

**THE ACADEMIC FORMATION OF NURSES, DOCTORS FROM THE PERSPECTIVE OF GUARANTEEING WOMEN'S HUMAN RIGHTS**

***A FORMAÇÃO ACADÊMICA DE ENFERMEIRAS/OS, MÉDICAS/OS SOB A PERSPECTIVA DA GARANTIA DOS DIREITOS HUMANOS DAS MULHERES***

***LA FORMACIÓN ACADÉMICA DE ENFERMERAS, MÉDICOS DESDE LA PERSPECTIVA DE GARANTIZAR LOS DERECHOS HUMANOS DE LAS MUJERES***

Nathalia Brainer dos SANTOS<sup>1</sup>  
Beatriz Hermenegildo MOGLIA<sup>2</sup>  
Maria Fernanda TERRA<sup>3</sup>

**ABSTRACT:** Article that aims to present the contributions to the formation of nursing and medical undergraduates of FCMSCSP, after the experience of care to women in situations of domestic violence of gender in a university extension project. Qualitative research, conducted from semi-structured interviews with 9 nursing students and 1 student of medicine, between March and June 2019, in reserved rooms of the college. The interviews were recorded, transcribed and submitted to content analysis. We highlight the categories: Welcoming as synonymous with active listening; Guarantee of autonomy in assistance through the shared construction of care; and reflections on formation in the theme of violence against women. The learnings that stood out were those that referred to the presentation of women's services and rights, and the need for shared construction of care, respecting autonomy, without guilt or judgment on women.

**KEYWORDS:** Community-institution relations. Domestic violence. Interdisciplinary health team. Outpatient care. Comprehensive health care.

**RESUMO:** Artigo que objetiva apresentar as contribuições para a formação de graduandos de enfermagem e medicina da FCMSCSP, após a vivência assistencial às mulheres em situação de violência doméstica de gênero em projeto de extensão universitária. Pesquisa qualitativa, realizada a partir de entrevistas semiestruturadas com 9 estudantes de enfermagem e 1 de medicina, entre março e junho de 2019, em salas reservadas na faculdade. As entrevistas foram gravadas, transcritas e submetidas a análise de conteúdo. Destacamos as categorias:

<sup>1</sup> School Medical Sciences of Santa Casa de São Paulo (FCMSCSP), São Paulo – SP – Brazil. Acting Nurse. Active in the research group Violence, Human Rights and Health of FCMSCSP by CNPq. ORCID: <https://orcid.org/0000-0002-9058-1229>. E-mail: [nathaliabrainerdossantos@gmail.com](mailto:nathaliabrainerdossantos@gmail.com)

<sup>2</sup> School Medical Sciences of Santa Casa de São Paulo (FCMSCSP), São Paulo – SP – Brazil. Undergraduate student in Nursing, School of Medical Sciences, Santa Casa de São Paulo (FCMSCSP). Active in the research group Violence, Human Rights and Health of FCMSCSP by CNPq. ORCID: <https://orcid.org/0000-0002-3535-0444>. E-mail: [beatrizmoglia@gmail.com](mailto:beatrizmoglia@gmail.com)

<sup>3</sup> School Medical Sciences of Santa Casa de São Paulo (FCMSCSP), São Paulo – SP – Brazil. Instructor Professor in the Undergraduate Course in Nursing, since 2018, working in the area of Nursing in Collective Health, Domestic Gender Violence and Human Rights. Doctorate in Science, area of Preventive Medicine, by the School of Medicine of the University of São Paulo – FMUSP (2017). ORCID: <https://orcid.org/0000-0003-1718-4216>. E-mail: [mfterra@gmail.com](mailto:mfterra@gmail.com)

*Acolhimento como sinônimo de escuta ativa; Garantia da autonomia na assistência por meio da construção compartilhada do cuidado; e reflexões sobre a formação no tema da violência contra as mulheres. Os aprendizados que se destacaram foram os que referiam a apresentação dos serviços e direitos das mulheres e a necessidade da construção compartilhada do cuidado, respeitando a autonomia, sem culpa ou julgamento sobre as mulheres.*

**PALAVRAS-CHAVE:** *Relações comunidade-instituição. Violência doméstica. Equipe interdisciplinar de saúde. Assistência ambulatorial. Assistência integral à saúde.*

**RESUMEN:** *Artículo que pretende presentar las aportaciones a la formación de licenciados en enfermería y medicina de la FCMSCSP, tras la experiencia de atención a mujeres en situaciones de violencia doméstica de género en un proyecto de extensión universitaria. Investigación cualitativa, realizada a partir de entrevistas semiestructuradas con 9 estudiantes de enfermería y 1 de medicina, entre marzo y junio de 2019, en salas reservadas de la facultad. Las entrevistas fueron grabadas, transcritas y sometidas a análisis de contenido. Destacamos las categorías Acogedor como sinónimo de escucha activa; Garantía de autonomía en la atención a través de la construcción compartida de la atención y reflexiones sobre la formación en el tema de la violencia contra las mujeres. Los aprendizajes que destacaron fueron los que se referían a la presentación de los servicios y derechos de las mujeres, y a la necesidad de una construcción compartida de la atención, respetando la autonomía, sin culpa ni juicio sobre las mujeres.*

**PALABRAS CLAVE:** *Relaciones comunidad-institución. Violencia doméstica. Equipo Interdisciplinario de salud. Atención ambulatoria. Atención integral de la salud.*

## Introduction

Health education must guarantee the professional qualification necessary to work in the Unified Health System (SUS), reinforcing the understanding of health as a right, and a duty of the State (BRASIL, 1990). It is expected that technical and scientific formation enhances the transformations of professional practices and the organization of the work process, that users are subject to care decisions, that the subjective aspects of the health-disease process are considered, understanding that inequalities and difference markers can generate illnesses in people, families and communities (CECCIM; FEUERWERKER, 2004; CAIRES, 2010; MOUTINHO; CARRARA, 2010).

Among these markers is the concept of gender, which shows that relationships are marked by the unequal condition of power between men and women in society (SCOTT, 1986), a context that can promote violence (ZANATTA; FARIA, 2018). In this article, we use the term gender domestic violence because it conveys the understanding of violence that happens within home against women, because they are women (CEDAW, 2006). Violence against women is a

“public health problem and a violation of Human Rights” (PAHO/WHO, 2015). It is estimated that one in three (35%) women worldwide have suffered physical and/or sexual violence perpetrated by their partner, and between 38% and 50% of femicide is committed mainly by intimate partners (WHO, 2019). In 83 countries around the world, the average femicide rate is two per 100,000 women, leaving Brazil in 5th position, with a rate of 4.8 femicide per 100,000 women (OLIVEIRA; FERIGATO, 2019). The Atlas of Violence (2020) revealed that Brazil had a 4.2% increase in the number of femicide between 2008 and 2018. In 2018, a woman was murdered in Brazil every two hours, 68% of which were black women (BRASIL, 2020).

From the Maria da Penha Law (BRASIL, 2006), health is recognized as fundamental in the composition of the assistance network and in the fight against violence, especially the domestic of gender, as women intensely seek health services with demands resulting from the violence suffered (SCHRAIBER; D'OLIVEIRA, 1999). Although Brazil is a signatory of treaty conventions and has Laws and Public Policies, there are difficulties for violence against women to be made visible and taken as a problem by the health sector. One of the possible ways to overcome this problem is to include it in the formation of future health professionals (D'OLIVEIRA *et al.*, 2009).

There are many academic insertions for learning, enhanced when spaces are chosen by students. In 2018, assistance to women in situations of violence was included in the University Extension "Science and Assistance Program" (PECA, Portuguese initials), from the College of Medical Sciences of Santa Casa of São Paulo/FCMSCSP, a project organized and coordinated by students of the institution, since 2004. The PECA offers joint efforts in different regions of the State of São Paulo/SP, far from the walls of the college, through the multidisciplinary, transdisciplinary and interprofessional integration of teachers, residents, undergraduate students and health professionals from the Network Local Municipality (FCMSCSP, 2004). Assistance in violence takes place at the clinic called Difficult Family Conflicts (CONFAD, Portuguese initials), started in the city of Araraquara/SP, in 2018, in order to offer qualified listening, give visibility to the problem, provide guidance on the care network and on rights, and build a shared assistance plan of action to face the problem (D'OLIVEIRA *et al.*, 2009).

This article aims to present the contributions to the formation of undergraduates in Nursing and Medicine arising from the experience of assisting women in situations of gender domestic violence, in a university extension project, in the year 2019.

## Methodology

Qualitative research, based on semi-structured interviews, empirically explored through Content Analysis (BARDIN, 1977). The research was approved by the Research Ethics Committee of the *Irmandade da Santa Casa de Misericórdia* of São Paulo, under CAAE: 04801618.6.0000.5479. The college was the chosen location for the interviews.

The PECA took place in the city of Araraquara, from 23 to 30 of January 2019, at this time the research was already approved by the College's Center for Ethics and Research, and with that, the research was presented to students who followed CONFAD in the extension program, those who were interested in participating in the research left their contacts with the researcher, who was also a volunteer student and researcher in the extension program. In the period from March to July 2019, after the PECA, the first 10 interested students (six from the nursing course and four from medicine) were contacted and invited to participate in the research. With all those who accepted, a date and time was scheduled and the interview was conducted in a reserved room, using a structured script, students were invited to read and sign the Informed Consent Term (ICF), the guarantee of privacy was preserved, after which all 10 interviews were recorded using a cell phone, with subsequent transcription by the researcher into a digitized document.

The analysis of the object of study, knowledge acquired from the assistance to women in situations of violence during the PECA, was based on the theoretical references of the Organic Health Law (BRASIL, 1990), the Maria da Penha Law (BRASIL, 2006) and the concept of gender (SCOTT, 1986), which reinforce the responsibility of health in overcoming the view on the disease, including violence as a social problem that needs to be made visible, prevented and also fought by health services.

The analysis of the empirical material from Content Analysis took place in three phases: pre-analysis, with the “floating reading” of the empirical material coming from the transcribed statements. Then, the statements were coded into thematic categories: Real experience of welcoming; Exercise in ensuring autonomy during assistance; Students' perceptions of formative needs. The third phase comprised the treatment, inference and interpretation of results based on the theoretical framework (BARDIN, 1977).

## Results

Of the total of 10 students interviewed, nine were female and one male. As for the age group of those surveyed, the average age was 21 years, six students were studying nursing and four medicine. As for skin color, nine were white and one yellow. All participants were nominated by planets to ensure privacy.

**Table 1.** Sociodemographic characteristics of students. São Paulo, 2019

Name	Sex	Age	Color	Course	Course period
Júpiter	F	24	White	Nursing	2 <sup>nd</sup> year
Netuno	F	20	White	Nursing	2 <sup>nd</sup> year
Mercúrio	F	21	White	Nursing	4 <sup>th</sup> year
Vênus	F	19	White	Nursing	1 <sup>st</sup> year
Plutão	F	22	White	Nursing	3 <sup>rd</sup> year
Haumea	F	20	White	Nursing	4 <sup>th</sup> year
Saturno	F	19	White	Medicine	2 <sup>nd</sup> year
Terra	M	21	Yellow	Medicine	3 <sup>rd</sup> year
Marte	F	24	White	Medicine	5 <sup>th</sup> year
Urano	F	22	Brown	Medicine	4 <sup>th</sup> year

Source: Devised by the author, 2021

**Table 2.** Categories that stood out in the empirical material. São Paulo, 2019

Categories	citations
Exercise in ensuring autonomy during assistance	5
Welcoming experience	5
Students' perceptions about formation	4

Source: Devised by the author, 2021

From the analysis of the statements, thematic phrases emerged, which are summarized below to better exemplify the categories of analysis listed in the article. Considering that, in some cases, the expression manifested by the subjects more effectively illustrates the presentation of the findings, the testimony that appears highlighted was preserved.

## Welcoming experience

*I think it's welcoming, a qualified listening that I've learned a lot is to see what the perspectives of this woman are for the future. So, for example: I can't leave the house right now, but what can I change? Can I talk to my kids? With my husband? Take care of me, have a self-care, a perception. Not only take care of the family, but also take care of myself, in order to empower the woman and say no, that's enough now, I can't continue with this. In other words, give her some options so she can choose (Mercúrio).*

*From now on, I will start to change my approach. Always respecting the patient's space and always trying, above all, to listen to the patient. Listening is being a door, a door not in the sense of, let me change the metaphor, being a path. Whether she's going to tread or not, whether she's going to find a solution or not, what's important is for me to be a path, a connection to possibilities (Júpiter, our translation).*

The interviews show statements that express experiences that we consider "real" about welcoming, outside the walls of the school-hospital, understood by the importance of actively listening to the difficulties and "perspectives" of women about their own condition, as well as the possibilities to face the problem of violence. The students also point out that the health professional must act as a facilitator, as a "connection to the possibilities" of coping with the problem considering the "empowerment of women", through the provision of correct and dialogued information, in order to allow them to reflect including on the use of the services of the assistance network for coping with violence.

## Guarantee of autonomy in care

*We know what to look at, we know, I learned to respect her autonomy, regarding the, yeah, the issue of violence, right, getting out of the paternalistic situation, a little of what the health system ends up putting in us, of us to impose our vision about it. CONFAD taught me a lot about this bias, this decision bias is always hers and we have to be there to give her the support she needs, when she needs it (Marte)*

*Put the woman as the protagonist for her to solve this, because in the end she knows and controls her life much better than people, than professionals. Because, we are like, the health professional has something like this, wants to solve all the problems in the person's life and sometimes it is she who solves (Urano)*

*And how important it is to give correct information and avoid as much as possible blaming them, but mainly to give them a welcoming environment, so that they really feel confident enough to be opening up to actually talking about this situation to you (Terra, our translation)*

The statements expand the understanding of the performance of health professionals and services when offering assistance, especially to women in situations of violence, overcoming a guided offer, which seeks to aggregate the construction and sharing of care,

highlighting the importance of exercising autonomy of women, guaranteeing the “protagonism”.

### Students' perceptions about formation

*I think we should have more support about this, have more support to learn to deal with this issue of the network [of confronting violence] (Haumea).*

*It is a subject that is not dealt with as much with the nursing professional or health professional and you have to be tactful, because the issue of the woman, of her family, comes into life. So, knowing how to welcome, welcome this woman, know her whole life story, really know, listen, make a qualified listen to what she is talking about, is the most important thing. (Mercúrio).*

*I believe that CONFAD helped me to have a bigger notion, to be more capable, how to react, how to guide and especially to see the importance of this, the importance of a service and help to these women (Terra, our translation).*

The students show that it is difficult to deal with the subject, that there is a shortage of the subject at graduation, that dealing with violence involves knowing how to conduct a conversation with women who present and value their potential, as well as revealing the need to know the network, the rights of women to deal with such situations, considering aspects of intersectoral work and the exercise of shared care decisions.

### Discussion

From the analyzes carried out, it was possible to see that for the students, the theme of violence against women proved to be important in care and essential for the teaching-learning process of future health professionals. This concern is significant, as it is associated with ensuring health as a right described in the Organic Health Law, and with the responsibility to make visible and compose the network for combating violence against women as described in the Maria da Penha Law (BRASIL, 1990; 2006).

The themes listed by the students are heavily worked on in the National Humanization Policy (PNH), which seeks to value the demands of users, as well as workers and managers in the production of care with an emphasis on autonomy, and the expansion of the capacity to transform reality through shared responsibility. According to the PNH, autonomy refers to the recognition of the role of each individual as a citizen of rights, valuing and encouraging the inclusion of subjects in the production of health care in a conscious way about their possibilities and choices (BRASIL, 2013).

In the context of violence, out of fear and shame, part of the women do not talk about the violence suffered and, therefore, active listening becomes essential for the welcoming to be effective and allow the construction of a relationship of trust based on non-judgment, in non-victimization and non-blaming of women, added to the interest in listening to what is being said, interest in knowing the expectations of women in order to build a possible shared care plan for the moment and the condition set, considering the issue of gender (TERRA *et al.*, 2015; GOÉS, 2019; SILVA *et al.*, 2018).

One of the precautions to be observed when assisting women in situations of violence involves the understanding that this is a social problem that must be understood as a responsibility, including by the health sector (PIEROTTI *et al.*, 2018). In this sense, it is necessary to pay attention to the unequal power relations in which women live, so that the joint construction of the care plan guarantees the autonomy of women. Therefore, it is necessary that they are heard, oriented about rights and about the network of available services that can be sought in each situation of violence suffered (RODRIGUES; MOREIRA, 2017). In this sense, it is worth discussing the paternalism pointed out by the student Marte. Freire (1979) points out that this term, "paternalism", is based on the search for the domestication of people so that they follow previously determined paths, limiting the possibilities, without joint construction based on autonomy, therefore, there is an attempt to control the subjects from a rights perspective.

Violence is not always fought through direct reporting to specialized services, as there is insecurity and uncertainty in broad aspects regarding subjective issues, marital life, finances and/or social factors and, therefore, active listening and understanding the life projects that were interrupted, knowing the ways to rescue them, identifying the informal network that is present and possible to support the constructed care (MARINHO; GONÇALVES, 2019).

In the interviews, the students report that one of the barriers to confronting violence against women is the limited qualification and/or formation of health professionals on the subject, which generates little empathy and uncertainty about how to act on this issue (CORDEIRO *et al.*, 2015), in addition, when addressed in formation, the topic is exposed superficially and sporadically, making the students still feel unprepared for such situations (ROSA *et al.*, 2018).

In a survey carried out by the Federal University of Santa Catarina, it was demonstrated that health professionals have great difficulty in identifying cases of violence and that this is due to the lack of sensitivity and listening during care (ROSA *et al.*, 2018), pointing out the



structural weaknesses in the health system that are directly related to the scarce formation on the topic of violence (SOUZA *et al.*, 2019).

An important path for the formation of health professionals is the inclusion of Public Policies, such as the Maria da Penha Law (2006), the National Humanization Policy (2013) and the National Policy to Combat Violence Against Women (2011), as pillars for strengthening the social responsibility of these professionals in the practice of health care (TRENTIN *et al.*, 2019; SOUZA *et al.*, 2018; SILVA *et al.*, 2016). This is added to the understanding that this is a sensitive issue, perceived and faced in different ways by different women who are under this condition. (SANTANA, 2019).

### **Final considerations**

The experience lived by the students was unique for many of them facing the addressed topic in a direct, real way and in need of extreme care, as the women's lives were at stake at that time. There were many learnings reported by the participants that were understood as fundamental, such as the transmission of information about services and women's rights, little worked within the health sectors, except for social assistance. Another important point was the extreme need for the shared construction of care, respecting autonomy, without guilt or judgment.

The experience brought reflections to the students about how little the topic is discussed as part of direct care practice, even though there are reflection activities on the topic.

Gender domestic violence is a social and public health problem. It is necessary to assure qualified formation to health professionals for assistance that understands the magnitude of the problem, strengthens intersectoral and network work to guarantee the right to life, in light of autonomy, considering the ways of life, family dynamics, experiences, desires, beliefs, opinions and knowledge.

### **REFERENCES**

BARDIN, L. **Análise de conteúdo**. Lisboa: Edições 70; [S.I: s.n.], 225p, 1977.

BRASIL. **Lei n. 8.080, de 19 de setembro de 1990**. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Lei Orgânica da Saúde. Brasília (DF); 1990. Available: [http://www.planalto.gov.br/\\_03/leis/l8080.htm](http://www.planalto.gov.br/_03/leis/l8080.htm). Access: 27 Mar. 2020.

BRASIL. **Lei nº 11.340, de 7 de agosto de 2006.** Cria mecanismos para coibir a violência doméstica e familiar contra a mulher. Brasília (DF); 2006. Available: [http://www.planalto.gov.br/ccivil\\_03/\\_ato2004-2006/2006/lei/111340.htm](http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/111340.htm). Access: 17 Mar. 2020.

BRASIL. Ministério da Saúde. **Política Nacional de Humanização - HumanizaSUS.** Brasília (DF): Ministério da Saúde; 2013. Available: <https://www.saude.gov.br/saude-de-a-z/projeto-lean-nas-emergencias/693-acoes-e-programas/40038-humanizasus>. Access: 22 June. 2020.

BRASIL. Ministério da Economia. Instituto de Pesquisa Econômica Aplicada/ Fórum Brasileiro de Segurança Pública. **Atlas da violência.** Brasília: DF; 2020. Available: <https://www.ipea.gov.br/atlasviolencia/download/24/atlas-da-violencia-2020>. Access: 09 Oct. 2020.

CAIRES, S. A. L. O Núcleo estuda marcadores sociais da diferença. **Agência USP de Notícias.** São Paulo: [s.n.], 2010. Available: <http://www.usp.br/agen/?p=15350>. Access: 21 Apr. 2020.

CECCIN, R. B.; FEUERWERKER, L. C. M. O quadrilátero da formação para a área da saúde: ensino, gestão, atenção e controle social. **PHYSIS: Revista Saúde Coletiva**, [S.I: s.n.], v.14, n.1, p.41-65, 2004.

CORDEIRO, K. C. C. *et al.* Formação Profissional e Notificação e Notificação da Violência contra a Mulher. **Revista Baiana de Enfermagem**, v.29, n.3, p.201-208, Salvador: [s.n.], 2015.

D'OLIVEIRA, A. F. P. L. *et al.* Atenção integral à saúde das mulheres em situação de violência de gênero: uma alternativa para a atenção primária em saúde. **Revista Ciência e Saúde Coletiva**, v. 14, n.4, p.1037-50, Rio de Janeiro: [s.n.], 2009.

FREIRE, P. **Educação e Mudança.** ed. 12. São Paulo: Paz e Terra, 1979. Available: <https://construindoumaprendizado.files.wordpress.com/2012/12/paulo-freire-educacao-e-mudanca-desbloqueado.pdf>. Access: 26 Oct. 2020.

GÓES, E. D. A. A vergonha social e o medo: obstáculos para a superação da violência doméstica contra a mulher. **Braz. J. of Develop.**, v. 5, n. 11, p. 23627-23645, Curitiba: [s.n.], 2019.

MARINHO, P. A. S.; GONÇALVES, H. S. Mulheres em situação de violência doméstica: aspectos referentes ao empoderamento feminino. **Revista Internacional. Interdisciplinar INTERthesis**, v.16, n.2, p.01-18, Florianópolis: [s.n.], 2019.

MOUTINHO, L.; CARRARA S. Dossiê: Raça e sexualidade em diferentes contextos nacionais. **Cadernos pagu** [S.I: s.n.], v.35, p.9-35, 2010. Available: <http://www.scielo.br/pdf/cpa/n35/n35a2.pdf>. Access: 02 May 2020.

PIMENTEL, S. Convenção sobre a eliminação de todas as formas de discriminação contra a mulher - CEDAW, 1979. *In:* Frossard H. **Instrumentos internacionais de direitos das mulheres.** Brasília: Secretaria de políticas para as mulheres; 2006.

OLIVEIRA, M.T.; FERIGATO, S.H. A atenção às mulheres vítimas de violência doméstica e familiar: a construção de tecnologias de cuidado da terapia ocupacional na atenção básica em

saúde. **Cadernos Brasileiros de Terapias. Ocupacionais**, v.27, n.3, p.508-521, São Carlos: [s.n.] 2019. Available: <https://doi.org/10.4322/2526-8910.ctoao1729>. Access: 28 Feb. 2020.

ORGANIZAÇÃO PANAMERICANA DA SAÚDE/ORGANIZAÇÃO MUNDIAL DA SAÚDE (OPAS/ OMS). Violência contra a mulher - estratégia e plano de ação para o reforço do sistema de saúde para abordar a violência contra a mulher. Washington (D.C): **67ª Sessão do Comitê Regional da OMS para as Américas**, 2015. Available: [http://iris.paho.org/xmlui/bitstream/handle/123456789/18386/CD549Rev2\\_por.pdf?sequence=9&isAllowed=y](http://iris.paho.org/xmlui/bitstream/handle/123456789/18386/CD549Rev2_por.pdf?sequence=9&isAllowed=y). Access: 18 Feb. 2020.

PIEROTTI C. F *et al.* A situação de violência doméstica de gênero na atenção primária à saúde. **Rev Arq Med Hosp Fac Cienc Med Santa Casa São Paulo**, v. 63, n.1, p.:12-8, São Paulo: [s.n.], 2018.

RODRIGUES, I.; MOREIRA, J. Relação Profissionais de Saúde – Usuários do SUS: Problematizando o Termo “Ajuda”. **Revista Polis e Psique**, v.7, n.3, p.43–60, Porto Alegre: [s.n.], 2017.

ROSA, R. *et al.* Violência: conceito e vivência entre acadêmicos da área da saúde. **Interface - Comunicação Saúde Educação**, v.14, n.32, p.81-90, Botucatu: [s.n.], 2010.

SANTANA, A. C. C. S. Desafios da atenção à violência doméstica pela equipe da estratégia de saúde da família. **Ciências Biológicas e de Saúde Unit**, v.5, n.3, p.215-220, Sergipe: [s.n.], 2019.

SCHRAIBER, L. B.; D'OLIVEIRA, A. F. P. L. Violência contra mulheres: interfaces com a saúde. **Interface - Comunicação, Saúde, Educação**, 1999; v.3, n.5, p.11-26, Botucatu: [s.n.], 1999.

SCOTT, J. Gênero: Uma categoria útil de análise histórica. **Educação e Realidade**, v.20, n.2, p.71-99, Porto Alegre: [s.n.], 1995.

SILVA, C. D. *et al.* Representação da violência doméstica contra a mulher: comparação entre discentes de enfermagem. **Revista Gaúcha de Enfermagem**, v.39, p.1-9, Porto Alegre: [s.n.], 2018.

SILVA, P. L. N. *et al.* Práticas educativas sobre violência contra a mulher na formação de universitários. **Revista Bioética**, v.24, n.2, Brasília: [s.n.], 2016.

SOUZA, E. G. *et al.* Atitudes e opiniões de profissionais envolvidos na atenção à mulher em situação de violência em 10 municípios brasileiros. **Revista Saúde Debate**, v.42, n.4, p.13-29, Rio de Janeiro: [s.n.], 2018.

SOUZA, E. R. *et al.* O tema violência intrafamiliar na concepção dos formadores dos profissionais de saúde. **Revista Ciência & Saúde Coletiva**, v.14, n.5, p.1709-1719, Rio de Janeiro: [s.n.], 2019.

TERRA, M. F.; D'OLIVEIRA, A. F. P. L.; SCHRAIBER, L. B. Medo e vergonha como barreiras para superar a violência doméstica de gênero. **Athenea Digital**, v. 15, n. 3, p. 109-125, São Paulo: [s.n.], 2015.

TRENTIN, D. *et al.* Olhar de profissionais no atendimento a mulheres em situação de violência sexual: perspectiva da declaração universal de bioética e direitos humanos. **Texto e Contexto-Enfermagem**, v. 28, Florianópolis: [s.n.], 2019.

WORLD HEALTH ORGANIZATION (WHO). **Respect women: Preventing violence against women**. Geneva: Department of Reproductive Health and Research, 2019. Available: <https://apps.who.int/iris/bitstream/handle/10665/312261/WHO-RHR-18.19-eng.pdf?ua=1>. Access: 18 Feb. 2020.

ZANATTA, M. A. FARIA, J. P. Violência contra a mulher e desigualdade de gênero na estrutura da sociedade: da superação dos signos pela ótica das relações de poder. **Revista de Gênero, Sexualidade e Direito**, v.4, n.1, p. 99-114, Salvador: [s.n.] 2018.

#### How to reference this article

SANTOS, Nathalia Brainer dos; MOGLIA, Beatriz Hermenegildo; TERRA, Maria Fernanda. The academic formation of nurses, doctors from the perspective of guaranteeing women's human rights. **Temas em Educ. e Saúde**, Araraquara, v. 17, n. 00, e021011, 2021. e-ISSN 2526-3471. DOI: <https://doi.org/10.26673/tes.v17i00.14727>

**Submitted:** 09/04/2021

**Required revisions:** 04/05/2021

**Approved:** 05/0/2021

**Published:** 28/06/2021