




ORIGINAL


Characterization of cases of women in situations of violence in a capital of Northeastern Brazil

Caracterização dos casos de mulheres em situação de violência em uma capital do Nordeste Brasileiro
Caracterización de los casos de mujeres en situación de violencia en una capital del Nordeste de Brasil


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ABSTRACT

Objective: To characterize the profile of women in situations of violence registered in the *iPenha* application. **Methods:** It is a documentary study, with retrospective collection, carried out through *iPenha* reports based on the guide question: "What is the profile of women who suffer violence in Teresina-PI?. Consolidated data from January 2012 to January 2018 participated in the analysis, totaling 18,585 victims. **Results:** Psychological damage is present in 100% of cases, followed by threats, 70,20%. The greatest risk factor was alcohol use, 58,70%. 54,96% of the victims are of mixed race/ethnicity, aged between 25 and 28 years, 48,97% with an income of up to one minimum wage. Regarding the aggressors, 22,7% were ex-partners, aged between 25 and 32 years. **Conclusion:** The data point to the magnitude of the problem violence against women, and it is necessary to strengthen the actions in network, sensitivity and commitment of all involved.

Descriptors: Violence. Gender-based violence. Public policy.

RESUMO

Objetivo: Caracterizar o perfil das mulheres em situação de violência cadastradas no aplicativo *iPenha*. **Métodos:** Estudo do tipo documental, com coleta retrospectiva, realizado por meio de relatórios do *iPenha* a partir da questão norteadora: "Qual o perfil das mulheres que sofrem violência em Teresina-PI?. Participaram da análise os dados consolidados de janeiro de 2012 a janeiro de 2018, totalizando 18.585 vítimas. **Resultados:** O dano psicológico está presente em 100% dos casos, seguido de ameaças 70,20%. O maior fator de risco foi o uso de álcool, 58,70%. 54,96% das vítimas são de raça/etnia parda, idade entre 25 e 28 anos, 48,97% com renda de até um salário mínimo. Em relação aos agressores, 22,7% eram ex-companheiros, com idade entre 25 e 32 anos. **Conclusão:** Dados apontam para magnitude da problemática violência contra a mulher, sendo necessário um fortalecimento das ações em rede, sensibilidade e comprometimento de todos envolvidos.

Descritores: Violência. Violência Contra a Mulher. Política pública.

RESUMÉN

Objetivo: Caracterizar el perfil de las mujeres en situación de violencia registradas en la aplicación *iPenha*. **Métodos:** Estudio documental, con recolección retrospectiva, realizado a través de informes *iPenha* a partir de la pregunta orientadora: "¿Cuál es el perfil de las mujeres que sufren violencia en Teresina-PI?. Participaron del análisis los datos consolidados de enero de 2012 a enero de 2018, totalizando 18.585 víctimas. **Resultados:** El daño psicológico está presente en el 100% de los casos, seguido de las amenazas, 70,20%. El mayor factor de riesgo fue el consumo de alcohol, 58,70%. El 54,96% de las víctimas son mestizas, con edades entre 25 y 28 años, el 48,97% con ingresos de hasta un salario mínimo. En cuanto a los agresores, el 22,7% eran exparejas, con edades comprendidas entre los 25 y los 32 años. **Conclusion:** Los datos apuntan a la magnitud del problema de la violencia contra las mujeres, requiriendo un fortalecimiento de las acciones en red, sensibilidad y compromiso de todos los involucrados.

Descriptores: Violencia. Violencia contra las mujeres. Política pública.

INTRODUCTION

Violence is a complex and multicausal phenomenon. Due to its magnitude as an important global public health problem, violence against women has gained prominence in recent years because of its high incidence and feminicide outcomes. Conceptualized by the World Health Organization (WHO) as intentional use of physical force or power, real or threatened, against itself, another person, a group or community that results in or may result in injury, death, psychological harm, inability to develop and deprivation, domestic and family violence takes various forms in society, which can be classified as emotional or psychological violence, physical, moral, patrimonial and sexual.⁽¹⁾

Historically, violence is a socio-historical phenomenon that has always been present in women's daily lives, in view of the power that marks social and gender relations, as well as the condition of inequality and submission imposed by the discriminatory and sexist social model. This problem is reflected in the daily actions of violence against women through the symbolic devaluation of women in the marital, professional and personal context.⁽²⁾

According to the WHO, in a study conducted in ten countries in 2005, including Brazil, about 71% of women aged between 15 and 49 years have suffered physical and/or sexual violence at some point in their lives. Domestic violence in Latin America affects up to 50% of women, generating a 14.2% reduction in Gross Domestic Product (GDP) as a result of the costs generated. In Brazil, 23% of women become victims of domestic violence, which means that every four minutes a woman is attacked. Of these aggressors, 85% are the partners themselves. In Piauí, Teresina, the capital, leads with 67.8% of cases. 2,887 cases were victims of sexual violence, 57 of which became pregnant with rapists, between 2004 and 2013.^(1,3)

Brazil has implemented public policies aimed at combating and reducing cases of violence against women in the country, among which we can highlight the implementation of a Special National Secretariat for Policies for Women, the creation of Law No. 11,340/2006, Maria da Penha Law, aimed at protecting women, preventing, containing, punishing and eradicating violence against women, and the National Policy to Combat violence against women.^(4,5)

In this regard, the Public Ministry created the "Database Leoneide Ferreira - iPenha", developed by reason of the need to create a National Information System related to the activity of evaluating public policies to combat violence against women. iPenha is an online tool that allows the compilation of data about the processes involving the application of the Maria da Penha Law, the collection of information about the victim, and also the description of their profile. It aims to promote the integration of databases and the induction of public policies to prevent violence against women, enabling studies and research on the subject, in addition to control and procedural monitoring.⁽⁶⁾

This bank allows to measure the performance of the impact that the application of the Maria da Penha Law has on the lives of women, and prevents

Considering underreporting and erroneous estimates of this serious public health problem, and not having local data in the scientific literature, the question was raised about, what the profile of women victims of violence in Teresina? Descriptive research for data analysis becomes central to disseminating numbers of violence against women in the state. Thus, by evidencing this theme, we seek an effective evaluation of strategies that enable adequate care in the treatment of women victims of violence, in order to reduce incidences of this harm. Therefore, the present study aimed to characterize the profile of cases of women in situations of violence registered in iPenha in Teresina-PI.

METHODS

This is documentary research, with retrospective collection. The field of study was the Center of Prosecutors for The Defense of Women Victims of Domestic and Family Violence (NUPEVID), located at the Public Ministry of the State of Piauí, in Teresina, a place that shelter data related to violence against women through a database created in 2015, called iPenha.

Created in 2015, the iPenha database emerged from the need to create a National Information System related to the activity of evaluating public policies to combat violence against women. This bank allows to measure the performance of the impact that the application of the Maria da Penha Law has on the lives of women, and prevents there being partial numbers in time and space fragmented in their form of registration. The proposal of the iPenha is that it be made available to the entire population through the website of the Public Ministry.

All the data available in the database (in the iPenha application) related to violence against women, between January 1, 2012 and January 31, 2018, participated in the research sample, totaling 18,585 registered victims. The collection was carried out in the statistical reports of the Public Ministry, because it is not yet in the public domain, after the authorization of the institution of the Consent Form for The Use of Database (TCUD) and approval of the research ethics committee.

The research project had the approval of the Research Ethics Committee of the Federal Institute of Education, Science and Technology of Piauí-IFPI under the CAAE: 81317517.8.0000.5212, opinion number 2,497,083. Data collection occurred according to the following steps: Prospecting of data related to sociodemographic variables and subsequent analysis. The data underwent double typing, where a Microsoft Excel spreadsheet data dictionary was built for initial analysis and mounted graphs for analysis and discussion. The data were tabulated and analyzed whose results were presented in graphs for better visualization and understanding, using the Microsoft Excel XP software.

The risks of the research proceeded minimally in relation to the privacy of the information contained in the database, but to health them, the names of the victims were not identified at any time in the study. Thus, the research had no direct risk of physical or psychological order to the patient.

The research was forwarded to Plataforma Brasil. Confidentiality and privacy, image protection, non-stigmatization and non-use of information were guaranteed, in accordance with the guiding principles set out in Resolution No. 466/2012 that approve guidelines and regulatory standards for research involving human beings of the National Health Council.⁽⁶⁾

RESULTS

In the period between January 1, 2012 and January 31, 2018, 18,585 victims were registered in the iPenha app. The app was created in 2015 and is powered according to the records. From the data collected, the following were listed for this study: type of violence against women, risk factors, sociodemographic data related to the degree of kinship of victims with aggressors, mean age of those involved, race/color and family income.

When analyzing data on factors related to the type of violence, it is noteworthy that in 100% of the cases the presence of psychological violence is observed, followed by threats in 70.20%. In the data analysis it was possible to notice that in 56.20% resulted in feminicides. In the study of risk factors for aggression, the data showed that in 58.70% of women victims of aggression in Piauí, the highest factor pointed out was alcohol, 58.70%, followed by unreported data, 14.20%, jealousy, 10.30% and drugs, 10.20%, according to chart 1.

The mean age of the victims ranged from 25 to 28 years, and 25 and 32 of their aggressors. In this study, brown (54.96%) and black (27.65%) women are the most affected by violence. Regarding income, 49.6% reported resources of up to 1 minimum wage. In the analysis of the degree of kinship of the aggressors, the study pointed out that (22.7%) were former intimate partners of the victims, followed by current partners, represented by (14.03%), according to chart 2.

DISCUSSION

Many studies indicate similarities in the data collected. A study that aimed to estimate the rates of corrected feminicides and present the profile of these deaths in Brazil during the triennium of 2009 to 2011, with data from the Mortality Information System (SIM), pointed out that, among the victims, 29.7% were between 20 and 29 years old. In another study conducted in Espírito Santo, there was a predominance of women between 30 and 39 years of age, complete high school and family income of 1 to 3 minimum wages. The majority of the aggressors are between the 40-49 years of age and have attended complete elementary school.⁽⁸⁻⁹⁾

Research also conducted in the Northeast, in the city of Sobral, in the state of Ceará, through reports of occurrence (BO) of the complaints of victims in

2009, showed that psychological violence is present in most cases, 84%, followed by physical 57.5%. In Espírito Santo, the study presented a prevalence of physical, psychological and moral violence in 26.2% of the cases.^(8,10)

A study conducted in the metropolitan region of northeastern Brazil, which aimed to trace the profile of violence against women, according to the sociodemographic characteristics of victims and aggressors, through data records from a police station from 2008 to 2011, highlighted that among the 1388 records, physical aggression prevailed in most cases, (n= 644), followed by threats (n=415) and verbal aggression (n= 285).⁽¹¹⁾

Research that aimed to estimate the prevalence and factors associated with intimate partner violence in women from a community in the city of Recife, in the state of Pernambuco with 245 women, aged 15 to 49 years, highlighted that the highest prevalence by type of violence was emotional, 52.7%.⁽¹²⁾

Abuse and psychological injury can negatively impact quality of life. Many women who suffer violence do not realize the severity of the problem, since they find themselves immersed in the plots and contexts of a society that is culturally patriarchal. This profile of passive and normal acceptance makes it necessary to modify the naturalness of the violence of the man against women, since their beliefs and values influence these victims to perceive their susceptibility and severity of the fact so that they can denounce. Therefore, it is necessary to resolve the theme in order to propose coping strategies and empowerment of Brazilian women.⁽¹⁰⁾

In recent years, there has been an increase in the number of complaints, which may be directly related to a greater emphasis on policies related to the meth, on the other hand, there is an increase in negative outcomes, such as feminicides. In a study conducted to estimate feminicide rates and present the profile of these deaths in Brazil during the triennium of 2009 to 2011, it showed that of the 17,167 cases, it is equivalent to a rate of 5.86 per 100,000 women. The Northeast had higher rates than the national average and other regions, with 6.93 per 100,000 women.⁽⁸⁾

The black population in general is at the top of the list, as it is the most marginalized portion in terms of access to goods, services and rights. The figures corroborate in some data, with studies that indicate the profile of the main victims, which are young women, black, with low schooling and also, cultural factors, social and economic disadvantages that ratify this reality stand out.⁽⁸⁾

Racism is a unique mechanism in the construction of this scenario. Just as patriarchy is structural in society. The problem of gender violence has become progressive attention in the last 20 years, and has become an important issue both from the point of view of its magnitude and the social impact of it. The look at the Brazilian sexist and patriarchal culture points out postures of legitimation and trivialization of such violence that recent legislations, such as the Maria da Penha Law, seek to overcome.⁽¹³⁾

Chart 1. Characterization of the types of domestic violence of women victims of violence registered in iPenha between 2012-2018. Teresina-PI, 2021.

Type of violence suffered	%	Risk factors	%
Psychological violence	100%	Alcohol	58,70%
Threats	70,20%	Drugs	10,20%
Injuries, slander and defamations	68,50%	Jealous	10,30%
Femicide	56,20%	Betrayal	7,60%
Bodily injury	52,90%	Not informed	14,20%
Sexual violence	39,60%		
Property violence	26,30%		

Source: NUPEVID, 2021.

Chart 2. Sociodemographic characterization of women victims of violence registered in iPenha between 2012-2018. Teresina-PI, Brazil, 2021.

Race/color	%	Household income	%	Degree of kinship of victims	%
Brown	54,96	No income		Ex-companions	22,7%
Negress	27,65	Up to one minimum wage	49,06	Current companion	14,03%
White	12,05	From one to two minimum wages	32,71	Not informed	37,20%
Indigenous	5,34	No income	12,55	Other	21,07
		Other	5,68		

Source: NUPEVID, 2021.

However, other countries, such as Bangladesh, present a more challenging reality, in view of being a phenomenon rooted in tradition, in which women accept as usual the realization of this practice, in particular if it is made by a husband or parents. Research conducted with women who had mental disorder and who experienced some kind of violence showed the different types of violence experienced by victims, such as using profanity, pushing, hitting, slapping, kicking, hitting the head, hitting with a stick, throwing objects, not giving food or family expenses, living apart, taking children, getting involved in extramarital affair or second marriage, humiliating arbitration and violent sexual behavior. The study also found all types of violence experienced, including sexual violence that is rarely discussed in society.⁽¹⁴⁾

Despite a variation from country to country, almost 60% of women in countries in the Americas suffer violence from their partners, as it points to widespread public health problems. A systematic review study and reanalysis of estimates of national research on the prevalence of partner violence against women, conducted in 24 countries in the region, showed a high prevalence of physical and/or sexual violence by the partner inflicted at some point in life. In Brazil, Panama and Uruguay, one in seven women, about 14% and 17% between 15 and 49 years of age suffer from this grievance, six in ten women (58.5%) in Bolivia, according to data analyzed by the Pan American Health Organization. The same survey points to the magnitude of the problem in 12 countries (Argentina, Bolivia, Colombia, Costa Rica, Ecuador, the United States, Haiti, Honduras, Jamaica, Peru, the Dominican Republic and Trinidad and Tobago), which points out that this type of violence affected more than a quarter of women at some point in their lives.⁽¹⁵⁾

Violence affects 15 to 75% of women worldwide and these acts, more than isolated events, represent the cause of various health problems and their consequences can be: femicide, diseases associated with HIV infection, suicide and maternal mortality, as

well as injuries, sexually transmitted infections (STIs), unwanted pregnancy, sexual and reproductive health problems and mental disorders.^(14,15)

Violence affects individual and collective health, which requires the formulation of public policies to deal with this problem. Sexual violence is one of the main forms of violation of human rights, with serious consequences in daily life, lifestyle and integral health, of the woman herself and her relational circle. The studies indicate similarities with this research that in the context of domestic violence in which most aggressors are intimate partners or ex-partners. These external causes are reverberations perpetrated, in most cases, in the context of interpersonal relationships practiced against women and represent a problem of great transcendence and magnitude, mainly due to the strong impact on the morbidity and mortality of the population.⁽¹⁶⁾

In this study, the main risk factors pointed out were the use of alcohol and drugs. These data corroborate studies that indicate a higher occurrence of violence against women when associated with alcohol use (26%) with aggressions and these are more likely to trigger factors such as anxiety (15.15) fear (12.12), shame (12.12) and social isolation (9.09%). A study that aimed to estimate the prevalence and factors associated with intimate partner violence in women in a community in the city of Recife, in the state of Pernambuco, also highlighted the strongly associated relationship between violence and drug use, sexual intercourse due to fear and depressive mood.^(17,18)

Government efforts to combat sexual violence against women have culminated in laws, policies, plans and programs to summon society to re-signify historical and culturally constructed contexts, in which gender inequalities persist, circumscribing the perpetuation of this type of violence. In Brazil, the National Policy to Combat Violence against Women is based on intersectionality, among public policies, in the search for comprehensive care to systematize the confrontation of sexual violence, guaranteeing them rights, in accordance with international norms and

Another important number in the consolidated data was the percentage of cases prescribed, around 40% of cases that are not elucidated in due time. Thus, several gaps to be improved to improve the care of these victims are noted.

It is noteworthy that although the data are alarming, the advances for prevention and coping were significant. In Piauí, a care network was created to provide qualified care for women who are victims of violence. This network is composed of specialized police stations, reference centers and applications that aim to monitor and ensure effective service, including the iPenha application and save Maria.

In recent years, the theme of violence has been linked to health, with regard to the Brazilian reality, which makes it necessary to engage and prepare health professionals and services, given the complex and challenging conjuncture of the theme. However, it is essential that services (posts, health centers,

hospitals, rescues) and professionals recognize that they should be part of the prevention process, in identifying current risk or violence conditions and paying attention to victims.⁽¹⁹⁾

The greater the detailed knowledge about the data related to violence against women in Teresina, the more targeted and assertive public policies and strategies that objective to curb these diseases, will even serve to encourage other States to implement systems for national consolidated information of this nature, with a view to increasing awareness about the consequences of violence, strengthening women's empowerment practices, gender debates and group strategies with valuing specificities, which involves different factors to enforce existing laws and provide the necessary help to cope.⁽²⁰⁾

Limitations

We highlight the fact of underreporting and data not collected in the system due to non-feeding that precluded a more accurate analysis and statistical inference tests.

CONCLUSION

The profile identified in the study showed mostly victims of mixed race/ ethnicity, aged between 25 and 28 years, 48.97% with an income of up to one minimum wage. Regarding the aggressors, 22.7% were ex-partners, aged between 25 and 32 years. The greatest risk factor was alcohol use, 58.70%, psychological damage is present in 100% of cases, followed by threats 70.20%.

The results presented in this study demonstrate that violence against women is a serious problem to public health, being of important magnitude the development and application of policies implemented to protect and support the victim, which is multidisciplinary nature, in addition to further studies in partnership with public health agencies. Violence, regarded as an abuse of force, is a reality that affects all peoples, in all its forms. It is a serious social problem that generates concern among public administrators and society as a whole,

and compared to other locations around the globe, domestic violence has similar characteristics, such as the profile of victims, aggressors, and sociodemographic factors.

Combating the phenomenon of violence against women is not the exclusive function of the State; society also needs to be sensitized about its responsibility, in the sense of not agreeing to live with this type of violence, because by being silent, it contributes to the perpetuation of impunity. It is urgent to understand, on the part of society as a whole, that women's rights are human rights, and that the modification of the culture of subordination based on gender issues requires a combined action, since violence against women triggers imbalances in the economic, family and emotional orders.

REFERENCES

1. Organização Pan-Americana de Saúde (OPAS). Folha informativa - Violência contra as mulheres. Banco de notícias; Nov, 2017.

2. Zancan N, Wassermann V; Lima GQ. A violência doméstica a partir do discurso de mulheres agredidas. Pensando farm [Internet], 2013;17(1). Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1679-494X2013000100007&lng=pt&nrm=iso.

3. Ferreira RB, Vasconcelos TB, Moreira Filho RE, Macena RHM. Características de saúde de mulheres em situação de violência doméstica abrigadas em uma unidade de proteção estadual. Ciência & Saúde Coletiva[Internet], 2016; 21(12). Available from: https://www.scielo.org/article/ssm/content/raw/?resource_ssm_path=/media/assets/csc/v21n12/1413-8123-csc-21-12-3937.pdf

4. XVI Encontro Nacional de Pesquisadoras[es] em Serviço Social (2018) [Anais]Vitória: Associação Brasileira de Ensino e Pesquisa em Serviço Social,

2018. 20p. Tema: Gestão de políticas para mulheres em Teresina: contexto e institucionalização. Available from: periodicos.ufes.br/abepss/article/view/23252/16011

5. Ministério da Saúde (BR). Secretaria de Políticas Públicas para Mulheres- programa 2016: Dispõe sobre a Política para as mulheres: promoção da autonomia e enfrentamento à violência. Programas e objetivos. Brasília: 2016.

6. Banco de dados "iPenha" conquista primeiro lugar em concurso de direitos humanos. Oitoemeia;2018 Nov 13.

7. Brasil. Resolução nº 466, de 12 de dezembro de 2012. Aprova diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Conselho Nacional de Saúde 2012; 12 dez.

8. Garcia LP, Freitas LRS, Silva GDM, Hofelman DA. Estimativas corrigidas de feminicídios no Brasil, 2009 a 2011. Revista Panamericana de Salud Publica. [Internet] 2015; 37(4-5). Available from:

9. Garcia LP. A magnitude invisível da violência contra a mulher. *Epidemiol. Serv. Saúde*. [Internet] 2016; 25(3). Available from: <http://dx.doi.org/10.5123/S1679-49742016000300001>

10. Costa CTS, Oliveira EN, Costa SS, Felix TA, Eloia SMC, Santos FD. Violência contra mulher: fatos e contextos de boletins de ocorrências. *Tempus, actas de saúde colet*. 2014 [Internet] 2014; 8(4). Available from: <http://tempusactas.unb.br/index.php/tempus/articledownload/1591/1358>

11. Bernardino IM, Barbosa KGN, Nobrega LM, Cavalcante GMS, Ferreira EF, D'ávila S. Violência contra mulheres em diferentes estágios do ciclo de vida no Brasil: um estudo exploratório. *Rev. bras. epidemiol.* [Internet]; 2016 19(4). Available from: <https://doi.org/10.1590/1980-5497201600040005>

12. Barros EN, Silva MA, Falbo Neto GH, Lucena, Ponzó L, Pimentel AP. Prevalence and factors associated with intimate partner violence among women in Recife/Pernambuco, Brazil *Ciencia & Saude Coletiva*, [Internet] 2016; 21(2). Available from: <http://dx.doi.org/10.1590/1413-81232015212.10672015>

13. Guimarães MC, Pedroza RLS. Violência contra a mulher: problematizando definições teóricas, filosóficas e jurídicas. *Psicologia & Sociedade*, [Internet] 2015; 27(2) Available from: <https://doi.org/10.1590/1807-03102015v27n2p256>

14. Islam MM, Jahan N, Hossain MD. Violence against woman and mental disorder: a qualitative study in Bangladesh. *Trop Med Health*, [Internet]; 2018 46(5). Available from: <https://doi.org/10.1186/s41182-018-0085-x>

15. Organização Pan-Americana de Saúde (OPAS). Quase 60% das mulheres em países das Américas sofrem violência por parte de seus parceiros. *Banco de notícias*; Nov, 2018.

16. Vieira LJES, Silva ACF, Moreira GAR, et al. Protocolos na atenção à saúde de mulheres em situação de violência sexual sob a ótica de

17. Oliveira LN, Oliveira FS, Araujo LM, Silva LL; Crispim ZM, Lucindo VBDB. Violência Doméstica e Sexual Contra a Mulher: Revisão Integrativa Holos, [Internet] 2017; 33(8). Available from: <http://www2.ifrn.edu.br/ojs/index.php/HOLOS/article/view/1903>

18. Barros EN, Silva MA, Neto GHF, Lucena SG, Ponzó L, Pimentel AM. Prevalência e fatores associados a violência por parceiro íntimo em mulheres de uma comunidade em Recife/Pernambuco, Brasil. *Ciencia & Saude Coletiva*, [Internet] 2016; 21(2). Available from: <https://doi.org/10.1590/1413-81232015212.10672015>

19. Santini PM, Williams LCA. Efeitos de procedência para minimizar o bem-estar e competência parental das mulheres vitimizadas. *Estud. psicol.* [Internet]; 2016 33(4). Available from: <https://www.academicoo.com/artigo/efeitos-de-procedimentos-para-maximizar-o-bem-estar-e-a-competencia-parental-em-mulheres-vitimizadas>

20. Munche AA, Adekunle AO, Arowojolu AO. Gender-based violence among married woman in Debre Tabor Town, Northwest Ethiopia: A qualitative study. *Afr J Reprod Health*. [Internet]; 2017 Available from: 10.29063 / ajrh2017 / v21i4.11

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