

## Care in Primary Health Care for women experiencing violence: bibliometric study in the Web of Science

Cuidado na Atenção Primária à Saúde às mulheres em situação de violência: estudo bibliométrico na Web of Science

Cuidado en la Atención Primaria de Salud a mujeres em situación de violencia: estudio bibliométrico en la Web of Science

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### ABSTRACT

The study presented in this article aimed to describe the scientific production between 2012 and 2022 on medical care in Primary Health Care for women experiencing violence. This is a bibliometric and descriptive study using a quantitative approach, based on publications indexed in the Web of Science database using the follow descriptors: “Violence Against Women”, “Medical Care” and “Primary Health Care”. Considering the data analyzed, there is a noticeable lack of prioritization of care strategies by health services. This is despite significant scientific production in the area. Furthermore, a lack of action by some segments of health professionals can be seen. The methodological design made it possible to map out the profile of studies on the subject, as well as the need for studies on multidisciplinary interventions, especially medical care for women in situations of violence by health services in Primary Health Care.

**Keywords:** Violence against women; Primary Health Care; Comprehensive health care; Bibliometrics; Scientific and technical activities.

### RESUMO

O estudo apresentado neste artigo objetivou descrever a produção científica entre 2012 e 2022 sobre o cuidado médico na Atenção Primária à Saúde a mulheres em situação de violência. Trata-se de um estudo bibliométrico e descritivo de abordagem quantitativa, a partir de publicações indexadas na base de dados Web of Science mediante o uso dos descritores “*Violence Against Women*”, “*Medical Care*”, “*Primary Health Care*”. Diante do que foi analisado, é perceptível uma falta de priorização de estratégias de cuidados

pelos serviços de saúde, apesar de uma produção científica consideravelmente importante, bem como uma falta de atuação de alguns nichos dos profissionais de saúde. O desenho metodológico permitiu um mapeamento do perfil dos estudos voltados para a temática, assim como a necessidade de estudos sobre intervenções multidisciplinares, em especial o cuidado médico, na Atenção Primária à Saúde, a mulheres em situação de violência.

**Palavras-chave:** Violência contra a mulher; Atenção Primária à Saúde; Atenção integral à saúde; Bibliometria; Atividades científicas e tecnológicas.

## RESUMEN

El estudio presentado en este artículo tuvo como objetivo describir la producción científica entre 2012 y 2022 sobre el cuidado médico en la Atención Primaria de Salud a mujeres en situación de violencia. Se trata de un estudio bibliométrico y descriptivo con enfoque cuantitativo, basado en publicaciones indexadas en la base de datos Web of Science utilizando el descriptores ‘Violence Against Women’, ‘Medical Care’, ‘Primary Health Care’. Frente a lo analizado, es notoria una falta de priorización de las estrategias de atención por parte de los servicios de salud, a pesar de una producción científica considerable y importante, así como de una falta de actuación de determinados nichos de profesionales de la salud. El diseño metodológico permitió mapear el perfil de los estudios acerca del tema, así como la necesidad de estudios sobre intervenciones multidisciplinares, especialmente el cuidado médico en los servicios de salud de la Atención Primaria de Salud a mujeres en situación de violencia.

**Palabras clave:** Violencia contra la mujer; Atención Primaria de Salud; Atención integral de salud; Bibliometría; Actividades científicas y tecnológicas.

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## INTRODUCTION

Violence against women is defined as any act of aggression, whether physical or verbal, that causes physical, emotional, social, or economic harm to the victim, when the motivation is based on the female gender, according to Decree No. 1,973 promulgated in the Inter-American Convention for the Prevention, Punishment and Eradication of Violence against Women (Brazil, 1996). The consequences of this type of violence permeate all spheres of women's lives and represent a latent risk of femicide (Brazil, 2011). It is a public health problem that requires an intersectoral line of care that includes both preventative actions and assistance for victims (Moreira *et al.*, 2014).

Internationally, especially in the United States and Canada, the most prevalent strategy is to screen all those who suffer domestic violence, since it is a very common problem (it affects approximately one third to one half of all women) and lacks clearly defined risk factors, contextual factors and case predictors (D'Oliveira *et al.*, 2009). For this reason, when caring for women experiencing violence, it is recommended that care be provided in a multi-professional manner (Costa *et al.*, 2013).

In Brazil there exists a program of organizing a health care network. Within this network, Primary Health Care (PHC) is considered the optimal place to provide care for those experiencing violence. This is because the team is located in defined territories, with a community bond that can facilitate a more horizontal and dynamic dialogue with users. In addition, it allows for empathic listening (Carneiro *et al.*, 2022). Therefore, these services can be the first point of call for victims of violence, especially given the severity of the situation women find themselves in when they are physically assaulted (Rosa *et al.*, 2018). However, professional compliance rates are low, and the integration of services is minimal. Although intimate partners are the main perpetrators of violence against women, awareness of the psychological, physical, and sexual violence perpetrated by them is low. Furthermore, the qualifications among professionals working in primary health care services also remain low (D'Oliveira *et al.*, 2009).

A study carried out by the Center for the Promotion of Health and Peace, in the Department of Preventive and Social Medicine at the School of Medicine within the Federal University of Minas Gerais (UFMG), showed that the health sector does not see itself as an important social actor in preventing and combating cases of violence against women (Rodrigues *et al.*, 2018). Professionals' actions have been restricted to referring cases to specialized police departments or hospital services which, in most cases and contexts, do not seek to interfere in the direct fight against violence, either because they are unprepared or feel unqualified (Souza *et al.*, 2018). This scenario unfolds even though most cases occur in the home and subsequently primary care becomes the gateway to welcoming victims.

Early qualification of cases of violence rests with health professionals. This includes identification of cases of violence as well as the provision of assistance and welcoming care (Costa *et al.*, 2013; Souza *et al.*, 2018). Thus, the central question of this study was: to what extent has scientific production indexed in the Web of Science database in the last decade prioritized the issue of health care for women experiencing violence within the scope of Primary Health Care?

Using bibliometric metrics to answer this question, this article aims to analyze global scientific production on Primary Health Care for women victims of violence, for the period between 2012 and 2022. Considering that the professionals who provide healthcare services, as well as the scientists who study the subject, base their knowledge not only on national productions, but also from various other countries, the study focused on the Web of Science database.

## METHODOLOGY

This is a bibliometric, descriptive study with a quantitative approach, analyzing published articles about the health care provided within Primary Health Care services to women experiencing violence. The aim is to verify and analyze specific trends in the growth, dispersion, and obsolescence of knowledge. This analysis is necessary given the precariousness of the service provided to this population, particularly given the vulnerability implied in the existentiality of gender, coupled with fragility that results from violent assault. Furthermore, it is the scientific communities that are largely responsible for disseminating relevant discussions and agendas that have a direct impact on society as a whole.

The aforementioned assumptions underpinned the central question on which this article is based: to what extent and in what way has the scientific field addressed the provision of assistance within primary care to women experiencing violence?

The methodology culminated in: a) defining the central theme b) outlining the descriptors to be used in the research; c) choosing the database to be used for the necessary collection; d) collecting the data; e) describing the data obtained; and f) the result of its analysis.

The ISI Web of Knowledge/Web of Science (WoS) database was selected for this study due to its multidisciplinary nature and academic recognition. It is one of the most comprehensive databases of journals from different areas of scientific knowledge, as well as being an important forerunner in bringing together journals from different areas of knowledge. A comprehensive database suitable for bibliometric studies, it allows access to references from all areas of knowledge and has a broad scientific scope and geographic coverage, as well as featuring tools for citation analysis and export functionalities for data analysis in software.

The selection of WoS for this study is also due, on the one hand, to an interest in knowing the coverage of this database in relation to national production in all fields of knowledge; on the other, because WoS is the oldest and most recognized bibliographic database, widely used to conduct analyses of scientific production. However, we recognize the existence of a series of indicators that are seemingly widely accepted by more traditional literature. Based on these indicators, comparative analyses have been carried out in countries with a greater quantity of scientific production, showing a concentration of titles from commercial publishers associated with the countries where they operate, and with low representation, depending on the theme, of some continents, such as Latin America.

The search took place in the main WoS collection, using the topic field, which allows simultaneous search of the “title”, “summary” and “keywords” fields. The descriptors, previously selected in the Health Sciences Descriptors (DeCS), were: “Violence Against women”, “Medical Care” and “Primary Health Care”, combined with Boolean operators “OR” and “AND” to compose search strategies in the database consulted. The collection was carried out by searching for these terms in the “topic”, which represents the title of the articles, abstracts, author keywords and keywords plus. Likewise, a filter made available for the period was used to obtain an analysis of the last decade, covering January 2012 to May 2022. The start date was 10 years after the World Health Organization report (Krug *et al.*, 2002) against violence. Filters were used for the type of document, with articles and reviews being selected.

To be included, publications needed to be available in full. There was no *a priori* exclusion of any methodological approach, and both qualitative and quantitative texts were included. Publications that were not available online in the prioritized database or that had been published in a period prior to the pre-defined one, articles from events or Conference Proceedings and records from proceedings papers, editorial material and letters were excluded.

The search was carried out on the Web of Science database in May 2022 and returned 157 articles, using the statistical data analysis tool Science Citation Index - Expanded (SCI), Social Science Citation (SSCI) and Conference Science Citation Index (CSCI), made available by WoS.

In the second stage, data was extracted using VantagePoint V.8 software, which analyzes data from the Web of Science (WoS) database, owned by Clarivate Analytics®. The data was organized in the following categories: document type, distribution by year, main journals, language of publication, international cooperation, authors, areas of knowledge, institutions, and funding agencies. The annual trend of publications, the journals with the most registers, the authors with the most publications and the number of articles distributed by authors' country of origin were analyzed. It should be reiterated that the data analysis considered up to the tenth classification in each category.

The material was then analyzed by exporting the data to Microsoft Excel® spreadsheets and using absolute frequency measures and/or simple averages and/or percentages, giving priority to representing the results in graphs and tables to provide an overview.

As this is a bibliometric study, there was no need to submit the research project to the Research Ethics Committee. However, the researchers undertook to maintain the ethical principles recommended for research of this nature, respecting ideas, citations and referencing authors and their publications.

## RESULTS AND DISCUSSION

After the bibliometric survey, 157 publications were identified for analysis. The distribution of publications by year showed that 88.6% were original articles, while the remainder were review articles (10.2%) and editorials or articles in pre-proofs (5.73%), with early access (Figure 1).

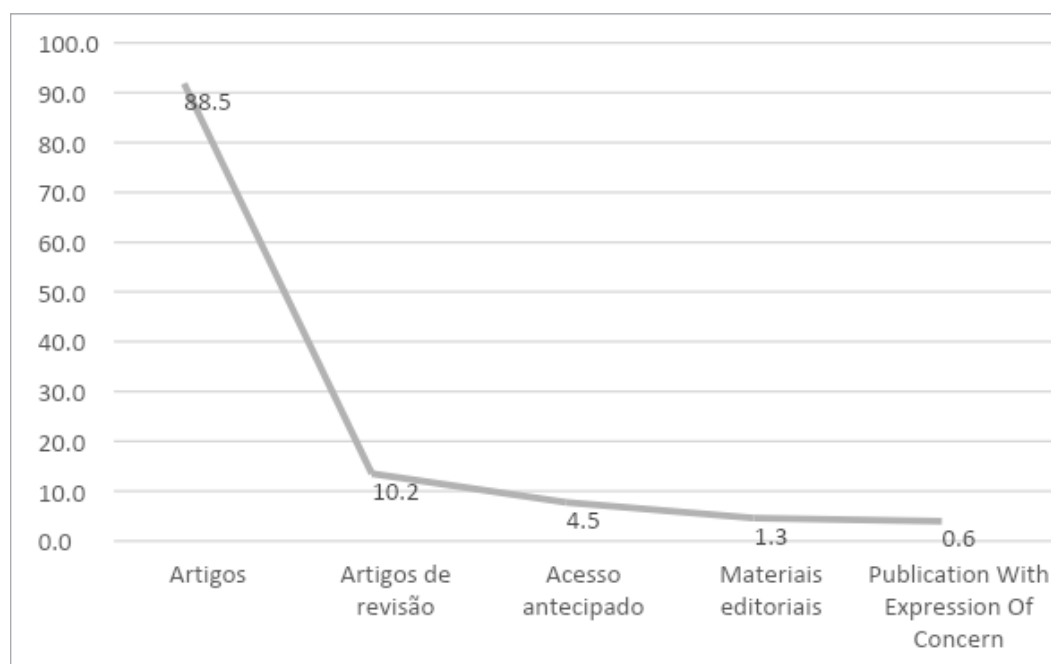


Figure 1 – Types of publications included in the bibliometric analysis, 2012 to 2022  
Source: prepared by the authors based on data from Web of Science (2022).

The articles identified were distributed over the course of the established period, with annual production corresponding to 14.27 manuscripts/year, and lower frequencies in 2016 (4 publications), 2013, 2015, 2018 (9 publications in each corresponding year) and 2022 (8 publications). The final figure corresponds to the current year and is still liable to increase, since data collection was limited to the five months up to

May. The data also showed that the second largest increase in the number of publications was in 2017, with 22 publications (Figure 2). It is worth noting that the period with the highest number of publications corresponded to 2021 (28 publications), followed by 2020 (24 publications) when an important historical milestone directly impacted the coexistence between victims and their potential aggressors, namely the advent of the covid-19 pandemic. Figure 2 shows the annual trend of publications on this topic.

During the new coronavirus pandemic victims have been staying at home with their partners longer. There has been a significant increase in the number of cases of aggression by intimate partners and of domestic violence, both in terms of the number of cases reported and those that have not been reported or registered at the police station (Carneiro *et al.*, 2022). Classified as femicide, the practice stems from or begins with reports of domestic violence, abuse, and mistreatment, and does not refer to a single separate and unforeseen episode; rather, it is part of a sequence of extremely violent episodes (Canal *et al.*, 2019; Messias *et al.*, 2020).

In addition, there is widespread underreporting by health professionals who treat these women, due to the difficulty in identifying suspected cases (Souza *et al.*, 2018), as well as the notorious difficulty most women have in reporting cases, given the numerous personal, family, social, emotional, and economic factors, which are usually linked to power relations (Costa *et al.*, 2015).

It is worth noting that Brazil is the third ranked country in terms of the number of publications, which on the one hand may be a positive factor, demonstrating a certain interest on the part of the scientific community in the subject of health care for women in situations of family and domestic violence.

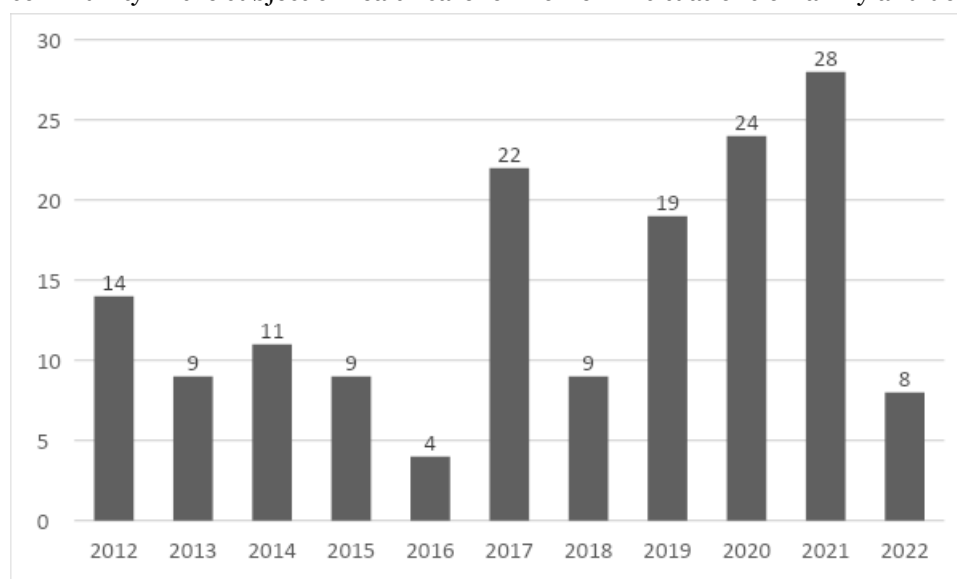


Figure 2 – Number of publications each year in the last decade, Bahia, Brazil, 2022  
Source: prepared by the authors based on data from Web of Science (2022).

The countries that published the most on the subject during this period were the United States (43/27.5%) and the United Kingdom (35/ 22.3%) and Brazil and Spain with equal rates (20/ 12.8%) (Figure 3).

There are at least two interpretations regarding the countries that have published the least (6 publications). The first refers to cultural aspects, since in some countries violence against women is socially accepted or denounced less; given the condition of social submission, subservience, and inferiority to the male sex, as evidenced in the case of Middle Eastern countries such as Pakistan and Iran (Santos, 2014). Dealing with this subject in these places is still taboo, both in terms of cultural and religious issues that are very present and determine how relations work in those societies. The second relates to countries that have provided data related to lower rates of violence and thus represent, a priori, the safest places for women



to live, such as Belgium and Denmark, according to the study developed by the University of Georgetown, Women, Peace and Security Index (Klugman, 2021).

The English language accounted for most of the production with 144 publications, followed by a few in Spanish (7) and Portuguese (6). This number may be related to attempts to increase the level of international cooperation between researchers and the “universalization of scientific language”. Of these articles, 20 originated from Brazilian production (Figure 3); however, only six were published in Portuguese, while the rest were published in other languages, such as Spanish and English. This raises the question of the priority given to the issue in question in the field of Brazilian public health. Although the international discussion is important, the publications usually deal with a country specific reality and may not be presented directly to the national academic and professional community, either for the development of new research or for the improvement of care flows by PHC services, which are primarily responsible for receiving, treating, and rehabilitating these women who suffer from violence.

The ten most productive authors and their affiliations are listed in Table 1. It was observed that the most cited institutions include universities with great international credibility, such as Harvard University and the London School of Hygiene Tropical Medicine, which indicates the importance of research in the United States and the United Kingdom.

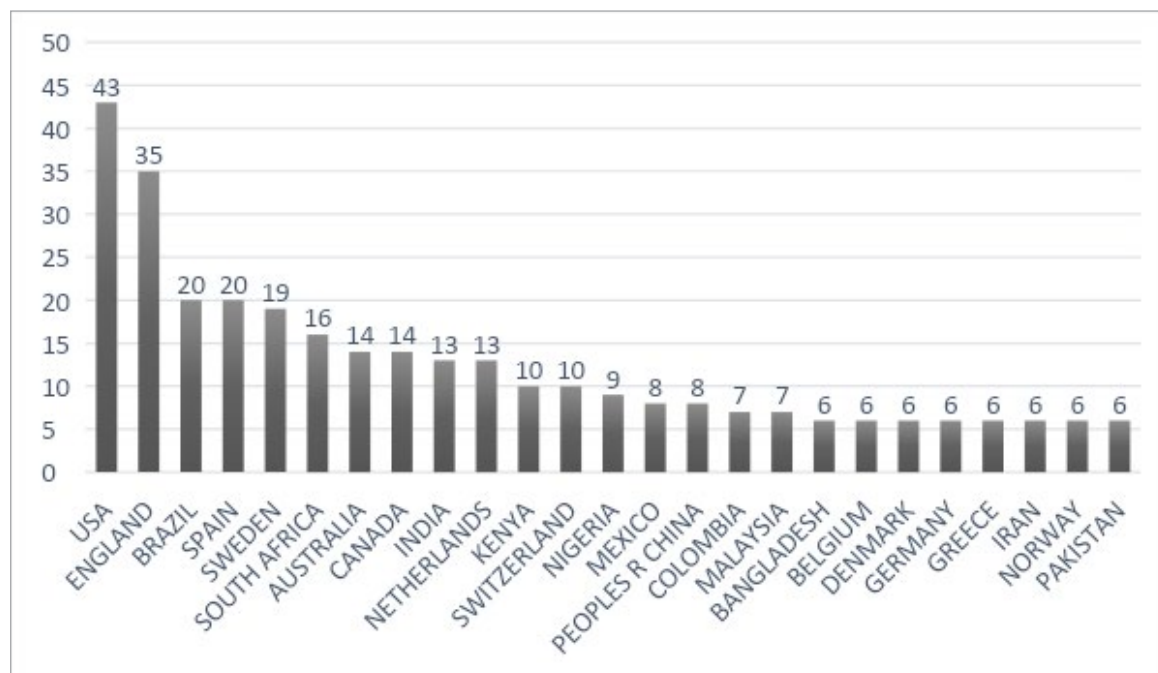


Figure 3 - Number of publications identified by country and region, Bahia, Brazil, 2022  
Source: prepared by the authors based on data from Web of Science (2022).

In Brazil, the University of São Paulo (USP), responsible for 10 publications on the subject, was ranked eighth in terms of the number of published articles. This may be related to discussions arising from the analysis of different policies and specific public legislation, to contribute to the implementation of new initiatives and mature strategies for tackling violence. The production may also arise from a desire to consolidate recommendations made by Brazilian public policies, such as the Policy for Tackling Violence against Women (Brazil, 2011) and the National Plan for Tackling Sexual Violence against Children and Adolescents (Brazil, 2006), as well as the Maria da Penha Law (Brazil, 2013), which have broadened the recognition of violence as a social issue. Despite the fact that the Primary Care Handbook nº08/2002, which deals with domestic violence and guides the practices of PHC services, has been published since 2002 (Brazil, 2001), the practice of PHC professionals still needs to be improved, especially in the health sector,

in order to provide care and integrate resources, as well as other professionals and ways of responding, in order to offer the solutions needed by women who are victims of domestic violence.

The regulatory framework advocates that victims should be seen by professionals who are trained to detect signs of domestic violence through a well-designed anamnesis and a quality physical examination, and these professionals should also be able to monitor the family circumstances. Therefore, the duties of PHC teams should include objectives related to recognizing, notifying, treating, and referring cases of domestic violence against women (Botelho *et al.*, 2021).

Another issue rendered invisible in the articles analyzed concerns the inclusion of transgender women in the process of building a support network for these victims. It is necessary to implement actions in LGBT care to facilitate this group's access to PHC, and to detect the occurrence of violence within the family, considering territorialization, comprehensiveness and continuous care (Silva *et al.*, 2020). This invisibility is a consequence of the limitations of the biomedical model, which leads to the organization of the work process of PHC teams based on programmatic actions, which can privilege programmed demands and disregard the specific needs of users.

**Table 1 – Systematization of the authors/co-authors with the highest number of productions and their respective institutional affiliations. Bahia, Brazil, 2022**

Authors	Number of productions	% of 157	Affiliations	Number of productions	% of 157
Feder G	8	5,1	University of London	20	12,7
Vives-cases C	7	4,5	League of European Research Universities Leru	19	12,1
Stein DJ	6	3,8	University of Bristol	16	10,2
Goicolea I	5	3,2	London School of Hygiene Tropical Medicine	12	7,6
Schmidt MI	5	3,2	Center for Biomedical Research Network	11	7,0
Shaheen A	5	3,2	Harvard University	11	7,0
Abbafati C	4	2,5	University of California System	11	7,0
Abbas KM	4	2,5	São Paulo University	10	6,4
Abd-allah F	4	2,5	Harvard Medical School	9	5,7
Al-aly Z	4	2,5	Johns Hopkins University	9	5,7
Al-raddadi R	4	2,5	Karolinska Institute	9	5,7

Source: prepared by the authors based on data from Web of Science (2022).

The four journals with the most publications on the subject in the period analyzed were responsible for 26 % of all production (BMC Open, Lancet, BMC Health Services Research, BMC Women's Health), with a high impact on the scientific community, reflecting positively on the production of knowledge in the area. These are journals with wide circulation in the international scientific community.



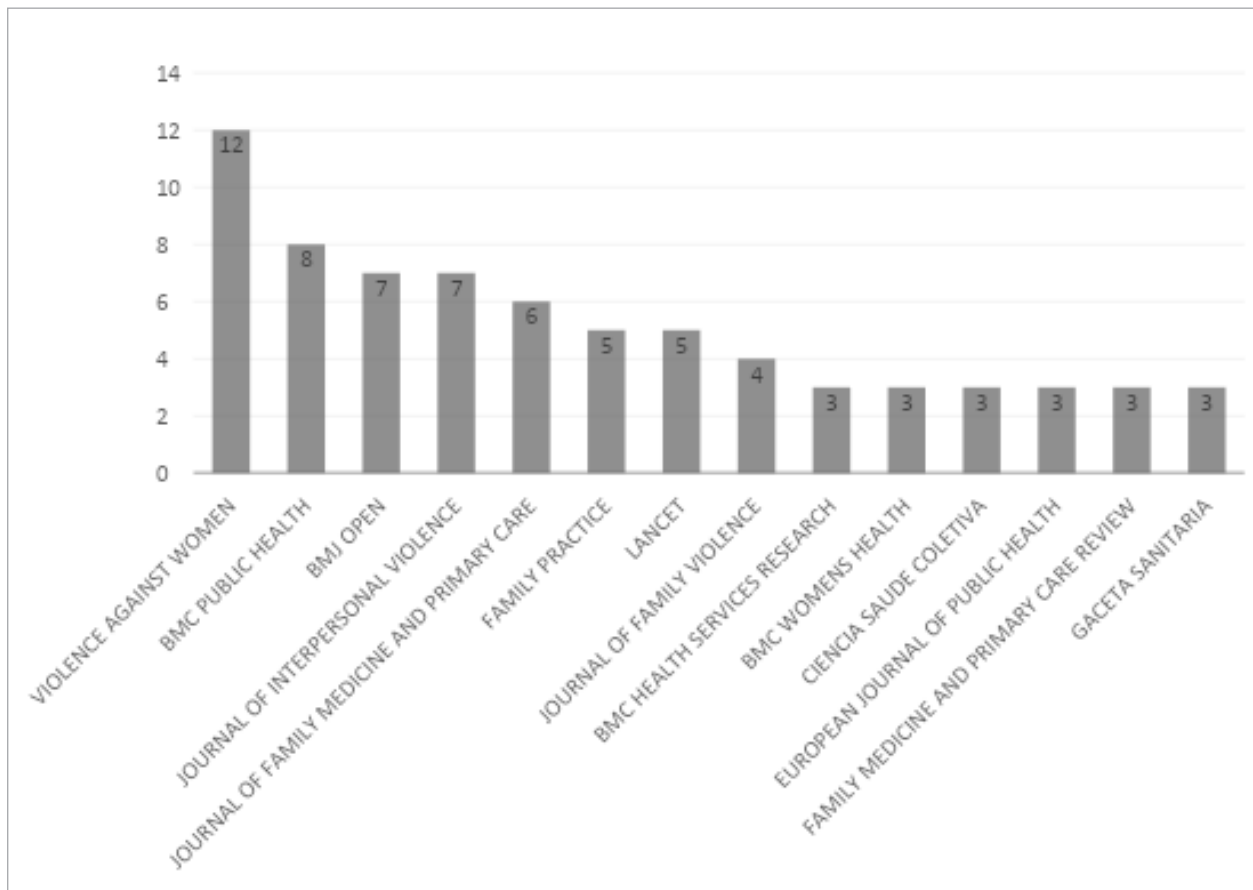


Figure 4 – Graphical representation of the most prominent journals in terms of publishing on the subject, Bahia, Brazil, 2022  
Source: prepared by the authors based on data from Web of Science (2022).

The analysis showed a broad range of scientific fields with an interest in the subject, including those not directly related to health, such as criminology, penology, and social work. The latter is indirectly related to the subject due to its criminal nature, including its application under the Maria da Penha Law (Brazil, 2006), and because of the social nature of violence against women.

The thematic categories that emerged from this study show the complexity of the subject, as they range from occupational aspects (32.5%) to the care provided by general medicine (20.4%) and primary health care (14.7%), to the detriment of specific themes, such as studies on women's health (8.3%) and health service policies (6.4%), all within the context of various social, political, and cultural conditions. Here, we prefer to emphasize the ten themes with the highest number of publications within the niche category of violence against women.

Topics directly related to women, such as women's studies (7.8%) and gynecology and obstetrics (4.9%), had a much lower number of publications than broader health topics or even criminology and penology. This demonstrates the lack of discussion on the issue by specialists who deal directly with women's health. Several studies have shown that the subject of "domestic violence" or "intimate partner violence", especially among health professionals, is still highly concealed and fraught with prejudice and fear (Gonsalves *et al.*, 2021). Furthermore, reading and interpreting the subject as a socio-cultural issue can have a greater impact on public health and not just on mental health and public safety, as Mendonça and colleagues warn us (Mendonça *et al.*, 2020).

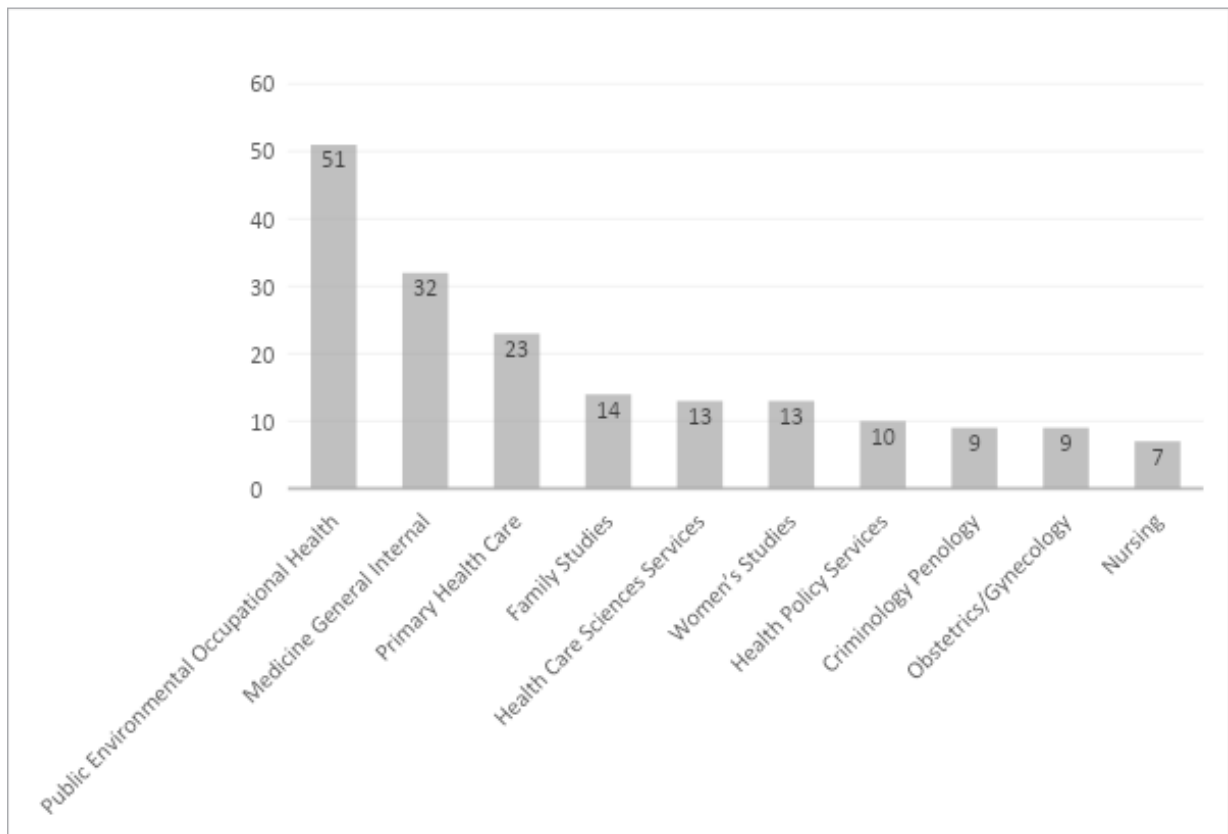


Figure 5 - Graphical representation of the scientific areas that most frequently addressed care for women in situations of violence. Bahia, Brazil, 2022

Source: prepared by the authors based on data from Web of Science, 2022.

In this study, we have chosen to highlight the most prominent scientific themes, according to the analysis carried out: Public Environmental Occupational Health (32,5%), General Internal Medicine (20,4%), Primary Health Care (14,7%), Family Studies (8,9%), Health Care Sciences Services (8,3%) Women's Studies (8,3%), Health Policy Services (6,4%), Criminology Penology (5,7%), Obstetrics Gynecology (5,7%) and Nursing (4,5%) (Figure 5). Among the 10 journals that published the most, the following indices were observed: Violence Against Women (7,6%), BMC Public Health (5,1%), BMJ Open (4,4%), Journal of Interpersonal Violence (4,4%), Journal of Family Medicine and Primary Care (3,8%), Family Practice (3,18%), Lancet (3,18%), Journal of Family Violence (2,5%), BMC Health Services Research (1,9%), BMC Women's Health (1,9%), Ciência & Saúde Coletiva (1,9%). The central themes of the journals are directly related to violence against women, and that the vast majority are health journals. It is important to note that the tenth journal that has published the most on the subject is Brazilian and focuses on the field of collective health.

Themes linked to collective health, such as Occupational and Environmental Public Health, Primary Health Care and Family Studies lead the way in terms of the number of publications. This may be associated with women who are victims of violence looking for the service closest to their home, and therefore, given the coverage of PHC services, these would be the first contact these users would have with the services of healthcare systems.

## FINAL CONSIDERATIONS

Bibliometrics enabled the study of scientific production on violence against women. The structure of the WOS database facilitated the retrieval of information; however, there was a small number of papers in the period analyzed.

One of the commonalities between the studies presented in this article is that they refer to issues related to non-compliance among teams responsible for health care for women in situations of violence in PHC. This points to the lack of prioritization of care strategies by these services, although they are territorialized and have greater coverage.

It should also be noted that the lower-than-expected number of articles can be explained by the failure to use broad descriptors related to PHC, such as “primary health care” and correlates. This is justified because, in different countries, the health system adopted may have a different administrative organization and different names for PHC. Even when systems are universal, they may not use this type of descriptor often. Thus, it would be interesting to include the descriptor “primary care” in future studies, as this would enable a wider range of research on the subject and strengthen PHC.

Another notable result is that, despite the debate on care within PHC settings, few studies refer to the role of family and community doctors in cases of violence against women, revealing yet another research gap.

On the other hand, it is worth noting that the design of this study and its results enable a broader analysis of the focus of current scientific production, helping to serve as a basis for further research. In this way, we can more assertively direct the general debate on this subject, considering the data and information retrieved from an internationally recognized database with up-to-date records. In addition, the bibliometric results reveal elements that may lead to reflections on the need for empirical research to encourage the health team to tackle violence against women, as well as to structure measures and strategies that unify approaches to how women experiencing violence are received and cared for in health services within the scope of Primary Health Care and to do so in a comprehensive and intersectoral manner.

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