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VIOLENCE AGAINST WOMEN: POSSIBILITIES AND DIFFICULTIES IN THE CARE NETWORK

VIOLÊNCIA CONTRA A MULHER: VIABILIDADES E DIFICULDADES NA REDE DE ATENDIMENTO

VIOLENCIA CONTRA LAS MUJERES: POSIBILIDADES Y DIFICULTADES EN LA RED ASISTENCIAL

Leilane Mendes Vilar[1], Sheila Milena Pessoa dos Santos[2], Maria Luana Peixoto Batista[3], Juliana Emily de Lima Silva[4], Saulo Rios Mariz[5], Juliana Andreia Fernandes Noronha[6]

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[1] Federal University of Campina Grande. Campina Grande, Paraíba, Brazil. Nursing Assistant at the Municipality of Taperoá. Specialist in Public Health. Postgraduate in Dermatological Nursing with Emphasis on Wounds. Member and part of the Management Team of the Center for Research and Studies in Public Health - NUPESC, linked to CCBS-UFCG.leilanevilar9@gmail.com.https://orcid.org/0000-0002-7027-6868

[2] Federal University of Campina Grande. Campina Grande, Paraíba, Brazil. PhD in Nursing, Master in Education, Specialist in Obstetrics, Graduate in Nursing, Associate Professor at the Federal University of Campina Grande. Coordinates the Women's Health Laboratory (LAIS/UFCG).Sheila.milena@gmail.com.https://orcid.org/0000-0001-9396-9192

[3] Federal University of Campina Grande. Campina Grande, Paraíba, Brazil. Nurse from the Federal University of Campina Grande (UFCG). Currently, postgraduate in Public Health and Advanced Clinical Aesthetics with Expertise in Injectables. Active teacher in technical health courses in Campina Grande - PB.mluana.enfer@gmail.com.https://orcid.org/0009-0009-4555-7850

[4] Federal University of Campina Grande. Campina Grande, Paraíba, Brazil. Undergraduate student in Nursing at the Federal University of Campina Grande (UFCG). Member of the Palliative Care Study Group (GECUP/UFCG). Member of the Nursing Research Center (NUPESEN/UFCG), linked to secretarial activities.julianaemily65@gmail.com.https://orcid.org/0009-0001-3253-4838

[5] Federal University of Campina Grande. Campina Grande, Paraíba, Brazil. Pharmacist-Biochemist from the Federal University of Maranhão. Master in Toxicology and Toxicological Analysis from the University of São Paulo and PhD in Natural and Synthetic Bioactive Products from the Federal University of Paraíba. Post-doctorate at the University of Paris 8 on the topic of preventing drug abuse in universities.saulo.rios@professor.ufcg.edu.br.https://orcid.org/0000-0001-7988-9516

[6] Federal University of Campina Grande. Campina Grande, Paraíba, Brazil. PhD in Nursing from the Federal University of Minas Gerais (2019), Master in Public Health from the State University of Paraíba, Specialist in Public Health Services from FCM, graduated in Nursing from EESER.juliana.andreia@professor.ufcg.edu.br.https://orcid.org/0000-0002-2990-7744

ABSTRACT
Objective: This research seeks to understand the experiences of women in situations of violence in the care network. **Methods:** This is a qualitative study carried out in a reference center for women victims of violence, in a municipality in the Northeast, with 13 participants. Data collection took place between December 2022 and March 2023, and the analysis was done with the Atlas Ti software, using thematic content analysis. **Results:** Physical violence was the most reported during the speeches, the nuances of the path women took in the care network and the potential of the reference center in comprehensive assistance to women victims of violence were identified. **Conclusions**: The women's perception of professional performance in the care network when they suffered some form of violence highlighted the lack of connection, empathy, support, and network disarticulation.
Descriptors: Violence Against Women; Intimate Partner Violence; Public health.

RESUMO
Objetivo: Esta pesquisa busca compreender a vivência de mulheres em situação de violência, na rede de atendimento. **Métodos:** Trata-se de um estudo qualitativo realizado em um centro de referência para mulheres vítimas de violência, em um município do Nordeste, com 13 participantes. A coleta de dados ocorreu entre dezembro de 2022 e março de 2023, e a análise foi feita com o software Atlas Ti, utilizando análise de conteúdo temática. **Resultados:** A violência física foi a mais relatada durante os discursos, foram identificadas as nuances do percurso por mulheres na rede de atendimento e as potencialidades do centro de referência na assistência integral à mulher vítima de violência. **Conclusões:** A percepção das mulheres sobre a atuação profissional na rede de atendimento ao sofrerem alguma forma de violência teve destaque para a falta de vínculo, empatia, acolhimento e a desarticulação em rede.
Descritores: Violência Contra a Mulher; Violência Por Parceiro Íntimo; Saúde Pública.

RESUMEN
Objetivo: Esta investigación busca comprender la experiencia de las mujeres en situación de violencia en la red de atención. **Métodos:** Se trata de un estudio cualitativo realizado en un centro de referencia para mujeres víctimas de violencia, en un municipio del Nordeste, con 13 participantes. La recolección de datos se realizó entre diciembre de 2022 y marzo de 2023, y el análisis se realizó con el software Atlas Ti, mediante análisis de contenido temático. **Resultados:** La violencia física fue la más denunciada durante los discursos, los matices del recorrido de las mujeres en el servicio. red y el potencial del centro de referencia para brindar atención integral a mujeres víctimas de violencia. **Conclusiones:** La percepción de las mujeres sobre su desempeño profesional en la red de cuidados al sufrir alguna forma de violencia destacó la falta de conexión, empatía, aceptación y desarticulación en la red.
Descriptores: Violencia contra la mujer; Violencia de pareja; Salud pública.

INTRODUCTION

The concept of intimate partner violence is referred to by the World Health Organization (WHO) as the behavior of an intimate partner or ex-partner that causes physical harm,sexual, psychological or

financial, including physical assault, sexual coercion, psychological or financial abuse and controlling behavior.[1]

Intimate partner violence is one of the main forms of violence perpetrated by men against women and, due to its magnitude, has become one of the greatest global public health concerns. It is worth noting that the conditions of illness caused by this type of violence, related to abuse and aggression, are still little recognized socially.[2]

In situations of violence, women's susceptibility to mental and physical health damage increases; it also triggers a cascade of negative effects that have repercussions on women's lives for each type of violence suffered.[3] The mistaken perception of men and women about violence can increase aggression, either due to the man's lack of understanding about his aggressive behavior, or because the woman remains in the relationship in order to maintain family harmony or because she accepts violence as normal.[4]

As a highlight in the fight against violence, in Brazil, in 2006, Law No. 11,340 of 7/08/2006, “Maria da Penha Law”, was enacted, which conceptualizes and establishes punishments and educational actions for aggressors who, many times, try to end the lives of victims.[5]The aforementioned Law is one of the main legal instruments for combating cases of violence and is an important strategy for confronting the problem, also standing out for having been the first Law to typify the five most severe types of violence existing in women's daily lives, which are: physical, psychological, patrimonial, moral and sexual.[2]

The support network for women in situations of violence, as provided for in the Maria da Penha Law, is made up of a set of services from a wide range of sectors, which aim to provide comprehensive and humane care. The network is made up of agencies and institutions – specialized or not – that work together to provide support to victims. These include: Specialized Police Station for Women (DEAM), Courts for Domestic and Family Violence Against Women, Specialized Women's Reference Centers, as well as the areas of Legal, Social and Public Security Assistance.[5] In the health field, these services are made up of referral hospitals for the care of women who have experienced sexual violence and legal abortion, as well as the Primary Health Care (APS) network, which involves Basic Health Units (UBS).[6]

In terms of health, in addition to the need to identify and support women who are

victims of violence, qualified listening, problem-solving and integration with other points in the care network are essential actions.[3]

It is worth noting that literature on the support network for women victims of violence is still scarce, especially when it comes to research carried out in Specialized Women's Reference Centers and which based their analyses on the victims' experiences.[7]

Thus, the objective of the study was to understand the experience of women in situations of violence in the care network.

METHOD

This work is an excerpt from a broader research project entitled "Women's representations of intimate partner violence and coping strategies", which was constructed based on the recommendations of the Consolidated criteria for reporting qualitative research (COREQ).[8]

This is a comprehensive study with a qualitative design and a locus in a reference center for violence against women, located in a city in the interior of the Northeast. It is noteworthy that the center provides psychological and social care, guidance and legal referrals necessary to overcome the cycle of violence, contributing to the empowerment of women.

The population consisted of women with experience of violence committed by an intimate partner, current or past, aged 18 or over, of any gender, sexual orientation, race/ethnicity and level of education. The exclusion criteria were professionals from the service and women who were not monitored by the reference center.

To achieve the objective of the study, data collection was carried out through focus groups conducted at the reference center. This technique has been widely used in social and human research, since complex issues can be investigated in a short time and at a low cost, understanding them in detail, and from there, seeking to produce new knowledge.[9] Regarding the number of participants per focus group, a minimum of six and a maximum of fifteen women per room was established, with the aim of facilitating the exchange of common experiences.[10]

Data collection took place in December 2022 and March 2023, involving three stages: First, the researchers visited the reference center during a day of high demand for women assisted, as suggested by the coordinator of the location. At that time, the purpose of the research and the ethical aspects

were explained. Then, the interested parties signed the Free and Informed Consent Form (FICF) provided by the researchers, who read and explained its content. During this phase, a sociodemographic questionnaire was also completed. Finally, a focus group was held in a room indicated by the coordinator, ensuring the confidentiality of the discussions and promoting safe interaction among the participants.

It was necessary to carry out two focus groups, with the aim of achieving information saturation.[11] These groups lasted 1h:10min and 1h:20min, with the participation of six and seven women, respectively. Both moments were recorded and transcribed in full to enable the analysis stage.

The procedures for data analysis were based on content analysis in the thematic modality.[12] The data analysis phase allowed interpretations based on the objective and systematic identification of aspects present in the messages.

To aid the qualitative analysis, the Atlas Ti software was used.[13]Thus, the content was coded by the researchers and classified into thematic axes with categories capable of grouping the material, with the possibility of inserting statements in more than one thematic axis. The statements were then selected and filtered to support, through excerpts of the women's statements, the content that composed the categories. To preserve the privacy of the participants, the excerpts were identified with the letter M, referring to the word “Woman”, followed by a random sequential number from 1 to 13 established by the researchers.

The results were interpreted in light of studies on gender, violence and other references relating to the content and interpretations produced by the researchers based on the material.

The research was conducted in compliance with Resolution 466/12, which refers to research involving human beings. Thus, the research project was approved by the Research Ethics Committee (CEP) of the Alcides Carneiro University Hospital of the Federal University of Campina Grande, CAAE 47703021.7.0000.5182, opinion 4,944,542.

RESULTS

The participants were between 27 and 68 years old. Five self-identified as white, three as mixed race and five as black. Regarding education, one was literate, six had primary education, four as secondary education and two as higher education. Seven

of the interviewees had paid employment. The violence was caused by one partner and twelve as ex-partners. Among the 13 participants, 11 had children.

Physical violence was the most reported type of violence during the speeches. It is aggressive in nature and mainly damages women's physical health. Women predominantly reported having been subjected to violence through beatings, punches, kicks and hair pulling.

> *He is suspicious of me, once I went to church and greeted a pastor and when I got home he hit me a lot [...] when he got home he simply hit me and hit me a lot in my face."*(M1)
> *My house there was in a ceramics shop, he would grab me by the hair and drag me around the room, oh my girl, my boy hates him.*(M2)
> *He already fractured my arm, he already... I just kept quiet. And I put up with a lot of things [...].*(M.3)

Psychological violence emerged significantly in the reports, manifesting itself through emotional harm, low self-esteem and negative impact on women's personal development. In some cases, the aggression occurs in a subtle manner, involving ambiguous questions that insinuate infidelity on the part of the woman or suggest that she is taking advantage of academic or professional situations to succeed in the activities she is undertaking.

> *I ended up doing my first year of pedagogy, and then when he saw me studying at night, except that at that time there were no computers, everything was done by hand, and I tried really hard, when he saw my grade, he would say: "Hmm, an A for that work? Me: Yes." Him: Are you a teacher or are you a professor? If I said a teacher, he would say: Oh, I understand why you got an A. (M.1)*

Sexual violence has emerged amid shocking reports of the complete objectification of women as beings who are, for men, people who need to offer their bodies as objects of pleasure without considering their desires, pleasure and availability. Women report pain and scars that go beyond the physical.

> *I suffered a lot of violence from him, I lost my uterus because of it when I was thirty-three years old, because he used a lot of condoms and stuck them inside me and tore me apart in every way. I have a lot of scars." (M.2)*

It was found that patrimonial violence rarely appears in the reports of abused women. This fact, however, is subject to investigation considering the fact that they probably do not know or do not identify behaviors that constitute retention, subtraction, partial or total destruction of their objects, work instruments, personal documents, assets, values and rights or economic resources, including those intended to satisfy their needs, as a type of violence.

> *[...] he took everything I had in the house and gave it to her, he bought everything and left me with nothing.*(M.4)

Moral violence is discussed with feelings of shame and indignation among women. Bad words were always uttered against them, in addition to excessive jealousy and the need to belittle their partner.

> *[...] he talked about skin color, right, I couldn't find anything better, he swore, when he got home drunk, he told me to go take a drink in that corner, he swore as loudly as possible so the neighbors could hear.*(M.5)

It can therefore be inferred that the types of violence committed against women occur in various forms with marked traces of perversity, which cause serious consequences for women's health, constituting a violation of human rights.

Nuances of the path taken by women in the service network

Since each service – whether specialized or not – has a central and autonomous role in the lives of victims, each one must choose to defend women in vulnerable situations against aggressors. However, the statements of the victims interviewed differ from what was expected, being portrayed as ones of waiting, anguish and dissatisfaction.

> *[...] after four years of separation, I'm living in court all the time, I haven't managed to get a divorce, I haven't managed to get anything out of the house [...] and everything is in court, I can't get anything. Nothing.*(M.6)
> *Especially in the health sector, which is very precarious, we feel so bad about the care people receive, you know?!*(M.7)

When the group participants were asked about their relationships with health professionals, their stories were based on indignation and denial when they arrived at the service and were not welcomed, especially when this lack of welcome was carried out by another woman.

> *[...] I go to a health center close to my house many, many times, and the professionals, especially my colleagues who live in the same place and who know me, look at me from the counter and say: 'Tell me what you want' and that is no way to treat me or anyone else. So, many times you leave there, you arrive there so hurt and you arrive at a place and are treated mainly by a professional woman who should have a different view of her colleague, of her neighbor. This is very sad.*(M. 8)

From another angle, some women reported that from the professional-user relationship they found support to strengthen themselves, fight against violence and feel welcomed.

> *When I started attending CAPS [...] the psychologist, the love of my life, I will never forget, she helped me a lot [...], I went to look for CAPS, I was well received, I still am today, and that's it.*(M.3)

The care network plays a central role in dealing with cases of violence, since communication between users, professionals and services reinforces the network care strategy and prioritizes integration between different sectors to resolve problems, with the aim of ensuring that victims' rights are respected, holding aggressors accountable and providing qualified assistance.

Potential of the Reference Center in providing comprehensive assistance to women victims of violence

Regarding the reference center for violence against women, the reports were entirely positive, with a distinction and emphasis on the other services that make up the service network. It is therefore referred to as a place of listening, empathy, acceptance and resolution.

> *[...] I had heard about the Women's Reference Center [...] After I came here I lacked nothing, because God was already with me, I arrived here, I was attended to, I was referred to a psychologist, I underwent treatment here several times, it wasn't just a few, I attended meetings that were held here [...]. (M. 4)*
> *[...] I came here (Reference Center) to seek help and that was when I understood even more that it was my right. (M. 8)*

Users of the center highlight that upon arriving at the service They found strength and resilience inherent to the female figure, in addition to the necessary support and understanding to discern what is their right under the law and also benefited from the most diverse multidisciplinary services that the center offers.

> *When I arrived here (Reference Center), I met Dr. [...] I said: I want to separate, I want to separate completely, legally, stable union [...] she filed the application, took all the information I had, and then there was the hearing, it was a year ago now, on the 29th, and in the first hearing, he was already removed from home, so here I am, free, light and loose, telling this story.*(M.5)
> *[...] I thought: how can I suffer with this? [...] I'm going to that women's reference center [...] I'm going to seek help [...] I've been to the police station several times. I just walk around and act like a fool.*(M.3)

The feeling of freedom and autonomy that the reference center provides to women in situations of violence is the strong and differentiating point of the service, as it improves the production and dissemination of relevant knowledge with the aim of contributing to the transformation and living conditions of victims.

> *When I went to the referral center there in [another city], they took me to the hospital to do the exam, I heard the doctor say to the girl there: 'How can a husband rape his wife? He has the right to her body.' So, she asked me to leave the room and stayed talking to him inside, I think reprimanding him, right?!*(M.2)

During the reports, actions are visualized for a comprehensive approach,

which implies intersectoral coordination, such as legal advice for each specific case, psychological care and monitoring, social care for support and prevention of cases and other referrals to network services.

DISCUSSION

The women acknowledged having experienced intimate partner violence and suffered negative consequences for their biopsychosocial well-being. Acts of violence included distrust, excessive jealousy, name-calling, forced sex, use of physical force and property degradation.

When analyzing the speeches, physical violence was perceived more by the victims(punches, hair pulling, fractures) and verbal violence (insults, shouting). The control that men exert over women is at the basis of the patriarchal ideology that emphasizes traditional gender roles and, consequently, the levels of physical violence against women.[14]

In the context of psychological violence, the invisible but deeply impactful marks that can occur in both public and private environments stand out. A study carried out in Alicante and Madrid, Spain, reveals that both sexes recognize the perception and consequences of this type of violence, identifying isolation and destruction of the victim as the most extreme forms of psychological violence.[14] Furthermore, women in situations of violence tend to have disorders such as post-traumatic stress, anxiety and depression, with a high risk of suicide.[15]

In the case of sexual violence, during the slavery era, black women suffered sexual violence and experienced situations of harassment by men who had a hierarchical position of power over them and who also served as sexual objects for single Portuguese men who lived in Brazil.[16] Similarly, among the testimonies in the current study, a black woman reported having suffered sexual violence similar to the times of slavery, full of humiliation and intimate mistreatment.

Specifically regarding moral violence, in addition to reports of contempt and offense, there were other statements that demonstrated public dishonor towards women.through swear words. These situations occur mainly in relation to accusations of adultery and since the imperial period in Brazil there are records that legitimize adultery as a justification for violent acts and the murder of women.[6]

The unveiling of violence experienced in female conjugal relationships through patrimonial abuse, in this study, appeared through the theft of the victim's assets.

However, it was a form little expressed by women. At the same time, a study shows that patrimonial violence is often caused by women's lack of knowledge about their property rights and how they can guarantee them, linked to the expectation that their partners will act in a good faith.[17]

The women's health care network, which involves sectors such as social assistance, justice, public safety and health, is essential. Institutions such as Specialized Women's Care Units (DEAM), Domestic Violence Courts, Women's Reference Centers and hospitals specializing in sexual violence and legal abortion provide crucial support. In addition, it is important that non-specialized services include actions aimed at gender-based violence to improve care and appropriate referral for victims.

The analysis identified several flaws in the victim support network, with the judicial sector being the main problem. Although the Maria da Penha Law has brought progress, the justice system and the police still face challenges and delays in the face of the complexity of cases in Brazil. The legal and police demands reflect the long and exhausting wait in the judicial sector, generating suffering, dissatisfaction and making women in situations of abuse even more vulnerable.[15]

In the health sector, violence against women is often made invisible, seen as a private and intimate problem. The women's reports highlight the lack of support and the lack of preparation of professionals to deal with the suffering of each victim. The health team, however, can stand out and act differently by acting in a significant way in the process of confronting violence, through support strategies that place women as a central figure in the care actions directed at the problem.[2]

Professionals working in the care network highlight the lack of psychologists and psychiatrists to meet demands and report understanding that it would be the role of the Unified Health System (SUS) to meet this need.[18]At the same time, the women who participated in this research recalled and highlighted the care provided, especially by psychology professionals, as an important bridge of support and resources for victims, although they also criticized the lack of this professional category (psychologists and/or psychiatrists) to meet the demands and provide continuity of monitoring.

It is essential, therefore, to highlight the need for convergence between the narratives

of intersectionality and social determinants so that the multiple realities and living conditions can be understood and embraced in their similarities and specificities in the different situations of violence they experience and thus provide good assistance.[19]

In relation to the women's reference center, a central meeting and sharing point among women, it is clear that victims value the care received by professionals there, as they clearly express behaviors that are synonymous with welcoming, understanding, guidance and agility in dealing with cases. The reference center plays the role of articulator in the care network for women in situations of violence in the lives of victims, as it fills several gaps left by other services, in addition to directing women to the necessary sectors and services, being a service composed of focused, trained professionals and a multidisciplinary team that provides all the support and support necessary to break the cycle of violence.[7]

CONCLUSION

This study sought to understand the experiences of women in situations of violence and analyze their interaction with the support network. The complexity of these experiences was identified, highlighting both the possibilities and the challenges faced when seeking support.

The women reported a lack of connection, empathy and integration in the care network, but emphasized that, when there was humanized support and collaboration between services, they felt strengthened and motivated to break out of the cycle of violence. Conducting the focus groups was challenging, highlighting the need for more studies on the topic, in addition to the importance of public policies and training of mental health professionals.

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