ORIGINAL ARTICLE

THE COMPREHENSIVENESS AND INTERSECTORAL APPROACH OF PRIMARY HEALTH CARE IN THE NETWORK FOR ADDRESSING VIOLENCE AGAINST WOMEN

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Highlights:1. Fragility of Primary Health Care in the face of the issue. 2. Need for strengthening public policies and the service network. 3. Most professionals are unaware of the services that make up the service network.

PRE-PROOF

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ABSTRACT

The objective was to analyze the performance of Primary Health Care in caring for women in situations of domestic and family violence in a municipality in the interior of Northeast Brazil. This is a qualitative exploratory-descriptive research involving seven professionals assigned to Primary Health Care (PHC) and Management. The data collection took place between February and March 2022, through semi-structured interviews and a field diary. The results reveal a weakened, disjointed care network without established flows and protocols, where communication between services is limited to individual referrals. Furthermore, professionals are unfamiliar with the majority of services within this network, hindering the provision of comprehensive, intersectoral, and effective care. However, they identify potential strengths, such as recognizing the strategic and important role of Primary Health Care (APS) as the gateway for women experiencing violence.

Keywords: Violence Against Women; National Health Strategies; Primary Health Care; Intersectoral Collaboration; Health Comprehensiveness.

INTRODUCTION

Domestic and family violence is a serious public health issue worldwide, constituting one of the main aspects of human rights violation as it affects health, physical integrity, and the right to life[1].

In the USA, despite increased enforcement and penalties, the rate of domestic violence remains high, accounting for approximately 8% of total police calls for service. This number may be even higher, as the police are only notified in about half of non-fatal domestic violence incidents[2].

Data from the Brazilian Forum on Public Security (2021)[3] revealed that in Brazil, between March 2020 (the beginning of the COVID-19 pandemic) and December 2021, there were 2,451 feminicides and 100,398 cases of female rape. Despite these alarming numbers, this study indicates that in 2021, there was a 2.4% reduction in the number of feminicides in the country compared to the previous year, meaning 32 fewer victims of feminicide than in 2020 when 1,351 women lost their lives. The study[9] also indicated that this reduction did not occur in all states of the country, with an increase in feminicides between March 2020 and December 2021 in Tocantins, the Federal District, and Rio Grande do Norte. Data from the latter state,

RN, reveals that in 2021 compared to the previous year, there was an increase in the number of feminicides by 53.8%[3].

However, a study conducted by the Violence Observatory of the Federal University of Rio Grande do Norte (OBVIO/RN)[4] shows that in RN, between 2011 and 2020, on average, every three days a woman fell victim to violent death in the state. Throughout these years, 1,050 women had their lives prematurely ended due to entirely preventable causes. In this context, Parelhas, a small-sized municipality located in the interior of RN, stands out. Throughout 2021, this municipality witnessed two notable cases of feminicide. In one of these cases, a woman was beaten to death by her partner; in the other, her ex-partner killed her in the presence of her children[5-6].

Between the years 2016 and 2020, the municipality recorded a total of 229 cases of violence against women reported to the civil police, in addition to 93 notifications in health services. The discrepancy between police data and health sector data may be associated with the municipality experiencing a two-year period without the functioning of the epidemiological center. This center resumed its activities around mid-2020, resulting in the notification of 24 cases throughout the year 2021. The data presented here were obtained by the researcher directly from the institutions (civil police and municipal health department). The civil police data were extracted from the occurrence logbook, and health data were obtained through the SINAN system.

In an analysis regarding the confrontation of this cruel reality from the perspective of public health, Primary Health Care (PHC) is identified as crucial in this process. PHC, given its characteristics and attributes, plays a decisive role in identifying and supporting women in situations of violence. The professionals in these units serve as a link to the community, creating individual and collective spaces that allow for the recognition of instances of violence and the planning of preventive actions[7-8].

In this perspective, PHC should operate based on comprehensive care, providing services for health promotion, prevention, and rehabilitation. This ensures that the population, especially those exposed to situations of violence, has access to quality care across various levels of healthcare[8].

This is a topic of great relevance, but its multifaceted complexity often leads to neglect. Moreover, few studies address the theme from the perspective of intersectorality and comprehensiveness, justifying the conduct of the present study. Its results are essential in

shaping and indicating paths for the improvement of public policies for women in situations of violence, a theme that should be prioritized due to the scale of the problem and its social and, especially, health consequences.

In this regard, recognizing violence as a public health issue and the importance of PHC in caring for women subjected to violence, the following question was outlined: How is PHC acting in the care of women in situations of domestic and family violence?

To answer this question, the study aimed to analyze the performance of Primary Health Care in caring for women in situations of domestic and family violence in a municipality in the interior of Northeast Brazil, which recently witnessed cases of feminicide.

METHOD

This is an exploratory and descriptive study with a qualitative approach. The research was conducted in two Basic Health Units (UBS) and the Family Health Support Center (NASF) in the municipality of Parelhas/RN. The population of Parelhas is estimated to be 21,499 inhabitants, according to the Brazilian Institute of Geography and Statistics (IBGE) for the year 2022[9].

Data collection took place between February and March 2022. The study involved the participation of seven professionals of both genders, including 2 nurses, 1 doctor, 2 community health agents (CHAs), 1 psychologist, and 1 primary care coordinator. To ensure participant anonymity, the job title of each professional was used, followed by an ordinal number in the case of CHAs and nurses. Participant selection was intentional, encompassing professionals directly dealing with the issue. The sample size was determined through saturation of meanings.

Professionals who had been working in their positions for a minimum of 6 months were included in the study. Those excluded from participation were professionals in service as interns, volunteers, or on leave/vacation.

Data was collected through semi-structured interviews, utilizing a digital voice recorder. The interviews were scheduled based on the availability of the participants and conducted in private settings at their workplaces, according to their preference. This approach allowed for complete freedom and privacy during the interviews.

The interview script consisted of guiding questions that allowed understanding the respondents' actions based on their statements. The topics covered included: caring for women in situations of violence within the scope of PHC; how care is provided, procedures,

notification, and referrals towards the comprehensiveness of care, as well as knowledge and coordination with the Network for Assistance to Women in Situations of Domestic and Family Violence. Finally, challenges, potentials, and strategies in addressing the issue were explored. Subsequently, the interviews were transcribed verbatim using Microsoft Word.

In addition, a field diary was used, enabling the researcher to record perceptions and insights during the interviews. This supplementary method provides a rich source of context and reflections that may contribute to a deeper understanding of the collected data.

For data analysis, the thematic content analysis technique by Bardin[10] was employed, involving three stages: (1) pre-analysis, which involves analyzing and synthesizing each transcribed interview, compiling and organizing them into a text corpus for analysis and synthesis, with additional floating reading; (2) material exploration, constructing three thematic categories derived from empirical material (1. Care provided by PHC to women in situations of violence, 2. Professionals' knowledge about the assistance network, and 3. Challenges and potentials in the perspective of comprehensive care). These categories were further broken down into subcategories (expressed in the 1st column of tables 1, 2, and 3); and (3) information processing and interpretation, drawing inferences from the understanding and critical examination of participants' statements[10].

This research was approved on February 4, 2022, by the Research Ethics Committee of the Onofre Lopes University Hospital (HUOL), under Approval Number: 5.223.789.

RESULTS

The analysis of the healthcare professionals' statements allowed the extraction of significant information regarding the role of PHC in caring for women in situations of violence in the studied municipality. A synthesis of the most meaningful findings has been organized in tables 1, 2, and 3.

Table 1 - Synthesis of Thematic Category 1 and its Subcategories related to Care Provided by PHC to Women in Situations of Domestic Violence in Parelhas/RN, 2022.

Thematic Category 1 - Care Provided by PHC to Women in Situations of Violence		
Subcategory of Analysis	Cores of Meaning	Units of Records
1. Case Identification	Woman's Visit to UBS, Active Search, and Home Visits	The woman can directly seek the unit, or an active search can occur, where a health agent, a family member, or someone informs the institution about the domestic violence. Therefore, we can perform an active search, or the patient can seek the unit herself. (doctor) Cases of violence are identified through the home visits of the community health agent, even when women don't come to the unit to talk to us [...]. (Nurse 1)
2. Care and Approach to Women in Situations of Violence	Valuing Reception with Active Listening	[...] so usually when she (the woman) arrives, we provide a reception, active listening, and we explain to them the procedures that should be carried out. (Nurse 1)
3. Recording and Notification of Cases	Recognize the Importance of Notification	Notification is important because when you report, the information that is presented subjectively becomes

	Difficulties and Fear of Filling out the Notification Form	objective, turning into real data, and from there, public policies become stronger so that we can take action. (Nurse 1) I didn't have difficulty filling out the notification. I had difficulty facing the things that came afterward [...] unfortunately, I reported, and we had to take it to the police, and I ended up being more of a witness than the aggressor. (CHW 1) In the medical record (registration). Most of them don't want to be notified. And the truth is, most of these people who come to talk to us about violence, their husbands carry weapons, you know? So, they are afraid, and we... the team itself, working in a vulnerable area because we work on the roads, in rural areas, so we also feel fear... the team itself feels vulnerable in the face of the situation, even though we know, even though we know that it is our obligation to report what is reported. (Nurse 1)
4. Interprofessional Collaboration	Limited Collaboration among Professionals within UBS and NASF	We always work in coordination with each other. If we identify any issues, I bring it to (nurse's name), and we quickly discuss it with the doctor. We try to bring this person to the doctor or the nurse, if possible to the psychologist, to the psychiatrist; we work in this way. [...] (CHW 1)

		Interprofessional collaboration occurs with the nutrition girls, physiotherapy, the girls from the multiprofessional team who work a lot with integrative and complementary practices. So everyone ends up doing this reception, psychology, physiotherapy, nutrition. (Nurse 1)
5. Service Flow	Lack of Internal and External Flow between Services in the Network.	No, I don't know of any organized flow that supports this (management). No, I don't recall any specific flow. (doctor)
6. Referral from PHC to Other Services	Limited Referrals	We make referrals to CREAS, to CRAS, depending on the need. (CHW 2) If it's a case that the woman wants us to pursue, I refer to CRAS, I write a report. (Nurse 2)

Table 2 - Synthesis of Thematic Category 2 and its Subcategories related to Professionals' Knowledge of the Assistance Network for Women in Situations of Domestic and Family Violence in Parelhas/RN, 2022.

Thematic Category 2 - Professionals' Knowledge about the Assistance Network		
Subcategory of Analysis	Cores of Meaning	Units of Records
1. Assistance Network	Meaning	It would be a set of facilities that are interconnected in a way, in the sense of providing quality care to these people who are in a vulnerable situation. (Nurse 1)

		The assistance network is a set of professionals and institutions that will offer the assistance needed for the specific case. (Doctor)
2. Composition of the Assistance Network	Limited Knowledge of Professionals about Services	CREAS, CRAS, I mentioned NASF, but I don't know if NASF still exists (doctor). I think the municipality doesn't have it, if it does, I also don't know (Nurse 2).
3. Organization and Integration of this Network	Fragmentation and Lack of Organization	It is not organized... it weakens when the network itself... we cannot have a flow for this, reference and counter-reference, and weakens because we have nowhere to direct women in situations of violence, in the sense that she does not return home. (Nurse 1)

Table 3 - Synthesis of Thematic Category 3 and its Subcategories related to Challenges and Potentials Identified by Professionals Regarding the Care of Women in Situations of Domestic and Family Violence in Parelhas/RN, 2022.

Thematic Category 3 - Challenges and Potentials from the Perspective of Comprehensive Care		
Subcategory of Analysis	Cores of Meaning	Units of Records
1. Challenges in PHC Regarding Women in Situations of Violence	Insecurity for Professionals and Women	The main issue would be the risk because primary health care is in the locality where the aggression occurred, so this team will get involved in it in a certain way [...]. I see that the team is at great risk because they are in the locality where the aggressor lives, resides, exists, in short... does their atrocities. (management)
	Specific Actions and Lack of Training	Here in the municipality, we don't have a shelter for a woman who is a victim of aggression. For example, she depends on the help of family, relatives, friends... if someone agrees to take her and so on, but it's quite complex because there is

		often a threat with third parties involved in the situation, so it's complicated. (doctor) They (the services) do (actions)... not monthly, they choose those specific months that deal with violence against women and do... CRAS does it, CREAS does it, the public prosecutor's office does it. (CHW 1) Offered by management, we didn't have any (training) (Nurse 1)
2. Improvements for Care	Training of Professionals	I think our municipality lacks... I think training courses; I was thinking these days about a training course to inform these professionals [...] (Psychologist).
3. Potential of PHC	Qualified Listening and Home Visits	One of the strong points is home visits, another strong point is the role of reception in primary care, and within reception, we can highlight active listening. It is not only inherent to the nursing professional [...] because everyone is a member of the team as a whole. Of course, each professional has their specificity, but I think the woman who seeks the health center wants to be heard, she wants to share the situation. (Nurse 1)
	Family Health Strategy (ESF) as a Gateway for Women in Situations of Violence	The potential lies in proximity, the Family Health Strategy is the gateway and maintenance for these cases and various others, not only domestic violence, but typically the first contact a woman can have is with the Family Health Strategy. The health agent has access, usually has direct access to the home, so it is much easier for the Family Health Strategy to see and contact than other agencies. (Doctor)

DISCUSSION

The care provided by Primary Health Care to women in situations of violence

Through the professionals' statements, it is possible to perceive the importance given to reception, active search, and home visits in caring for these women. Regarding reception, it should be present in all spaces and stages of the care process, not to be confused with screening, being one of the important factors in facing this issue[11].

These professionals play a fundamental role in providing care and support to women in situations of violence, as they can detect cases early on, given that these services are located close to the users in that territory[11].

The importance of Community Health Workers (ACS) in the home diagnosis of violence cases is also evident. Although home visits are a characteristic activity for all primary care professionals, ACS stands out as they use home visits as a tool for their work, proving to be crucial in this process.

These visits allow for a closer connection between professionals and the real situation of the community, facilitating the assessment of the health status and living conditions of the population. Additionally, they help build connections with individuals, contributing to the planning of actions and enabling the continuity of care[12].

During the care of women in situations of violence, it is essential to report these cases. In this study, it is evident that professionals recognize the need for notification and understand its importance in the face of such cases.

Notification of cases of violence against women attended in health services, whether public or private, has been mandatory since November 24, 2003, through Law No. 10,778. This law established compulsory notification throughout the national territory and was amended in 2019 by Law 13,931, which stipulates that health professionals must record in the patient's medical record and report to the police within 24 hours if there are signs or confirmation of violence against women[13].

Notification is a way for public services to bring visibility to cases, identifying and acknowledging that the problem and demand exist. It contributes to the planning of public policies and actions to combat this issue.

However, we perceive that despite its mandatory completion and professionals recognizing the importance of recording and notification, it becomes fragile in the face of emerging difficulties, either due to fear of notification or the responsibilities that the professional assumes when completing it.

The results indicated that the professional's direct contact with the entire family, including the aggressor, and the fear of consequences is a barrier that hinders notification. In other words, despite advancements, underreporting within health services is noticeable, either due to the professionals' fear of potential retaliation and threats from the perpetrators of violence or the lack of security in their workplace[14].

The coordination among professionals from various services and the service network is of utmost importance to ensure the quality of care. This is because such coordination breaks with the uniprofessional culture and the fragmentation of work. Thus, interprofessional collaboration ensures organization and comprehensiveness in care[15-16].

However, it can be observed that the current interprofessional collaboration is still limited to professionals within the UBS and NASF, without mentioning professionals from other services that also form the service network. These results reinforce similar findings, where primary care services provide fragmented, disjointed care lacking integration with other social facilities[17].

Once the importance of interprofessional collaboration is acknowledged, attention is drawn to the existence of flows within institutions. Some interviewees reported the absence of flows, whether internal or external, in the services. Flows provide support to professionals and help guide continuity between different services or even within the same service. However, it is essential to emphasize that these flows should not be rigid, with a single predefined entry point. They should adapt to the service's reality and be developed by multiple agents, without hierarchical assistance[18].

The absence of a flow directly impacts how professionals make decisions and handle the issue. The lack of organization and flow allows each professional to work in the way they deem correct, potentially causing harm to women's access and care. Therefore, without a suitable tool to guide professionals, referrals are also compromised, as professionals start to make them randomly.

In the professionals' statements, it is noticeable that each one refers women to different places according to what they consider most appropriate. Despite mentioning some services, it is evident that they are not yet prepared to refer these women, as they do not visualize the majority of services that make up the service network. This results in a fragile care that does not guarantee the integrality of the service. Similar findings are reported in other studies[19] regarding the fact that professionals, like the service, are not ready to make the necessary

referrals for these women because they do not know the services in their entirety, nor is there dialogue between them.

It is essential that primary health care professionals perceive the services, understand how they operate and articulate, as if there is this lack of knowledge, referrals are limited to one or another institution, constituting an ethical flaw. Therefore, it is crucial that professionals, regardless of their area of expertise, are prepared to identify women in situations of violence and know where to refer them, contributing to their empowerment and, consequently, to the confrontation of violence[20].

Knowledge of professionals about the care network

The care network is characterized by the implementation of actions and the integration of services from various sectors such as social assistance, justice, public safety, and health. Its objective is to expand and improve the quality of care, identification, and appropriate referral of women in situations of violence in the country, in addition to ensuring comprehensive and humane care[1].

In this sense, networking emerges as a strategy to confront violence, functioning in a coordinated manner and promoting an intersectoral approach[21]. The network of care for women in situations of violence is divided into non-specialized and specialized services. Non-specialized services serve as the entry point for women into the network, including general hospitals, primary care services, common police stations, CRAS (Social Assistance Reference Centers), CREAS (Specialized Reference Centers for Social Assistance), Public Prosecutor's Office, and public defender's offices. The specialized services consist of those with expertise in addressing violence against women[1].

Analyzing the results, it is possible to perceive that professionals have a good understanding of the meaning of a care network, although they demonstrate fragmented knowledge about it, as pointed out earlier. It is crucial that they have the sensitivity to recognize that the phenomenon of violence goes beyond the health sector, and it is imperative to know the other services and understand how they are composed and organized because without coordination, the network does not exist, fragmenting care. This leads to little or no perspective of intersectoral work, and thus, actions develop with limitations.

This superficial knowledge of the network and the lack of a flowchart result in the isolation of the service, causing the woman to be directed to places that do not meet her real needs[22].

The result of this study reveals something very concerning in terms of the quality of the service being offered because the fact is that no service can achieve good results by acting in isolation, as it does not have the capacity to provide a satisfactory response to this complex phenomenon.

Unfortunately, there are still many obstacles and difficulties in addressing the issue of violence against women. The lack of coordination or integration, and even the absence of a support location, causes the network not to function or achieve satisfactory results. As a result, these women end up in the same environment as the aggressor, failing to break the cycle of violence.

Therefore, it is crucial to understand that the mere presence of a set of services in a particular region does not necessarily mean that this network functions adequately, even if they make referrals among themselves. It requires organization and integration in terms of the actions carried out. Additionally, professionals need to provide shared assistance, taking into account each unique situation[23].

Challenges and Potentialities in the Perspective of Comprehensive Care

In addition to the previously discussed issues regarding the fragmentation of knowledge and practices in the context of caring for women in situations of violence, one of the main difficulties in addressing this theme is the fear experienced by professionals. This emotion remains prevalent in services, whether it is related to professionals being afraid of facing retaliation from the perpetrator or fearing to expose the victim without being able to ensure her safety.

These professionals encounter numerous obstacles in their attempt to provide comprehensive care to women in situations of violence. In addition to fear and insecurity, there is a persistent sense of frustration and anguish. Often, they cannot see the expected results because the network is not fully prepared and equipped to resolve all cases[24].

The absence of specialized services within the network, such as shelters, specialized police stations, temporary shelters, among others, causes professionals to fear that these women are not fully protected. This situation leaves an impression of incompleteness.

The rundown of these services, the compromise in their structuring and functioning, prevents them from expanding and consolidating, which compromises the assistance and effectiveness of the policy to combat violence against women[25].

Another challenge that compromises the effectiveness of this service is the realization of actions in a punctual way and the lack of training focused on the subject for professionals. And this lack of qualification can bring many negative consequences because a professional without the necessary skills and preparation to deal with the subject will not offer assistance focusing on the needs of each woman.

The inclusion of professionals in educational processes, especially regarding the cycle of violence against women, is essential, particularly because it is a complex, sociocultural phenomenon that involves power relations. Thus, continuous education is a way to strengthen and transform health practices, improving service quality and positively impacting the lives of individuals[26-27].

Despite many criticisms about training programs, these are planned and scheduled practices aimed at consolidating knowledge and skills, allowing professionals to develop their abilities. This type of continuous qualification is necessary to provide a service that is effective. In this sense, observing the historical trajectory, it is possible to perceive that training is part of permanent health education[28].

Therefore, even during training and capacity-building sessions, it is possible to exchange experiences, engage in critical reflections, and have rich discussions. This positively reflects on the work process, allowing for the transformation of the services offered.

Having observed the challenges and opportunities for improvement, let's turn our attention to the strengths of Primary Health Care (APS) regarding this issue.

Once again, home visits take on a prominent role, especially those conducted by health agents, as they often reside in the same area they work, gaining a more in-depth understanding of each family's reality and witnessing or detecting this type of violence[29].

It can be observed that the proximity of UBS to the community can be seen in two ways: one as a challenging factor, due to professionals fearing retaliation and being so close to the aggressor, and the other as a potentiality, where closeness to the population and the building of bonds allow for the identification and support of these women more promptly.

Thus, the APS is one of the main entry points for the reception of these women[16], and this proximity of the service to the population can establish security and affection, allowing for

advancements, especially regarding the promotion, prevention, and recovery of harm to women in situations of violence[25].

The field diary notes aligned with the interview results, where the lack of organization and precarious structures in some institutions was noticeable, not ensuring a proper reception and privacy for these women during the service. Additionally, it became clear through the gestures and posture of the professionals, the fear and apprehension in addressing this issue, especially in services located in more vulnerable areas.

The obtained results can contribute to tackling this serious public health issue, highlighting the need for improvements in the quality and access to services for women of different natures. It also encourages the mobilization of institutional, social, and family means, appropriate referrals to the women's protection network in the researched municipality, as well as fostering the woman's connection with the assistance and rights protection network.

The main limitations of this research are inherent to descriptive qualitative studies, especially the fact that the study was conducted at a local level, in some primary care services in only one municipality, which prevents the generalization of its results to other contexts. However, the main intention at this moment is not to generalize the revealed situation but to provoke reflections, contribute to discussions and practices related to the problem, and stimulate similar studies.

FINAL CONSIDERATIONS

Even in the face of the essential role of Primary Health Care (PHC) in addressing the care of women in situations of domestic and family violence, this research revealed that the performance of PHC appeared weakened, highlighting the need for strengthening public policies and the service network for these women, with a focus on intersectorality and comprehensiveness of care.

In this sense, it is observed that PHC professionals are unaware of the majority of services that make up the service network, or identify them in a fragmented manner without the necessary dialogue, leaving communication practically limited to individual referrals for each woman, thus compromising the path of these women through various services, preventing the cycle of violence from being broken.

Therefore, among many existing possibilities, it is essential to stimulate continuing education and the construction of spaces that allow health professionals to exchange

experiences and opinions, conducting self-assessment and reflecting on individual limits and capabilities.

It is hoped that this research contributes to increasing the visibility of violence against women, especially in the context of Primary Health Care (PHC), as this level of care is located close to the users in that territory and plays a central role in the care of the Unified Health System (SUS).

REFERENCES

1. Brasil. Ministério da Mulher, da Família e dos Direitos Humanos. Secretaria Nacional de Políticas para as Mulheres. Política Nacional de Enfrentamento à Violência contra a Mulher. Brasília, 2011. [cited 2022 abr. 04]. Available from: https://www12.senado.leg.br/institucional/omv/entenda-a-violencia/pdfs/politica-nacional-de-enfrentamento-a-violencia-contra-as-mulheres.

2. Jennings WG, Powers RA, Perez NM. A Review of the Effects of the Violence Against Women Act on Law Enforcement. Violence Against Women. [Internet].2021 [cited 2022 maio] 27(1): 69-83. Available from: https://journals.sagepub.com/doi/10.1177/1077801220949694.

3. Fórum Brasileiro de Segurança Pública. Violência contra mulheres em 2021, v. 5. [Internet]. 2021 [cited 2022 maio 20] Available from:https://forumseguranca.org.br/wp-content/uploads/2022/03/violencia-contra-mulher-2021-v5.pdf.

4. Observatório da Violência do Rio Grande do Norte (OBVIO). Na última década, uma mulher foi vítima de morte violenta a cada 3 dias no Rio Grande do Norte. [Internet]. 2021 [cited 2021 jun. 08]. Available from: https://demografiaufrn.net/2021/03/07/feminicidio-onas-8m/

5. Tribuna do Norte. Mulher é morta a pauladas por marido no interior do Rio Grande do Norte. 07 de jun. 2021. Disponível em: http://www.tribunadonorte.com.br/noticia/mulher-a-morta-a-pauladas-por-marido-no-interior-do-rio-grande-do-norte/512357

6. Tribuna do Norte. Mulher é morta pelo ex-marido em frente aos filhos; homem tentou se matar. 09 de nov. 2021. Disponível em: http://www.tribunadonorte.com.br/noticia/mulher-a-morta-pelo-ex-marido-em-frente-aos-filhos-homem-tentou-se-matar/524932.

7. Gutmann VLR, Cabral CN, Santos JS, Vallejos CCC, Amarijo CL, Silva CD. Social representation of the violence of men and women using the family health strategy. R Pesq Cuid Fundam [Internet]. 2022 [cited 2022 jun. 09];14:e10956. Available from: https://doi.org/10.9789/2175-5361.rpcfo.v14.10956.

8. Mendonça CS, Machado DF, Almeida MAS, Castanheira ERL. Violence and Primary Health Care in Brazil: an integrative literature review. Cien Saude Colet. [Internet]. 2020 [cited 2022 jun. 04] Jun;25(6):2247-2257. Available from: doi: 10.1590/1413-81232020256.19332018. Acesso em: 04 de jun. 2021.

9. IBGE. Instituto Brasileiro de Geografia e Estatística. Brasil em síntese [Internet]. 2021 [cited 2023 ago 12]. Available from: https://cidades.ibge.gov.br/brasil/rn/parelhas/panorama.

10.Bardin, L. Análise de conteúdo. Lisboa: Edições 70, 2000.

11. Sehnem GD, Lopes EB, Tier CG, Ribeiro AC, Maciel VQS, Castilhos L. Violence against women: nurse practice in primary health care. Rev. Enferm. UFSM. [Internet]. 2019 [cited 2022 jun. 07]; vol.9, e62: 1-19. Available from: DOI:https://doi.org/10.5902/2179769235061

12. Silva CD, Costa KM, Rocha ACASC et. al. Potentialities and limitations of the home visit performed by students of medicine in the course of Family and Community Health. Rev. APS. [Internet]. 2019 [cited 2022 abr. 15]; jul./set.; 22 (3): 712 – 725. Available from: https://doi.org/10.34019/1809-8363.2019.v22.16512Rev.

13. Brasil. Lei n° 13.931, de 10 de dezembro de 2019 dispõe sobre a notificação compulsória dos casos de suspeita de violência contra a mulher e Altera a Lei nº 10.778, de 24 de novembro de 2003. Diário Oficial da União. Pag. 04, 11 de dez. 2019. [cited 2022 jun. 06]. Available from: http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/lei/L13931.htm.

14. Arboit J, Padoin SMM, Vieira LB. Violence against women in Primary Health Care: Potentialities and limitations to identification. Aten Primaria. [Internet]. 2017. [cited 2022 maio 14] 2020;52(1):14-21. Available from: doi:10.1016/j.aprim.2018.09.008.

15. Ogata MN, Silva JAMD, Peduzzi M, Costa MV, Fortuna CM, Feliciano AB. Interfaces between permanent education and interprofessional education in health. Rev Esc Enferm USP. [Internet] 2021[cited 2022 jun. 09] 4;55:e03733. Available from: Doi: 10.1590/S1980-220X2020018903733.

16. Diniz ALTM, Melo RHV, Vilar RLA. Analysis of a collaborative interprofessional practice in the family health strategy. Revista Ciência Plural. [Internet]. 2021 [cited 2022 abr. 07]; 7(3):137-157. Available from: https https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1343513.

17. Nascimento VF, Rosa TFL, Terças ACP, Hattori TY, Nascimento VF. Challenges regarding cases of domestic violence against women in a city in Mato Grosso. Arq. Cienc. Saúde. [Internet]. 2019 [cited 2022 jun. 09] v. 23, n. 1, p, 15-22. Available from: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-979968.

18. Schraiber LB, d'Oliveira AFPL, Hanada H, Kiss L. Assistance to women in situations of violence - from the network of services to the intersectoral network. Athenea digital. [Internet]. 2012; 12(3): 237-254.[cited 2022 maio 19] Available from: https://atheneadigital.net/article/view/v12-n3-schraiber-pires-hanada-etal/1110-pdf-pt.

19. Lima JC, Vieira SRC, Silva JC, Silva RSC, Souto CMRM, Souto RQ et al. TRACKING AND REFERRAL BY NURSES IN THE FAMILY HEALTH STRATEGY OF VIOLENCE CASES AGAINST WOMEN. Cogitare enferm. [Internet]. 2020 [cited 2022 Abr. 21]; 25: e65579. Available from: http://dx.doi.org/10.5380/ce.v25i0.65579

20. Menezes PRM, Lima IS, Correia CM, Souza SS, Erdmann AL, Gomes NP. Process of dealing with violence against women: intersectoral coordination and full attention. Saude e Sociedade. [Internet]. 2014 [cited 2022 maio 03] v. 23, n. 3, p. 45–52. Available from: DOI 10.1590/S0104-12902014000300004.

21. Moraes CL, Marques ES, Ribeiro AP, Souza ER. Contributions to address violence against older adults during the Covid-19 pandemic in Brazil. Cien Saude Colet. [Internet]. 2020 [cited 2022 jun. 09] Oct;25(suppl 2):4177-4184. Available from: doi: 10.1590/1413-812320202510.2.27662020.

22. Cortes LF, Padoin SMM, Arboit J. Inter-sectorial network for assisting women in situations of violence: handicraft work built by the people. Rev Bras Enferm. [Internet]. 2022. [cited 2022 jun 10] ;75:e20210142. Available from: https://doi.org/10.1590/0034-7167-2021-0142.

23. Aguiar JM, D'Oliveira AFP, Schraiber LLB. Historical changes in the intersectoral network of services targeted at violence against women – São Paulo, Brazil. Interface. [Internet]. 2020. [cited 2022 jun. 13]; 24: e190486. Available from:https://doi.org/10.1590/Interface.190486.

24. Amarijo CL, Gomes VLO, Gomes AMT, Fonseca AD, Silva CD. Nursing personnel's social representations of domestic violence against women: a structural approach. Rev. enferm. [Internet]. 2017. [cited 2022 maio 14]. Available from: http://dx.doi.org/10.12957/reuerj.2017.23648

25. Souto VS, Castelar M. Psychologists in the specialized care services for women victims of violence. Psicol. Estud. [Internet]. 2020 [cited 2022 jun. 09]; 25: e44031 Available from: https://doi.org/10.4025/psicolestud.v25i0.44031.

26. Souza MA, Peres AM, Mafioletti TM. Permanent education in the health care network for women in situations of violence. Rev. Enf. Ref. [Internet]. 2020 [cited 2022 maio 18]; V(2): e20003-e20003. Available from: https://doi.org/10.12707/RV20003

27. Silva ASB, Silva MRS, Semedo DSRC, Fortes DCS, Santos AM, Fonseca KSG. Perceptions of primary health care workers regarding violence against women. Rev Esc Enferm USP. [Internet]. 2022 [cited 2022 jun. 09] ;56:e20210097. Available https://doi.org/10.1590/1980-220X-REEUSP-2021-0097.

28. Ferreira L, Barbosa JS de A, Esposti CDD, Cruz MM da. Permanent Health Education in primary care: an integrative literature review. Health debate [Internet]. 2019 [cited 2022 maio 20]Jan;43(120):223–39. Available from: https://doi.org/10.1590/0103-1104201912017

29. Silva VG, Ribeiro PM. Violence against women in the practice of nurses of primary health care. Esc. Anna Nery [Internet]. 2020 [cited 2022 maio 20] ; 24(4): e20190371. Available from: http://dx.doi.org/10.1590/2177-9465-ean-2019-0371.

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