

## Methods and instruments for evaluating policies, programs, and services for sexual violence care: An integrative review

*Métodos e instrumentos para avaliação de políticas, programas e serviços de atenção à violência sexual: revisão integrativa*

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**ABSTRACT** The aim was to identify studies that evaluate policies, programs, or services for survivors of sex offenses, characterizing the types of evaluations conducted, the methodological strategies, and the sources of evidence used. An integrative literature review was conducted covering the period from 2012 to 2022, identified in national and international databases, using the descriptors “Sex Offenses” (OR) “Rape” (AND) “Evaluation” (OR) “Health Evaluation”. Twenty-three articles that met the inclusion criteria were selected. Most articles were produced in Latin American and Caribbean countries (43.5%) or African countries (17.4%), and were mainly published in English (65%). Most of the studies had a training purpose, focusing on the process (60.9%), of which only 34.8% mentioned a conceptual theoretical framework in the field of health evaluation. Quantitative methods were used in 60.9% of the studies, while qualitative methods were used in only 26.1%. No standardized instruments were identified to evaluate services for individuals experiencing sexual violence. The article concludes by recognizing the diversity and richness of approaches and methodological strategies for evaluating policies, programs, and services for women experiencing sexual violence. We suggest that the conceptual theoretical framework is enhanced as a fundamental aspect in conducting these studies.

**KEYWORDS** Health evaluation. Health services. Violence against women. Health policy.

**RESUMO** *Objetivou-se identificar estudos avaliativos de políticas, programas ou serviços de atenção a sobreviventes de violência sexual, caracterizando os tipos de avaliação, as estratégias metodológicas e fontes de evidências utilizadas. Realizou-se revisão integrativa da literatura produzida entre 2012 e 2022, identificada em bases nacionais e internacionais, a partir dos descritores “Sex Offenses” (OR) “Rape” (AND) “Evaluation” (OR) “Health Evaluation”. Selecionaram-se 23 artigos que cumpriram os critérios de inclusão, em sua maioria, produzidos em países da América Latina e Caribe (43,5%) ou em países africanos (17,4%), publicados, principalmente, em inglês (65%). A maioria dos estudos (60,9%) tinha propósito formativo, com foco no processo, dos quais, apenas 34,8% mencionavam um quadro teórico conceitual no campo da avaliação em saúde. Os métodos quantitativos foram utilizados em 60,9% dos estudos, enquanto os métodos qualitativos foram utilizados em 26,1%. Não foram identificados instrumentos padronizados para avaliação de políticas, programas ou serviços de atenção a sobreviventes de violência sexual. Conclui-se reconhecendo a diversidade e a riqueza de abordagens e estratégias metodológicas para avaliar as políticas, os programas e serviços de atendimento às mulheres em situação de violência sexual. Sugere-se aprimorar a menção ao quadro teórico conceitual como aspecto fundamental na condução desses estudos.*

**PALAVRAS-CHAVE** Avaliação em saúde. Serviços de saúde. Violência contra a mulher. Política de saúde.

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## Introduction

Sexual violence is a sensitive and complex issue that reflects asymmetries of power that mark social relations. This persistent phenomenon of significant magnitude has an immediate and lasting impact on the health and lives of those affected, especially women and girls, the main victims of this form of violence<sup>1,2</sup>. Coping with sexual violence and attention to survivors requires agile and coordinated actions between different sectors, to ensure safety and minimize the damage resulting from this type of violence.

The health sector stands out in the provision of care due to the possible short- and long-term damage caused by sexual violence and the urgency in carrying out prophylactic procedures for Sexually Transmitted Infections (STIs) and unintended pregnancies. In addition, the World Health Organization<sup>3</sup> has recommended that the health sector, concomitantly with medical care and treatment of injuries, offer psychosocial support to victims of sexual offense and collaborate to public safety, in the collection and preservation of traces that may constitute material evidence of the crime of rape.

Considering the importance of the sector in the care of survivors, several countries have proposed health policies, programs, and services to respond to the social and health demands arising from sexual violence. In this context, the operationalization and institutionalization of evaluation processes become imperative, aiming to scale the actions, the results, and impacts obtained, and to identify limitations and problems related to the structure and processes, favoring the adequacy and optimization of initiatives.

In addition, it is essential to critically review and analyze previously conducted evaluative studies, including their operationalization methods, main results, and lessons learned. This knowledge is a reference to improve existing programs and guides the development of similar research in different contexts.

Concerning the latter aspect, sexual violence is a complex phenomenon that requires equally complex and multifaceted approaches regarding policies, programs, and services. Therefore, the evaluation of these initiatives, although fundamental, presents inherent challenges, given the nuances involved in understanding and responding effectively to this problem.

In this sense, this integrative review aims to identify, through a systematic survey of scientific productions, studies that evaluate policies, programs or care services for women and girls victims of sexual violence or survivors (a name commonly used in other countries), characterizing the types of evaluation carried out, the methodological strategies used, and the sources of evidence used. The purpose of the review is to provide a solid basis for future practices, contributing to the identification of methodologies that can be replicated, improving the evaluation strategies supported by the specialized literature.

## Health evaluation considerations

Recognizing the polysemy of the evaluation field, both from a conceptual and methodological point of view, health evaluation is assumed to be the examination of a certain intervention or social practice through scientific procedures, to contribute to decision-making and the improvement of the evaluated interventions<sup>4</sup>. Thus, evaluation presupposes the construction of judgment criteria and the explanation of these criteria, to value, either quantitatively or qualitatively, a given intervention, its stages, or components<sup>4-6</sup>.

Although there are several approaches in the existing specialized literature<sup>4</sup>, the systematization of health service quality assessment processes and the organization of the main approaches and criteria used in the health evaluation processes outlined by Donabedian<sup>7</sup> and Novaes<sup>8</sup> represent efforts to identify evaluation typologies.

Donabedian<sup>7</sup> proposed an evaluation model with an emphasis on three components: the structure (physical, human, and organizational resources), the processes (activities necessary for care provision), and the results (expected effects of carrying out the activities on the health of individuals or communities).

Novaes<sup>8</sup>, in turn, presented a proposal to classify the typology for evaluation in the health field, considering, among other aspects: i) the objectives intended with the evaluation (whether production of scientific knowledge or aid in decision-making); ii) the position of the evaluator in relation to the evaluated initiative (whether internal or external); iii) the focus of the evaluation, which can be formative (focus on the process) or summative (focus on the results); and iv) the intended use of the information produced (demonstration of hypotheses; production of information, and recommendations or instruments to manage and establish standards).

Thus, they are important theoretical references that help understand the different approaches and purposes of the evaluations of services, programs, or policies aimed at women and girls who are survivors of sexual violence.

## Material and methods

An integrative literature review, understood as an exploratory study of a given topic based on existing scientific productions, was chosen for this research. This type of review allows the critical synthesis of several studies, whether experimental, non-experimental, theoretical, or empirical, enabling a comprehensive understanding of the analyzed phenomenon<sup>9</sup>.

In this article, the integrative literature review was carried out in six stages, which included the following procedures: (i) identification of the topic of interest; (ii) planning of research strategies with definition of Boolean descriptors and operators; (iii) definition of the databases to be searched and the period; (iv) selection of primary studies; (v) analysis

and interpretation of the selected studies; and (vi) presentation of the results. The definition of the stages and processes of this review was based on the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses<sup>10</sup>.

Two researchers who consulted national and international research bases available in the Virtual Health Library (VHL), between August 12 and September 30, 2022, searched for the articles. The records found were examined by both reviewers, who, jointly and by consensus, decided to maintain or delete the documents. When they were in doubt or disagreed, a third reviewer was consulted.

The international databases consulted were: MEDLINE (Medical Literature Analysis and Retrieval System Online), LILACS (Latin American and Caribbean Literature in Health Sciences), MedCarib (Caribbean Literature in Health Sciences), PAHO-IRIS (Pan American Health Organization – Institutional Repository for Information Sharing) and Wholis, BD.

The national bases were: Nacional Peru; MINSA – Peru; BDNPAR – Paraguay; BINACIS – Argentina; CUMED – Cuba; Teses Porto Rico; IBECS – Spain; Coleciona SUS – Brazil; Municipal and State Health Departments of São Paulo – Brazil; all available at the VHL (Virtual Health Library).

The descriptors in health sciences (DeCS/ Mesh) used and that articulated focal concepts for the article were: Sex Offenses (OR) Rape (AND) Health Evaluation. We decided to use the expression “Evaluation” as an alternative to the specific term “Health Evaluation”, to expand the possibility of identifying articles, considering that the use of the specific term “Health Evaluation” restricted the number of documents obtained. Thus, the search was carried out based on the following terms and combinations: Sex Offenses (OR) Rape (AND) Health Evaluation (OR) Evaluation.

The search filters were applied, and the following were considered as inclusion criteria: a scientific article from a primary study, published in the last 10 years (between January

2012 and September 2022, when the search was completed), to be fully available in the selected databases and, specifically, to evaluate interventions (policies, programs, and services) related to the care of women and girls victims of sexual offenses. There were no restrictions on the language of the publications. In addition to works that did not meet the inclusion criteria, duplicate articles, theses, dissertations, editorials, letters, and reviews, whether systematic, narrative or integrative, were excluded.

The selection process of the primary studies involved four stages: (i) 'pre-selection', with the search for publications with full texts, produced between January 2012 and September 2022, available in the selected databases, importation of the documents obtained to the Zotero free bibliographic reference generator, and exclusion of duplicates; (ii) 'reading of the titles', a stage in which the titles of all documents selected in the previous stage were read, excluding all works that explicitly did not relate to the topic of interest. The type of publication was also analyzed, excluding those that did not meet the inclusion criteria; (iii) 'summary reading', in which all abstracts of the selected documents were read, excluding those that did not meet the inclusion criteria and those that should be read in full; and (iv) 'full reading', which consists of the last stage of the process, whose selected articles were read in full, and, after rigorous analysis, those

valid or invalid were elected for the purposes of this review.

In addition to the primary studies identified from the search in the aforementioned databases, eight studies were inserted through manual search and were identified in article references.

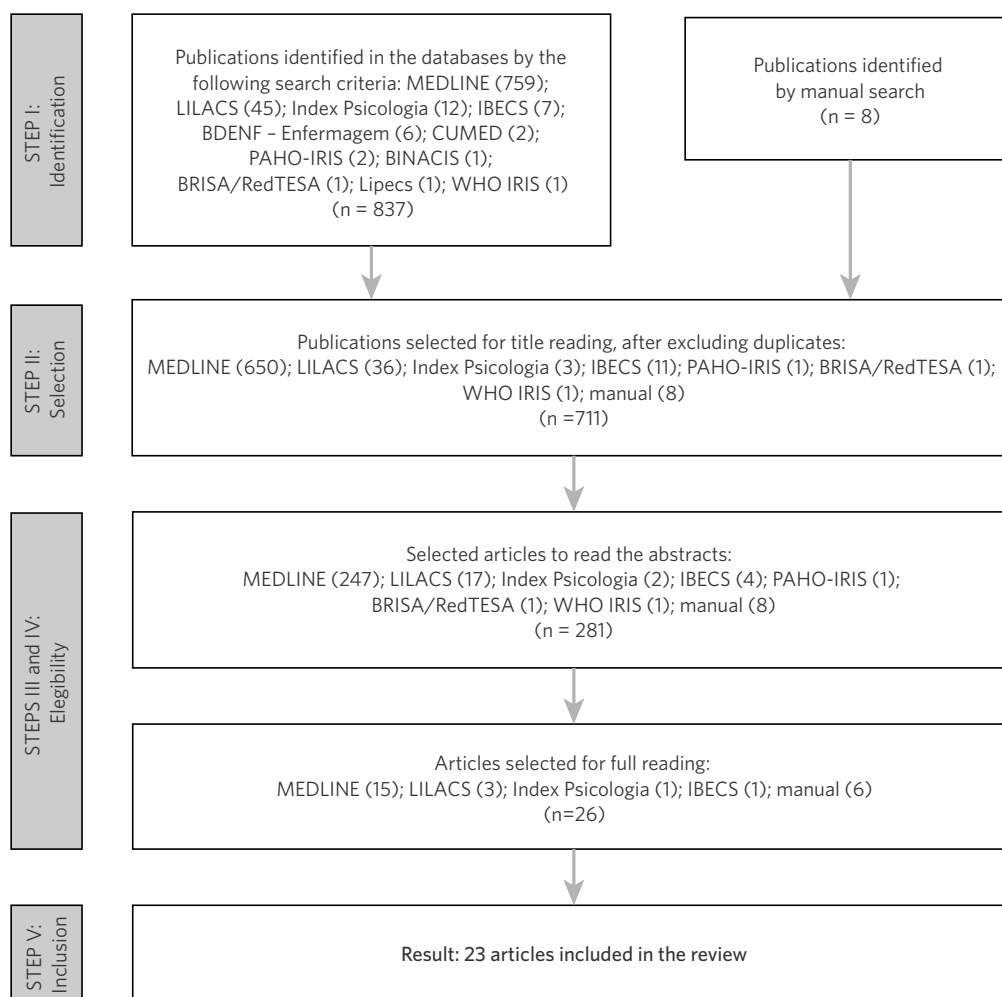
The articles considered valid were analyzed based on a data extraction form, whose elaboration considered, in addition to the basic information such as author, title, year of publication, the following questions: (i) which evaluative question(s) did the study seek to answer?; (ii) what is the purpose of the research?; (iii) what is the typology and design of the evaluation?; and (iv) what method(s), instruments, and data sources were used to evaluate the initiatives?

## Results

### Study selection

845 publications were found, 837 of which were obtained from the databases consulted and 8 were obtained manually. After the removal of duplicate studies, 711 publications were analyzed using the procedures of step (ii). In step (iii), the abstracts of 281 articles were read, and 26 were selected for reading and analysis of the full text, and three were excluded (*figure 1*).

Figure 1. Flowchart of the selection of primary studies on the evaluation of interventions in care for women and girls victims of sexual violence, published between 2012 and 2022



Source: The author's elaboration based on Prisma<sup>10</sup>.

It is important to inform that, of the 281 abstracts analyzed, 14 studies considered relevant for full reading were excluded from the sample because they were not freely available in the databases consulted. Of these, 64.3% (n=9) were conducted in the US; 21.4% (n=3) were conducted in the UK; and 14.3% (n=2), in Colombia or Canada. The search in Capes Journals and the Sci Hub platform was used as a strategy to retrieve unavailable articles.

The three articles that were excluded after reading the full text<sup>11-13</sup> did not meet the inclusion criteria because they did not propose

evaluating sexual violence care services. The excluded articles dealt with the evaluation of (i) the effectiveness of the provision of intensive care in outpatient trauma units to victims of all types of violence<sup>11</sup>; (ii) the presentation of the processes and stages related to the implementation of evaluation research of programs whose final objective was the general prevention of violence in the school community<sup>12</sup>; and (iii) the evaluation of clinical symptoms developed in victims of violence<sup>13</sup>. The articles selected for step (iv), 'full reading', were registered individually in *table 1*.

Table 1. Summary of the information of the articles selected for full reading – step (iv)

N	ID	AUTHOR(S)/YEAR/ LANGUAGE	OBJECTIVE	COUNTRY	BASE INDEX	STATUS
01	E1	MIYAMOTO, S. et al. (2021) English	To evaluate the implementation of the Telehealth Center for Sexual Assault Forensic Examination Telehealth (SAFE-T) in three rural hospitals.	USA	MEDLINE	Included
02	E2	MURUGAN, V. et al. (2021) English	To identify the factors associated with the coding of sexual offenses by emergency physicians.	USA	MEDLINE	Included
03	E3	NUNES, M. C. A.; LIRA, A. N.; MORAIS, N. A. (2019) Portuguese	To investigate the engagement and satisfaction profiles of 146 professionals (M = 38, 30 years; SD=10.29) of the protection network against SV of children and adolescents.	BRAZIL	LILACS	Included
04	E4	O'DWYER, C. et al. (2019) English	To gain an in-depth understanding of health professionals' perceptions of Gender Sensitive Care (GSC) performed in acute psychiatric inpatient units for women survivors of SV.	AUSTRALIA	MEDLINE	Included
05	E5	PINTO, L. S. S. et al. (2017) Portuguese/English	To evaluate public policies, legislation to protect women, and health care for victims of SV.	BRAZIL	MEDLINE	Included
06	E6	RUSSI-ARDILA, J. (2020) Spanish	To evaluate the application of the 'gender equity: a life without SV' policy at São Rafael hospital, identifying the implementation and execution of the protocol, the advances, and the impacts obtained.	COLOMBIA	LILACS	Included
07	E7	SITHOLE, Z. et al. (2018) English	To evaluate the performance of the 'sexual and gender-based violence (SGBV)' program, specifically the inputs, activities, outputs, and results.	ZIMBABWE	MEDLINE	Included
08	E8	STEWART, D. E. et al. (2015) English	To determine national policies (baseline 2013) and clinical guidelines for IPV and SV in the Latin America and Caribbean region to identify strengths and gaps.	LATIN AMERICA AND THE CARIBBEAN	MEDLINE	Included
09	E9	TOLU, L. B.; GUDU, W. (2020) English	To determine the characteristics of SV survivors, the circumstances of aggression and the treatment offered in an urban Ethiopian hospital.	ETHIOPIA	MEDLINE	Included
10	E10	MELO, C. M.; SOARES, M. Q.; BAVILACQUA, P. D. (2022) Portuguese/English	The objective was to characterize the cases of SV against women in Minas Gerais-MG, investigating the association between the care provided in cases of rape and the type of health unit that provided care (specialized or not).	BRAZIL	MEDLINE	Included
11	E11	AKINLUSI, F. M. et al. (2014) English	To evaluate the characteristics of SV survivors, the circumstances of aggression, and the treatment offered with the aim of reducing incidence, as well as improving assessment and management.	NIGERIA	MEDLINE	Included
12	E12	BOLLMANN, K. et al. (2012) German	To evaluate the effectiveness of 35 trauma outpatient clinics in providing psycho-traumatic care to victims of (any type of) violence, per the Crime Victim Compensation Act in North Rhine-Westphalia (Germany).	GERMANY	MEDLINE	Excluded
13	E13	COOK-CRAIG, P. G. et al. (2014) English	To describe Kentucky's partnership with the EMPOWER/Centers for Disease Control and Prevention program to include comprehensive primary prevention programs and reduced rates of SV perpetration in existing rape crisis centers.	USA	MEDLINE	Excluded
14	E14	CRUZ, M. Á. DE LA; PEÑA, M. E. ANDREU, J. M. (2015) Spanish	To verify the effect of the main vulnerability factors described in the literature and the symptomatology developed in victims of SV.	SPAIN	IBECS	Excluded
15	E15	DU MONT, J. et al. (2019) English	To examine program practices, trans-affirmative care delivery hospital services and policies, and recent trans-specific training in SA and Domestic Violence Treatment Centres (SA/DVTCs) in Ontario and for emergency department staff.	CANADA	MEDLINE	Included
16	E16	ESPINDOLA, G. A.; BATISTA, V. (2013) Portuguese	To identify the mechanisms of action of the Sentinela Program, in the city of Blumenau/SC, its strategies and techniques for coping with SV, in the face of children and youth SV, and map its assistance and vulnerability factors.	BRAZIL	INDEXPSI	Included

Table 1. Summary of the information of the articles selected for full reading – step (iv)

N	ID	AUTHOR(S)/YEAR/ LANGUAGE	OBJECTIVE	COUNTRY	BASE INDEX	STATUS
17	E17	GINO, S. et al. (2020) English	To review the forensic records of SV examinations performed at different Italian health facilities and correlate these findings with the results of forensic DNA analyses.	ITALY	MEDLINE	Included
18	E18	MANKUTA, D. et al. (2012) English	To evaluate the performance of a short-term interventionist team for evaluation and treatment of SV victims.	D. R. CONGO	MEDLINE	Included
19	E19	MIYAMOTO, S. et al. (2021) English	To describe the Sexual Assault Forensic Examination Telehealth (SAFE-T) – a nurse-led model for providing comprehensive, high-quality SV care in rural and underserved communities recently implemented in 3 hospitals in rural areas of Pennsylvania.	USA	MEDLINE	Included
20	E20	NOTTAGE, M. et al. (2018) English	To evaluate the adequacy of the documentation of the referral forms of sexually abused women aged 13 to 19 years old sent for follow-up and evaluation of SV.	THE BAHAMA- MAS	LILACS	Included
21	E21	CAVALCANTI, L. F. et al. (2012) Portuguese	To analyze the incorporation of the parameters suggested in the Technical Standard for the care of women victims of SV by health services	BRAZIL	MANUAL	Included
22	E22	NETO, J. A. et al. (2012) Portuguese	To evaluate the situation of care in public health services for women victims of SV in Brazil, aiming to determine the prevalence of municipal routine and/or emergency care programs or services in Brazilian municipalities and describe their characteristics and their adequacy to the technical standard of the Ministry of Health.	BRAZIL	MANUAL	Included
23	E23	CAVALCANTI, L. F. et al. (2015) Portuguese	To analyze the implementation of health care for women in situations of SV in two Brazilian capitals.	BRAZIL	MANUAL	Included
24	E24	SHADAB, S. et al. (2016) English	To explore clinical services and health care process for victims of SV in Iran's health centers.	IRAN	MANUAL	Included
25	E25	VANDENBERGHE, A. et al. (2018) English	To evaluate the care of victims of SV in Belgian hospitals in 2016, as well as formulate recommendations for the intended model.	BELGIUM	MANUAL	Included
26	E26	PEETERES, L. et al. (2019) English	To map the perspective of rape victims in the current offer of SV care in Belgium and inquire about the need for more specialized and holistic care in future SV care centers.	BELGIUM	MANUAL	Included

Source: The authors.

IPV (Intimate Partner Violence); SV (Sexual Violence).

The studies selected for the final analysis were developed mainly in Latin America and the Caribbean or based on information from these countries (43.5%; n=10)<sup>14-22,36</sup>, in African countries (17.4%; n=4)<sup>23-26</sup> and in the United States of America (13.0%; n=3)<sup>27-29</sup>.

Regarding language, most studies were published in English (65.0%; n=15)<sup>16,19,23-35</sup>, and 30.4% (n=7), in Portuguese<sup>14,15,17,20-22,36</sup>, of which two were also published in English<sup>15,36</sup>. Only one article was published in Spanish<sup>18</sup> (table 1).

## Typology, designs, and methodological evaluation strategies

Of the 23 studies selected, eight (34.8%) mentioned the conceptual theoretical framework of the health evaluation field<sup>18,20,21,25,27,28,32,37</sup>. Of these, seven were presented as implementation evaluation<sup>18,20,21,27,28,32,37</sup> and one as process result evaluation<sup>25</sup>.

In the analysis process, six studies (26.1%) were classified as normative evaluation<sup>15,18-20,22,36</sup>, since they used a standard as a



parameter for evaluating the initiative. It was also possible to identify different designs and methodological strategies to evaluate policies, programs, or care services for victims of sexual violence, and most of the evaluations focused on the process, that is, they had a formative purpose (60.9%; n=14)<sup>17-21,24,27,28,32-37</sup>. Nine studies (39.1%) had a summative purpose<sup>14-16,22,23,25,26,29,31</sup>, since they sought to identify the effects of the intervention focusing on the results observed in the evaluation.

Quantitative methods were used in 60.9% (n=14) of the studies<sup>15-17,19,22-26,28-31,34</sup>, and 26.1% (n=6) used qualitative methods<sup>20,21,32,33,35,36</sup>. 13.0% (n=3) referred to the use of qualitative and quantitative methods<sup>14,18,27</sup>.

The use of different methods, sources, and instruments for data collection and for analysis of the structure, processes, and results obtained from the implementation of interventions in the various research contexts was observed, and 34.8% (n=8) of the studies reported using

more than one method, source, or instrument of data collection<sup>21,25,28,32-36</sup>. Questionnaires or structured interviews of various types were used in ten studies (43.5%)<sup>17,18,22,24,25,28,30,34-36</sup>, and only one of them reported using a validated questionnaire<sup>24</sup>.

Secondary data obtained in health systems or in the services evaluated<sup>15,23,26,29</sup>, medical records<sup>36</sup>, and internal forms for referral of women<sup>16</sup> were used in six studies (20.1%). Five studies (21.7%)<sup>14,19,21,32,34</sup> performed document analysis, such as clinical policies and guidelines, and four (17.4%)<sup>25,28,32,33</sup> performed observations in health services. In addition, seven studies (30.4%) reported using other sources or instruments for data collection, including semi-structured interviews<sup>20,21,32</sup>, unstructured<sup>33</sup> or in-depth interviews<sup>35</sup>, focus groups<sup>35</sup>, and research forms<sup>31</sup>. Only two reported using the logical model in the evaluation process<sup>25,27</sup> (table 2).

Table 2. Summary of the characteristics of the studies regarding the typology, design and methodological strategies of the evaluation

N	ID	EVALUATION TYPOLOGY	METHODOLOGICAL DESIGNS AND STRATEGIES	
			INSTRUMENT	RESPONDENTS
01	E1	Implementation Evaluation. Quantitative approach (pre-post). Focus: Process	Hospital records: Observation Individual records: electronic questionnaires with Likert scale response (Harris et al., 2019)	Hospital administrators; specialist nurses involved in SAFE-T consultations; local nurses and patients recruited when presenting for SV examination.
02	E2	Process evaluation (activities). Quantitative approach. Focus: Process	Secondary data from the National Emergency Department (Healthcare Cost Utilization Project/US Department of Health and Human Services Agency for Healthcare Research and Quality)	Records of individuals who were discharged in 2016 with suspected or confirmed SV. Variables: alcohol use/abuse and hospital characteristics and patient characteristics.
03	E3	Process evaluation (human inputs). Quantitative approach. Focus: Process	Sociodemographic and labor questionnaire.	146 professionals from the Fortaleza-CE network (CREAS, Guardianship Council, reference hospital in SV, child and adolescent SV care programs)
04	E4	Implementation Evaluation. Qualitative approach. Focus: Process	Telephone or face-to-face interviews (semi-structured), recorded and transcribed. Document and policy reviews. Observations in the elected services.	40 health professionals: 20 nursing professionals, 10 professionals including psychologists, social workers, and occupational therapists; seven physicians and three support professionals.
05	E5	Normative evaluation. Qualitative approach. Focus: Process	Structured questionnaire. Data from medical records of victims of SV treated at a Women's Care Service in Teresina-PI.	Six professionals responsible for receiving the patients. 135 medical records for the period between 2013 and 2015.



Table 2. Summary of the characteristics of the studies regarding the typology, design and methodological strategies of the evaluation

N	ID	EVALUATION TYPOLOGY	METHODOLOGICAL DESIGNS AND STRATEGIES	
			INSTRUMENT	RESPONDENTS
06	E6	Normative evaluation. Qualitative/quantitative approach. Focus: Process	Questionnaire with 25 questions: 15 dichotomous answers (yes, no, and don't know) and 10 open answers.	101 care workers: nurses, doctors, psychologists, social workers.
07	E7	Evaluation of result (performance). Quantitative approach. Use of logical model. Focus: Result	Pretested questionnaires. Observational checklist for the eight SV care clinics in Harare, Zimbabwe.	27 nurses; 8 other key informants.
08	E8	Normative evaluation. Quantitative approach. Focus: Process	Policies and guidelines for prevention and care of intimate partner and SV violence in Latin American and Caribbean countries. If present, the document has been inserted into a matrix for evaluation.	The PAHO/WHO focal points and the internet search were used as a data source.
09	E9	Normative evaluation. Quantitative approach. Focus: Result	Secondary data from Saint Paul's Millennium Medical College Hospital, urban Ethiopia.	Records of alleged cases of sexual assault recovered.
10	E10	Normative evaluation. Quantitative approach. Focus: Result	Secondary data from the Notifiable Diseases Information System and the Health Establishment Registry/Ministry of Health/Brazil.	Records of SV cases against women and girls over 9 years old that occurred and were cared for in Minas Gerais/Brazil.
11	E11	Normative evaluation. Quantitative approach. Focus: Result	Secondary data from Lagos State University Teaching Hospital, Ikeja.	Records of cases of survivors treated between 2008 and 2012.
12	E15	Process evaluation. Quantitative analysis. Focus: Process	Online questionnaire about: characteristics of the leader, work experiences; ability to serve trans people; trans-specific training, and challenges of care for SV.	Leaders of 35 hospitals in the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres (SA/DVTCs), Canada.
13	E16	Result evaluation. Qualitative and quantitative approach. Focus: Result	Documentary analysis of the interventions carried out by the Sentinela Program, in the city of Blumenau/SC.	30 medical records of children and adolescents in situations of SV attended by the Sentinela Program, who were dismissed from the program in 2009.
14	E17	Outcome evaluation (retrospective). Quantitative approach. Focus: Result	Research forms on women, violence, place of care, and forensic evidence collected.	Ten forensic genetics laboratories.
15	E18	Evaluation result (pre-post). Quantitative approach. Focus: Result	Pre and post training test. Validated self-response questionnaire for research with survivors of SV.	Local staff (doctors, nurses, and social workers) and survivors of SV.
16	E19	Implementation Evaluation. Qualitative and quantitative approach. Focus: Process	The logical model served as an implementation and evaluation guide. The Continuous Quality Improvement framework was used to examine the structure and processes.	Local partner hospital. Specialist nurses; local nurses and community.
17	E20	Result evaluation. Quantitative approach. Focus: Result	Referral forms for sexually abused women, assessed for adequacy, based on a points system developed by the researchers.	123 forms from the 'Agape Family Medicine' clinic, Nassau, Bahamas, 2011 and 2015.
18	E21	Implementation evaluation (normative). Qualitative approach. Focus: Process	Semi-structured interviews with managers and health network professionals from municipalities in RJ/Brazil.	34 managers and 112 professionals from 19 municipalities.
19	E22	Normative evaluation. Quantitative approach. Focus: Result	Structured telephone interviews with municipal managers and those responsible for health units who reported treating cases of SV. Sample: 1395 health units.	Secretary of health or coordinator of women's health or worker of women's care.
20	E23	Implementation Evaluation. Qualitative approach. Focus: Process	Document Analysis. Semi-structured interviews.	Institutional documents and 37 managers of municipal health systems.
21	E24	Process evaluation. Qualitative approach. Focus: Process	Unstructured interviews and observations.	23 health professionals and 10 survivors of SV.

Table 2. Summary of the characteristics of the studies regarding the typology, design and methodological strategies of the evaluation

N	ID	EVALUATION TYPOLOGY	METHODOLOGICAL DESIGNS AND STRATEGIES	
			INSTRUMENT	RESPONDENTS
22	E25	Implementation Evaluation. Quantitative analysis. Focus: Process	Document Analysis. Questionnaires that had the answers scored on a likert scale.	Clinical guidelines/WHO; European models of SV care and specialized literature. 60 health professionals.
23	E26	Implementation Evaluation. Qualitative approach. Focus: Process	Questionnaire, in-depth interview, and focus group.	16 survivors of SV.

Source: Prepared by the authors.

ID (identification); SV (sexual violence); SAFE-T (Sexual Assault Forensic Examination Telehealth); CREAS (Specialized Reference Center for Social Assistance); PAHO/WHO (Pan American Health Organization/World Health Organization); SA/DVTC (SA/Domestic Violence Treatment Centre).

All the studies that used questionnaires and interviews had as respondents professionals and managers of sexual violence care services surveyed<sup>17,18,20-22,25,28,32-34,36</sup>. In four of these (36.4%), questionnaires were applied or interviews were conducted with health service users.

The instruments used in the research addressed issues related to the structure and characteristics of the health unit<sup>15,29,31</sup> or unit that reported violence<sup>14</sup>, the team of professionals<sup>14,17,18,34,37</sup> and work characteristics<sup>17</sup>, professional experiences, knowledge, and practices<sup>33,34,37</sup> and the perception of professionals about gender-sensitive care<sup>32</sup>; the existence<sup>18,25,37</sup> and/or effects<sup>24,28</sup> of training; the existence and/or quality of inputs<sup>25</sup>, protocols<sup>28</sup>, policies<sup>19,25,28,36,38</sup>, and clinical guidelines<sup>19,25,28</sup>; engagement<sup>17</sup> or trust of the team of professionals in performing the work<sup>28</sup>; characteristics of the people served<sup>15,23,26,29,31</sup> and patient satisfaction with care<sup>28,35</sup>; characteristics of violence<sup>31</sup>; characteristics of sexual violence service<sup>14,15,20,22,23,25,26,29,31-33,36</sup>, including the recording of these visits in medical records<sup>25</sup>, referrals performed<sup>14</sup>, injuries reported by a physician<sup>31</sup>, biological evidence collected<sup>31</sup> and challenges of care<sup>21,33,37</sup> (table 2).

## Discussion

Considering the 23 articles fully analyzed, most of the studies were conducted in Latin American and Caribbean countries or in African countries and published in English. Most focused on the evaluation of the process (60.87%); used quantitative methods (60.87%) and, among the data collection instruments, prioritized questionnaires or structured interviews, in addition to secondary data. Some of the studies reported having used more than one method or instrument. The characteristics of sexual violence service (52.2%) and the team of professionals, including work characteristics, experiences, knowledge, and practices (39.1%), were the main aspects of interest of the selected studies.

Regarding the process of identification and selection of articles, a high number of references was captured from the use of the term 'evaluation' but were not related to the question of this research. This fact can be attributed both to the polysemy of the term 'evaluation' and to the inappropriate use of that term in studies that do not have an evaluative character. A similar situation was experienced by Fernandes and collaborators<sup>6</sup> in a review of health policy evaluations in Brazil.

The highest percentage of research carried out in countries in Latin America<sup>14-22</sup> and Africa<sup>23-26</sup>, or based on data and information from these countries, may be related to the methodological option adopted in this manuscript, since only articles published between 2012 and 2022, available in full and free of charge in the databases consulted, were eligible for inclusion. Thus, although the search process indicated several studies carried out in the USA, as most of them were not available in full and free of charge for reading, it was not possible to include them in the sample analyzed in this review.

In addition, since the 1970s, countries such as the USA and Canada have developed policies, programs, and services to assist survivors of sexual violence, and, in the past, have developed different studies to evaluate the initiatives implemented. Currently, these countries have more consolidated policies, programs, and services and focus efforts on evaluating initiatives that complement or improve traditional initiatives, qualifying them or even making them accessible to groups previously discovered<sup>38,39</sup>. This fact can be observed in the research developed by Miyamoto and collaborators<sup>27,28</sup> in the USA, aimed at sexual violence service model evaluation and forensic examination by telehealth, implemented in hospitals in rural and poor communities; and in the research carried out by DuMont and collaborators<sup>37</sup>, which was concerned with evaluating the implementation of specific sexual violence care actions for transgender people in hospital centers in a Canadian province.

Another aspect to be considered is that developing countries such as those in Latin America and Africa have implemented their policies, programs, and services to address sexual violence very recently, and only from then on, it is possible and necessary to develop implementation evaluation studies. This is the case of Brazil, whose care for sexual violence, within the scope of the Unified Health System (SUS), although provided for since 1999<sup>40</sup>, only became mandatory in 2013, with

the enactment of Law No. 12.845/2013<sup>41</sup>. This fact may have contributed to the identification of a higher percentage of studies carried out in these regions in the period considered.

Studies were identified in all years of the series, with no concentration in any specific period. Most studies referred to initiatives evaluated only once, indicating the absence of periodic evaluation or even the possibility of not being disclosed in scientific circles, if carried out. Only in one case, two studies were carried out regarding the same initiative, one as soon as the program was implemented<sup>27</sup>, dealing with describing the initiative, its modeling, and evaluation proposal; and another study<sup>28</sup>, on the same program, carried out one year after its implementation, to identify changes in practices related to the care of victims of sexual violence, increasing the confidence of the local team about the care offered, and improving the patient experience. There are also two other articles referring to the evaluation of the same initiative, but that present different views on the object. While E25<sup>34</sup> conducted a quantitative assessment of sexual violence services, as well as the attitudes and knowledge of the professionals responsible for assistance in services implemented in Belgium, E26<sup>35</sup> showed a qualitative analysis of the care needs presented by women victims of sexual violence assisted by these services.

As for the language, 65% (n=15) of the studies were published in English, a fact that raises reflections. This becomes seemingly contradictory given the small number of surveys conducted in English-speaking countries. However, it also points to the impact of the internationalization of scientific production, in which English stands out as the preferred language for dissemination<sup>42</sup>.

This aspect encourages us to think about the challenges researchers face in health evaluation. If the publication is in English, the possibilities of visibility and recognition of the work by the international scientific community are increased. However, on the other

hand, the people interested in the evaluation products, such as managers and health professionals, who are not proficient in the English language, face difficulties. In this sense, additional effort is needed to think of alternatives that inform stakeholders about the results and recommendations proposed based on the evaluative research.

Regarding the types of evaluation, it was very difficult to frame the studies, according to the criteria to develop the evaluation processes proposed in the literature<sup>6</sup>. This happened because in many of the articles selected for this review, the main characteristics that inform the conceptual and methodological decisions of the evaluators were not explicit. This has led us to reflect on two points: first, on the conceptual and terminological diversity that surrounds the topic of health evaluation and that makes it difficult to frame studies in restrictive typologies. Secondly, some of the articles identified are probably part of more comprehensive evaluative studies that commonly restrict the number of characters of publications because of the norms of the scientific journals and end up omitting important information on the context of the research and its purposes.

Despite the difficulties mentioned, most evaluations focused on the process with a view to improving the initiatives evaluated. That is, these studies sought to understand what happened with the intervention over time, in the course of the implementation process. These are local initiatives, restricted geographically to a health unit or municipality, and therefore do not provide data of state or national scope, nor can they be easily extrapolated to other contexts. This fact can negatively influence the acceptance for publication of articles from evaluative research, although they have special relevance both for the initiatives evaluated and for similar initiatives implemented in other contexts.

It was possible to notice that quantitative methods, traditionally prioritized in the health field<sup>43</sup>, were used in most of the articles analyzed (73.9%; n=17). Although the literature, despite the challenges, reports on

the increasing use of qualitative methods in health research<sup>44</sup>, the analysis proposed here shows that these methods appeared timidly. A hypothesis raised, and which specifically concerns the thematic field of this work, is that the area of health evaluation is still strongly influenced by the positivist paradigm, and, as discussed earlier, research that uses a qualitative approach may have more difficulties to be read and understood as the field of evaluation and also to be published in international and indexed journals.

An evidence that supports the previous hypothesis is the fact that most evaluations were based on quantitative methods for their analysis. However, it is relevant to emphasize that qualitative approaches emerge as powerful tools in the evaluation of interventions. It is a very useful type of research to identify contextual, symbolic, institutional, and organizational aspects related to interventions. Thus, qualitative research makes us understand how services, programs, and policies work, allowing the identification of limits and obstacles faced during the execution of actions. In addition, it expands the possibility of recognizing values that guide or prevent the implementation of a certain public policy, enriching the analysis and promoting a more comprehensive understanding of the interventions in question<sup>45</sup>.

Regarding the instruments and sources used for data collection, it was observed that the structured questionnaires and secondary data obtained in health systems or in the services evaluated were prioritized in most studies, being options consistent with the methodological proposals and analyses carried out, whose approach was predominantly quantitative. On the other hand, studies with a qualitative approach or involving quantitative and qualitative methods used semi-structured interviews and observation in health services as data construction strategies, also consistent with the approach proposed.

The results found in this review reflect the multiplicity of possibilities for analyzing the object of the evaluation and the challenge of

identifying the best strategy to answer the evaluative question, endorsing the finding that “each evaluation is a particular case and requires creativity in formulating the best strategy, as well as in the selection of criteria, indicators and standards”<sup>4(20)</sup>. The statement that the choice of design and methodological strategy to operationalize an evaluation, that is, the option for more structured or less structured designs and the use of qualitative, quantitative, or mixed methods, must consider the complexity of the intervention to be evaluated. Thus, complex interventions require flexibility and creativity from the researchers to maintain coherence between the object, focus, and purpose of the evaluation<sup>4</sup>.

Therefore, the prioritization of the use of qualitative, quantitative, or mixed methods will depend on their ability to approach the reality to be studied. Quantitative investigation is useful for demonstrating measurable aspects of the phenomenon under study, including observable indicators and trends. The strength of the quantitative method lies in the production of factual and reliable information, which can be generalized. On the other hand, qualitative research proves to be powerful in deepening the understanding of beliefs, values, attitudes, and social representations associated with a given reality. The effectiveness of the qualitative method is based on the ability to generate detailed and rich information about a given context<sup>45,46</sup>.

These methods are distinguished by their diverse nature, presenting unique characteristics and distinct contributions to the development of evaluative research. The dialogue between the two, in turn, can provide a more comprehensive understanding of the object under evaluation.

## Conclusions

The present review has strengths and some limitations. It was conducted based on a rigorous methodology, reported in this article

honestly and transparently. It allowed us to observe, analyze, and expose systematically the theoretical-methodological frameworks prioritized in the primary studies examined and contributed to point out directions that can help future studies.

It is important to note that the polysemy of the term ‘evaluation’ and the conceptual and terminological diversity of the area were the greatest challenges to carry out this review, requiring an intense process of analysis and time expenditure by the authors. In the initial selection of the identified studies, we captured a very large number of references that did not meet the inclusion criteria, but it was necessary to analyze them before discarding them. In addition, the analysis of the articles selected in the final stage required effort in an attempt to frame studies with very diverse characteristics and whose answers to the questions that were intended to be answered from the review were not always explicit.

Despite the difficulty, with the review, we recognize the diversity and the richness of possibilities of approaches and methodological strategies to evaluate the policies, programs, and services of care to women victims of sexual violence. It also shows how important it is to improve the conceptual theoretical framework used in evaluative studies, a fundamental aspect in the conduct of research and in the presentation of results in the scientific environment.

The non-inclusion of articles that were not accessed for free in the searched databases is a limitation of the study, and many articles from the USA and Canada were excluded from the sample. The time frame adopted was also a limitation, since evaluative research and normative evaluations carried out before 2012 were not included in the analysis.

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## Collaborators

Melo CM (0000-0002-2817-6759)\* contributed to the study's design, data collection, analysis and interpretation, writing, and critical review of the article and approved the final version to be published. Soares MQ (0000-0003-0550-2125)\* contributed to the study's design, data collection, analysis, writing, and critical review of the article, and approved

the final version to be published. Franco ACR (0000-0002-0012-9520)\* contributed to the study design, data collection, and analysis, article writing, and final approval of the version to be published. Bevilacqua PD (0000-0003-0015-2154)\* contributed to the study's design, data analysis, and critical review of the article, and approved the final version to be published. ■

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