ANNEX II

Ministry of Health
Secretariat of Primary Health Care
Department of Comprehensive Care Management
General Coordination of Women's Health Care
Department of Prevention and Health Promotion
Department of Community Health Strategies and Policies
Secretariat of Specialized Health Care
Department of Hospital, Home and Emergency Care
Secretariat of Health and Environmental Surveillance
Department of Epidemiological Analysis and Surveillance of Noncommunicable Diseases
General Coordination of Surveillance and Prevention of Violence and Accidents and Promotion of a Culture of Peace

JOINT TECHNICAL NOTE No. 264/2024 - CGESMU/DGCI, DESCO AND DEPPROS/SAPS/MS; CGVIVA/DAENT/SVSA/MS; AND DAHU/SAES/MS

1. SUBJECT

1.1. Technical Note providing guidance to state, municipal, and Federal District managers and services regarding Law No. 14,847, of 25 April 2024, which amended Article 7 of Law No. 8,080/1990 (Organic Health Law), to provide for the care of women victims of violence in a private and individualized environment within health services provided under the Unified Health System (SUS), commonly known as the *Lilac Room* (*Sala Lilás*).

2. GENERAL GUIDELINES

2.1. Violence in all its forms, especially that affecting women and adolescents, such as domestic, physical, psychological, sexual, and intra-family violence, constitutes a serious public health problem and a violation of human rights. It therefore requires a comprehensive and humane response from health services, integrated with the intersectoral care network. Recognizing that the environment in which care is provided directly impacts the quality of assistance in this context, this Technical Note aims to provide guidance for the implementation and operation of what is known as the *Lilac Room* in health services at all levels of care complexity.

2.2. The Ministry of Health prepared the guidance contained in this Note with the objective of supporting health services in complying with Law No. 14,847, of 25 April 2024, which amended Article 7 of Law No. 8,080/1990 (Organic Health Law) and provides for the care of women victims of violence. According to the law, such care must be provided in a private and individualized environment within SUS health services, an environment known in various parts of the country as the *Lilac Room*.

2.3. The Ministry of Health emphasizes that the architectural and infrastructure projects for Primary Health Care Units and maternity hospitals under the new Growth Acceleration Program (PAC) include the *Lilac Room* as a mandatory space. In other services, adaptations are required to comply with the Law.

2.4. In addition to Law No. 14,847/2024, this Technical Note is based on other guidelines established by Brazilian legislation (see references to this Technical Note), international protocols, and best health practices aimed at the humanization of care and the protection of persons in situations of violence, with emphasis here on women, children, and adolescents—whether victims or witnesses. In the case of children and adolescents, the guidelines of Law No. 13,431/2017 must be observed concerning care spaces for children and adolescents who are victims or witnesses of violence.

2.5. Aware that improving services for women in situations of violence is an ongoing challenge, the Ministry of Health emphasizes the need for integration among all health management bodies and other sectors of the State, as well as the shared responsibility of all actors in ensuring appropriate physical spaces for reception and care, going beyond the exclusive responsibility of specialized services. To this end, improving care requires careful and strategic planning, taking into account the specific characteristics of each context.

2.6. Law No. 14,847, of 25 April 2024

Amends Law No. 8,080, of 19 September 1990 (Organic Health Law), to provide for the care of women victims of violence in a private and individualized environment within health services provided under the Unified Health System.

Article 1. Article 7 of Law No. 8,080, of 19 September 1990 (Organic Health Law), shall be supplemented by the following sole paragraph:

"Article 7.
.....
Sole Paragraph. For the purposes of item XIV of the caput of this Article, women who are victims of any type of violence have the right to be welcomed and assisted in health services provided under the SUS, whether within the public network or contracted services, in a location and environment that ensure their privacy and restrict access by third parties not authorized by the patient, particularly the aggressor." (NR)

From the text of the Law, it follows that the physical space of health services must be designed or adapted to receive and assist women in situations of violence in a humane, safe, and confidential manner, ensuring comprehensive and equitable care aligned with SUS principles.

This space may be understood as more than a physical structure: it is a commitment by health services to transforming the quality of care provided to women and strengthening their trust. Hereinafter, this space will be referred to as the *Lilac Room*, as it is widely known.

It should be emphasized that the absence of an individualized space for women in situations of violence does not justify the failure to provide reception or care in cases of violence. Under the current wording of Law No. 8,080 of 19 September 1990, all health services, whether public or private, are responsible for immediate and priority care, as well as mandatory notification. Therefore, no health service is exempt from the responsibility to provide care, information, and referrals for necessary treatment. It is incumbent upon local management to make the necessary adaptations to comply with the Law.

2.7. The Importance of the Care Environment in Health Services for Situations of Violence

The care environment in health services refers to the treatment given to physical space, understood as a social, professional, and interpersonal environment that should provide welcoming, effective, and humane care.

The *Lilac Room*, as an environment, should contribute to integrating care within the service network and emphasizes the importance of the physical space where health care is provided, organized so as to facilitate the activities carried out therein, with privacy, tranquility, safety, reception, and comfort for both individuals receiving care and the professionals providing it.

This care includes: the design of spaces; decorative elements, lighting, furniture arrangement, and other details; the implementation of qualified approaches to the care provided by professionals; the availability of appropriate supplies and tools to ensure effective assistance; and the day-to-day organization of care in an integrated manner with other services.

Physical renovations and adaptations in health services should prioritize the creation of a welcoming and safe environment, ensuring the privacy of women receiving care, preventing any form of discrimination, and enabling health services to effectively fulfill their role within the network of assistance to victims of violence. Through the updated architectural and infrastructure projects under the PAC for Primary Health Care Units and maternity hospitals, the population will gain access to new facilities, including the *Lilac Room*. These new projects already comply with the provisions of this Technical Note and applicable health regulations.

It is important to note that, depending on the organization of the care network and the needs identified by management, the structure proposed in this Technical Note may be adapted to the architecture of health services so that it may operate in multifunctional rooms or other available spaces, provided that the conditions of humanization, confidentiality, and privacy are maintained.

Finally, with regard to the care environment, it should be emphasized that the functioning of such spaces depends on ensuring appropriate working conditions, internal support, and safety for health professionals.

3. CHARACTERISTICS TO BE OBSERVED IN THE ORGANIZATION OF THE LILAC ROOM

3.1. Private Environment, Preferably Individualized Access, and Appropriate Signage

Spaces intended for the care of women should be identified discreetly (avoiding names such as “Lilac Room” or “Violence Room,” which may expose the reason for the visit) in order to ensure the privacy and confidentiality of women. A symbol may be used to discreetly indicate to staff the purpose of the space. It is essential that all professionals correctly identify and refer to this space, including non-health personnel working in the facility, such as receptionists, cleaners, or security staff. The location may even be identified solely by symbols or abbreviations.

It is recommended that the entrance to the room be located in an area with less pedestrian traffic and preferably provide individualized access, ensuring a private and interruption-free reception space. It should also be accessible to persons with reduced mobility and persons with disabilities and should include a telephone or other internal communication system to request support from the team if necessary.

An independent entrance to the reception room prevents the person in a situation of violence from moving through other sectors of the facility, minimizing the risk of embarrassment or exposure. This adaptation is even more relevant for women in situations of sexual violence who require care and procedures that may reveal the reason they are receiving assistance.

3.2. Care for Children Accompanying Women

It is also recommended that a child reception area be created or adapted within the facility to accommodate children receiving care or accompanying women. In the architectural and infrastructure projects provided for under the PAC for Primary Health Care Units, this space is planned near the reception area.

It may be equipped with educational toys suitable for different age groups, drawing materials, and recreational activities. The use of non-slip flooring and safe materials is important to ensure children's physical safety.

This not only alleviates the emotional burden on women receiving care, allowing them to focus on their consultations, but also contributes to better care for families and communities, in line with the SUS principles of comprehensiveness and humanization.

3.8. Equipment and Materials Required

For the effective reception and care of women in situations of violence, every health service must have available:

Rapid STI Tests: the provision of rapid tests for Sexually Transmitted Infections (STIs), enabling early diagnosis and timely treatment, thereby reducing the risk of health

complications and transmission. Current and updated Clinical Protocols and Therapeutic Guidelines of the Ministry of Health must be adopted in the provision of rapid testing, including appropriate counseling before and after testing and guidance regarding follow-up screening according to the immunological window period. The provision of rapid STI tests applies both to acute sexual violence cases (up to 72 hours) and chronic cases (more than 72 hours).

Prophylactic Medications: situations involving sexual violence require prophylaxis against STIs when they have occurred within 72 hours (acute sexual violence). The "Next Minute Law" (Law No. 12,845/2013) establishes as mandatory care the timely, free-of-charge, and confidential provision of STI prophylaxis in all health services.

Emergency Contraception: the Next Minute Law also provides for the offering of emergency contraception in situations of acute sexual violence. The public health system offers two forms of emergency contraception: levonorgestrel pills ("Morning-After Pill") and the copper IUD. Both may be offered up to 120 hours (5 days) after the occurrence of sexual violence, following appropriate counseling to enable the autonomous choice of the survivor and to ensure continuity of care.

Sexual Violence Evidence Collection Kits: in services accredited as reference centers for comprehensive care to persons in situations of sexual violence, in accordance with the applicable regulations, kits for the collection of sexual violence evidence must be available. Where a service is designated as a reference center for the care of women in situations of violence, it is essential that it be equipped with appropriate materials to collect evidence, should this be the victim's wish, and to facilitate access to justice. It is crucial that such kits be used by appropriately trained professionals who follow established protocols, ensuring the integrity of the evidence and the dignity of the individual receiving care throughout the process. For further details regarding this stage, reference should be made to the Technical Note on Humanized Care for Persons in Situations of Sexual Violence with Information Recording and Evidence Collection (2015).

Materials, Supplies, and Support Services for the Care of Physical Injuries: humane care for women who are victims of physical violence requires the availability of basic supplies for the treatment of minor injuries, prompt access to specialized services, and detailed documentation of the initial care provided. In cases of more serious injuries requiring complementary examinations for diagnostic and therapeutic support, as well as other related procedures, services should be provided in a timely, expeditious, and respectful manner. Referrals to other sectors of the health facility for more complex care should, whenever possible, avoid exposing the victim of violence. The situation must be carefully documented in the medical record by the professional who provided the initial care and had the first contact with the victim, thereby avoiding the need for the person to repeat her account and consequently be revictimized.

Integrated Information Systems: States, municipalities, or the Federal District that do not have integrated medical record systems should instruct their professionals to prepare a health report during the initial contact, which may be presented by the patient to the other services involved in providing care, for the same purpose of preventing revictimization.

Appropriate Furniture: the provision of suitable furniture is recommended to ensure the comfort of the woman and any accompanying person during care, including comfortable seating for waiting areas and appropriate examination couches and beds when necessary. Services must have a stretcher and/or gynecological examination table available for the assessment of injuries resulting from sexual violence, as well as a clinical examination light for gynecological evaluations.

Informational and Support Materials: booklets, pamphlets, and other informational materials regarding different forms of violence, rights, services available within the assistance network, and reporting mechanisms should be available in clear, objective, and accessible language, including formats suitable for persons with disabilities (such as Braille versions, audiobooks, sign-language materials, and digital formats compatible with screen readers).

Mandatory Notification Form: see Section 4 of this Technical Note.

Furthermore, as set forth throughout this Technical Note, it is essential to ensure the training of all professionals working within health services, in accordance with their respective responsibilities, so that they may provide humanized care, qualified listening, and the identification of signs of violence. Care for persons in situations of violence also encompasses the organization of service networks, articulation with intersectoral networks, and monitoring processes, as outlined in the following sections.

3.9. Integration with the Service Network

The organization of physical spaces and care pathways should be designed to minimize waiting times, prevent revictimization, and ensure that individuals in situations of violence feel safe and supported throughout all stages of care.

The implementation of humanized approaches to reception, listening, and referral of the demands of women in situations of violence who seek health services also contributes to an environment of trust, enhancing both the effectiveness and the resolution capacity of care. The implementation of such approaches is a shared responsibility among managers, health professionals, and the persons receiving care.

The following care pathway is recommended for women in situations of violence, in compliance with the dimensions of care recommended for comprehensive assistance.

3.10. Reception and Care in a Private Environment

Women in situations of violence frequently experience fear and shame, which may lead them to avoid health services due to concerns about judgment and revictimization. Accordingly, a careful approach is recommended, prioritizing sensitive questions and avoiding the explicit use of the term “violence” during initial conversations.

Individuals should be listened to attentively and without judgment—whether verbal or non-verbal—while taking into account all elements that may help identify the type of violence suffered, as well as the risk of future violence and femicide. The moment of reception is crucial for listening and referral and should not be compromised by administrative recording tasks, although documentation contributes to preventing revictimization. Qualified listening enables health professionals to identify the type of

violence experienced, possible connections with other forms of violence, the health needs arising from the situation, and the appropriate referrals to services within the intersectoral network.

Where an imminent risk to life is identified, external communication procedures should be initiated. Such communication must not occur without informing the victim of violence about the intended action. For further information, see Section 6 of this Technical Note.

The initial reception must be provided by any health service. Following risk assessment and identification of care needs, the woman may continue treatment within the same service or be referred to specialized services. In cases of doubt regarding current guidance on the reception of persons in situations of violence, reference should be made to the Ministry of Health.

The treatment phase itself should be devoted to addressing, as promptly and effectively as possible, the health needs of the woman in a situation of violence.

It should be emphasized that, in cases of sexual violence, it is indispensable to inform the individual of her right to lawful termination of pregnancy where the violence has resulted in pregnancy. It is important that professionals are aware of the reference services available within their territory and are able to direct the person to them in a respectful, ethical, and timely manner.

For the effective organization of services, local management is encouraged to organize the network and provide professional training on this issue.

3.11. Follow-up within the Care Network for Persons in Situations of Violence

The follow-up of women in situations of violence should continue after the provision of initial care, integrating the Health Care Network (RAS) and other intersectoral services to ensure comprehensive care.

The needs identified during the reception process should be addressed in accordance with current protocols and legislation, through ethical referrals and information-sharing mechanisms designed to prevent revictimization. Primary Health Care (PHC) should coordinate care, ensuring that women are linked to their designated reference teams for qualified follow-up.

Responsible referral, involving the ethical sharing of information to prevent revictimization, together with network coordination, is essential.

There must be coordinated and effective articulation with other health services—including mental health services—as well as with protection and rights-guarantee networks, such as social assistance, public security, education, employment, culture, sports, and economic empowerment services. Women receiving care should be informed about the resources available through the State and civil society and should be able to access them in an integrated manner through coordination with the health network.

4. MANDATORY NOTIFICATION OF INTERPERSONAL/SELF-INFLICTED VIOLENCE AND EXTERNAL REPORTING

4.12.

The facility where women in situations of violence receive care must have available the Mandatory Notification Form for Interpersonal/Self-Inflicted Violence. Any member of the health team who has provided the initial care and conducted the qualified listening process with the woman may properly complete this document. The notification form contains detailed information regarding the victim, the offender, the type of violence, the injuries sustained, and the care provided.

4.13.

The National List of Mandatory Notifications of Diseases, Injuries, and Public Health Events includes harm to physical or mental integrity resulting from interpersonal violence. Accordingly, notification of interpersonal/self-inflicted violence is mandatory, immediate, and institutional. Immediate notification refers to that carried out within the first 24 hours and applies to all cases of sexual violence and attempted suicide.

4.14.

It is the duty of health professionals to notify all suspected or confirmed cases of domestic violence, intra-family violence, sexual violence, self-inflicted violence (suicide attempts), human trafficking, slavery-like labor, child labor, legal intervention, torture, and LGBT-phobic violence against individuals of all ages, considering that LGBT-phobia is currently classified as a hate crime equivalent to the crime of racism.

4.15.

Notification is mandatory for all categories of health professionals working in either public or private services, pursuant to Article 8 of Law No. 6,259/1975. Failure to report cases of violence therefore constitutes a public health violation and a crime against public health under Article 268 of the Penal Code. This obligation is further endorsed by certain professional Codes of Ethics and provided for in Technical Note No. 62/2022-CGDANT/DAENT/SVS/MS.

4.16.

Notification is independent of the consent of the victim or legal guardian and does not constitute a breach of professional confidentiality, as it is a health document. Information must be shared confidentially within the health system for statistical and epidemiological purposes and for the formulation and improvement of public policies. It is an important protection mechanism, and its purpose is not denunciation or the production of evidence.

It should be emphasized that suspected or confirmed cases of violence against children (0 to incomplete 12 years of age) and adolescents (12 to incomplete 18 years of age) must be reported to the Guardianship Councils within the relevant territory as part of the **External Reporting** process.

The mandatory notification of interpersonal and self-inflicted violence contributes to the implementation of legal guarantees of rights and national health policies. Guidance for completing the Mandatory Notification Form for Interpersonal/Self-Inflicted Violence is available in the Ministry of Health's *Viva Instruction Manual* (Brazil, 2016).

4.17.

External Reporting differs from notification. External Reporting consists of communicating cases of violence to police authorities in situations involving risk within 24 hours, as established by Ministry of Health Ordinance GM/MS No. 78/2021, or to other entities within the protection and rights-guarantee network, according to the specific characteristics of the individual under care, such as:

- Guardianship Councils;
- Councils for Persons with Disabilities;
- Councils for Older Persons;
- National Indigenous Foundation/Indigenous Health Districts;
- Public Prosecutor's Office, in cases involving violence against LGBTQIAPN+ persons.

External Reporting is subject to specific requirements, must remain confidential, and must preserve the victim's identity, except in specific cases provided by law.

4.18.

It should be noted that External Reporting may not be carried out through the transmission of the notification form, as the latter is a health document protected by confidentiality and privacy obligations concerning the individual under care.

5. PROFESSIONAL TRAINING

5.1.

Health care practice must uphold the right to a life free from violence and the right to self-determination, including respect for sexual and reproductive rights. The ethical, humanized, and qualified performance of health professionals is fundamental in the reception and care of persons in situations of violence.

Accordingly, continuing professional education should form part of the routine activities of health services and should address:

Learning About the Social and Ethnic-Racial Context of the Population Served

It is essential that health professionals develop or improve their understanding of social relations and the health-disease process and, consequently, of the full realization of health as a right in Brazil, themes directly related to violence. For this reason, the Ministry of Health launched the Anti-Racism Strategy through Ordinance No. 2,198/2023, which includes among its components the training of health professionals.

Identification of Violence

Professionals should be sensitized to recognize different forms of violence, including psychological violence, which is often subtle and difficult to identify. Teams should

remain attentive to signs and symptoms and know how to inquire about violence respectfully and without judgment, welcoming individuals in their uniqueness.

Humanized Reception and Qualified Listening

Professionals should develop communication and active-listening skills, empathy, non-judgmental reception practices, and respect for the autonomy of individuals in situations of violence.

Multidisciplinary Teamwork and Interprofessional Practice

Clear communication and collaboration among different professionals should be encouraged to ensure a comprehensive and integrated approach involving health professionals, social assistance workers, educators, and other professionals as needed.

Knowledge of Legislation and Protocols

Professionals must remain updated regarding specific legislation and protocols, including:

- Maria da Penha Law (Law No. 11,340/2006);
- Law No. 13,431/2017 (specialized listening procedures for child and adolescent victims);
- Law No. 6,259/1975 (Mandatory Notification);
- Law No. 14,847/2024 (guaranteeing private care environments for women victims of violence within SUS);
- and other relevant legislation.

Professional Safety Measures

Training should include strategies for handling risk situations, ensuring the safety of both health teams and individuals in situations of violence.

Knowledge of Services and the Local Intersectoral Network

Teamwork and interprofessional collaboration are important resources for helping professionals improve their care tools and for promoting self-care in situations that may themselves generate emotional distress among professionals accompanying women in situations of violence.

5.2.

It is recommended that team meetings be held for case discussions and that collective activities be promoted with users of health services, focusing on violence prevention and the promotion of a culture of peace. Such activities, including the participation of men, children, and adolescents, can significantly contribute to improving both the quality of care and the relationship between services and their surrounding communities.

6. ASSESSMENT OF SERVICE NEEDS FOR CARE OF VICTIMS OF VIOLENCE BY HEALTH MANAGEMENT

6.1.

Local health managers are responsible for assessing the needs for adapting health services in order to properly welcome and care for all individuals in situations of violence. Such assessment must be careful and take into account the specific characteristics of each health facility.

6.2.

This assessment should consider the provisions of Law No. 8,080/1990, particularly those relating to:

- the capacity of services to provide solutions at all levels of care;
- the need to avoid duplication of resources for identical purposes; and
- the organization of networks able to ensure reception in all health services and referral of individuals in situations of violence to specialized services.

Managers should also evaluate:

Epidemiological Profile of the Population Served

This includes identifying:

- the prevalence of different forms of violence;
- the sociodemographic profile of the most affected populations;
- age groups;
- gender identity;
- race/color/ethnicity;
- religion;
- presence of disabilities;
- marital status;
- place of residence;
- income range.

It is also essential to identify specific needs that may require service adaptations, such as sign-language interpreters, accessibility measures for persons with disabilities, indigenous-language resources, or culturally appropriate services.

Existing Physical Infrastructure

Managers should assess the availability of private rooms, privacy conditions, and accessibility features, identifying both barriers and opportunities.

Human and Material Resources

Managers should verify:

- the availability of trained professionals for humanized reception and specialized care;
- the adequacy of materials and supplies necessary for comprehensive care, including rapid STI tests, prophylactic medications, emergency contraceptives (including copper IUDs), and informational materials;
- the feasibility of establishing child-friendly spaces.

Network Coordination

Managers should evaluate the existence of effective care and referral pathways both within health services and throughout the intersectoral network.

6.3.

The improvement of health care for women in situations of violence requires careful and strategic planning based on an assessment of the specific needs of each context.

6.19.

The Ministry of Health recommends the development of monitoring indicators relating to care provided to individuals in situations of violence. While not mandatory, such indicators assist managers and services in planning actions and evaluating the changes and adaptations that may be required.

Suggested indicators include:

- Number of persons received and assisted in the private room;
- Sociodemographic profile of persons receiving care in the Lilac Room;
- Professional category responsible for the first reception and care contact;
- Number of violence notifications issued by health services;
- Number of referrals made to other network services and the destination services involved.

6.20.

Continuous monitoring and evaluation of implemented changes are essential to identify the impact of actions, address weaknesses, and improve care pathways.

7. CONCLUSION

7.21.

Guaranteeing a welcoming, safe environment that promotes privacy is fundamental for the effective and humanized care of individuals in situations of violence within health services.

The implementation of the measures described in this Technical Note—taking into consideration Law No. 14,847 of 25 April 2024 and all other applicable legislation, national and international protocols, and best health practices—contributes to the development of fairer, more equitable, and more effective health services that promote comprehensive health care and the well-being of all.