

DOMESTIC VIOLENCE: A STUDY WITH WOMEN ATTENDED AT THE PSYCHOSOCIAL CARE CENTER

*VIOLÊNCIA DOMÉSTICA: UM ESTUDO COM MULHERES ATENDIDAS NO CENTRO DE ATENÇÃO
PSICOSSOCIAL*

*VIOLENCIA DOMÉSTICA: UN ESTUDIO CON MUJERES ATENDIDAS EN EL CENTRO DE ATENCIÓN
PSICOSSOCIAL*

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ABSTRACT

To analyze the consequences of domestic violence on the mental health of women monitored by the Psychosocial Care Center of a municipality in the interior of Ceará. A field research, exploratory type, qualitative approach, was carried out from September to November 2020 with women who are part of the mental health service. The collection took place alternately, virtual and face-to-face, in view of the difficulties posed by the COVID-19 pandemic, accounting for a sample of six women over the age of 18 who participate in the institution's therapeutic group and experienced episodes of domestic violence. The research followed the ethical precepts n°. 4,255,824. The study showed a predominance of psychological, physical and sexual violence. The symptoms of mental illness found as a consequence of domestic violence were anxiety, insomnia, low esteem, panic syndrome and self-aggressive behaviors. Studies on this theme are suggested, in order to promote knowledge, develop care strategies, prevent and minimize damage related to domestic violence and encourage investments in protection mechanisms for women.

Keywords: *Domestic Violence; Mental Health; Women Rights; Social Service.*

RESUMO

Analisar as consequências da violência doméstica na saúde mental de mulheres acompanhadas pelo Centro de Atenção Psicossocial de um município no interior do Ceará. Foi realizada uma pesquisa de campo, do tipo exploratória, com abordagem qualitativa, de setembro a novembro de 2020, com mulheres que integram o serviço de saúde mental. A coleta aconteceu de forma alternada, virtual e presencial, tendo em vista as dificuldades postas com a pandemia da COVID-19, contabilizando uma amostra de seis mulheres, com idade maior de 18 anos, que participam de um grupo terapêutico da instituição e vivenciaram episódios de violência doméstica. A pesquisa seguiu os preceitos éticos n° 4.255.824. O estudo evidenciou predominância de violência psicológica, física e sexual. Os sintomas de adoecimento mental encontrados como consequências da violência doméstica foram ansiedade, insônia, baixa estima, síndrome do pânico e comportamentos autoagressivos. Sugere-se estudos acerca dessa temática, no intuito da promoção do conhecimento, elaboração de estratégias de cuidados, prevenção e minimização de danos relacionados à violência doméstica e incentivo aos investimentos em mecanismos de proteção para as mulheres.

Palavras-Chave: *Violência Doméstica; Saúde Mental; Direitos da Mulher; Serviço Social.*

RESUMEN

Analizar las consecuencias de la violencia intrafamiliar en la salud mental de las mujeres monitoreadas por el Centro de Atención Psicossocial de un municipio del interior de Ceará. Se realizó una investigación de campo, tipo exploratoria, abordaje cualitativo, de septiembre a noviembre de 2020 con mujeres que forman parte del servicio de salud mental. La recolección se realizó de manera alternada, virtual y presencial, ante las dificultades que plantea la pandemia COVID-19, contabilizando una muestra de seis mujeres mayores de 18 años que participan en el grupo terapéutico de la institución y experimentaron episodios de violencia doméstica. La investigación siguió los preceptos éticos n° 4.255.824. El estudio mostró un predominio de la violencia psicológica, física y sexual. Los síntomas de enfermedad mental encontrados como consecuencia de la violencia doméstica fueron ansiedad, insomnio, baja autoestima, síndrome de pánico y conductas autoagresivas. Se sugieren estudios sobre este tema, con el fin de promover el conocimiento, desarrollar estrategias de atención, prevenir y minimizar los daños relacionados con la violencia intrafamiliar y fomentar inversiones en mecanismos de protección para las mujeres.

Palabras Clave: *Violencia Intrafamiliar; Salud Mental; Derechos de las Mujeres; Servicio Social.*

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INTRODUCTION

Violence against women is a complex issue, and actions to confront it are still difficult and challenging, requiring a multidisciplinary approach and intersectoral articulation to transform the rates of this problem. Gender violence is reinforced by patriarchal values. In other words, a system of domination in which men feel the right to be superior to women, thus being able to exercise their power over her¹.

Law No. 11.340, Maria da Penha Law, instituted on August 7, 2006, defines as domestic and family violence against women any practice or negligence based on gender, causing death, injury, physical, sexual or psychological suffering and moral damage or patrimonial. It happens in the home sphere, however, it is not necessary to live in the same house. However, the offended person must have had contact with the aggressor, a relationship of affection and bonding, not necessarily needing to be from the family³.

The illness and death of these women affect the country's financial income, considering that the years lost in relation to productivity and, consequently, the tax contribution of women and/or related to their development and professional growth are irretrievable. It is important to highlight the expenses with treatments, hospitalizations, increased estimates of approval of financial benefits generated to Social Security, requiring emergency prevention^{4,5}.

Feminist struggles, in addition to gender equality, aim at the right to economic, cultural, social and political participation on an equal basis with men. Through these movements, they achieved legal recognition exemplified in the Maria da Penha Law⁶.

The magnitude of the union of Social Work and feminism is highlighted, as it collaborates in a relevant way with the analysis in the panorama of the totality of social relations of sex, class and race. As the Social Worker Code of 1993 indicates, commitment to the user public is essential, through the fight for equality between the sexes and against any

form of oppression, discrimination and prejudice⁷.

And, from the individual and collective care of a group and the shared consultation carried out by the Social Service in the municipality of Ceará, it was possible to observe a significant number of women with complaints of mental suffering. In the municipality, the limiting factors in relation to violence are the lack of numerical data on domestic violence, lack of monitoring of the developed actions, poorly connected services functioning and the low investment of the public authorities in the structure of bodies serving women, making it difficult to trace the epidemiological profile. Therefore, it is necessary to monitor the numbers, formulate indicators and instruments to monitor public policies in Brazilian states and municipalities.

Thus, being the motivating factor to investigate and better understand what makes so many women sick and what could prevent these situations and promote mental health. In addition, expand the Social Worker's view of mental suffering resulting from violence, abuse and inequalities that favor the use or abuse of medication and, in some cases, alcohol and illicit drugs. Therefore, the research aims to analyze the consequences of domestic violence on the mental health of women monitored by the Psychosocial Care Center in a municipality in the interior of Ceará.

METHODS

Exploratory, descriptive research with a qualitative approach, developed from September to November 2020 at the Dr. Abdoral Machado Psychosocial Care Center, in Crateús/Ceará. Qualitative research works with subjectivities, which cannot be summarized in variables⁸. Field research is the cut that the researcher makes in terms of space. It is characterized by investigations representing a reality. This is the same as saying: it is the choice of an area to apply the research theory⁸.

The Psychosocial Care Center is a SUS secondary care service, registered as general CAPS, modality I. It is a care strategy resulting from the Psychiatric Reform, serving people of any age

group with severe, persistent mental disorders and/or with consequent needs from the use of alcohol or other drugs. It is configured as a substitute service to the asylum model that existed until then⁹.

In this study, a group of women known as the “CAPS Women's Meeting” participated in this study, which aims to provide a space where they can talk about any topic and take care of their mental health. It also seeks to strengthen female self-esteem and expand conceptions of violence against women, as well as ways of protecting and resisting this violence, in addition to encouraging the development of serenity.

The 20 women of the group were invited. Only 06 aged 18 or over accepted. In this sample, the inclusion criteria were: women who have experienced episodes of domestic violence and who participated in a therapeutic group at the Psychosocial Care Center (CAPS) in Crateús, Ceará. Exclusion criteria were: those who were registered at the CAPS, but who did not experience episodes of domestic violence and do not participate in any therapeutic group in the service.

Data collection was divided into two stages. In the first stage, a bibliographical research was carried out, having as investigation categories: “domestic violence”, “woman” and “mental health”; using the search bases: Academic Google, Scielo, Lilacs and Virtual Health Library. The following selection criteria were established: articles published from 2015 to 2020, in Portuguese.

The search for these patients was through contact via the “WhatsApp” message, inviting and explaining the research, leaving participation as a criterion. Twenty women were invited, nine of whom viewed the message and did not respond; five dropped out, stating that they didn't like to talk about the subject; and six accepted. Appropriate day and time were agreed with the participants who agreed to participate in the study. The interview was conducted virtually and in person, considering that some claimed to have face-to-face care already scheduled at the CAPS and felt better dialoguing in person. The use of semi-structured interviews is a

technique that aims at the freedom of expression of the interviewees about the topic. Thus, the strategy thought was the Google Meet application.

The description and organization of the results had full speech records, ordered by narration and discussion, which will allow analysis based on Minayo's Thematic Categorical Analysis⁸. The Thematic Categorical Analysis technique consists of discovering the nuclei of meaning that make up a communication, whose presence or frequency mean something to the analytic object in question. For an analysis of meanings, the presence of certain themes denotes structures of relevance, reference values and behavior models present or underlying the discourse⁸.

The participants were given codenames for the transcription of the speeches. Supported by the Thematic Analysis and the possible connections and resonances with the participants' speeches, the thematic categories emerged.

The research complies with Resolution nº 466/2012 of the National Health Council, having been approved by the Research Ethics Committee of the School of Public Health of Ceará Paulo Marcelo Rodrigues Martins, under opinion nº 4.255.824. Participants had the right to privacy, maintenance of anonymity, access to data and freedom to continue or terminate their participation in the study, by signing the Informed Consent Form, without any harm to their health and care at the institution.

RESULTS

The study evidenced the predominance/prevalence of psychological, physical and sexual violence, with a higher incidence of psychological violence, which is related to long-term emotional damage and damage to the development of women's health, mainly through humiliation, threats, embarrassment and isolation. Therefore, the study was divided into the following categories: Sexual Violence; Physical violence; Reasons that kept women in a violent relationship; and Psychic Consequences.

About the profile of the research participants: with regard to the educational level of the women in this research, it became clear that most had completed high school, however, we emphasize that there were also illiterate participants. Family income indicated around R\$89.00 to R\$2,000.00; some were beneficiaries of the Bolsa Família Program, others of the Continuous Cash Benefit (BPC) and the others developed informal work.

As for occupation: teacher, farmer, housewife, trader, artisan and student. With ages between 25 and 55 years, ages considered productive. In this way, forms of violence interfered with work activities. The women reported that their children witnessed the situations and suffered from the violence that happened to their mothers at home. In relation to Race/Color: brown, white, black and indigenous.

With regard to the aggressor, they are people they know and are close to and, among them, mainly (ex) intimate partners, who blamed the woman for the violence suffered, turning the victim into the person responsible for the act of violence. It is observed, from the collected data, that the home is the place where most women suffer violence. As for the number of children (as), there is a predominance of 02 children (as).

It is important to know to think about actions to follow up and support the whole family. The partners had the habit of resorting to alcoholic beverages and the use of psychoactive substances. When we questioned the marital situation, they said that due to financial problems, they did not divorce. The union was maintained under the law, even not residing with the partner.

It is interesting to note that among women who experience abusive and violent relationships, shame, fear and lack of legal knowledge make it difficult for them to go to protective services and, consequently, break the cycle of violence. Therefore, it is up to health services, such as the CAPS, for example, to receive them. Therefore, the importance of carrying out groups in the service

with women, which, in addition to taking care of strengthening those who already recognize the situation of violence experienced, empower and can prevent other women from experiencing such situations. The interviewees' narrative highlights the importance of welcoming and humanized care. Sometimes they are women with a history of violence since adolescence.

The results are presented referring to the categories of analysis: types of violence suffered; reasons that kept her in a violent relationship; and psychic consequences of this situation. The interviews and recordings were transcribed in full. Below, a summary of the responses of each of the interviewees.

Types of violence suffered:

The study evidenced the predominance/prevalence of psychological, physical and sexual violence, with a higher incidence of psychological violence, which is related to long-term emotional damage and damage to the development of women's health, mainly through humiliation, threat, embarrassment and isolation.

"There was a time when I gained a lot of weight and he kept talking about my body, I felt very low". [SIC] (PARTICIPANTS 1, 2020)

"He used to say that if I separated from him I wouldn't find another one". [SIC] (PARTICIPANTS 5, 2020)

"He always said that the house was his, that I had no right to anything, he humiliated me". [SIC] (PARTICIPANTS 2, 2020)

"I couldn't go out because when he arrived he was teasing me, saying I was putting a horn on him, being shameless, I had to go hidden even to my mother, I had no right to anything, I was a slave in the house". [SIC] (PARTICIPANTS 3, 2020)

"He used to say you're not a woman to me, that hurt me, I think that all that I was putting in my head was accumulating a lot inside me, a lot of humiliation, I had no right to go anywhere, no party, now he was on the street 24 hours a day and night, now when he arrived his dick would break. [SIC] (PARTICIPANTS 1, 2020)

"He didn't want me to have friends, every time I had a friendship, someone new came along, he tried to

kick that person away from me." [SIC] (PARTICIPANTS 6, 2020)

The excerpts mentioned above show the psychological violence suffered by many women, which is a category of violence that is very invisible and little known to them, which can be presented in the form of insult, blackmail, persecution, defamation of the woman's figure, with lowering of self-esteem and of the victim's safety. Psychological violence causes internal wounds in the female psychological, affecting her life and her social relationships with her family and children. In a kind of insecurity and constant fear, making her feel useless and incapable, blaming her in certain situations, such as taking care of the house, in front of the children with words like: "dumb", "useless", among other means of insult.

Sexual Violence

Obtaining sexual intercourse by violence or coercion was investigated.

"in most sexual relationships I didn't want to, he sometimes hid the key, negotiated, forced me to have sex with him, in exchange for letting me go to college and there were also practices with him that I didn't feel like and had to do were very painful things". [SIC] (PARTICIPANTS 5, 2020)

"at the time I was pregnant, he wanted it because he wanted me to have an abortion". [SIC] (PARTICIPANTS 4, 2020)

"he attacked me physically, I had sex without feeling like it, pushed me and attacked me". [SIC] (PARTICIPANTS 1, 2020)

"Sometimes I got my period, and he wanted a relationship, and if I didn't stay he said it was because I had already given it to other males on the street, so I forced myself". [SIC] (PARTICIPANTS 4, 2020)

The clippings above show the sexual violence suffered.

Physical Violence

"he showed himself to be a very violent person, stupid, very rude, sometimes we even argued, he pushed me, because he wanted us to have a kind of intimacy and I didn't". [SIC] (PARTICIPANTS 6, 2020)

"He pushed me, pulled my hair, pinched me, and slapped me, but because he didn't spank, didn't leave

more obvious marks, apart from pinching, he thought this wasn't physical violence." [SIC] (PARTICIPANTS 5, 2020)

The lines show the physical violence suffered. The injuries in the physical scope are: punches, burns, cuts, abrasions, attempted suffocation and broken bones in the body, especially the face.

Reasons that kept women in a violent relationship

"I had a fondness for him, I liked him". [SIC] (PARTICIPANTS 6, 2020).

"Fear, inability to get by on my own, kind of like I've come to terms with that situation, even though I knew it wasn't doing me any good." [SIC] (PARTICIPANTS 1, 2020).

"first it was the financial issue, but then I started working, my son was already older". [SIC] (PARTICIPANTS 4, 2020).

"It's not because I didn't want to, it's because I didn't have a choice, I didn't have a house to live in, I didn't have a brother to support me, so I forced myself to live this suffering and it turned out, it's very difficult" . [SIC] (PARTICIPANTS 3, 2020).

"nowhere to go, no money, he wouldn't let me work, get any job, I only had elementary school and he beat my chest because he let me study, my family was also very poor, there was no way have income and had nowhere to go" ". [SIC] (PARTICIPANTS 5, 2020).

"I ended up in this forced relationship, he didn't want to end. Due to inexperience, I couldn't put an end to it". [SIC] (PARTICIPANTS 6, 2020).

Given what was exposed by the interviewees, the reasons that kept them in a violent relationship involved several aspects: lack of family support, lack of formal work, fear for the safety of their children, ignorance of the process of violence in which they were inserted, affection, low esteem, fear, emotional and financial dependence.

Psychic consequences

"Anxiety and depression, I got psychologically ill, you feel inferior, you don't feel able to make decisions and live alone". [SIC] (PARTICIPANTS 1, 2020)

"It makes me sad that he calls me crazy and fat, but I'm used to it, I let it go, I think this is more of a joke, I'm eleven years married, when

I arrived at Caps for the first time, I really wanted to commit suicide.” [SIC] (PARTICIPANTS 2, 2020)

“I feel more fragile, I used to feel stronger, I don't know if it's the day-to-day, worn out problems of the situation, so much so that I asked for help, I was feeling weak, I forgot that I'm a woman, I don't have any more vanity, whatever. the beautiful or ugly clothes, as a woman I am totally relaxed.” [SIC] (PARTICIPANTS 4, 2020)

“Even today he threatens me, saying he's going to kill me, if I get another male he's going to kill them both, he's going to put a bullet in my head any time, he passes by, I'm scared to death, you think that at night I I sleep with so much suffering that I have lived”. [SIC] (PARTICIPANTS 3, 2020)

“There are countless, to this day I need justice, I don't have a lawyer, my case belongs to CREAS and she can't defend, the most she can do is follow up, in this last hearing the case didn't do any good, the case is four years old, he got sick suddenly, apart from all the psychological illness, I even had an improvement, but when I got worse I tried against my life several times, even when I was with him, these are marks that reflect on my daughter who witnessed it, she also needs follow-up”. [SIC] (PARTICIPANTS 5, 2020)

It is possible to see that the psychological consequences of domestic violence, according to the interviewees, are varied, such as: anxiety, depression, low self-esteem, insomnia and attempted suicide. The recurrent symptoms, in general, are lack of concentration, difficulty sleeping, nightmares, fear, guilt, low esteem, impaired appetite, stress, panic syndrome, in addition to aggressive behaviors against life itself.

DISCUSSION

The reasons for a woman to remain in an abusive relationship are diverse. However, two of them can be emphasized: the imbalance of power and the intermittence of abuse. That is, the power discrepancy is when the woman feels unable to live without the oppressor. This domination can be physical, psychological and financial. The intermittence of abuse, on the other hand, is when the woman believes in the aggressor's change, considering the oscillation of love and violence moments, thus creating paradigms that are difficult to overcome¹⁰.

A total of 28.9 million women in Brazil are heads of households. However, they are not protected in their own home. According to the National Human Rights Ombudsman (ONDH) of the Ministry of Women, Family and Human Rights (MMFDH), on the daily average between March 1 and 25, 2020, there was an 18% increase in the number of complaints registered by services Dial 100 and Call 180¹¹.

Society has established responsibility and dedication to household chores for women, in addition to taking care of their children; being in charge of the man, the sustenance of the family. This led to women's financial dependence, making it difficult to escape from this environment of violence¹². And the practice of violence takes place within a cycle that can go through and be divided into three phases: increased tension, violent attack and the “honeymoon”. Initially, the aggressor starts to carry out psychological violence with the victim, when the woman starts to interpret it as something that was her fault to justify such aggressor's behavior. And this naturalization of tension drives it to phase two¹².

This later stage is the explosion of the aggressor, who, in addition to committing verbalized violence, starts using physical force as well. The last phase is called “honeymoon”, being represented by the aggressor's regret. It is at this moment that women believe in a possible change in this context, given the illusion that is created¹². In short, the tension returns and reproduces the cycle of violence again and, over time, the space between one phase and another becomes smaller and aggressions become more constant, capable of causing femicide, which is the homicide of woman¹².

The Atlas of Violence 2020, published by the Institute for Applied Economic Research (Ipea), informs the increase of signed women in Brazil. In 2018, 4,519 women were murdered, that is, 1 woman murdered every 2 hours. It should be noted that most of these victims were black (68%). The statistics of women murdered inside the residence had an increase¹³.

Femicide needs to be placed on a level as a

problem that is a reflection of patriarchy, which has a very large racial dimension. The increase in black women is quite significant in relation to white women, reflecting how racist patriarchy operates. Femicide is a crime that can be avoided, especially the so-called intimate femicide, which is derived from domestic violence¹³.

Law No. 13,104/15, enacted in 2015, called the Femicide Law, was considered an important milestone, as it is a way for society to understand violent crimes against women. Brazil was one of the last countries in Latin America to typify a law against gender-based homicides¹⁴.

Domestic violence brings a series of risks, including: the consumption of alcoholic beverages as a way to forget about the pain, suicidality, low self-esteem, stress, depression, anxiety, vaginal infections, sleep and eating disorders, severe headaches, and delayed-onset illnesses, including arthritis, high blood pressure, heart disease, and other mental problems. Due to these mistreatments, they become worn out and weakened¹⁵.

The predominance of non-psychotic mental disorders among women is common in the general population and may be associated with intimate partner violence (IPV), namely: post-traumatic stress disorder (PTSD), anxiety symptoms, depression, suicidal ideation, decrease of energy, difficulty in performing daily functions, self-mutilation, insufficient or excessive sleep, which result in a lack of self-esteem, sadness and disappointment in the face of failed expectations and can lead to social and economic expenses, considering that they can be a reason for leaving work and, consequently, high demand for health services¹⁶.

Currently, in an enumeration of 83 countries, Brazil remains in 5th place in the femicide rate which, according to Law No. 13.104/2015, is homicide based on gender. That is, the murder of women in the context of domestic and family violence or aversion to being a woman⁵.

Because of this, the importance of the work of (a) Social Work professionals together with multi- and interdisciplinary work in women's health,

since Social Work seeks to understand all dimensions of this public's life, in the sense of trying to minimally materialize and effective access to social rights, through articulation with other professionals and other existing sectorial policies, from the provision of direct services to the population, in planning, advising, management, mobilization and social participation².

FINAL CONSIDERATIONS

Given the above, fighting domestic violence against women is possible, but for this it is necessary to develop and implement public policies, aiming at specialized and humanized care, in order to propose actions that deconstruct inequalities and combat gender discrimination. Therefore, it is necessary to devise prevention strategies, including working and discussing these social ties within the family, media, school and society in general, to overcome these socially created stigmas of the figures of the power role of men over women.

To overcome this phenomenon, a multidisciplinary and interdisciplinary work is needed, interconnected with the various health, education, social assistance, public safety policies, among others. Assistance to victims must be carried out through an intersectoral network, highlighting the need to strengthen, both in investments and in professional training, the Assistance Network for Women in Situations of Violence.

The limitations of the research were due to the covid-19 pandemic and also because many women claim not to feel comfortable giving their statements. This study indicated that the women in this research suffer mainly psychological, physical and sexual violence, and the vulnerability in which many find themselves makes it difficult to break the cycle of violence.

Women, through struggle, managed to have the right to enter politics, but they are still a minority, even though there are quotas for women. It is important to occupy this place of representation in order to formulate and approve laws aimed at women who suffer violence.



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