

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

INTEGRATIVE REVIEW OF THE LITERATURE

DOI: 10.9789/2175-5361.rpcf.v14.11360

THE PERFORMANCE OF NURSES IN THE FAMILY HEALTH STRATEGY FOR CHILDREN SUFFERING MALTREATMENT: AN INTEGRATIVE REVIEW

Atuação de enfermeiros na estratégia saúde da família às crianças que sofrem maus-tratos: uma revisão integrativa

El desempeño de las enfermeras en la estrategia de salud familiar para niños que sufren maltrato: una revisión integrativa

Jhuliano Silva Ramos de Souza¹ 

Alice Silva Costa Rodrigues¹ 

Marilia Aparecida Carvalho Leite¹

Camila Mendonça de Moraes²

Patrícia Scotini Freitas¹

Namie Okino Sawada¹

ABSTRACT

Objective: to analyze the evidence in the scientific literature about the assistance provided by nurses who work in the family health strategy to children who suffer abuse. **Method:** Integrative review carried out in the following databases: Web of Science, Embase, Latin American and Caribbean Literature in Health Sciences, Cumulative Index to Nursing and Allied Health Literature and Medical Literature and Retrieval Online System, from March to May of 2021. **Results:** Eight studies were selected that emerged in the following categories: knowledge of nurses' professional practice in cases of child violence; nurses' unpreparedness and lack of protection regarding decision-making in cases of violence and difficulties faced by nurses in primary health care through the referral of cases of violence. **Conclusion:** The nurses' lack of care preparation is identified by the absence of a standard operational protocol to guide the assistance to children who are victims of child violence.

DESCRIPTORS: Nursing care; Family health strategy; Humanization of assistance; Child abuse; Violence.

¹ Federal University of Alfenas, Alfenas, MG, Brazil.

² Federal University of Rio de Janeiro, Macaé, RJ, Brazil

Received: 08/26/2021; Accepted: 06/23/2022; Published online: 10/03/2022

Corresponding Author: Jhuliano Silva Ramos de Souza, Email: jhulianoramoz@hotmail.com

How cited: Souza JSR, Rodrigues ASC, Leite MAC, Moraes CM, Freitas PS, Sawada NO. The performance of nurses in the family health strategy for children suffering maltreatment: an integrative review. *R Pesq Cuid Fundam* [Internet]. 2022 [cited year month day];14:e11360. Available from: <https://doi.org/10.9789/2175-5361.rpcf.v14.11360>



RESUMO

Objetivo: analisar na literatura científica as evidências sobre a assistência de enfermeiros que atuam na estratégia saúde da família às crianças que sofrem maus-tratos. **Método:** Revisão integrativa realizada nas bases de dados: Web of Science, Embase, Literatura Latino-Americana e do Caribe em Ciências da Saúde, Cumulative Index to Nursing and Allied Health Literature e Medical Literature and Retrieval System online, no período de março a maio de 2021. **Resultados:** Foram selecionados oito estudos que emergiram as categorias: conhecimento da prática profissional dos enfermeiros em casos de violência infantil; despreparo e desproteção dos enfermeiros com relação à tomada de decisão frente aos casos de violência e dificuldades enfrentadas pelos enfermeiros da atenção primária à saúde mediante o encaminhamento de casos de violência. **Conclusão:** A falta de preparo assistencial pelos enfermeiros é identificada pela ausência de um protocolo operacional padrão para nortear a assistência a crianças vítima de violência infantil.

DESCRITORES: Cuidados de enfermagem; Estratégia saúde da família; Humanização da assistência; Maus-tratos infantis; Violência.

RESUMEN

Objetivo: analizar la evidencia en la literatura científica sobre la asistencia brindada por enfermeras que trabajan en la estrategia de salud familiar a los niños que sufren maltrato. **Método:** Revisión integrativa realizada en las siguientes bases de datos: Web of Science, Embase, Literatura Latinoamericana y Caribeña en Ciencias de la Salud, Índice Acumulativo de Literatura en Enfermería y Afines en Salud y Literatura Médica y Sistema Retrieval Online, de marzo a mayo de 2021. **Resultados:** Se seleccionaron ocho estudios que surgieron en las siguientes categorías: conocimiento de la práctica profesional del enfermero en casos de violencia infantil; la falta de preparación y desprotección de las enfermeras en la toma de decisiones en casos de violencia y las dificultades que enfrentan las enfermeras en la atención primaria de salud a través de la derivación de casos de violencia. **Conclusión:** La falta de preparación asistencial de las enfermeras se identifica por la ausencia de un protocolo operativo estándar que oriente la atención a los niños víctimas de violencia infantil.

DESCRIPTORES: Atención de enfermeira; Estrategia de salud familiar; Humanización de la atención; Maltrato a los niños; Violencia.

INTRODUCTION

According to the World Health Organization (WHO), violence against children is defined as any form of emotional and/or physical maltreatment, sexual abuse and/or exploitation, neglect or other forms of exploitation that may result in potential or actual harm to children's health.¹

In the Brazilian context, in 2020, child violence faced an important historical milestone, the 30th anniversary of the Statute of the Child and Adolescent (ECA),² which established an unprecedented standard of policies directed to childhood and adolescence. Among other innovations, it is worth highlighting the municipalization of the policy of direct care and the hierarchization of the judicial function, through the Council of Guardianship, charged by society with ensuring compliance with the rights of children and adolescents.³

In constant evolution and guaranteeing new rights, especially to child violence, the ECA brought significant inferences such as: the Menino Bernardo Law of 2014 with the prohibition of punishment and physical violence as a way to educate children; a set of norms in 2016, which became known as the Early Childhood Statute, for dealing with the basic care necessary for the development of children up to the age of 6; already in 2018, the ECA welcomed laws that strengthen the fight against pedophilia crimes over the internet, and also established procedures for infiltration of police officers to investigate cyber crimes against the sexual dignity of children and adolescents.³

Child violence is a camouflaged, unreported, and underreported event for many reasons, mainly because of the victim's fear

of reporting the aggressor. Added to this, one can consider that children are in a peculiar phase of the growth and development process, presenting themselves as fragile targets and, therefore, as potential victims of violence.⁴

Considering the complexity of this issue, it is important to emphasize that well-defined strategies, with the participation of health professionals, are necessary to confront it. Thus, the role of nurses is highlighted, who must be aware of the objective and subjective signs, as well as the emotional issues that must be included in the systematization of care, leading to humanization and quality of nursing care.⁴

However, although it is a privileged space for identification, welcoming, anamnesis, psycho-emotional support, compulsory notification, and referral to the competent bodies, the Unified Health System (SUS) service network still coexists directly with the complex issues related to child violence, whether in its recognition, the skills and abilities of nursing professionals facing this crime, with gaps regarding the interventions provided, underreporting, as well as the shortage of nurses trained to deal with violence against children and adolescents.⁵

Given these meanings and the importance of nursing care for children in situations of violence, the nurses who work in the Family Health Strategy (FHS), as it is the gateway to the SUS, must base their knowledge in order to understand and act in providing integrated and effective care in this realistic and complex situation, with the need for this theme to be addressed in higher education. Thus, the present study aims to analyze in the scientific literature the evidence on the assistance of nurses who work in the family health strategy to children who suffer abuse.

METHOD

This is an integrative literature review that followed the following steps: I) delineation of the problem and research objective; II) search in platforms/databases; III) definition of inclusion and exclusion criteria; IV) analysis of articles; V) extraction of data of interest; VI) presentation and discussion of results.⁶

The research protocol was registered in April 2021 in the Figshare repository⁷ under the address: <https://doi.org/10.6084/m9.figshare.14428169.v3>

The research question was defined using the PICO (acronym for Patient-Intervention-Comparison-Outcomes) strategy,⁸ to describe the following elements: P (population) children suffering maltreatment; I (intervention) nursing care; C (comparison) not applicable in this study and O (outcome) humanized assistance in child violence care. Thus, the guiding question was: What is the available evidence on the care given by nurses working in the Family Health Strategy to children who suffer abuse?

The inclusion criteria were primary articles available in English, Portuguese and Spanish in the last 10 years, between March 2011 and March 2021, regardless of the types of design that discussed the theme of nurses working in the Family Health Strategy in relation to children who suffer abuse, except for literature review studies and editorials, response letters, among others.

The search for primary studies was carried out on April 9, 2021 in the databases, through the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) and the Biblioteca Virtual em Saúde (BVS): Web of Science (WOS); Embase (Elsevier); Latin American and Caribbean Literature on Health Sciences (LILACS); Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Medical Literature and Retrieval System onLine (MEDLINE). For this purpose, the following controlled descriptors were used: Health Sciences Descriptors (DeCS), Medical Subject Headings (MeSH) which was used in WOS for not having its own vocabulary, Emtree, and CINAHL Headings according to each database, using of the combinations and the Boolean operator represented by the connector term “AND”, as shown in Chart 1.

For each search in the databases, an export file was generated for the EndNote x9 reference manager, online version, for the inclusion and exclusion criteria previously cited by the authors, which were identified after crossing the elements of the PICO strategy.

In addition, the web application Rayyan Systems Inc. was used, which helps researchers in the selection of studies, giving a support in methods of systematic reviews, in an agile and effective way by blinding the researchers that will be linked to the process of selection of articles.⁹

The selection procedure of the primary studies was carried out independently by two researchers, and a script was prepared for data extraction containing the following variables: title, author(s), year, country, objective(s), study design, main results and level of evidence.

The selected studies were classified, following Fineout-Overholt and Stillwell's reference bringing three classifications of clinical questions, as follows: I) Intervention/Treatment or Diagnosis/Diagnostic Test; II) Prognosis/Prediction or Etiology; and III) Significance, which were used to classify the level of evidence.¹⁰

To present the selection path of the studies, we used the flowchart proposed by the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA),¹¹ as shown in Figure 1.

RESULTS

A total of 1704 scientific publications were found in the databases, of which 333 were duplicate records and 42 were removed because they were studies, thus 1329 articles were selected. Of these, 1282 articles were excluded, which did not meet the inclusion criteria, and 47 were selected for eligibility, in which 38 were not included because they were tertiary care articles and because they addressed the work of professionals from other specialties.

The synthesis of the studies included in the integrative review is shown in Chart 2. Of the eight studies included, two

Chart 1 – Databases selected for the search of primary, descriptor, and controlled studies. Alfenas, MG, Brazil, 2021

Database	Cross-referencing by Descriptors
MEDLINE	<i>Child Abuse “AND”; Family Health Strategy “AND”; Humanization of Assistance “AND”; Nursing Care “AND”; Violence.</i>
CINAHL	<i>Child Abuse “AND”; Family Health Strategy “AND”; Humanization of Assistance “AND”; Nursing Care “AND”; Violence.</i>
Web of Science*	<i>Child Abuse “AND”; Family Health Strategy “AND”; Humanization of Assistance “AND”; Nursing Care “AND”; Violence</i>
Embase	<i>Child Abuse “AND”; Family Health Strategy “AND”; Humanization of Assistance “AND”; Nursing Care “AND”; Violence.</i>
LILACS (English)	<i>Child Abuse “AND”; Family Health Strategy “AND”; Humanization of Assistance “AND”; Nursing Care “AND”; Violence.</i>
LILACS (Portuguese)	<i>Maus-Tratos Infantis “AND”; Estratégia Saúde da Família “AND”; Humanização da Assistência “AND”; Cuidados de Enfermagem “AND”; Violência.</i>
LILACS (espanhol)	<i>Maltrato a los Niños “AND”; Estrategia de Salud Familiar “AND”; Humanización de la Atención “AND”; Atención de Enfermería “AND”; Violencia.</i>

Source: created by the authors, 2021. *Used Mesh in WOS as it does not have its own vocabulary.

were published in 2012, three in 2013, and one each in 2016, 2017, 2020, and 2021. All publications were conducted in Brazil, and eight are of a qualitative nature and one of a quantitative nature. Regarding the type of clinical question (significance), the eight studies¹²⁻¹³⁻¹⁴⁻¹⁵⁻¹⁶⁻¹⁷⁻¹⁸⁻¹⁹ selected were classified as to level of evidence, with three articles being level II, four level III, and one level IV.

The primary studies were grouped according to the following categories, which will be discussed as follows: I) Knowledge of the professional practice of nurses in cases of child violence; II) Lack of preparation and unprotection of nurses regarding decision making when facing cases of child violence and III) Difficulties faced by primary health care nurses upon referral of cases of child violence.

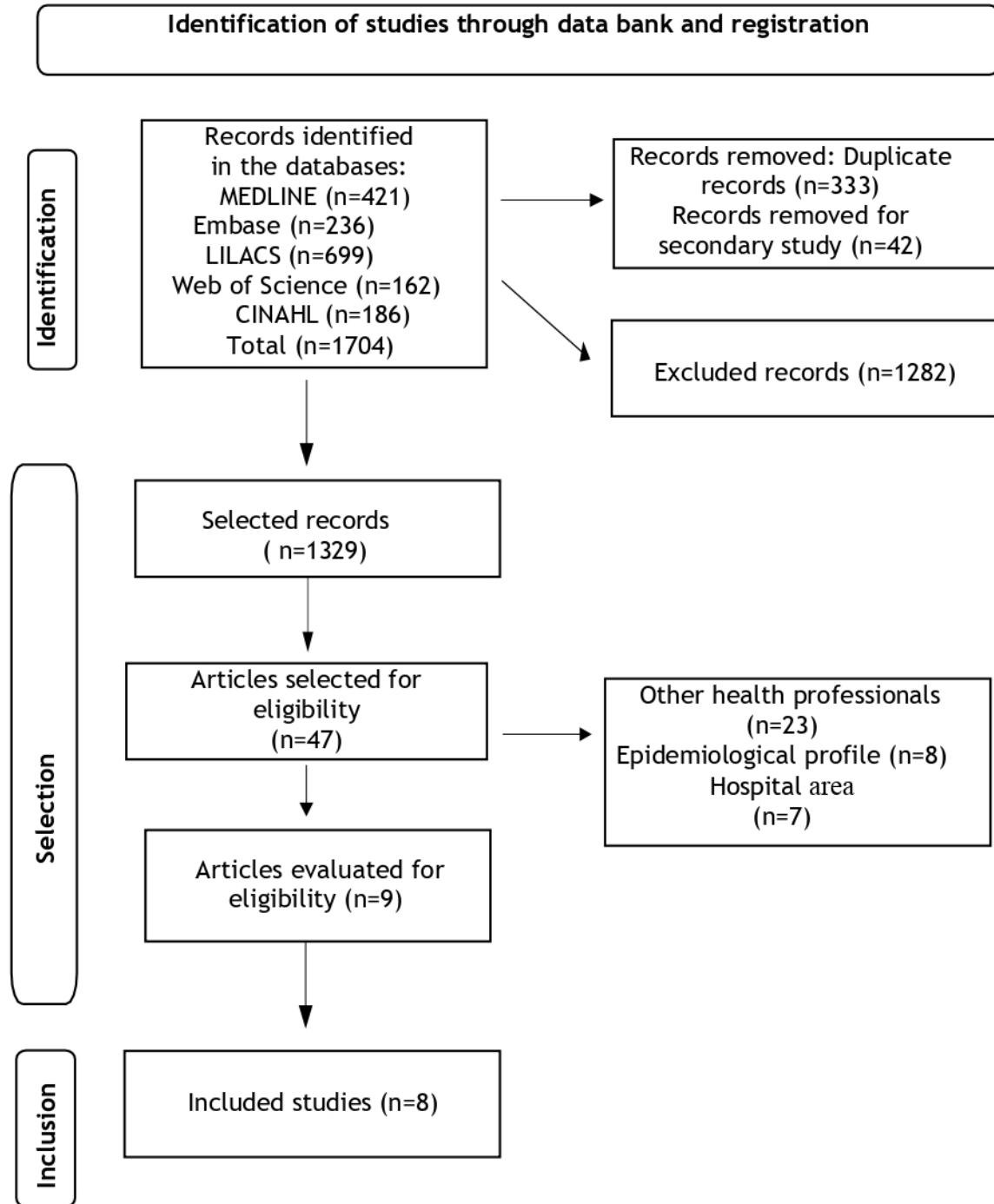


Figure 1 – Prism Flowchart according to Page, McKenzie, Bossuyt, Boutron, Hoffmann, Mulrow, et al. (2020)

Chart 2 – Description of the articles selected for the integrative review, Alfenas, MG, Brazil, 2021

Authors/Year	Study design	Results	Level of Evidence
Ávila JM., Oliveira AM.N., Silva, PA, 2012	Exploratory, descriptive, qualitative research	The professionals feel unprepared, unprotected and disappointed in relation to the measures taken to confirm or not the cases of suspected sexual abuse. It is also noteworthy that there is no protocol of care for victims that supports the professionals.	III
Bezerra, KP; Monteiro, AI, 2012	Qualitative descriptive and exploratory research	The fear of reprisals from the aggressor, the work overload, the lack of support from managers, and the difficulty to materialize interdisciplinarity, intersectoriality, and integrity of care were mentioned as barriers to face the problem.	III
Souza, RG, Santos, DV, 2013	Exploratory, descriptive, with qualitative approach	The results show that the nurses who work in the ESF show difficulties in the assistance and management of care to children victims of violence.	III
Apostólico, MR, Hino, P, Egry, EY, 2013	Descriptive, qualitative, case study type	The results presented alarming limits regarding the recognition of needs and vulnerabilities that involve the phenomenon of violence	III
Aragão, AS et al. 2013	Qualitative study	They highlight the non-identification of violence as a nurse's problem, the denouncements and notifications as a nurse's function, and the limits encountered when faced with situations of violence.	II
Leite, JT. et al. 2016	Qualitative approach	Two thematic cores emerged: "Public policies identified by nurses" and "Nurses' actions in the face of violence permeated by fears and conflicts".	II
Galindo, NA, L. et al. 2017	A descriptive and exploratory study, with a qualitative approach	Nurses do not feel qualified to deal with violence and report the existence of numerous difficulties in facing it. It is also noted a great resistance of these professionals to make the notification, mainly for fear of reprisals.	III
Marques, DO. et al. 2021	This is a quantitative, descriptive, cross-sectional study	It was observed that, among the nursing professionals who studied, that 59.5% had never used cases of violence against children or adolescents and only 11.6% had notified some situation of violence involving children and adolescents during the period of professional practice. It was observed, among the notifications, or the predominance of situations of physical violence (35.0%) by nurses and neglect/ abandonment (60.0%) by nursing technicians.	IV

Source: Created by the authors, 2021.

DISCUSSION

1) Knowledge of the professional practice of nurses in cases of child violence

Violence against children is a difficult reality to be managed by nurses in their daily work, and it is necessary to perform their care, education, and research practices, in order to form a deeper and more lasting bond with the patient, which provides an interpersonal interaction that facilitates obtaining details that can interrupt the cycle of violence. Therefore, the nurse, when facing situations of intrafamily violence against the child, has the character of coordinating actions, always being articulated to the whole team, decentralizing and articulating the intervention.¹²⁻¹³

Based on these definitions, it is considered that sexual abuse against children and adolescents is not limited only to the care of physical wounds, but includes specific knowledge that allows managing this problem in a safer and more qualified manner, that is, the need for training the health team.¹²

Regarding Primary Health Care (PHC), the professionals' attitude is limited, in most cases, to monitoring victims of violence and their families. However, regarding prevention and health promotion, one should pay attention to health education, which is one of the essential functions of nurses, and should be valued for the possibility of changing the way of life and health of the community.¹³⁻¹⁴

Nurses are essential for the identification of cases of childhood violence in PHC, from observing behavioral changes in

children, such as isolation or agitation, being aware of all the characteristics that the child is being violated, to the development of early actions against violence, as well as having a keen clinical eye to demystify violence against this public that is becoming increasingly neglected due to lack of professional training and failures in the referral to the competent bodies.¹⁵

Systematized assistance in the context of nursing care can be obtained by the nursing consultation, through the close relationship between the user and the professional, which can cause changes in the child's family and community epidemiology. However, even though violence is a problem experienced by nurses, they are not prepared to recognize signs of violence and neglect. For an effective and quality assistance, it is essential to build specific diagnoses for each type of situation of violence suffered by children and how to act in relation to this child, family, and aggressor.¹⁶

Thus, the importance of nurses acting in strategies directed to the whole population in an effort to reduce the incidence and prevalence of cases of violence is emphasized, such as care actions developed during consultations for monitoring child growth and development, i.e., in the FHS office, being able to identify mistreatment and promote the centralization of the service in this space.¹⁴

It becomes emergent to address the training of nursing professionals on violence against children and adolescents, which many have no knowledge about how to handle the mandatory notification form and its recording during their work in PHC services, emphasizing that the main violence identified in these services were about physical violence and neglect and/or abandonment.¹⁷

Therefore, it is essential that these professionals are familiar with the care and attention related to cases of violence, as well as being trained for the care, such as training courses, continuing education, in order to raise their awareness about child violence. Furthermore, it is emphasized the importance of inserting curricular content about violence in undergraduate courses.¹⁷

II) Lack of preparation and lack of protection of nurses regarding the decision making process in cases of child violence

The contact with situations that generate suffering, possible risks, personal insecurity and insecurity in the units, as well as the feeling of impotence when facing the lack of immediate solutions, regarding child violence, generate frustration and a series of questions about the problem, This is a challenging issue in the daily life of nurses, who start to feel impotent with the care provided and do not consider themselves able to perform such action, especially because in many cases there is no punishment for the aggressors, thus the professionals end up intervening in a discrete and unspecific way, denying the attention that should be directed to the cases detected and the prevention of recurrence.¹²⁻¹³⁻¹⁴

The problems that stand out as impediments to the development of actions for the prevention of family violence against children are: the professional unpreparedness in the identification of cases, the lack of institutional support, the non-recognition of violence as a health problem, the fear and insecurity to intervene

in a violent situation, the work overload faced by professionals, and the feelings of impotence and trivialization of violence.¹³⁻¹⁴

As a result, nurses believe that it is necessary to create systematic opportunities for discussion, sensitization, and training that provide support to the team to expose and elaborate their feelings and reactions, being equipped to record these cases with accuracy and richness of details, which facilitates the work of the social support network, pointing to a greater resoluteness of the problem and, especially, speeding up the removal of the victim from the situation of violence quickly when assisting victims of sexual abuse.¹²

Some nurses reported fear of conflict, an intense emotional burden, and feelings of insecurity regarding the lack of protection in cases of denunciations. There are reports that after referral to the Guardianship Council, these professionals do not know what the outcome was. Usually the nurses feel intimidated by the perpetrator of the violence and suffer threats from the victim's own family, which makes them not to report these cases because they feel helpless to deal with domestic violence.¹⁸

The nurses who work in PHC do not feel qualified for the care of cases of child violence due to lack of training regarding the assistance provided; however, it is clear that there are several failures in this care, ranging from failures in filling out the notification form, the fear of nursing professionals in the fear of dealing not only with the victim, but with the main aggressor, bringing feelings of fear and insecurity when facing this issue.¹⁵

III) Difficulties faced by PHC nurses when referring cases of child violence

Many are the obstacles encountered in the daily life of the FHS that pose challenges to be discussed by users, managers, and professionals, in order to seek integrated political and social strategies capable of building an effective care network, with the need to consider from the micro to the macrosystem, i.e., the family, the school, the community, the social support network, and the health policies aimed at the cases of violence against children and adolescents, being intersectorial and multiprofessional, with an interdisciplinary and even transdisciplinary focus, and that aims at effective actions for the promotion of family health in situations of child violence.¹²⁻¹⁴

In contrast, in the public network, regarding the cases of sexual abuse, there seems to be no room for reflections, discussions, and creation of new projects to change this scenario, due to several factors, such as, for example, a large part of the professionals not receiving adequate training to intervene in cases of sexual abuse against children, or even a lack of institutional resources, as well as, In this aspect, we can also highlight the fact that, many times, the victim facing the dilemma of denouncing and facing the consequences of her act prefers to keep silent or even withdraw the complaint due to the pressure and lack of family support, leading to the disappointment of the professionals involved, reaffirming their powerlessness in the face of this problem.¹²

The lack of dialogue with child protection institutions restricts the approach, referral, and assistance offered to the victims, in

addition to the articulation of preventive measures with the community and families, making it difficult for nurses to work in the FHS, because they are not able to solve the problem of violence alone. Thus, the collaboration of the education, social service, executive, legislative, and judiciary sectors, in short, of the entire civil society, is necessary, when the goal is to eliminate child violence, especially when this is a problem that manifests itself in the family, a space where love, affection, respect, and understanding should prevail in child care.¹²⁻¹⁴

From this perspective, it is essential to rethink the attitude of professionals in PHC, limited, in most cases, to monitoring victims of violence and their families, pointing out the need for nurses to know about these issues since their training in order to reduce these obstacles.¹³⁻¹⁴

When identifying cases of violence, nurses are responsible for notifying, forwarding, and denouncing, but problems related to not knowing the flow of notifications are routine, and in other cases, when notification occurs, nurses do not perform prevention or intervention actions in the case of social violence. In view of this, the main limitation found is the lack of professional training, showing several times difficulties in reporting cases to the competent bodies and acting in the process of confrontation against violence.¹⁹

CONCLUDING REMARKS

This study allowed us to analyze that in the scientific literature, the evidence on the assistance of nurses who work in the family health strategy to children who suffer abuse are related to the deficit of knowledge of professional practice in cases of child violence, the unpreparedness and lack of protection regarding decision making in cases of violence, and the difficulties faced when referring cases of child violence.

The limitations of the study were configured by the lack of decision making of nurses who work in the FHS to children victims of violence. Such difficulty may be due to the lack of preparation, referral and training necessary for a specialized care to this public. Studies in other languages show a lack of approach on the proposed theme.

The gaps in knowledge found were the lack of studies focused on the care provided by nurses to child victims of violence in primary care, suggesting new studies that address the construction and validation of a standard operating protocol to guide the assistance of nurses in the FHS in cases of child violence, emphasizing that it will provide specialized care, as well as studies of educational interventions to train them who work not only in primary health care, but also in secondary and tertiary care.

THANKS

The present work was carried out with the support of the Fundação de Amparo à Pesquisa de Minas Gerais (FAPEMIG)

REFERENCES

1. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World report on violence and health, Geneva: World Health Organization. The Lancet. [internet]. 2002 [cited 2021 jun 9];360(9339). Available from: [https://doi.org/10.1016/S0140-6736\(02\)11133-0](https://doi.org/10.1016/S0140-6736(02)11133-0).
2. BRASIL. Lei 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Diário Oficial da União. 1990. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/l8069.htm.
3. BRASIL. Instituto de Pesquisa Econômica Aplicada; Fórum Brasileiro de Segurança Pública. Atlas da violência 2020 [portaria da internet]. Ipea e FBSP [acesso em 13 jul 2021]. Disponível em: <https://www.ipea.gov.br/atlasviolencia/download/24/atlas-da-violencia-2020>.
4. Melo RA, Souza SDL, Bezerra CS. Cuidados de enfermagem à criança e adolescente em violência doméstica na visão de graduandos de enfermagem. Av en Enfermería. [internet]. 2017 [acesso em 9 junho 2021];35(3). Disponível em: <https://dx.doi.org/10.15446/av.enferm.v35n3.61453>.
5. Egry EY, Apostólico MR, Moraes TCP, Lisboa CCR. Enfrentar a violência infantil na Atenção Básica: como os profissionais percebem? Rev. bras. enferm. [Internet]. 2017 [acesso 05 junho 2021];70(1). Disponível em: <https://doi.org/10.1590/0034-7167-2016-000>
6. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto contexto - enferm. [Internet]. 2008 [acesso em 27 de junho 2021];17(4). Disponível em: <http://www.scielo.br/pdf/tce/v17n4/18.pdf>.
7. Souza JRS, Rodrigues ASC, Leite MAC, Moraes CM, Freitas PS, Sawada NO. Atuação de enfermeiros na estratégia saúde da família às crianças que sofrem maus-tratos: uma revisão integrativa [home page na internet]. Figshare [acesso em 15 de junho 2021]. Disponível em: <https://doi.org/10.6084/m9.figshare.14428169.v3>.
8. Santos CM, Pimenta CA, Nobre MR. A estratégia PICO para a construção da questão de pesquisa e busca de evidências. Rev. latinoam. enferm. (Online). [internet]. 2007 [acesso em 15 de junho 2021];15(3). Disponível em: <https://doi.org/10.1590/S0104-11692007000300023>.
9. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan-a web and mobile app for systematic reviews. Syst. rev. [internet]. 2016 [cited 2021 jun 05];5(210). Available from: <https://doi.org/10.1186/s13643-016-03844>.
10. Fineout-Overholt E, Stillwell SB. Asking compelling, clinical questions. In Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice. USA: Philadelphia; 2011.

11. Page MJ, Moher D, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. PRISMA 2020 explanation and elaboration: Updated guidance and exemplars for reporting systematic reviews. *BMJ*. [internet]. 2021 [cited 2021 jun 05];372. Available from: <https://doi.org/10.1136/bmj.n160>.
12. Amorim JA, Netto de Oliveira AM. Eu conheço duas doenças contra ou abuso sexual. *Av. Enferm.* [Internet]. 2012 [acesso em 9 de jun 2021];30(2). Disponível em: <https://revistas.unal.edu.co/index.php/avenferm/article/view/36161>.
13. Bezerra KP, Monteiro AI. Violência intrafamiliar contra a criança: intervenção de enfermeiros da estratégia saúde da família. *Rev Rene (Online)*. [internet]. 2012 [acesso em 15 junho 2021];13(2). Disponível em: <http://www.periodicos.ufc.br/rene/article/view/3926>.
14. Souza RG, Santos DVD. Enfrentando os maus-tratos infantis nas unidades de saúde da família: atuação dos enfermeiros. *Physis (Rio J.)*. [internet]. 2013 [acesso em 15 de junho 2021];23(2). Disponível em: <https://www.scielo.br/j/physis/a/WQKTKdnhFWSLVL6vrLBhkDz/?lang=pt&format=pdf>.
15. Galindo NAL, Gonçalves CFG, Neto NMG, Santos SC, Santana CSC, Alexandre ACS. Violência infanto-juvenil sob a ótica da enfermagem. *Rev. enferm. UFPE on line*. [internet]. 2017 [acesso em 15 junho 2021];11. Disponível em: <https://doi.org/10.5205/1981-8963-v11i3a13986p1420-1429-2017>.
16. Apostolico MR, Hino P, Egry EY. As possibilidades de enfrentamento da violência infantil na consulta de enfermagem sistematizada. *Rev. Esc. Enferm. USP*. [internet]. 2013 [acesso em 15 de junho 2021];47(2). Disponível em: <https://www.scielo.br/j/reeusp/a/LpBYM p7M7wcrQHFH4r5K8MQ/?format=pdf&lang=pt>.
17. Marques DO, Monteiro KS, Santos CS, Oliveira NF. Violência contra crianças e adolescentes: atuação da Enfermagem. *Rev. enferm. UFPE on line*. [internet]. 2021 [acesso em 15 de junho 2021];15:e246168. Disponível em: <https://doi.org/10.5205/1981-8963.2021.246168>.
18. Leite JT, Beserra MA, Scatena S, Silva LMP, Ferriani MGC. Enfrentamento da violência doméstica contra crianças e adolescentes na perspectiva de enfermeiros da atenção básica. *Rev. gaúch. enferm.* [internet]. 2016 [acesso em 15 de junho 2021];37:(2). Disponível em: <https://doi.org/10.1590/1983-1447.2016.02.55796>.
19. Aragão AA, Ferriani MGC, Vendruscollo TS, Souza, SL, Gomes R. Abordagem dos casos de violência à criança pela enfermagem na atenção básica. *Rev. latinoam. enferm. (Online)*. [internet]. 2013 [acesso em 9 de junho 2021];21(7). Disponível em: <https://www.scielo.br/j/rlae/a/ZfbzdPhyDDTssxyhP4GK5FK/?format=pdf&lang=pt>.