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Violence Victims: nursing professional attention in the Primary Care

Vítimas de Violência: atendimento dos profissionais de enfermagem em Atenção Primária

Víctimas de Violencia: atendimiento de los profesionales de enfermería en Atención Primaria

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This is an integrative review aiming at searching, analyzing and comparing literature regarding the attention offered to women who are victims of domestic violence in the context of the Primary Healthcare (PH), focusing on the perception of nursing professionals. The following descriptors were used in the research: violence against women, domestic violence, primary healthcare. They were used in the databases LILACS, MEDLINE, IBECS, BDENF, Coleciona-SUS and VHL, from 2012 to 2017, for texts in English and Portuguese available in full. The research found 73 articles, from which 14 were selected in this study. The following categories were defined: Primary Healthcare as a gateway to the attention for women in situations of violence; Failure in the identification of violent situations and in the violence victim support network; and Perception of the nursing team regarding female victims of domestic violence. It was found that activities carried out in the PH have a high potential to offer adequate treatment to women who were the victims of violence. However, the team's own denial in the recognition of these situations, together with many other factors, make the process more difficult. The PH is the main gateway into a quality assistance for women victims of violence to find integral and hoslitic care. However, training and strengthening of the team are necessary.
Descriptors: Violence against women; Domestic violence; Primary health care.

Esta é uma revisão integrativa que teve como objetivo buscar, analisar e cotejar a literatura referente à atenção às mulheres vítimas de violência doméstica no contexto da Atenção Primária à Saúde (APS) com enfoque na percepção dos profissionais de enfermagem. Para a busca, utilizou-se os descritores: violência contra a mulher, violência doméstica, atenção primária em saúde, nas bases de dados LILACS, MEDLINE, IBECS, BDENF, Coleciona-SUS e BVS, entre os anos de 2012-2017, na íntegra, em português e inglês. Foram encontrados 73 artigos e selecionados 14 para este estudo. Verificou-se as seguintes categorias: Serviços da Atenção Primária de Saúde como porta de entrada para o atendimento de mulheres em situação, Falhas na identificação de situação de violência e na rede de apoio de violência e Percepção da equipe de enfermagem em relação à mulher vítima de violência doméstica. Observou-se que as atividades realizadas na APS possuem grande potencial para atendimento adequado à mulher vítima de violência. Porém, o bloqueio da equipe de reconhecer essas situações, em conjunto com diversos fatores, dificultam o processo. A APS apresenta-se como principal porta de entrada para a assistência de qualidade à mulher vítima de forma integralizada e holística, porém, demanda capacitação e fortalecimento da equipe.
Descritores: Violência contra a mulher; Violência doméstica; Atenção primária à saúde.

Esta es una revisión integrativa que tuvo como objetivo buscar, analizar y cotejar la literatura referente a la atención a las mujeres víctimas de violencia doméstica en el contexto de la Atención Primaria a la Salud (APS) con enfoque en la percepción de los profesionales de enfermería. Para la búsqueda se utilizaron los descriptores: violência contra a mulher, violência doméstica, atenção primária em saúde, en las bases de datos LILACS, MEDLINE, IBECS, BDENF, Coleciona-SUS y, BVS; entre los años 2012-2017, en su versión completa, en portugués e inglés. Fueron encontrados 73 artículos y seleccionados 14 para este estudio. Se verificaron las siguientes categorías: Servicios de la Atención Primaria de Salud como puerta de entrada para el atendimiento de mujeres en situación, Fallas en la identificación de situación de violencia y en la red de apoyo de violencia y, Percepción del equipo de enfermería en relación a la mujer víctima de violencia doméstica. Se observó que las actividades realizadas en la APS poseen un gran potencial para atendimiento adecuado a la mujer víctima de violencia, sin embargo, el bloqueo del equipo de reconocer estas situaciones, en conjunto con diversos factores dificultan el proceso. La APS se presenta como principal puerta de entrada para asistencia de calidad a la mujer víctima de forma integral y holística, sin embargo, demanda capacitación y fortalecimiento del equipo.
Descriptores: Violencia contra la mujer; Violencia doméstica; Atención primaria de salud.

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INTRODUCTION

The meanings created to what a woman is in our society have historic roots that give this setting its bases. It is interesting to mention that the definition of women and ideas on how they should be treated were mentioned by the Napoleon Bonaparte's Code in 1804, which stated that women were properties of their husbands and had as a primary function that of generating children. It also created a code of honor that was intimately linked to the sexuality of women. This code was used as a base for the creation of the 1916 Brazilian Civil Code, that was in effect until 2002[1].

These inequalities are based on social roles which are rooted in patriarchal figures and reproduced in the family, roles that built habits according to which women are frail, passive, delicate, and should be devoted to domesti tasks, such as caring for the children, the husband, and the house, while men would have as attributes their virility, courage, aggressivity, and would be the head of the family, who[2]

. In this model of family, the gender attributes and roles value men to the detriment of women, legitimizing, on one hand, men's domination, and, on the other, women's inferiority. From this perspective, the concept of women with no autonomy or right to make decisions was edified in popular imagination, even when it comes to women's bodies. This normative imposition builds family relations that are permeated by the power of the masculine over the feminine. Any deviation from these patterns which have been naturalized may trigger conflicts and violent practices by men, to the detriment of women[2].

Therefore, considering the power relations between men and women, between public and private, and the violent processes against women, it becomes necessary to raise questions about gender issues, which have been defined by Scott as a "constitutive element of social relationships based on perceived differences between sexes, and gender is a primary way of signifying relations of power"[3]. In another text, Scott also says that:

> *By gender, I refer to the discourse about differences between sexes. It does not simply relate to ideas, but also to institutions, structures, daily practices such as our rituals, and everything that constitutes social relationships. The discourse is the instrument used to entry in the order of the world, and if it does not come before social organization, it is inseparable from it. It follows, then, that gender is the social organization of sexual differences. It does not reflect the primary biological reality, but creates the meaning of said reality. The sexual difference is not the original cause from which social organizations could derive; it is, first and foremost, a changing social structure that should be analyzed in its different historical contexts[3].*

Therefore, violence against women results from a primary way of signifying power relations between sexes. The male domination ideaology is not only reproduced by men, but also by women, who believe themselves to be inferior. This violence, which is a historical phenomenon, is complex and hard to define, but can be understood as any event represented by relations, actions, negligence, and omissions carried out by individuals, groups, classes, and nations, which can lead to physical, emotional, moral and/or spiritual damage to others. The origin of violence is in all social, economic and political structures, as well as in individual conscience[4].

Among the many forms of violence, domestic violence is characterized by aggression and coercion within the family context. With the change in behavior regarding this problem in the last year, and the way in which it is reproduced in relationships, domestic violence started to be seen as a health issue based on gender relations. There are different types of violence against women, such as: physical violence, psychological violence, and patrimonial violence[5].

Domestic violence against women in Brazil and the world is a serious public healthcare problem, since it is one of the main causes of female morbidity and mortality[6]. From the 1990s on, society, authorities and institutions started to direct a different look to violence against women, which was worrying especially considering human rights and health.

Facing so many changes regarding the places that women occupy and conquered in society, violence starts to be noticed and addressed differently, mobilizing institutions, authorities, and even those involved in these situations.

From the 2000s on, public policies to address violence against women emerged. They were expanded and included in integrated actions, such as: the creation of norms and standards for attention, the improvement of legislation, the incentive to the creation of attention networks, the support to educational and cultural projects of violence prevention, and the expansion of women's access to the justice system and to the public safety services[7].

The National Plan of Policies for Women, some ideas was raised to face violence against women, among which were: implanting a National Policy to Confront Violence against Women; guaranteeing integral, humanized, and quality care to women victims of violence; reduce the rates of violence against women; guarantee that international instruments and deals are complied with; and reviewing Brazilian legislation regarding the confrontation of violence against women[4].

To reach these goals, at least some steps are suggested, such as: creating a quantitative and qualitative diagnosis of services for the prevention of violence and of attention to women victims of violence in the nation's territory; defining the application of national technical norms for the functioning of services of prevention and assistance to women victims of violence; and integrating the services in local, regional, and national networks, as well as institution networks of care for women victims of violence in all Brazilian states[4].

Most possibilities of prevention, identification and promotion of healthcare to women victims of domestic violence are within the scope of Primary Healthcare (PH), due to its organizational principles with regards to territoriality, integral care, continued assistance, and healthcare network articulation.

Health professionals in these services must be attentive to guarantee women's autonomy regarding their sexual rights, observing health problems that appear common but are associated to domestic violence, receiving the patients ethically, responsibly, listening actively to their demands, and knowning the intersectoral network of support to the women victims[6].

This study aims at searching, analyzing, and comparing literature regarding the attention offered to women victims of domestic violence in the context of Primary Healthcare (PH), focusing on the perception of nursing professionals.

METHOD

This is an Integrative Review (IR). This method consists in the systematic analysis about a certain subject, making it possible to synthesize many works in one, and to offer critical contributions regarding the gaps in knowledge that further researchers need to address[8]. IR is a methodology that implies the use of a certain scientific strategy which limits selection bias through synthesis and through a critical evaluation of the articles, synthesizing all relevant studies in one specific topic[9].

The process of elaboration of the review was developed according to the following stages: 1) theme choice and selection of the guiding question of the research; 2) search or sampling in literature; 3) data collection; 4) critical analysis of studies included in the review; 5) study categorization and discussion of results; 6) presentation of the integrative review. The guiding question defined for this research was: How is violence against women addressed in the Primary Healthcare Network, especially by the nursing team?

Therefore, after defining the problem, the search for articles was carried out in the Virtual Health Library (VHL), and articles were selected as long as they: were in English or Portuguese; and could be found with the descriptors: "domestic violence", "violence against women", and "primary healthcare".

To filter the results, the following databases were used: *Literatura Latino-*

americana e do Caribe em Ciências da Saúde (LILACS), MEDLINE, IBECS, BDENF, *Coleciona SUS*. Main subject: violence against women, primary healthcare, spousal abuse, violence, family health, women mistreatment, public health, heah services, public health policies, sexual violence, health staff attitudes, social support, patient support team, and women's rights. The period considered for the publications was from 2012 to 2017. Only full-text articles were chosen. The survey and sellection of workrs were carried out in March 2018.

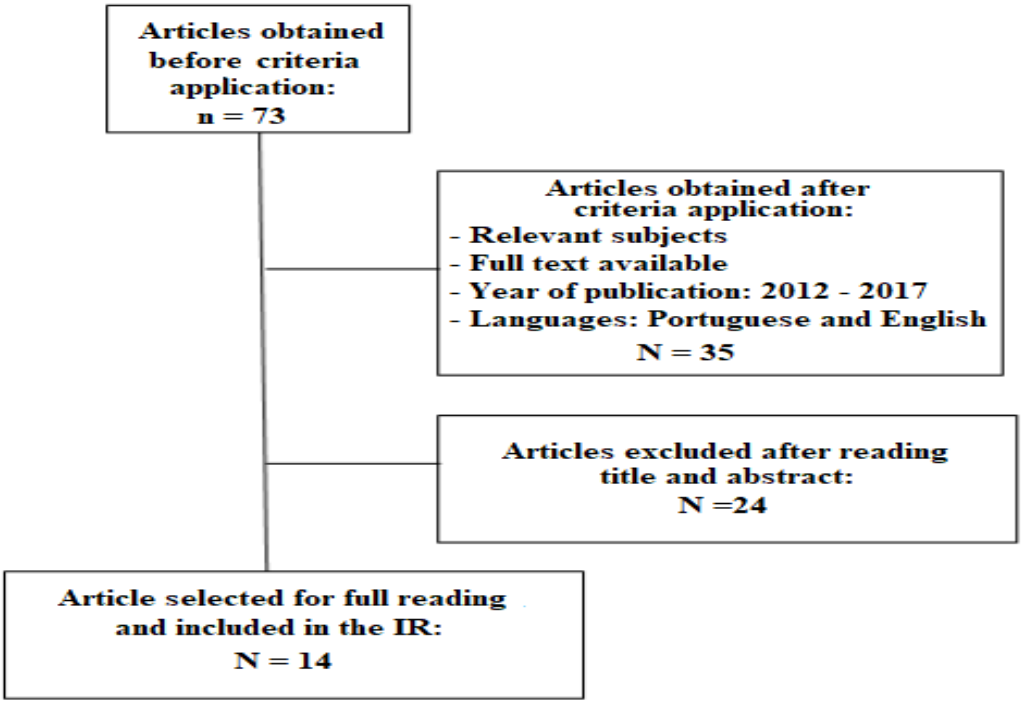
For data collection, the articles were initially classified according to their main technical features, such as: year of publication, country of origin, language, journal, title, and design.

Later, they were evaluated and categorized using a thematic analysis in three steps: exploration of the materials; treatment of results obtained; and interpretation. At first, there was a pre-analysis that identified the keywords; later, excerpts were created containing the most important parts of the articles; and at last, data was grouped and interpreted according to the theme.

RESULTS

After the reasearch was conducted using the descriptors "domestic violence", "violence against women" and "primary healthcare", 73 articles were found. After the filters were applied, 35 articles were eliminated; and after titles and abstracts were read, 24 articles, that did not correspond to the guiding question, were excluded. Therefore, 14 articles were in accordence to the questions proposed. Image 1 shows the steps to select the articles that made up this IR, from the crossing of descriptors, going through the steps proposed by the methodology, up to the final inclusion of the articles.

Image 1. Stages in the selection of the articles included. Uberlândia, MG, Brazil, 2018.



Fonte: Autoras

Therefore, these articles were read, and the data collection instrument was filled in. These publications were grouped in Table 1. It can be noted that most studies were from 2013 (37.7%), from Brazil (92.8%), in Portuguese (92.8%), and had a qualitative design (64.2%).

In the objectives of the studies, it can be noticed that most are PH service analyses regarding women victims of violence, the ways of confronting said violence in the Primary Healthcare Units (PHU), and the behavior of professionals regarding their reception to patients who were victims of violence from an intimate partner. Some studies tried to understand what were the factors that aggravated and/or made more difficult the relations between professional and women in situations of violence in the health units.

Table 1. Articles according to year of publication, country of origin, language, institution, journal, title, and design. Uberlândia, MG, Brazil, 2018.

Study	Year/Origin	Language	Journal	Title	Design
1	2012/Brazil	Portuguese	Revista de Saúde Pública	Violência entre usuárias de Unidades de Saúde: prevalência, perspectiva e conduta de gestores de enfermagem	Descriptive and quantitative research.
2	2012/Brazil	Portuguese	Revista Brasileira Saúde Materno Infantil	Violência contra mulher na rede de Atenção Básica: o que os enfermeiros sabem sobre esse problema?	Quantitative, Cross-sectional and Descriptive Research.
3	2013/Brazil	Portuguese	Acta Paul Enfermagem	Violência contra a mulher: limites e potencialidades na prática assistencial	Qualitative, group analysis research.
4	2013/Brazil	Portuguese	Cadernos de Saúde Pública	Violência Doméstica contra mulheres e a atuação profissional na Atenção Primária à Saúde: Um estudo etnográfico em Matinhos, Paraná, Brasil	Qualitative, ethnographic study.
5	2013/Brazil	Portuguese	Escola Ana Nery	Significado da capacitação profissional para o cuidado de mulher vítima de violência conjugal	Qualitative research.
6	2013/Brazil	Portuguese	Revista de Enfermagem do Centro Oeste Mineiro	O cuidado de enfermagem à mulher vítima de violência doméstica	Integrative Review.
7	2013/Brazil	Portuguese		Abordagem da violência familiar na Estratégia Saúde da Família: uma revisão de literatura	Literature Review.
8	2014/Brazil	Portuguese	Saúde e Sociedade de São Paulo	A construção do cuidado: o atendimento às situações de violência doméstica por equipes de saúde da família	Qualitative research.
9	2014/Brazil	Portuguese	Comunicação Saúde Educação	O objeto, a finalidade e os instrumentos do processo de trabalho em saúde na atenção à violência de gênero em um serviço de Atenção Básica	Qualitative research.
10	2015/Brazil	English	Paideia	The significant social networks of women who have resided in shelters	Qualitative research.
11	2015/Brazil	Spanish	Gaceta Sanitaria	Uso de la evaluación realista para evaluar las respuestas de los equipos de Atención Primaria a la violencia del compañero íntimo en España	Quantitative and Qualitative Research.
12	2015/Brazil	Portuguese	Journal of Human Growth and Development	Análise da violência doméstica na saúde das mulheres	Qualitative Exploratory Research.
13	2017/Brazil	Portuguese	Enferm. Foco	Atuação dos enfermeiros da atenção básica a mulheres em situação de violência	Qualitative research.
14	2017/Brazil	Portuguese	Rev Enferm UERJ	Representação social de profissionais de enfermagem acerca da violência doméstica contra a mulher: abordagem estrutural	Qualitative, Descriptive Research.

DISCUSSION

Violence against women has been considered a public health problem since 1996. Therefore, the health professional must be trained to deal with these settings, seeking to reduce the problem or diminish it.

In this review, the studies were divided into categories, to better represent the results. Therefore, different articles were grouped in the same category, according to what said category showed. Three categories were created: *Primary Healthcare as a gateway to the attention for women in situations of violence; Failure in the identification of violent situations and in the violence victim support network*; and, *Perception of the nursing team regarding female victims of domestic violence.*

Primary Healthcare as a gateway to the attention for women in situations of violence

Services offered at the PH, such as the Family Health Strategy (ESF), are an entryway for the reception of women victims of violence due to many different factors, the first of which is the possibility of detecting the situation early, since the team gets closer to the reality of the users of the territory[10,11].

Four articles [3,4,10,13] addressed how important a quality reception is, since it is one of the actions within the PHU that, when carried out in a humane and integral way, increase the chances for trust bonds to be created, that is, for trust to be built between the users and the team, and that can make it easier to detect situations of violence. At this moment, women must be received with active listening, which means that they need their complaints to be listened to attentively, as well as their anguishes and sufferings. That makes it possible to plan better, according to the network available, how to offer support, providing a type of care that goes beyond the mere treatment of physical injuries and medical prescriptions, if necessary, while keeping a watchful eye on signs of depression, anxiety, nervous breakdowns, and others[12].

Since PHUs are the gateways into the system, they can be the place where dialogue happens and, according to the situation, they can offer information regarding the laws and rights of women, always respecting their autonomy and decisions regarding whether to take legal action. After a complaint, women have to go to different institutions, and this process can lead to suffering, since they will be going through the moments of aggression once again each time they go to a different professional. That is why intersectoriality is important, that is, institutions need to communicate one with the other, and professionals need to refer the information of the case to the among themselves, to avoid women victims of violence from suffering again[13-15].

Another important factor in PH is the elaboration of action plans that can act in tandem with the multiprofessional team, while also being targeted at specific individuals, including each woman in the process of establishing goals, as well as their aggressors, in an attempt to unerstand the problem and offer possibilities for its solution. In the case of alcohol abuse, for example, and that of other drugs also considered to be violence triggers[16], the person can be referred to treatment institutions in the network, according to their willingness.

Other important moments available at the PH and addressed in the studies [3,4,6,8] are the visits to the house, which enables a perception of the reality of that woman. It also helps creating a bond between professionals and community, so that women manage to talk about what is happening and, as a result, manage to get assistance. Community health agents (CHA) are the professionals that can better establish this connection with the victim, since they perform periodical visits that can lad to a closer and more trustworthy relation, that allows them to detect and bring into the system issues such as violence against women[11,14,15,17].

Failure in the identification of violent situations and in the violence victim support network

Study 4 suggests that one of the problems that prevent professionals from identifying settings of violence is the biomedical model that still predominates in the healthcare units, according to which the professionals are focused on diseases, physical and clinical problems. To identify cases of violence, it is important to go beyond hospital-centered actions, those that only consider clinical

problems, and to use tools that offer sensible listening, so that women victims of violence receive integral care, and the support of a multiprofessional team[14]

. Study 9 corroboratesthis idea, pointing out that this traditional and fragmented assistance generates the exclusion of preventable actions of health promotion, and showing that professionals would refer women to the psychologists, believing that they were the only professionals capable of dealing with situations of violence. Domestic violence, ass a result, was being treated as a mental health problem[18].

The lack of training of professionals is one of the main reasons why the cases are difficult to deal with, even being omitted due to fear of reporting them, and to the impotence when it comes to not nowing where to refer the victim. Therefore, many end up not reporting cases, and when addressed take mistaken courses of action, leading to ineffective treatment[19].

Study 5 shows, from the statements of the professionals, that they complain not knowing what is the best course of action, and that most times they do not address the issue because they do not know how to deal with the situation, if the victim brings forth the problem[19]. Sicne they cannot recognize the problem and do not know what guidance to give women about it, this becomes the main challenge to deal with the problem[19].

Studies also indicate that the problem in dealing with domestic violence starts in the professional graduation, since the subject is absent from the syllabi of graduation nursing students, and of courses in the health field in general. While addressing the care to victims of domestic violence, the syllabi of universities is not wel articulated to changes in social parameters and contexts, and do not converge with more recent health policies[18,20,21].

As a consequence, professionals do not have experience when they go to the services, and need to participate in courses of Permanent Education in Health, which can offer moments for the professionals to discuss, and lead to improvements in the services offered[19,20,21].

Thus, the fact that health services often do not recognize situations of violence is caused by many factors, among which is the difficulties the professionals report having in carrying out interventions in subjects that are seen as delicate and intimate. Even if the means of communication disseminate the discussion, making it so the problem is a public one, eliminating the entirely private character of the phenomenon, and creating mechanisms to prevent and solve it through social responsibilization, public interventions are still subtle and carried out to little effect, since this problem is seen as an exclusive subject of the couple[18].

The records of violence against women suggest that the violence is not a problem exclusive to a couple. It has a public dimension and public health organs must intervene, aiming to offer healthcare and preventive measures, leading to a diminished number of cases and preventing recidivism.

On the other hand, some articles do not use a hospital-centered model, focusing on an important challenge: that of not reproducing within the PHU the model of "referral" that does not solve the problem, but simply passes the responsibility over to other professionals[23].

Professionals from the Center of Support to Family Health (NASF) were worried about valuing the discussion of cases and their developments with the entire family health team. However, these joint interventions were mainly carried out by the social worker and by the CHAs, and there were few moments in which joint actions involved physicians, nurses, and nursing technicians. In other words, within the organization of actions and services itself there is a divide between social and biomedical perspectives, making it more difficult to incorporate this knowledge in the practice of all professionals[11,19].

The influence of gender relations is presented in articles 8 and 9 as the main cause of violence between men and women, and the researches cited by them indicate that professionals confuse the definitions of

gender and, in a way, give strength to the position of power that men hold over women, often justifying the aggression using standardized and cultural behaviors according to which they believe a woman should act in society[11,19].

Perception of the nursing team regarding female victims of domestic violence

The studies indicate that the PHU is the main gateway for the attention of women victims of violence, and that the nursingteam is a strategic way to receive this women, due to their bond and due to the fact that the nurse is responsible for training the CHAs to visit and notice potential situations of violence, since they are the connection the team has with the public.

Study 13 showed the possible health problems that a violence victim may suffer, showing the understanding of the team with regards to these serious issues. However, it states that there is in the units a mandatory notification form, an instrument that is absolutely necessary for the creation of policies and strategies to solve and diminish the cycles of violence[23]. Additionally, women are often refered to other professionals/institutions due to the lack of knowledge of professionals to address de victim and offer guidance about the next steps that should be taken in order to find a solution to the problem[23].

Still on this issue, study 14 discusses the social representations of the team responsible for this care. This influences the care offered to the victim, since, in these situations of vulnerability, receiving and detecting cases of violence are extremely necessary actions, and to do so, professionals must not have prejudices or be judgemental[10].

One of the findings of this research[10] involved how outraged the professionals feel when the victim of violence goes back to the person who treated them with aggression. This makes the relation professional-user more difficult, and may end the bond between them, meaning this situation should be remedied with care. All decisions must be made by the users, and the team must seek, with them, to find ways to break the cycle of violence.

In studies 3, 4, and 6, the researchers pointed out that participants are against the elaboration of protocols, since they believe that pre-established routines are not adequate to deal with domestic violence, and point out that standardized treatments do not lead for the women to be received with quality, meaning it is necessary to outline flows[14,15,17].

However, it is essential to consider the specific traits of each case, victim, as well as the context of the situation and relationships established. The article points out the need for light technologies that can consider the inter-relationships and the inter-subjectivities of each case[15].

Considering the uniqueness of each victim leads the team to create a Singular Therapeutic Project (PTS), which involves self-care and multiprofessional action in the case, allowing for a link of empathy to emerge between professionals and user[15,16].

On the other hand, studies 6 and 15 point out the absence of specific protocols and the lack of technical and scientific parameters that are essential when one considers biomedical rationality[14,24]. This absence may contribute for these professionals to feel that they are not responsible for dealing with these women as part of their functions[24]. In study 5, the interviewees discussed the importance of resorting to the protocol for the management of cases of suspected violence against women, a document from the Ministry of Health. However, this protocol is only for the attention of sexual violence victims[19].

CONCLUSION

Violence against women is an increasingly worrying for society, for public and professional bodies. The numbers relating to this violence have grown considerably, and professionals, especially in the field of health, are not prepared to deal with the cases that need attention in the health units, and often show traces of domestic violence.

Domestic violence cases often are not identified because the professionals are not prepared to approach victims, have trouble referring them to other protective services, or believe that domestic violence is something

related to a private environment, in which the professional should not interfere.

Therefore, the victims of these types of violence are vulnerable to repeated acts of violence, making it more difficult to confront the situation. These women are so afraid of the consequences that reporting their cases may bring, that they continue in the process of violence.

Primary heathcare unit professionals need to be trained in permanent education activities to strengthen some actions that are already carried out, such as a reception of patients based on a humane policy that offers qualified listening to the user, multiprofessional teamwork, the elaboration of therapeutic projects involving professionals from different fields and the victim, the search for support from the NASF team if there is one in the city, and an improvement of house visits,considered by the studies as an action with a high potential, since it offers professionals, especially community health agents, a better chance of observing signs that indicate a potential victim, since they get to know the context in which the family lives, thus strengthening the bond between them and the users.

The studies did not mention what are the protocols prescribed by the health units, or if the cities standardized the actions to be carried out in the units. However, most professionals state that the elaboration of protocols could limit the assistance, making it so professionals act too artificially, with no respect for the uniqueness of each case.

It is important to standardize the compulsory notification within the units so that epidemiological studies regarding cases of violence can be conducted, leading to the creation of new public policies to confront violence, as well as prevention measures that can avoid new cases and recidivism, besides involving professionals from different fields, increasing the public responsibility regarding these cases.

The general understanding is that the health and public safety institutions must have a firm network connecting them so that violence against women can be confronted, and cases of the type, prevented. Therefore, it is not enough to create policies and programs. Constant evaluations of processes and of the impact of actions also need to be carried out, to correct and improve their performance.

Understanding the possibilities for the formation of these networks, and the way in which they can act seems to be a good path for future researches. The small number of articles found on the theme that fit in the selection criteria of this study may be seen as its limitation.

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CONTRIBUTIONS

Bruna Aparecida Rodrigues Duarte took part in the design of the study, as well as in the survey of articles, their categorizing, and in the writing of the article. **Marcelle Aparecida de Barros Junqueira** e **Carla Denari Giuliani** contributed in the writing, categorization, and review.

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