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THEORETICAL ARTICLE/ESSAY

# A Middle-Range Theory of Post-Trauma Syndrome in Women Exposed to Intimate Partner Violence

*Teoria de Médio Alcance da Síndrome Pós-Trauma em Mulheres Expostas a Violência por Parceiro Íntimo*

*Teoría de Medio Alcance del Síndrome Postraumático en Mujeres Expuestas a Violencia por Parte de su Pareja Íntima*

Yanka Alcântara Cavalcante [1]
https://orcid.org/0000-0003-0152-9216

Marcos Venícios de Oliveira Lopes [1]
https://orcid.org/0000-0001-5867-8023

Suzana de Oliveira Mangueira [2]
https://orcid.org/0000-0003-0931-8675

Ana Ruth Macêdo Monteiro [3]
https://orcid.org/0000-0002-1130-1293

Jaqueline Galdino Albuquerque Perrelli [4]
https://orcid.org/0000-0003-4934-1335

Julia S. Seng [5]
https://orcid.org/0000-0002-7066-6348

[1] Federal University of Ceará, Department of Nursing, Fortaleza, Ceará, Brazil

[2] Federal University of Paraíba, Department of Nursing, João Pessoa, Paraíba, Brazil

[3] Federal University of Ceará, Department of Nursing, Fortaleza, Ceará, Brazil

[4] Federal University of Pernambuco, Department of Nursing, Recife, Pernambuco, Brazil

[5] University of Michigan, Department of Nursing, Ann Arbor, Michigan, United States

**Corresponding author**
Yanka Alcântara Cavalcante
E-mail: yankacavalcante77@gmail.com

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**Abstract**
**Background:** Violence against women is a persistent phenomenon with profound physical, emotional, and social consequences. Understanding its impact on mental health is essential for nursing practice, particularly in the diagnosis of Post-Trauma Syndrome.
**Objective:** To develop a Middle-RangeTheory identifying the clinical elements and processes related to the NANDA-International nursing diagnosis Post-Trauma Syndrome (00141) in women exposed to violence.
**Methodology:** Theoretical study based on the development of two systematic literature reviews, supported by Bell Hooks' Feminist Theory.
**Results:** Thirteen antecedent elements were identified, such as physical, sexual, and psychological abuse, childhood trauma, low educational level, and inadequate social support. Fifteen consequent elements were also identified, including hopelessness, anxiety, insomnia, self-harm, and binge eating.
**Conclusion:** The proposed theory enables a deeper understanding of Post-Trauma Syndrome in women victims of violence, providing relevant contributions to clinical nursing practice and more targeted, effective interventions.

**Keywords:** grounded theory; social theory; nursing diagnosis; cumulative trauma disorders; gender-based violence

**Resumo**
**Enquadramento:** A violência contra a mulher é um fenómeno persistente com profundas repercussões físicas, emocionais e sociais. A compreensão dos efeitos da violência na saúde mental é essencial para a prática clínica de enfermagem, nomeadamente no diagnóstico da Síndrome Pós-Trauma.
**Objetivo:** Desenvolver uma Teoria de Médio Alcance que identifique os elementos e processos clínicos associados ao diagnóstico de enfermagem Síndrome Pós-Trauma (00141), da NANDA-Internacional, em mulheres expostas à violência.
**Metodologia:** Estudo de desenvolvimento teórico baseado em duas revisões sistemáticas da literatura, ancorado na Teoria Feminista de Bell Hooks.
**Resultados:** Identificaram-se 13 elementos antecedentes, tais como agressão física, sexual e psicológica, traumas na infância, baixa escolaridade e apoio social inadequado. Foram ainda identificados 15 elementos consequentes, incluindo desesperança, ansiedade, insónia, automutilação e compulsão alimentar.
**Conclusão:** A teoria proposta permite uma compreensão aprofundada da Síndrome Pós-Trauma em mulheres vítimas de violência, oferecendo contributos relevantes para a prática clínica de enfermagem e para intervenções mais direcionadas e eficazes.

**Palavras-chave:** teoria fundamentada; teoria social; diagnóstico de enfermagem; transtornos traumáticos cumulativos; violência de género

**Resumen**
**Marco contextual:** La violencia contra la mujer es un fenómeno persistente con profundas repercusiones físicas, emocionales y sociales. Comprender los efectos de la violencia en la salud mental es esencial para la práctica clínica de la enfermería, especialmente en el diagnóstico del síndrome postraumático.
**Objetivo:** Desarrollar una teoría de rango medio que identifique los elementos y procesos clínicos asociados al diagnóstico de enfermería del síndrome postraumático (00141), de la NANDA-Internacional, en mujeres expuestas a violencia.
**Metodología:** Estudio de desarrollo teórico basado en la elaboración de dos revisiones sistemáticas de la literatura, basado en la teoría feminista de Bell Hooks.
**Resultados:** Se identificaron 13 elementos antecedentes, como agresión física, sexual y psicológica, traumas en la infancia, bajo nivel educativo y apoyo social inadecuado. También se identificaron 15 elementos consecuentes, entre ellos desesperanza, ansiedad, insomnio, automutilación y compulsión alimentaria.
**Conclusión:** La teoría propuesta permite una comprensión profunda del síndrome postraumático en mujeres víctimas de violencia y ofrece información relevante para la práctica clínica del personal de enfermería y para intervenciones más dirigidas y eficaces.

**Palabras clave:** teoría fundamentada; teoría social; diagnóstico de enfermería; trastornos traumáticos acumulativos; violencia de género

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## Introduction

According to the World Health Organization's (WHO) estimate report, Violence Against Women (VAW) is defined as a human rights violation. It is estimated that one in three women has experienced some form of VAW throughout their lives, equating to 30% of women who have been subjected to some type of physical and/or sexual violence, primarily in the form of Intimate Partner Violence (IPV) or non-partner sexual violence (Organização Pan-Americana da Saúde, 2017, WHO, 2021).

As care professionals, nurses are responsible for breaking the cycle of violence by reducing injuries through early victim assessment and as planning actions that prevent or reverse the harmful effects of trauma. These effects are described in several studies and include: physical damage from trauma and bleeding, gynecological issues such as Sexually Transmitted Infections (STIs), and psychological disorders such as depressive symptoms, pathological anxiety, depressed mood, psychoactive substance abuse, and suicidal thoughts (Aksan & Aksu, 2007; Bonomi et al., 2006; Özvaris et al., 2008; Poreddi et al., 2020).

Therefore, in order to question the impact of trauma on women survivors of violence and formulate an effective care plan, professional nurses must adopt nursing diagnoses that are closely linked to the root problem. Currently, NANDA-International (NANDA-I) includes Post-Trauma Syndrome (PTS; 00141) in its classification of nursing diagnoses –. PTS is listed in Domain 9 (Coping and Tolerance to Stress) and Class 1 (Post-Trauma Responses; Herdman et al., 2021), which fits the context of women exposed to violence.

As a syndrome diagnosis, PTS requires clinical judgment that includes a set of other diagnoses that would characterize a common response. However, its current structure includes only three diagnoses – Hopelessness (00124), Anxiety (00146), and Fear (00148) - and its related factors (etiology) can be interpreted inaccurately in the context of VAW (Herdman et al., 2021).

A theoretical review of this diagnosis and its syndromic and contextual particularities can contribute to a better assessment of women who are and have been victims of violence. The development of a Middle-Range Theory (MRT) can assist in identifying the key elements and clinical relationships relevant to the assessment of PTS (Lopes et al., 2015).

In light of the aforementioned, gaps were observed in the structure of the PTS diagnosis related to VAW. Elements associated with the harmful impacts on the mental, physical, and sexual health of women who suffer from the VAW phenomenon are necessary in the structural composition of the diagnosis, as such elements are not fully present and tend to address the identified symptomatology of women who are or have been survivors of violence. Their inclusion would enable nurses to develop more effective care plans that are consistent with the needs of the target population. Thus, the purpose of this study was to develop an MRT that identifies the elements and clinical processes linked to the NANDA-International nursing diagnosis Post-Trauma Syndrome (PTS; 00141) in women exposed to violence.

## Development

### Materials and Methods

The development of the MRT followed six stages: 1 - Definition of the approach for its construction; 2 - Definition of the theoretical-conceptual models adopted; 3 - Definition of key concepts; 4 - Development of a pictogram; 5 - Formulation of propositions; and 6 - Establishment of causal relationships and evidence for practice (Lopes et al., 2015). The study was also based on two systematic reviews (Diagnostic Accuracy Review and Etiology and Risk Review) carried out during the development of the MRT (Deeks, 2001; Leeflang et al., 2013; Moola et al., 2020).

### Definition of the Theory Building Approach

For the first stage, Lopes et al. (2015) recommend deriving the theory from clinical reasoning. This stage includes the relevant interconnected elements that represent the phenomenon of interest, the cause-and-effect relationships, and the main concepts to be addressed. This approach is an alternative to building theories for nursing diagnoses, conducting reviews, elaborating on different conceptual models, and developing a specific theory where the elements relevant to the diagnosis are derived.

Bell Hooks' Feminist Theory was adopted and associated with the development of two systematic reviews to identify and define the elements that should comprise the PTS nursing diagnosis in the context of women victims of violence. The theory discusses women who are on the margins and who are part of the whole as a social struggle. However, they are not the main focus. It also addresses the critical gaze toward feminism, where the center is assigned to privileged, literate white women, while the margins include Black women excluded from debates and placed on the periphery of society. Additionally, it explores the contexts of the margins and center, as well as the context of the oppressors. Thus, the author manages to analyze the context of women's oppression, which is structured around sexism, racism, struggles, and subversions (Hooks, 1984).

The current research was based on the development of two systematic literature reviews (Diagnostic Accuracy Review and Etiology and Risk Review) to build the Theory of Post-Trauma Syndrome in the context of women victims of violence. It is based on Bell Hooks' Feminist Theory to address the assumptions related to VAW in a globalized context. It is noteworthy that both reviews followed the Joanna Briggs Institute (JBI) Manual protocol (Aromataris & Munn, 2024). The Etiology and Risk systematic review, aimed at identifying the antecedent elements, followed Chapter 7 of the JBI manual and was registered with the International Prospective Register of Systematic Reviews (PROSPERO) (CRD42020222427; Moola et al., 2020). The Diagnostic Accuracy systematic review, aimed at identifying consequent elements, followed Chapter 9 of the

same manual and was also registered (CRD42020222474; Deeks, 2001; Leeflang et al., 2013).

### Definition of the Conceptual-Theoretical Model Adopted

The second stage was the definition of the conceptual model used to analyze the antecedent and consequent elements and their concepts that will result in the basic structure of the MRT (Lopes et al., 2015). The types of aggression and the factors identified as relevant to increased susceptibility to PTS in these women, as addressed in the theoretical framework, were identified in the MRT to establish cause-and-effect relationships (Hooks, 1984).

### Definition of Key Concepts

The third stage focused on clarifying the clinical reasoning behind the diagnosis through the formulation of conceptual and operational definitions, that is, identifying the clinical antecedents (etiological factors causing the situation) and clinical consequences (clinical indicators that represent the effects of those factors), which should be assessed by nurses through critical analysis. This process aims to investigate the presentation of signs and symptoms of a trauma-related syndrome in women, specifically within the scope of this study (Lopes et al., 2015). The antecedent elements are the causal factors that interact with an individual, group, or community and, through this interaction, produce psychosocial and physiological responses. These antecedents were classified as follows: 1) Precipitating factors, which initiate the causal chain (Physical abuse, Sexual abuse, Psychological abuse, and Childhood trauma); 2) Predisposing factors, which increase the likelihood of being diagnosed with PTS (Age less than 40 years, Low educational level, Unemployment, Low socioeconomic status, and Inadequate social support); 3) Disabling factors, which may interfere and/or hinder the recovery process and health promotion for victimized women (Body image distress and Avoidance behaviors); and 4) Reinforcing factors, which amplify the existing effects (Severity of depressive symptoms and Family history of depression; Lopes et al., 2015). The consequent elements represent the effects resulting from individuals' interaction and exposure to the antecedent elements (Lopes et al., 2015). These elements were classified according to NANDA-I nursing diagnoses, given that the diagnosis under study is of the syndrome type, and clinical indicators identified in the literature relevant to the target population (Table 1).

**Table 1**

*Consequent elements listed for Post-Trauma Syndrome*

| NURSING DIAGNOSES (NANDA-I) * | CLINICAL INDICATOR |
|---|---|
| Hopelessness (00124) ** | Paranoid Ideation |
| Situational Low Self-Esteem (00120) | Hostility |
| Self-mutilation (00151) | Binge Eating |
| Anxiety (00146) ** | |
| Stress Overload (00177) | |
| Ineffective Coping (00069) | |
| Fatigue (00093) | |
| Impaired Mood Regulation (00241) | |
| Body Image Disorder (00118) | |
| Insomnia (00095) | |
| Obesity (00232) | |
| Fear (00148) ** | |

*Note.* *The listed diagnoses are presented as consequent elements of the PTS diagnosis and are also considered clinical indicators. The term *diagnosis* was used only for NANDA-I (2021-2023) taxonomy and for the composition of the syndrome diagnosis; **Elements belonging to NANDA-I (2021-2023).

### Development of a Pictogram

The fourth stage involves the development of a pictogram to graphically represent the conceptual relationships identified and establish causal relationships between the elements of each set (Lopes et al., 2015). The Ishikawa Diagram, also referred to as the "Fishbone Diagram", is used in organizational analysis to search for the main causes of a problem. This method was used to illustrate cause-and-effect relationships.

### Formulation of Propositions

According to Lopes et al. (2015), the elements must be implemented into the clinical practice of professional nurses. The propositions must clearly establish the clinical relationships between the antecedent and consequent elements of the diagnosis under study – in this case, PTS – and demonstrate how the clinical indicators are viewed as consequences of the human response to this diagnosis (Lopes et al., 2015).

**Establishment of Causal Relationships and Evidence for Practice**

The sixth and final phase of theory development involves describing the causal theoretical model used for the PTS nursing diagnosis. It requires the identification of the clinical causal relationships that make it possible to conduct a logical and verifiable clinical reasoning/judgment within the context of the research. For a better understanding at this stage, some examples were provided to improve the visualization of these cause-and-effect relationships (Lopes et al., 2015).

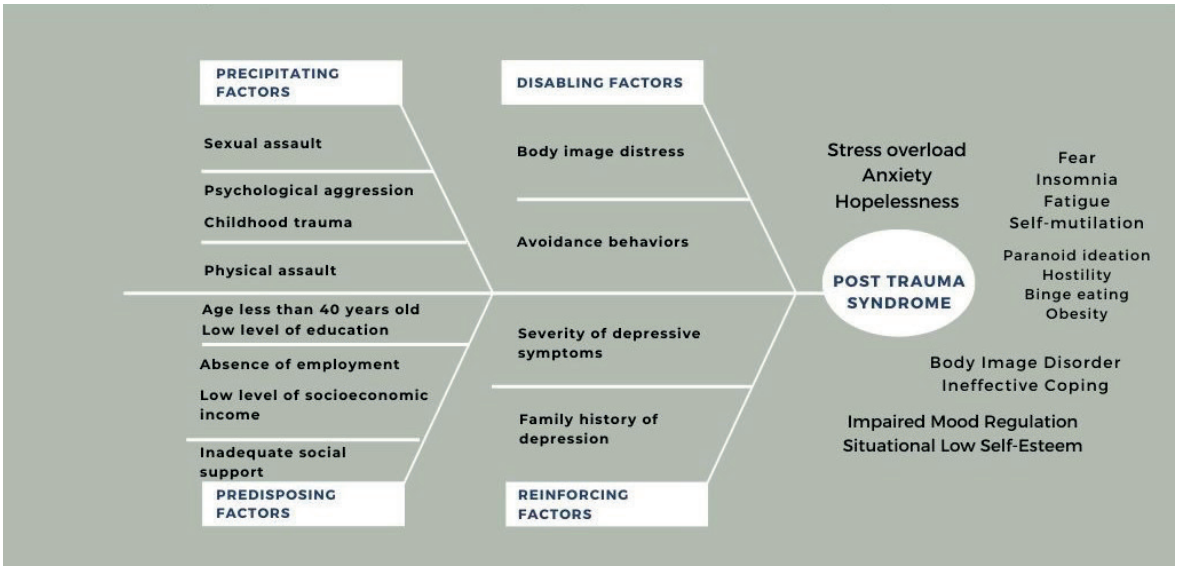
**Post-Trauma Syndrome Pictogram**

The Ishikawa cause-and-effect diagram (Figure 1) was developed to illustrate the antecedent and consequent elements underlying the theory and, consequently, the MRT for the diagnosis of PTS in women victims of violence. The pictogram begins with the representation of precipitating factors (Physical, sexual, and psychological abuse and Childhood Trauma) and predisposing factors (Age less than 40 years, Low educational level, Unemployment, Low socioeconomic status, and Inadequate social support), followed by disabling factors (Body image distress and Avoidance behaviors) and reinforcing factors (Severity of depressive symptoms and History of family depression), totalizing 13 etiological factors identified for the composition of PTS.

Arranged around the diagnosis/phenomenon are clinical indicators classified into 12 NANDA-I nursing diagnoses (Hopelessness, Low situational self-esteem, Self-mutilation, Anxiety, Stress overload, Ineffective coping, Fatigue, Impaired mood regulation, Body image disorder, Insomnia, Obesity and Fear) and three indicators (Paranoid Ideation, Hostility and Binge Eating).

**Figure 1**

*Antecedent and consequent elements of Post-Trauma Syndrome*




*Source:* The authors.

**Definite Propositions for Post-Trauma Syndrome**

Thirteen propositions were formulated to establish causal relationships among PTS elements: Women exposed to physical abuse present symptoms of Stress overload, Anxiety, Ineffective coping, Fear, depressive symptoms such as Hopelessness, Self-Mutilation, and Low situational self-Esteem, paranoid ideation and somatic symptoms (Impaired mood regulation, Fatigue and Insomnia); Sexual abuse perpetrated against women influences everything from depressive symptoms (Hopelessness, Self-Mutilation, Low situational self-Esteem) to Ineffective coping, Stress overload, Anxiety, and somatic symptoms (Impaired mood regulation, Fatigue, and Insomnia); Women exposed to psychological abuse may show depressive symptoms (Self-Mutilation, Hopelessness, and Low situational self-Esteem), Stress overload, Fear, Ineffective coping, and somatic symptoms such as Impaired mood regulation, Insomnia, and Fatigue; Physical and psychological abuse tends to influence the development of Hopelessness, Low situational self-esteem, Anxiety, and Impaired mood regulation; Childhood trauma contributes to the development of Ineffective coping, depressive symptoms (Hopelessness, Self-Mutilation and Low situational self-Esteem), and Anxiety; Ineffective coping, Anxiety, depressive symptoms (Hopelessness and Low situational self-esteem), and Stress overload are influenced by social determinants (age less than 40 years, low education level, low socioeconomic status, and unemployment); Inadequate social support, together with physical and psychological abuse, increases susceptibility to Stress overload, Ineffective coping, Anxiety, depressive symptoms (Hopelessness and Low situational self-esteem), hostility and paranoid

ideation; Avoidance behaviors, together with psychological and sexual abuse, contribute to the presentation of Ineffective coping, Stress overload, and depressive symptoms (Low situational self-esteem, Self-Mutilation, and Hopelessness); Ineffective coping may result from the disabling factor of avoidance behaviors in the face of the trauma suffered; Depressive symptoms (Hopelessness, Self-Mutilation, and Situational low self-esteem), Stress overload, and Disturbed body image are associated with body image distress in women who have suffered acute injuries (physical abuse) and rape (sexual abuse); Women with pre-existing severe depressive symptoms, influenced by physical, psychological and sexual abuse, reinforce the presence of Stress overload; Binge eating and Stress overload in adult women can be caused by the trauma suffered during childhood in association with the reinforcing factor of a family history of depression; The diagnosis of Obesity is influenced by childhood trauma and traumatic stress, in association with the diagnosis of Stress overload in adulthood.

**Identification and Causality of the Proposed Elements for the Post-Trauma Syndrome**

Thirteen antecedent elements (etiological factors) and 15 consequent elements were identified: 12 nursing diagnoses belonged to NANDA-I (2021-2023) and three were clinical indicators obtained from literature reviews. It is noteworthy that, of the 33 defining characteristics (clinical indicators) currently associated with the PTS diagnosis, only three (Hopelessness, Fear, and Anxiety) were still present in the MRT. In addition, of the seven related factors (etiological factors), only one (Inadequate social support) was present in the MRT.

Physical abuse is closely associated with the presentation of Stress overload and Ineffective coping. The latter has been defined by some authors as including behaviors such as excessive consumption of alcohol and other illicit drugs as ways of coping with the trauma resulting from physical abuse. Women who have experienced physical IPV have up to a 5% greater risk of developing PTS, particularly symptoms related to stress overload (Flanagan et al., 2014).

The diagnosis of Fear arises from the exposure to physical abuse, creating a sense of threat and danger from potential new physical injuries, especially in cases involving intimate partners. Fear becomes an involuntary reaction to PTS symptoms, since the woman is in a state of alert and excessively worried about potential future events. Living with physical injuries on a daily basis means living with fear, as well as making the decision to report the violence experienced (Oliveira et al., 2015).

Impaired mood regulation tends to be associated with cases of women who suffer domestic violence involving physical abuse. Similar symptoms include an inability to control impulsive behavior, acting on desired behaviors in situations involving negative emotions, and a lack of emotional awareness and clarity (Zancan & Habigzang, 2018).

Physical abuse was also associated with depressive symptoms, which were classified as follows: Self-Mutilation, Situational low self-esteem, and Hopelessness. Women who had experienced physical violence were more likely to be depressed and have suicidal thoughts. A relevant factor in the presentation of physical and mental symptoms of depression was the report of the experience of physical abuse in the last 12 months. Women who are victims of physical abuse are 62% more likely to present depressive symptoms. Through self-mutilation, women idealize transferring their psychological suffering to physical pain caused by bodily self-harm (Moreira et al., 2019).

The paranoid ideation indicator is characterized by distrust and suspicion of the actions of people in general and/or intimate partners, which can be interpreted as malicious and harmful by the woman. This indicator was associated with an increased probability of exposure to physical assault, which is 29% higher than among women who have not experienced this factor (Moreira et al., 2019).

The sexual assault factor was associated with the presence of stress overload, with an estimated 72% higher chance of receiving such a diagnosis (Rodriguez et al., 2010). Other research has addressed the statistical significance of stress overload in women exposed to sexual abuse (Manyema et al., 2018). The diagnosis of Anxiety is indicated as an outcome since studies estimate it to be up to four times higher for women exposed to sexual abuse (Choi et al., 2021).

Depressive symptoms (Hopelessness, Situational low self-esteem, and Self-Mutilation) are correlated with perpetrated sexual assault. Studies have addressed the relationship between this factor and an increase in depressive symptoms in women. They have also addressed impaired mood regulation, somatic episodes of insomnia and sleep disturbances, and increased fatigue as somatic symptoms that represent the symptomatology of PTS (Mitchell et al., 2010).

Psychological abuse is associated with depressive symptoms, such as Hopelessness and Low situational self-esteem, as well as Self-Mutilation. This situation occurs due to the mental suffering caused by threats, humiliations, and offenses, which can lead to low self-esteem and self-injury without intention to suicide as a way to escape mental pain and replace it with physical pain (Hellmuth et al., 2014). Fear of exposure to psychological abuse is explained by the aggressor's perverse manipulation, which tends to consume the victim's integrity through intimidation and humiliation, generating fear. This diagnosis is also related to the set of norms and rules imposed on women from childhood (Labronici et al., 2010).

The diagnosis of Insomnia related to exposure to psychological abuse occurred 18% more frequently due to threats of new types of aggression, such as physical and sexual abuse. These threats are supported by possible attempts at feminicide by intimate partners, which impair women's state of wakefulness and sleep. Women who experience these threats meet the recurrent characteristics of insomnia, such as changes in sleep patterns and feelings of tiredness (Adeodato et al., 2005).

The Fatigue diagnosis was associated with psychological and physical symptom indicative of the time of exposure to violence and the frustration experienced by women due to this type of aggression. This makes it common, depending on personality traits, such as being resistant to stress, dependent on a partner, a perfectionist, and/or sentimental (Moreira et al., 2019).

Hopelessness and Situational low self-esteem were positively associated with the inability to accept negative emotions, difficulty controlling impulsive behavior when experiencing trauma-related negative emotions, and limited access to emotional regulation strategies that could be considered reliable and effective for emotional control. These factors generated the nursing diagnosis of Impaired mood regulation (Zancan & Habigzang, 2018).

The Childhood trauma factor is associated with Anxiety, depressive symptoms, Hopelessness, Self-Mutilation, Situational low self-Esteem, and Ineffective coping. Abusive alcohol and drug use was also associated with childhood trauma and is interpreted as a form of ineffective coping in adulthood (Miller & Resick, 2007).

Several sociodemographic factors – identified as predisposing factors - make women more susceptible to the development of PTS symptoms. Factors such as age less than 40 years, low educational level, low socioeconomic status, and unemployment have been associated in several studies with several consequential elements, including Ineffective coping, Anxiety, Hopelessness, Low situational self-esteem, and Stress overload (Manyema et al., 2018; Lotzin et al., 2019; Choi et al., 2021; Moreira et al., 2019).

The level of education was also relevant, since women with literacy and theoretical knowledge tend to seek support and effective solutions to stop the violence. Low socioeconomic status and unemployment are associated with financial limitations in coping with aggression and the appearance of symptoms (Choi et al., 2021; Lotzin et al., 2019; Manyema et al., 2018; Moreira et al., 2019).

This study has several limitations. First, the number of articles included in the samples of the two reviews was small, indicating a lack of research on PTS in female survivors of violence. Moreover, no studies were found on the NANDA-I nursing diagnosis itself, only on the medical diagnosis, highlighting the need for more studies on this issue in nursing.

## Conclusion

The MRT identified elements consistent with the PTS phenomenon and associated them with nurses' clinical practice. In this sense, the PTS theory will be useful for nursing researchers studying the phenomenon of VAW, as well as for nursing professionals, since it will provide knowledge to help them detect PTS symptoms early by identifying etiological factors presented by women survivors of violence. As a result, the care plans designed by nursing professionals for this population will be of a better quality they will use elements that are more consistent and accurate for planning possible results and nursing interventions for the studied population.

### Author contributions

Conceptualization: Cavalcante, Y. A., Lopes, M. V.
Data curation: Cavalcante, Y. A., Lopes, M. V.
Formal analysis: Cavalcante, Y. A., Lopes, M. V.
Funding acquisition: Cavalcante, Y. A.
Investigation: Cavalcante, Y. A.
Methodology: Cavalcante, Y. A., Lopes, M. V.
Project administration: Cavalcante, Y. A., Lopes, M. V.
Software: Lopes, M. V.
Supervision: Lopes, M. V.
Visualization: Lopes, M. V., Mangueira, S. O., Monteiro, A. R. M., Perrelli, J. G., Seng, J.S.
Writing – original draft: Cavalcante, Y. A.
Writing – review & editing: Lopes, M. V., Mangueira, S. O., Monteiro, A. R. M., Perrelli, J. G.

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