Follow-up by CHA. Building rapport and active listening. Guidance on the service network. Little notification.
Viviane Graciele da Silva	Esc Anna Nery, v. 24, n. 4, p. 1–7, 2020.	Minas Gerais, Brazil	The role of CHA in identifying cases. Welcoming and active listening	Nursing assistance, including initial assessment and referrals.
Fernanda Garbelini De Ferrante et al.	Interface - Comunic., Saude, Educ., v. 13, n. 31, p. 287–99, 2009.	São Paulo, Brazil	Not cited.	Lack of confidence among professionals in dealing with DVAW. The study suggests that this neglect constitutes institutional violence.
Jaqueline Arboit et al.	Saúde Soc. São Paulo, v. 27, n. 2, p. 506–517, 2018.	Rio Grande do Sul, Brazil	Dialogue, connection, HV.	Communication with the CHA team coordinator, providing guidance to women on how to seek their rights, and contacting the police. Teamwork.

CHA: community health agent; ESF: Family Health Strategy; NASF: Family Health Support Center; HV: home visit; DVAW: domestic violence against women committed by an intimate partner.

## RESULTS

Of the selected and analyzed articles, the vast majority, or 75% (n=18), were qualitative studies. Among the other articles, there was a systematic literature review, a report of experience publication, and three quantitative studies.

Articles published in Brazil made up 69% (n=16) and 31% (n=7) were manuscripts produced abroad, including publications from the following countries: United Kingdom (n=1), Afghanistan and Pakistan (n=1), Spain (n=2), Turkey (n=1), Australia (n=1), and Cape Verde (n=1). Of the articles published in Brazil, ten were conducted in the South Region, the majority in Rio Grande do Sul (n=7), one in Paraná, and in two, the state where the research was conducted was not specified. The remaining analyzed publications were studies conducted in the Southeast Region, divided between Minas Gerais (n=1), São Paulo (n=4), and Rio de Janeiro (n=1).

For the analysis of the results of this study, it was decided to divide the strategies for addressing DVAW into three stages. First, the strategies that health professionals use to identify cases of domestic violence in the services that comprise PHC are discussed. In the second stage, the forms of follow-up and care provided to women in situations of domestic violence who use PHC facilities are analyzed. Finally, in the third stage, perspectives and challenges for the training of health professionals working in PHC are presented, with the aim of identifying and supporting women in situations of DVAW.

### Strategies for identification of violence against women

Among the strategies used by PHC professionals to identify cases of domestic violence experienced by women, the following stand out: qualified listening and welcoming. The most opportune moments for identification were during gynecological examinations, during prenatal care, during home visits, during educational groups, and during consultations with different health care professionals. The role of community health agents (CHA) and the work of multidisciplinary teams in discussing cases of domestic violence against women were highlighted. In addition, the studies emphasized the application of screening instruments for violence and the training of health care professionals as a facilitator for case identification. Qualified listening and welcoming were mentioned as essential tools in the work in one-third of the published articles (n=8).

Stela Nazareth Meneghel et al.<sup>5</sup> report that the moment of collecting the gynecological cytological examination performed by nurses in a PHC service is opportune, since situations of domestic violence against women were reported. Another study<sup>6</sup> highlights that the moments of prenatal consultations and home visits by PHC teams are important for identifying spontaneous reports.

One study<sup>7</sup> identified situations of domestic violence against women in individual consultations with service users and also in educational groups with pregnant women and participants in the family planning program of a Basic Health Unit (BHU).

Three studies<sup>8-10</sup> emphasize the building of a bond between users and CHA as fundamental for identifying DVAW cases. One study<sup>11</sup> cites the role of the multidisciplinary team, with emphasis on the role of nurses in screening for cases of violence.

In the United Kingdom, a study<sup>12</sup> showed the importance of the so-called “IRIS Program,” a local training project for all clinical and reception staff, with electronic prompts to ask patients about domestic violence against women during consultations in health services. In Australia, in a study<sup>13</sup> conducted with 48 health care professionals, the authors found different ways of identifying domestic violence that varied according to each worker: while some questioned women during prenatal consultations, others focused on possible visible physical injuries.

J. Vogel<sup>14</sup> conducted a systematic review and found 11 studies that cited screening instruments for domestic violence during consultations. In an intervention study,<sup>15</sup> after raising awareness among professionals at a BHU about the issues of domestic violence, women’s rights, and gender relations, cases of violence began to be identified more quickly.

## **Strategies for dealing with violence against women**

Regarding strategies for managing DVAW cases, six articles<sup>9,16-20</sup> again cited the role of CHWs as essential for monitoring and caring for women experiencing violence, precisely because they know the community and can closely follow family experiences.

In the United Kingdom, the same “IRIS Program,” which identifies cases, presents a referral flow to a specialist professional in managing domestic violence.

In addition, eight publications<sup>7,10,12,13,16,18,21,22</sup> cited referrals to other services or health professionals as a possibility for care, including: social worker, general practitioner, gynecologist, and psychologist. Studies from Australia and Turkey also mentioned, in addition to health professionals, referrals to legal and police services. Jaquelite Arboit et al.<sup>18</sup> also consider the role of the team in discussing possibilities for coping with domestic violence. The same author, in a 2018 study,<sup>19</sup> cited the importance of providing guidance to women so that they know their rights and seek alternatives. Only two studies<sup>20,23</sup> mentioned the need for notification in cases of violence. One of these also reinforced the need for violence prevention actions, especially in cases of sexual abuse.

## **Perspectives and challenges of health care professionals working with women experiencing violence**

Beyond strategies for identifying and managing DVAW cases, many studies report health care professionals’ insecurity regarding how to act in these cases. One study<sup>24</sup> suggests that the difficulty in identifying DVAW cases may be close to actions permeated by institutional violence, given the professionals’ negligence regarding referrals.

Regarding identification/screening, Pilar Murillo,<sup>25</sup> in a study conducted in Spain, comments that health care professionals have a limited capacity to address DVAW during consultations due to their lack of preparation to recognize situations of gender-based violence. In the research published by Vanessa Alcaide Lozano,<sup>26</sup> also produced in a Spanish context, difficulties in detecting DVAW were found due to several factors: pressure on health care services, the impact of cultural and religious issues, and the language barrier resulting from the cultural diversity within the country itself.

Samara Silva Marques,<sup>21</sup> in research conducted in the city of Porto Alegre-RS, reported the fragile relationship between women and health care professionals in primary care services as a cause of difficulty in identifying DVAW.

In a study conducted in Cape Verde,<sup>22</sup> challenges highlighted included the perceptions of the health care team members, who tend to blame the woman for the violence suffered. From this perspective, four of the studies<sup>19-21,23</sup> analyzed cited the need to strengthen professional teamwork, especially within the intersectoral network, in order to promote integration and dialogue between services, as a way to improve assistance to women in situations of domestic violence. It is noteworthy that five articles<sup>11,18,19,22,25</sup> emphasize the importance of professional training focused on DVAW care, and two,<sup>22,26</sup> specifically, cited the need for health training courses to address topics of gender, sexuality, and feminism.

## DISCUSSION

The multidisciplinary teams in PHC are essential in monitoring DVAW cases.<sup>27</sup> Among the professionals, CHA play an essential role in identifying and monitoring cases, as widely stated, because they are professionals who are integrated into their area of operation and know the service users very well, establishing bonds more easily, which allows women to feel comfortable talking about the situations they have experienced.<sup>28</sup>

Among the strategies most cited by Brazilian researchers for the identification of DVAW, welcoming and active listening were the practices that stood out the most. According to the Ministry of Health,<sup>29</sup> welcoming is understood as a practice of care that can be offered by any health professional, at any time during the patient's stay in the service, through listening that generates a bond and a relationship of trust between the professional and the user, which transforms her into the protagonist of her care process. Qualified listening, on the other hand, is a light technology that involves interest in the person who is speaking, provides a bond and trust, and allows users to feel comfortable talking about their suffering and experiences of violence.<sup>30</sup>

Regarding foreign publications, the article by Anna Dowrick et al.<sup>12</sup> showed that, in the United Kingdom, general practitioners, which would be equivalent to family and community doctors in Brazil, were identified as well-positioned to initiate conversations about DVAW, mainly due to three factors: a more holistic approach than other professions and based on relationships for health care, interconnections with multiple different communities and secondary care services, and greater contact with the affected population than other health services.

The Brazilian mandatory reporting in the Information System for Notifiable Diseases of cases of domestic violence was only cited by two of the analyzed studies,<sup>20,23</sup> highlighting the underreporting of DVAW cases, which is still a reality. There are several reasons for this: insufficient time for consultations, high workload (which could be defined as the average number of consultations offered per day)<sup>31</sup> and, mainly, misinformation among professionals who confuse notification with denunciation, which leads to feelings of fear when dealing with cases of violence.<sup>32</sup>

More than one study has shown the limited knowledge of health care professionals working in primary care regarding the identification and management of cases of violence against women.<sup>20,24,33</sup> As a suggestion, they mentioned the need for training for these professionals, which corroborates

other studies in the field that show that there is little attention given to the training of health care professionals on topics such as gender, sexuality, feminism, and, mainly, DVAW.<sup>34</sup>

However, in the case of family health specializations or family and community medicine residency programs, knowing how to deal with cases of violence against women is part of the competency-based curriculum, and the topic is frequently discussed in almost all conferences in the field.<sup>35</sup> This fact leads us to question whether the professionals working in PHC are indeed adequately trained and have received appropriate training for this function.

## CONCLUSION

Given the relevance of the topic of DVAW in PHC, it is essential to consider strategies that facilitate the identification, monitoring, and referral of existing cases. Emphasis is placed on training health professionals working in PHC so that they are familiar with gender issues and domestic violence. Furthermore, continuous training of these professionals is considered necessary so that they can act in a manner consistent with the expectations of comprehensive health care, attentive to the identification, reception, and referral of cases of violence against women. The strengthening of dialogue between PHC professionals and the Network for Combating Violence against Women is also highlighted, so that workers are aware of the referral processes and follow-up procedures for cases. At the macro-political level, funding for public policies aimed at women is essential to guarantee rights and strategies to combat gender-based violence. Finally, the expansion of debates and investments in scientific research on the topics of violence against women is emphasized to gather data that will assist in the development of public policies, as well as the construction of protocols for the identification and treatment of women.

## CONFLICT OF INTERESTS

nothing to declare.

## AUTHORS' CONTRIBUTIONS

NP: Data curation, Formal analysis, Methodology, Writing – original draft. DAF: Supervision, Writing – review & editing.

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