

Epidemiological profile of violence against women in a city in the interior of Maranhão, Brazil

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Abstract

Violence against women at any time in their lives is a serious social and public health problem to be faced in Brazil. In this perspective, the present study aims to analyze the epidemiological profile of female victims of domestic violence in a city in Maranhão. This is a cross-sectional, exploratory, and descriptive study with a quantitative approach. In the period from 2014 to 2018, 1,395 cases of domestic violence against women were reported in a city in the interior of Maranhão. Given the data, it was found that violence was prevalent in women aged 19 to 29 years old (n=513; 36.77%), brown (n=1372; 98.35%), single (n=829; 59.43%), with an elementary education (n=811; 58.18%) and were housekeepers (n=594; 42.58%). The most common type of violence was psychological/moral (n=614; 44.00%), and the prevalent means of aggression was through threats (n=774; 55.48%). In short, it was demonstrated that the cases of violence against women are prevalent in young, brown, married or civilly joined women, with low schooling, and were domestic acts. The type of violence most often practiced against women was psychological/moral violence.

Keywords: Domestic violence. Women. Violence against women

INTRODUCTION

Most of the aggressions suffered by women are due to interpersonal conflicts, which ends up deserving little attention and their exposure causes embarrassment¹. These traits contribute to the complexity of the phenomenon, since it is inherent to situations between men and women, who

maintain affective and professional bonds¹. Thus, in order to analyze such situations, the multiple factors, the socio-cultural plots that circumscribe them, as well as the material conditions of the abused and the aggressors must be considered¹. However, the actions are still ineffective on the part of the police

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and legal apparatus, which reflect a vision of scarce resolution and which discredits the victim and society in the face of general impunity¹.

The rate of domestic violence with female victims is three times higher than that registered with men. Evaluated data also show that, in 43.1% of cases, violence typically occurs at the woman's residence, and in 36.7% of cases, aggression occurs on public roads². Violence against women is one of the biggest social problems faced on the national scene, the result of a conservative and patriarchal culture, which for centuries placed women as an inferior being, having no autonomy to carry out their own wishes or dreams, and being subjected to the standard imposed by a male figure³. In order to be understood, in all its complexity, violence against women must be understood as a violation of gender and its analysis must be done not only in terms of individual acts⁴.

In Brazil, in 2013, notifications of violence were registered in Sinan/MS in 61.5% of the municipalities. In 13 States (UFs), this percentage was higher than the average in Brazil and, in 10 UFs, it was below the Brazilian average, with Paraíba having the lowest coverage⁵. There were 188,728 notifications, of which 104 cases without information about sex were excluded, totaling 188,624 valid notifications for analysis. Of the total number of reported cases, 56,447 (29.9%) occurred among men and 132,177 (70.1%), among women (BRASIL, 2017). In 2017, the state of São Paulo accounts for the lowest rate of femicide, 2.2 per 100 thousand women, followed by the Federal District (2.9), Santa Catarina (3.1), Piauí (3.2), Maranhão (3.6), and Minas Gerais (3.7)⁶.

Therefore, studying violence against women is an important way to contribute to reduce the invisibility of this reality experienced by countless women⁸. Thus,

the importance of identifying the factors associated with violence against women is emphasized, since sociodemographic, behavioral, and cultural aspects can intensify the violence practiced by the partner. Although violence against women is widely found in all social classes, studies show that the young age group, black race, single or divorced marital status, low education level, unfavorable economic level, although inconstant, are frequently found among women with history of violence around the world⁴.

Even with the high rate of notifications of violence against women, we have an underreporting of cases, since underreporting is still common, and some cases are not registered by the information services. In the panorama of violence against women in Brazil: national and state indicators carried out in 2016 affirm that it is not clear whether the increase in the number of feminicides reported by the police effectively reflects an increase in the number of cases, or a decrease in the number of cases, since the Femicide Law (Law No. 13,104, of 03/09/2015) is relatively new; thus, there may be an ongoing learning process by the judicial authorities. The police records of feminicides can imply some underreporting, due to the non-attribution of the femicide aggravating factor to the crime of homicide. On the other hand, the analysis of the aggregated health data does not allow an elucidation of the issue, since the international classification of diseases (CID), used by the Ministry of Health, does not deal with issues of legal classification and much less with the motivation that generated the aggression⁹.

In this perspective, the present study aims to analyze the epidemiological profile of female victims of domestic violence in the city of Caxias, MA.

METHODOLOGY

This is a cross-sectional, exploratory, and descriptive study with a quantitative approach. The study took place in a city in Maranhão, Brazil. Included in this study were all forms of notification of violence against women, aged 18 years or over, residents of the municipality, and notified in the period from 2014 to 2018. Cases reported more than once were excluded in order to avoid duplication of information, as well as those files that have illegible or incomplete information.

Data were collected from the forms of notification of interpersonal/self-inflicted violence in the epidemiological surveillance of the Municipality. The variables investigated on the profile of female victims of violence were: year of notification, age group, education, race/color, marital status/civil status, occupation, type of violence, place of occurrence, relationship with the aggressor, and life cycle of the likely perpetrator of the

violence.

The statistical analysis of the data was obtained with Epi Info software version 7.2.1.0, where a descriptive analysis was performed, based on absolute and relative frequencies for the sociodemographic and economic variables, and later the chi-squared test was used to verify any association between variables. When the p-value is less than the level of significance ($p\text{-value} < 0.05$) it was considered significant. To calculate the percentage reduction in the number of cases of violence between the first and last year of study, the initial value was subtracted from the final value and the result was divided by the initial value and subsequently multiplied by 100.

The study preceded the approval of the research by the Ethics and Research Committee (CEP) of Maranhão State University (UEMA) under the opinion number 3.235.493. 3.287.765.

RESULTS

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In the period from 2014 to 2018, 1,395 cases of domestic violence against women were reported in the city of Caxias, MA, with a 9.75% percentage reduction in the number of cases between the first and last year of the study. In 2015, there was a large reduction, probably the result of underreporting of cases (Table I).

It was found that violence was prevalent in women aged 19 to 29 years (n=513; 36.77%), brown (n=1372; 98.35%), single (n=829; 59.43%), with an elementary education (n=811; 58.18%) and were housekeeper (n=594; 42.58%). The most common type of violence was psychological/moral (n=614; 44.00%) and threats were the prevalent means of aggression (n=774; 55.48%). Concerning the aggressor's profile, it was shown that violence against women

was practiced by an intimate partner (n=917; 65.74%) aged between 25 and 29 years old (n=1204; 86.31%) (Table I).

Table II shows the types of violence against women starting from the age of 19 and the variables analyzed. Physical violence occurred more commonly in women aged 19 to 29 years (40%), brown (97.9%), housekeepers (52.5%), and were committed by an intimate partner (76%) aged 25 to 29 years (73%). In moral/ psychological violence, there was more emphasis on those aged between 30 to 39 years (35.8%), with other occupations (49.5%). The variables that showed an association ($p < 0.05$) were the woman's age, race, education, and marital status. The relationship with the aggressor and their age are also associated (Table II).

Table 1- Distribution of occurrences of violence against women, according to characteristics of the victim, connection with the aggressor, and characteristics of violence. Caxias, MA, 2014 to 2018.

| VARIABLE | n | % |
|---------------------------------------|------|-------|
| Year of occurrence | | |
| 2014 | 401 | 28.75 |
| 2015 | 63 | 4.52 |
| 2016 | 374 | 26.81 |
| 2017 | 195 | 13.98 |
| 2018 | 362 | 22.95 |
| Age range | | |
| 19 to 29 years old | 513 | 36.77 |
| 30 to 39 years old | 508 | 36.42 |
| 40 to 49 years old | 209 | 14.98 |
| 50 to 59 years old | 81 | 5.81 |
| Greater than or equal to 60 years old | 84 | 6.02 |
| Race | | |
| Black | 10 | 0.72 |
| Brown | 1372 | 98.35 |
| Other | 13 | 0.92 |
| Marital status/ civil status | | |
| Married/Civil Union | 428 | 30.68 |
| Ignored | 16 | 1.15 |
| Separate | 92 | 6.59 |
| Not married | 829 | 59.43 |
| Widower | 30 | 2.15 |
| Education | | |
| Elementary School | 811 | 58.18 |
| High School | 120 | 8.61 |
| Other | 463 | 33.21 |
| Occupation | | |
| Housekeeper | 594 | 42.58 |
| Farmer | 135 | 9.68 |
| Student | 78 | 5.59 |
| Others | 587 | 41.09 |
| Type of violence | | |
| Sexual | 375 | 26.88 |
| Psychology/Morals | 614 | 44.00 |
| Others | 406 | 29.12 |

to be continued...

continuation table 1...

| VARIABLE | n | % |
|---|------|-------|
| Place of occurrence | | |
| Residence | 1337 | 96.26 |
| Public highway | | 2.23 |
| Others | | 1.89 |
| Means of Aggression | | |
| Threat | 774 | 55.48 |
| Bodily force/ beating | 246 | 17.63 |
| Injury | 14 | 1.00 |
| Psychological | 31 | 2.23 |
| Sharp object | 15 | 1.08 |
| Others | 306 | 21.86 |
| Relationship with the aggressor | | |
| Intimate partner | 917 | 65.74 |
| Others | 478 | 34.26 |
| Life cycle of the likely perpetrator of the violence | | |
| Ignored | 2 | 0.14 |
| Young (20 to 24 years old) | 188 | 13.48 |
| Adult Person (25 to 29 years old) | 1204 | 86.31 |
| Elderly person (60 years or older) | 01 | 0.07 |
| Total | 1395 | 100 |

Source: SINAN-Caxias Epidemiological Surveillance, Caxias Municipal Health Department, 2018

Table 2- Association between the characteristics of the victim, relationship with the aggressor, and characteristics of violence. Caxias, MA, 2014 to 2018.

| Variáveis | Type of Aggression | | | | | | p-value* |
|---------------------------|--------------------|------|----------------------|------|-------|------|----------|
| | Physical | | Psychological/ Moral | | Other | | |
| | n | % | n | % | n | % | |
| Year of occurrence | | | | | | | |
| 2014 – 2015 | 18 | 4.8 | 261 | 42.5 | 185 | 45.6 | 0.000** |
| 2016 – 2017 | 148 | 39.5 | 258 | 42.0 | 163 | 40.1 | |
| 2018 | 209 | 55.7 | 95 | 15.5 | 58 | 14.3 | |
| Age Range | | | | | | | |
| 19 to 29 years old | 150 | 40.0 | 206 | 33.6 | 157 | 38.7 | 0.040** |
| 30 to 39 years old | 132 | 35.2 | 220 | 35.8 | 156 | 38.4 | |
| 40 or more years | 93 | 24.8 | 188 | 30.6 | 93 | 22.9 | |
| Race | | | | | | | |
| White | 7 | 1.9 | 1 | 0.2 | 0 | 0.0 | 0.002** |
| Black/Brown | 367 | 97.9 | 612 | 99.7 | 403 | 99.3 | |
| Other | 3 | 0.31 | 1 | 0.2 | 3 | 0.7 | |

to be continued...

continuation table 2...

| Variables | Type of Aggression | | | | | | |
|---------------------------------|--------------------|-----------|------------|-------------|-----------|-------------|---------|
| Education | | | | | | | |
| Elementary | 254 | 67.7 | 454 | 73.9 | 308 | 75.9 | 0.121 |
| Highschool | 46 | 12.3 | 58 | 9.4 | 36 | 8.9 | |
| Other | 75 | 20.0 | 102 | 16.6 | 62 | 15.3 | |
| Occupation | | | | | | | |
| Housekeeper | 197 | 52.5 | 236 | 38.4 | 163 | 40.1 | 0.000** |
| Farmer | 7 | 1.9 | 74 | 12.1 | 54 | 13.3 | |
| Others | 171 | 45.6 | 304 | 49.5 | 189 | 46.6 | |
| Marital Situation | | | | | | | |
| Not married | 184 | 49.1 | 387 | 63.0 | 258 | 63.5 | |
| Married / Civil union | 161 | 42.9 | 155 | 25.3 | 112 | 27.6 | 0.000** |
| Other | 30 | 8.0 | 72 | 11.7 | 36 | 8.9 | |
| Relationship with the aggressor | 30 | 8.0 | 72 | 11.7 | 36 | 8.9 | 0.000** |
| Intimate partner | 285 | 76.0 | 353 | 57.5 | 290 | 71.4 | |
| Family | 30 | 8.0 | 49 | 8.0 | 34 | 8.4 | |
| Other | 16.0 | 60 | 212 | 34.5 | 82 | 20.2 | |
| Aggressor's age | | | | | | | |
| Young (20 to 24 years old) | 100 | 26.7 | 55 | 9.0 | 33 | 8.1 | 0.000** |
| Adult (25 to 29 years) | 275 | 73.3 | 558 | 90.9 | 371 | 91.4 | |
| Other | 0 | 0.0 | 1 | 0.2 | 2 | 0.5 | |

*Chi-squared test (95% confidence). **Statistical significance.
Source: SINAN-Caxias Epidemiological Surveillance, Caxias Municipal Health Department, 2018.

DISCUSSION

This study presents the first data on violence against women in the period from 2014 to 2018 in the city of Caxias, Maranhão, and outlines the panorama of this condition as a public health problem. This research shows that the profile of physical violence differs in some points from that found in psychological/moral violence. While physical aggression was committed mostly in young women who were housekeepers, psychological/moral aggression was prevalent in the age group of 30 to 39 years old and with other occupations.

Both types of violence were prevalent in young, brown, single women, with a low education, corroborating with other studies in the literature^{10,11}. An exploratory study carried

out based on 1,388 records of occurrences of violence against women, in a metropolitan region of Northeast Brazil, found similar results with the prevalence of violence in young women with a low education^{12,13}. The most frequent age groups of women are probably teenagers/young people who are more affected than older women, as in addition to being a woman, they are young age, have restricted access to means of protection, are economically dependent, and have less education. Low schooling, socioeconomic conditions, unemployment, having witnessed violence against their mother, or having been a victim of violence in childhood has been associated with an increased risk of women

being victims of violence^{14,15}.

The prevalence of the intimate partner in the study as the author of violence against women in Caxias, MA was notable in all types of aggression and those aged between 25 and 29 years, corroborating with other studies in the literature¹⁶. A cross-sectional survey conducted with 470 women in the city of Ribeirão das Neves, showed similar results with a prevalence of violent events practiced by their intimate partner^{17,18}. Likewise, in a descriptive study carried out with 2,379 female primary care (UBS) users in the State of São Paulo, more than half of the women suffered intimate partner violence at some time in their lives, in the 12 months preceding the interview. Almost a third of women reported physical violence perpetrated by an intimate partner at any time, and about one in ten experienced it within the previous 12 months. It is worth noting that the man in a situation of aggression, in general, is a person lives with the woman in a situation of violence, being inside their own home and belonging to the intrafamily coexistence¹⁹.

Regarding the most prevalent type of violence in the study, moral/ psychological violence stands out, and this collaborates with studies developed in the area. A descriptive study carried out in João Pessoa with 12 women found that psychological or emotional

violence and physical violence are the most frequent. In most cases, psychological or emotional violence was the most prevalent, mainly in the forms of humiliation, cursing, and contempt^{20,21}. A descriptive study carried out in the city of João Pessoa with 860 women, found that psychological violence was more evident, followed by physical and sexual violence²². A descriptive study conducted with 401 notifications using secondary data from the University Hospital of Vale do São Francisco contrasts the findings of previous studies and demonstrated that the most practiced violence was physical, followed by psychological, torture, sexual violence (2%), financial, legal intervention, and other types not described²³.

This study has at least three limitations that must be considered. First, the use of secondary data, which is liable to failure to properly fill out and/or possesses incomplete information in the notification forms, which directly interferes with the disclosure of information. Second, the data cannot be generalized to all women who are victims of violence in the municipality, since the notifications are made only in health services or centers for women in situations of violence, and many do not seek these services. Third, only women aged 19 years or older were analyzed, and violence against women in childhood and early adolescence was not analyzed.

CONCLUSION

In short, there was a reduction in the number of cases of violence against women who were prevalent in young, brown, married or civilly joined women, with a low education and were housekeepers. The most common type of violence was psychological/moral violence, through threats, and were practiced by an intimate partner.

The data show that violence against women is associated with sociodemographic

factors such as age, race, education, and marital status of women. Thus, the relevance of studies on violence against women, as well as the mandatory reporting of cases are noted. In the face of this study, it is evident that a reliable overview of violence against women in the municipality is not provided, and for this reason it is important to carry out direct research in order to analyze the real magnitude of this phenomenon.

REFERENCES

1. Bandeira, LM. Violência de gênero: a construção de um campo teórico e de investigação. Soc estado. [internet]. 2014 Mai [acesso 2018 out 20]; 29(2): 449-469. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-69922014000200008&lng=en&nrm=iso.
2. Organização Mundial de Saúde (OMS). Folha Informativa – Violência contra as mulheres. OMS. Nov 2017. Disponível em: https://www.paho.org/bra/index.php?option=com_content&view=article&id=5669:folha-informativa-violencia-contra-as-mulheres&Itemid=820.
3. Bueno S, Neme C, Sobral I, et al. Atlas da violência. Fórum Brasileiro de Segurança Pública. IPEA. São Paulo, ed. 2. 2017. Disponível em: <https://www.ipea.gov.br/atlasviolencia/arquivos/downloads/8891-1250-170602atlasdaviolencia2017.pdf>.
4. Bueno S, Neme C, Sobral I, et al. Fórum Brasileiro de Segurança Pública. Visível e Invisível: a vitimização de mulheres no Brasil. Relatório-pesquisa. São Paulo, ed. 2. 2019. Disponível em: <https://forumseguranca.org.br/wp-content/uploads/2019/02/relatorio-pesquisa-2019-v6.pdf>.
5. Cerqueira D, Bueno S, Lima RS, Neme C et al. Fórum Brasileiro de Segurança Pública. IPEA. Atlas da Violência 2019. Rio de Janeiro, ed. 1. 2018. Disponível em: <https://www.ipea.gov.br/atlasviolencia/arquivos/downloads/7047-190802atlasdaviolencia2019municipios.pdf>.
6. Cerqueira D, Bueno S, Lima RS, Neme C et al. Fórum Brasileiro de Segurança Pública. IPEA. Atlas da Violência 2019. Rio de Janeiro, ed. 2. 2019. Disponível em: <https://www.ipea.gov.br/atlasviolencia/arquivos/downloads/6537-atlas2019.pdf>.
7. Garbin CAS, Dias IA, Rovida TAS et al. Desafios do profissional de saúde na notificação da violência: obrigatoriedade, efetivação e encaminhamento. Ciênc & Saúde Coletiva. [online]. 2015 Mai [acesso 2019 fev. 12]; 20(6):1879-1890. Disponível em: <https://www.scielo.br/pdf/csc/v20n6/1413-8123-csc-20-06-1879.pdf>.
8. Delzio CR, Bolsoni CC, Nazário NO, et al. Características dos casos de violência sexual contra mulheres adolescentes e adultas notificados pelos serviços públicos de saúde em Santa Catarina, Brasil. Cad Saúde Pública. [internet]. 2017 Jul [acesso 2019 març 10]; 33(6): e00002716. Disponível em: https://www.scielo.br/scielo.php?pid=S0102311X2017000605011&script=sci_abstract&tlng=pt.
9. Instituto de Pesquisa Data Senado. Panorama da violência contra as mulheres no Brasil [recurso eletrônico]: indicadores nacionais e estaduais. Brasília: Senado Federal, Observatório da Mulher contra a Violência, 2016. Disponível em: <http://www2.senado.leg.br/bdsf/handle/id/529424>.
10. Ferreira RM, Vasconcelos TB, Filho REM et al. Características de saúde de mulheres em situação de violência doméstica abrigadas em uma unidade de proteção estadual. Ciênc & Saúde Coletiva. [online]. 2016 Mai [acesso 2019 jan 16]; 21(12):3937-3946. Disponível em: https://www.scielo.br/scielo.php?script=sci_abstract&pid=S1413-81232016001203937&lng=pt&nrm=iso&tlng=pt.
11. Amaral, LBM; Vasconcelos, TB; Sá, FE; Silva. ASR; Macena, RHM. Violência doméstica e a Lei Maria da Penha: perfil das agressões sofridas por mulheres abrigadas em uma unidade social de proteção. Rev Estud Fem. [online]. 2016 Mai [acesso 2019 jan 25]; 24(2):821-840. Disponível em: https://www.scielo.br/scielo.php?pid=S0104026X2016000200521&script=sci_abstract&tlng=pt.
12. Schraiber LB, Latorre MRDO, Jr NJS et al. Validade do instrumento WHO VAW STUDY para estimar violência de gênero contra a mulher. Rev Saúde Pública. [online]. 2010 Agost. [acesso 2019 de nov. 12]; 44(4):658-666. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S003489102010000400009.
13. Bernardino ÍM, Barbosa KGN, Nóbrega LM, et al. Violência contra mulheres em diferentes estágios do ciclo de vida no Brasil: um estudo exploratório. Rev bras epidemiol. [internet]. 2016 Out [acesso 2018 out 21]; 19(4):740-752. Disponível em: <http://www.scielo>

br/scielo.php?pid=S1415790X2016000400740&script=sci_abstract&lng=pt.

14. Leite FMC, Amorim MHC, Wehrmeister FC et al. Violence against women, Espírito Santo, Brazil. *Rev Saúde Pública*. [online]. 2017 Nov. [acesso 2019 de out 22]; 51(1):33. Disponível em: http://www.scielo.br/pdf/rsp/v51/pt_0034-8910-rsp-S1518-87872017051006815.pdf.

15. Holanda ER, Holanda VR, Vasconcelos MS, Souza VP et al. Fatores associados à violência contra as mulheres na atenção primária de saúde. *Rev Bras Promoç Saúde*. [online]. 2018 Mai [acesso 2019 nov. 10]; 31(1):1-9. Disponível em: <https://periodicos.unifor.br/RBPS/article/view/6580>.

16. Acosta, DF; Gomes, VLO; Fonseca, AD; Gomes, GC. Violência contra a mulher por parceiro íntimo: (in) visibilidade do problema. *Context Enferm*. 2015 Març [acesso 2019 de out. 20]; 24(1): 121-127. Disponível em: https://www.scielo.br/pdf/tce/v24n1/pt_0104-0707-tce-24-01-00121.pdf.

17. Rosa DOA, Ramos RCS, Gomes TMV, Melo EM et al. Violência provocada pelo parceiro íntimo entre usuárias da Atenção Primária à Saúde: prevalência e fatores associados. *Saúde debate*. [online]. 2018 Dez [acesso 2019 de nov. 13]; 42(4):67-80. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-11042018000800067.

18. Moraes MSB, Cavalcante LIC, Pantoja ZC et al. Violência por parceiro íntimo: Características dos envolvidos e da agressão. *Psi Unisc*. [online]. 2018 Jul./Dez. [acesso 2019 de nov. 12]; 2(2):78-96. Disponível em: <https://online.unisc.br/seer/index.php/psi/article/view/11901>.

19. Griebler, CN; Borges, JL. Violência contra a mulher: perfil dos envolvidos em boletins de ocorrência da Lei Maria da Penha. *Psico*. [online]. 2013 Fev. [acesso 2020 de fev de 19]; 44(2): 215-225. Disponível em: <https://revistaseletronicas.pucrs.br/ojs/index.php/revistapsico/article/download/11463/9640>.

20. Fonseca, DH; Ribeiro, CG; Leal, NSB. Violência doméstica contra a mulher: realidades e representações sociais. *Psicol Soc*. [online]. 2012 Març [acesso 2020 de jan de 19]; 24(2): 307-314. Disponível em: <http://dx.doi.org/10.1590/S0102-71822012000200008>.

21. Bozzo, ACB; Matos, GC; Beraldi, LP; Souza, MD. Violência doméstica contra a mulher: caracterização dos casos notificados em um município do interior paulista. *Ver enferm UERJ*. [online]. 2017 Fev [acesso 2019 de nov. 20]; 25(3). Disponível em: Doi: <http://dx.doi.org/10.12957/reuerj.2017.11173>.

22. Albuquerque, JBC; CÉSAR, ESR; SILVA, VCL et al. Violência doméstica: características sociodemográficas de mulheres cadastradas em uma Unidade de Saúde da Família. *Rev Eletr Enf*. [online]. 2013 abr/jun;15(2):382-90. Disponível em: Doi: 10.5216/ree.v15i2.18941

23. Viana AL, Lira MOSC, Vieira MC, Sarmiento SS et al. Violência contra mulher. *Ver Enferm UFPE*. [online]. 2018 Abr. [acesso 2019 de març 20]; 12(4):923-929. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/110273/28639+&cd=1&hl=pt-BR&ct=clnk&gl=br>.

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