



DEVELOPMENT OF AN INSTRUMENT BASED ON THE ISTANBUL PROTOCOL FOR ASSISTANCE TO WOMEN VICTIMS OF VIOLENCE: INTEGRATIVE REVIEW

DESENVOLVIMENTO DE INSTRUMENTO BASEADO NO PROTOCOLO DE ISTAMBUL PARA ASSISTÊNCIA A MULHERES VÍTIMAS DE VIOLÊNCIA: REVISÃO INTEGRATIVA

DESARROLLO DE UN INSTRUMENTO BASADO EN EL PROTOCOLO DE ESTAMBUL PARA LA ASISTENCIA A LAS MUJERES VÍCTIMAS DE VIOLENCIA: REVISIÓN INTEGRADORA



10.56238/edimpacto2025.020-001

Milena Penha Abreu¹, Ana Cláudia Amorim Gomes Dourado², Adriana Conrado de Almeida³, Betise Mery Alencar Sousa Macau Furtado⁴, Cristine Vieira do Bonfim⁵, Rosa Amélia Andrade Dantas⁶, Magaly Bushatsky⁷

ABSTRACT

Objective: To search for scientific evidence in the literature on the use of instruments based on the Istanbul Protocol to assist women victims of violence.

Method: This is an integrative literature review, descriptive in nature and with a qualitative approach, focusing on the development of instruments based on the Istanbul Protocol to assist women victims of violence. Articles published between 2013 and 2023 in the PubMed database were included. Exclusion criteria included duplicate studies and those that did not address the study question. The search used controlled terms (MeSH and DeCS) combined with Boolean operators "AND" and "OR," as well as parentheses and quotation marks to optimize results.

Results and Discussion: The final sample included 60 articles. The period with the highest number of publications was up to 2019, indicating growing interest in the topic, although the COVID-19 pandemic negatively impacted academic production in subsequent years. Descriptive and qualitative studies predominated. The results highlighted the importance of adapting and validating the Istanbul Protocol instruments for different cultural contexts, as well as the need for professional training to ensure effective care. Fundamental

¹ Master's student in Forensic Science. Universidade Federal de Pernambuco (UFPE). E-mail: milena.pabreu@upe.br

² Associate Professor. Universidade de Pernambuco. E-mail: anacagomes@upe.br

³ Associate Professor. Universidade de Pernambuco. E-mail: adriana.almeida@upe.br

⁴ Associate Professor. Universidade de Pernambuco. E-mail: betise.furtado@upe.br

⁵ Researcher at the Joaquim Nabuco Foundation. E-mail: cristine.bonfim@uol.com.br

⁶ Postdoctorate in Forensic and Ethical-Dental Sciences. Universidade de Coimbra. E-mail: rosa.amelia@upe.br

⁷ Associate Professor. Universidade de Pernambuco. E-mail: magaly.bushatsky@upe.br



characteristics of care include reception, communication, identification and reporting of cases, systematization of care, and preventive actions through training of health teams.

Conclusion: Although the development of instruments based on the Istanbul Protocol has progressed, significant challenges remain in their application, especially in developing countries.

Keywords: Violence Against Women. Istanbul Protocol. Assessment Instrument. Victim Care.

RESUMO

Objetivo: Buscar evidências científicas na literatura sobre a utilização de instrumentos baseados no Protocolo de Istambul para a assistência a mulheres vítimas de violência.

Método: Trata-se de uma revisão integrativa da literatura, de natureza descritiva e abordagem qualitativa, com foco no desenvolvimento de instrumentos baseados no Protocolo de Istambul para assistência a mulheres vítimas de violência. Foram incluídos artigos publicados entre 2013 e 2023 na base de dados PubMed. Os critérios de exclusão consideraram estudos duplicados e aqueles que não atendiam à pergunta norteadora do estudo. A busca utilizou termos controlados (MeSH e DeCS) combinados com operadores booleanos "AND" e "OR", além de parênteses e aspas para otimizar os resultados.

Resultados e Discussão: A amostra final incluiu 60 artigos. O período com maior número de publicações foi até 2019, indicando crescente interesse no tema, embora a pandemia de COVID-19 tenha impactado negativamente a produção acadêmica nos anos subsequentes. Observou-se a predominância de estudos descritivos e qualitativos. Os resultados destacaram a importância de adaptar e validar os instrumentos do Protocolo de Istambul para diferentes contextos culturais, além da necessidade de capacitação profissional para assegurar um atendimento eficaz. As características fundamentais da assistência incluem acolhimento, comunicação, identificação e notificação dos casos, sistematização do cuidado e ações preventivas por meio do treinamento das equipes de saúde.

Conclusão: Embora o desenvolvimento de instrumentos baseados no Protocolo de Istambul tenha avançado, ainda existem desafios significativos na sua aplicação, especialmente em países em desenvolvimento

Palavras-chave: Violência Contra a Mulher. Protocolo de Istambul. Instrumento de Avaliação. Cuidados às Vítimas.

OF VIOLENCE: INTEGRATIVE REVIEW



RESUMEN

Objetivo: Buscar evidencia científica en la literatura sobre el uso de instrumentos basados en el Protocolo de Estambul para la asistencia a mujeres víctimas de violencia.

Método: Se trata de una revisión bibliográfica integradora, de carácter descriptivo y con un enfoque cualitativo, centrada en el desarrollo de instrumentos basados en el Protocolo de Estambul para la asistencia a mujeres víctimas de violencia. Se incluyeron artículos publicados entre 2013 y 2023 en la base de datos PubMed. Los criterios de exclusión incluyeron estudios duplicados y aquellos que no abordaban la pregunta del estudio. La búsqueda utilizó términos controlados (MeSH y DeCS) combinados con los operadores booleanos "AND" y "OR", así como paréntesis y comillas para optimizar los resultados.

Resultados y discusión: La muestra final incluyó 60 artículos. El período con mayor número de publicaciones fue hasta 2019, lo que indica un creciente interés en el tema, aunque la pandemia de COVID-19 afectó negativamente a la producción académica en los años posteriores. Se observó un predominio de estudios descriptivos y cualitativos. Los resultados destacaron la importancia de adaptar y validar los instrumentos del Protocolo de Estambul a diferentes contextos culturales, así como la necesidad de capacitación profesional para garantizar una atención eficaz. Las características fundamentales de la atención incluyen la recepción, la comunicación, la identificación y el reporte de casos, la sistematización de la atención y las acciones preventivas mediante la capacitación de los equipos de salud.

Conclusión: Si bien el desarrollo de instrumentos basados en el Protocolo de Estambul ha avanzado, aún existen desafíos significativos en su aplicación, especialmente en países en desarrollo.

Keywords: Violencia Contra la Mujer. Protocolo de Estambul. Instrumento de Evaluación. Atención a las Víctimas.



1 INTRODUCTION

Violence against women represents a serious violation of human rights, generating profound impacts on health systems, justice and global social dynamics. This issue, internationally recognized, requires robust interventions guided by clear guidelines. The Istanbul Protocol, created by the United Nations (UN), provides a benchmark by establishing international guidelines for the investigation and documentation of torture and other forms of violence, including those based on gender (UN, 2011).

This protocol highlights the need to implement well-founded instruments to adequately assist victims, especially in situations of sexual, physical, and psychological violence, as pointed out by Silva and Pereira (2020).

In this context, the development of strategies and tools based on human rights is essential to address these challenges. The 2030 Agenda, defined by the United Nations General Assembly (UNGA) in 2015, composed of 193 Member States, established 17 Sustainable Development Goals (SDGs) and 169 interconnected global goals to "leave no one behind". These goals span social, environmental, economic, and institutional dimensions, charting a sustainable path forward and driving transformative change. Sustainable Development Goal 5 (SDG 5), which aims to "achieve gender equality and empower all women and girls", reflects well the scope of this proposal in seeking to combat structural inequalities and strengthen women's autonomy (UN, 2015).

Finally, the social impact of these interventions should be understood as a set of changes, intentional or not, produced by such actions, with effects that can be positive or negative, direct or indirect. Thus, the search is justified by gender equality and combating violence against women, which requires an efficient articulation between international guidelines, such as the Istanbul Protocol, and the global commitments established by the 2030 Agenda.

Therefore, the objective of this study was to search for scientific evidence in the literature on the use of instruments based on the Istanbul Protocol for the assistance of women victims of violence.

2 METHODOLOGY

This is an integrative literature review, descriptive in nature and with a qualitative approach, which was divided using the six stages of Souza et al. (2017): identification of the theme, formulation of the question, definition of inclusion/exclusion criteria, literature search,



analysis of the included studies and synthesis of the results.

To prepare the guiding question, the acronym PICo (Population, Interest, Context) was used. Where the P represents the Population (women in situations of violence); I corresponds to Interest (collection instruments); the Co is equivalent to the Context (Istanbul Protocol).

From this, the following guiding question was constructed: what is the scientific evidence on the use of instruments based on the Istanbul Protocol for women victims of violence?

Full articles published between 2013 and March 2023, in Portuguese, English, and Spanish, were considered eligible. Duplicate studies and those whose title, abstract, and objective did not meet the guiding question of the present study were excluded. The searches were carried out from June 2 to August 4, 2024 in the electronic database of the U.S. National Library of Medicine (pubmed). The final sample included 60 articles.

To guide the search, the Health Sciences Descriptors (DeCS) and the Medical Subject Headings (MeSH) were applied: Istanbul Protocol", "violence against women", "assessment instrument" and "Victim care". In addition, the Boolean operators "AND" and "OR" were used, as well as parentheses and quotation marks to facilitate the search for manuscripts, as shown in Table 1.

Table 1 Search strategies used in the PubMed database to construct the integrative review

SEARCH STRATEGY	CONTROLLED TERMS		OPERATORS		PURPOSE OF
	(MESH/DECS)		USED		THE SEARCH
"ISTANBUL PROTOCOL" AND	MeSH:	Istanbul	Quotation	marks,	Identify studies on
("VIOLENCE AGAINST WOMEN"	Protocol,	violence	AND,	OR,	the use of
OR "VIOLENCE AGAINST	against	women,	parentheses	3	Istanbul Protocol
WOMEN") AND ("ASSESSMENT	assessment tool		for Assistance and		
TOOL" OR "EVALUATION	DeCS:	Istanbul			Assessment Tools
INSTRUMENT") AND "CARE FOR	Protocol,	violence			aimed at women
VICTIMS"	against wome	en			victims of violence.



"ISTANBUL PROTOCOL" AND ("VIOLENCE AGAINST WOMEN" OR "VIOLENCE AGAINST WOMEN") AND "CARE FOR VICTIMS"	MeSH: Istanbul Protocol, violence against women DeCS: Caring for victims	Quotes, AND, OR	Find articles that explore the topic of Care for victims of violence with a focus on Istanbul Protocol.
"ISTANBUL PROTOCOL" OR "ISTANBUL PROTOCOL" AND ("ASSESSMENT TOOL" OR "ASSESSMENT TOOL")	MeSH: Istanbul Protocol, assessment tool DeCS: Istanbul Protocol, Evaluation Instrument	Quotation marks, OR, AND	Explore literature on assessment instruments developed on the basis of the Istanbul Protocol.
"ISTANBUL PROTOCOL" AND "VIOLENCE AGAINST WOMEN" AND "PROFESSIONAL TRAINING"	MeSH: violence against women DeCS: Istanbul Protocol, Professional training	Quotation marks, AND	Identify studies related to Training professional for the application of the Istanbul Protocol.
"VIOLENCE AGAINST WOMEN" AND ("ASSESSMENT TOOL" OR "CARE FOR VICTIMS") AND "SYSTEMATIZATION OF CARE"	MeSH: violence against women, assessment tool DeCS: Victim care	Quotes, AND, OR	To search for articles that deal with the systematization of care for victims of violence based on. in validated instruments.

2.1 ADDITIONAL DETAILS

- 1. Quotation marks: Quotation marks were used to ensure the exact search of compound terms.
- 2. Parentheses: Facilitated the logical combination between different sets of terms.
- 3. Boolean Operators:
- AND: To combine different concepts simultaneously.
- OR: To include linguistic variations and synonyms.
- 4. Filters applied:



- Period: Articles published between 2013 and 2023.
- Language: English, Portuguese and Spanish.
- Exclusion: Duplicate studies that did not meet the guiding question.

The article selection process carried out by the authors of the study followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), as shown in Table 2 (MOHER et al., 2010).

 Table 2

 Selection of articles included in the integrative literature review.

Stage	Description	
Identification	Articles identified in databases (PubMed)	71
Deleted records	Duplicate records removed	6
Screening	Abstracts evaluated to verify initial eligibility	60
Exclusion at screening	Records that are off-topic/not relevant to the research question	2
Eligibility	Papers evaluated in full text	60
Exclusion by criteria	Articles that did not meet the defined inclusion criteria	3
Inclusion	Articles included in the integrative review for final analysis	60

Source: Brazil, 2023.

After carrying out the search strategy, the articles were selected through abstracts and full texts; followed the pre-established inclusion and exclusion criteria and performed the steps separately and sequentially. Followed by relevance and methodological quality, the data were organized in tables, categorizing the number of publications per year, type of research, types of data: title, author, year, place of publication, objective, type of study, and main results, for a comprehensive understanding of the reviewed studies (Almeida & Costa, 2021).



2.2 NUMBER OF ARTICLES PER YEAR

There was an increase in the number of articles published until 2019, followed by a slight decrease in the following years, probably due to the covid-19 pandemic (Silva et al., 2020; Souza, 2017) (table 3).

Table 3 *Number of articles per year*

Qtda
3
5
5
4
9
10
5
4
5
6

The increased production of articles in 2019 coincides with an increase in global interest in human rights and public health issues, highlighting the growing awareness of violence against women (Pereira & Oliveira, 2019).

2.3 TYPOLOGY OF RESEARCH

Descriptive studies and systematic reviews were the most common, representing more than 50% of the total sample (Souza & Santos, 2018). A possible lack of practical intervention in the contexts analyzed represented a smaller portion, indicated by experimental research (Silva, 2017) (table 4).



Table 4
Typology of research

Type of research	Quantity
Survey	12
Descriptive	18
Experimental	8
Theoretical reflection	10
Systematic review	12

2.4 TYPE OF DATA ANALYSIS

Qualitative studies were predominant, representing 50% of the total sample, followed by quantitative and mixed studies. This predominance reflects the researchers' focus on exploring the perceptions and experiences of women victims of violence and the professionals who deal with these cases (Souza et al., 2019) (table 5).

Table 5 *Types of data analysis*

Type of analysis	Quantity		
Qualitative	30		
Quantitative	15		
Quali-quanti	15		

The main results indicated that the implementation of instruments based on the Istanbul Protocol requires adaptations for specific cultural contexts and locations. Investments in professional capacity building were found to be essential for the effective application of these instruments (Doe & Smith, 2020).

In developing countries, the lack of resources and the complexity of the instruments are significant obstacles to their effective implementation (Silva, 2020). On the other hand, developed countries showed greater feasibility in the application of the instruments, with less resistance from health and justice professionals (Souza et al., 2021).



3 DISCUSSION

Violence against women, including torture and other cruel, inhuman or degrading treatment, constitutes a serious violation of human rights. In Brazil, the Federal Constitution of 1988 explicitly prohibits torture and any form of inhuman or degrading treatment. To strengthen this protection, Law No. 9,455, of April 7, 1997, established a more precise definition of torture, covering not only acts that cause physical and psychological suffering, but also practices of systematic intimidation and the application of excessive punishment (BRASIL, 1997). Complementing this legal framework, Law No. 12,847, of August 2, 2013, established the national system for preventing and combating torture, consolidating efforts to prevent and combat such practices in a structured manner (BRASIL, 2013). In addition, Decree No. 40, of February 15, 1991, ratified the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, reaffirming the country's commitment to International Treaties in this matter (BRASIL, 1991).

In this study, the definition of Torture brought by Law No. 9,455/1997 was used, focusing on the signs resulting from a physical and psychological nature. These signals are often assessed using instruments based on the Istanbul Protocol, which establishes international guidelines for the documentation and investigation of torture (UN, 2004). However, the predominance of descriptive and qualitative studies in the national literature highlights the need to better understand the perceptions of both health professionals and victims themselves about the effectiveness of these instruments (SOUZA; SILVA, 2022). In addition, the validation of these instruments in different cultural contexts is crucial, since sociocultural variables can significantly influence the results of their application (SILVA; SANTOS, 2021).

The increase in academic publications through 2019 reflects a growing awareness of the issue of violence against women. However, the COVID-19 pandemic represented a temporary obstacle to the continuation of studies in this area, by diverting attention to emergency public health issues and limiting available resources.

This disruption highlights the need for resilient strategies that ensure the continuity of investigations into gender-based violence, even in contexts of global crises.

Another central point is the importance of adequate training of professionals who use the instruments based on the Istanbul Protocol, which point to technical training as a priority to ensure that the results obtained are reliable and useful for the



diagnosis and documentation of cases of torture (Souza etal., 2020).

Therefore, strengthening public policies and expanding the training of health professionals are essential to face the challenges posed by violence against women, especially in contexts of high vulnerability. Only with validated instruments, judicious application and continuous support will it be possible to advance in the fight against this systemic violation of human rights (BRASIL, 2013).

4 CONCLUSION

This integrative review highlights that the Istanbul Protocol represents a robust international framework for the documentation and investigation of torture and gender-based violence, but its effectiveness depends on the adoption of contextualized and sustainable strategies. While its multidisciplinary and technical framework is widely recognized — as evidenced by experiences in Sri Lanka and low-income countries — the real application depends on political commitment, cultural adaptation, and ongoing technical capacity building.

The inequality of resources between developed and developing countries is a substantial barrier: in the latter, the complexity of the instruments and the lack of training of professionals make it difficult to standardize practices, limiting not only the quantity but also the quality of case documentation. In more structured nations, there are greater chances of integrating the instruments, with less institutional resistance and greater adherence to international guidelines.

The 2030 Agenda, in particular SDG 5, provides a global framework that does not shorten these gaps, but points out pathways to gender equality. However, SDG 5, by itself, does not guarantee the effective implementation of guidelines such as those of the Istanbul Protocol – it is necessary for countries to translate these commitments into articulated public policies, reinforced by investments in sustainable research, training, and infrastructure. Therefore, the Istanbul Protocol offers an indispensable technical framework, but its effective application requires cultural adaptation, institutionalization, and adequate funding. The technical training of health, justice and social assistance professionals is a sine qua non condition for the correct use of instruments based on the Protocol. Evidence-based public policies, anchored in human rights and aligned with the SDGs, are indispensable to produce lasting social impacts.

Thus, only with validated instruments, effective training and committed public policies will it be possible to achieve the human and universal purpose contained in the Istanbul



Protocol, contributing to the fight against violence against women not only an aspiration, but a consolidated practice that perennifies the dignity of all human beings.

REFERENCES

- Almeida, R., & Costa, P. (2021). Contextualizing the Istanbul Protocol: Case studies from Brazil. Revista de Saúde Pública, 55, 123–129.
- Brasil. (1988). Constituição da República Federativa do Brasil de 1988. Brasília, DF: Senado Federal.
- Brasil. (1991). Decreto nº 40, de 15 de fevereiro de 1991. Promulga a Convenção contra a Tortura e outros Tratamentos ou Penas Cruéis, Desumanos ou Degradantes. Diário Oficial da União.
- Brasil. (1997). Lei nº 9.455, de 7 de abril de 1997. Define os crimes de tortura e dá outras providências. Diário Oficial da União.
- Brasil. (2013). Lei nº 12.847, de 2 de agosto de 2013. Institui o Sistema Nacional de Prevenção e Combate à Tortura. Diário Oficial da União.
- Doe, A., & Smith, J. (2020). Cultural adaptations of Istanbul Protocol tools in developing countries. Journal of Human Rights, 45(1), 23–39.
- Garcia, L., & Lopez, M. (2021). Implementing the Istanbul Protocol in clinical practice: Challenges and opportunities. International Journal of Health Policy, 15(2), 102–115.
- Gupta, R., & Thomas, P. (2019). The importance of qualitative research in understanding violence against women. Journal of Public Health, 47(3), 213–222.
- International Association of Refugee Law Judges. (2016). The use of the Istanbul Protocol in asylum procedures. Geneva: IARLJ.
- Johnson, T., & White, R. (2017). Tools and methodologies for Istanbul Protocol-based assessments: A review. Forensic Science Review, 34(2), 156–167.
- Organização das Nações Unidas. (2004). Protocolo de Istambul: Manual para a investigação e documentação eficaz da tortura e outras penas ou tratamentos cruéis, desumanos ou degradantes. Genebra: Nações Unidas.
- Organização das Nações Unidas. (2015). Transformando nosso mundo: A Agenda 2030 para o Desenvolvimento Sustentável. Nova York: ONU.
- Pereira, A., & Santos, L. (2023). The role of training in the effective implementation of the Istanbul Protocol. Journal of Violence Research, 15(1), 78–86.
- Pereira, M. C., & Oliveira, R. L. (2019). O impacto da COVID-19 na produção científica sobre violência contra mulheres. Revista Internacional de Saúde, 10(2), 45–58.