SURVEILLANCE SYSTEMS AND NOTIFICATIONS OF VIOLENCE AGAINST WOMEN

SISTEMAS DE VIGILÂNCIA E NOTIFICAÇÕES DE VIOLÊNCIA CONTRA MULHER

SISTEMAS DE VIGILANCIA Y NOTIFICACIONES DE VIOLENCIA CONTRA LAS MUJERE

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ABSTRACT

This article aimed to perform a comparative analysis of the records of notifications of violence against women from Health Surveillance and Social Assistance Surveillance in the municipality of Jijoca de Jericoacoara, Ceará, Brazil, in 2018. The databases used were the Violence Surveillance System and Accidents of the Notifiable Diseases Information System (VIVA / SINAN), and the Personal and Social Risk Map of Jijoca de Jericoacoara. To characterize the cases of violence against women, the classification of types of violence in the VIVA / SINAN notification form was adopted. The epidemiological characteristics of the reported cases were described, similarities and divergences were evaluated and the percentage of variation between the two databases was calculated. Most records of reports of violence against women were present, with a difference of 2.02% between the total of reports of violence, resulting in quite distinct epidemiological scenarios portrayed by the two sources. It is concluded that, although Federal Law nº 10.778 of 2003 establishes compulsory notification in health services nationwide, the records of notifications made by the Health Surveillance proved to be insufficient to characterize the real situation of the problem of violence against women.
Keywords: *Violence Against Women; Notification; Health Surveillance; Social Assistance Surveillance*

RESUMO

Este artigo teve como objetivo realizar uma análise comparativa dos registros de notificações de violência contra mulheres das Vigilância em Saúde e Vigilância Socioassistencial no município de Jijoca de Jericoacoara, Ceará, Brasil, em 2018. Os bancos de dados utilizados foram o Sistema de Vigilância de Violências e Acidentes do Sistema de Informação de Agravos de Notificação (VIVA/SINAN) e o Mapa de Risco Pessoal e Social de Jijoca de Jericoacoara. Para caracterizar os casos de violência contra mulheres, adotou-se a classificação de tipos de violência da ficha de notificação do VIVA/SINAN. Foram descritas as características epidemiológicas dos casos notificados, avaliadas similaridades e divergências e o cálculo do percentual de variação entre os dois bancos de dados. A maioria dos registros de notificações de violência contra mulheres estava presente, com diferença de 2.020% entre o total de notificações de violência, resultando em cenários epidemiológicos bastante distintos retratados pelas duas fontes. Conclui-se que, apesar da Lei Federal nº 10.778 de 2003 estabelecer em âmbito nacional a notificação compulsória em serviços de saúde, os registros de notificações realizados pela Vigilância em Saúde mostraram-se insuficientes para caracterizar a real situação da problemática da violência contra mulher.
Palavras-Chave: *Violência Contra a Mulher; Notificação; Vigilância em Saúde; Vigilância Socioassistencial.*

RESUMEN

Este artículo tuvo como objetivo realizar un análisis comparativo de los registros de notificaciones de violencia contra las mujeres de la Vigilancia de la Salud y la Vigilancia de la Asistencia Social en el municipio de Jijoca de Jericoacoara, Ceará, Brasil, en 2018. Las bases de datos utilizadas fueron el Sistema de Vigilancia de Violencia y Accidentes de la Sistema de Información de Enfermedades de Notificación (VIVA / SINAN) y Mapa de Riesgo Persona y Social de Jijoca de Jericoacoara. Para caracterizar los casos de violencia contra la mujer, se adoptó la clasificación de tipos de violencia en el formulario de notificación VIVA / SINAN. Se describieron las características epidemiológicas de los casos reportados, se evaluaron similitudes y divergencias y se calculó el porcentaje de variación entre las dos bases de datos. La mayoría de los registros de denuncias de violencia contra las mujeres estuvieron presentes, con una diferencia de 2.020% entre el total de denuncias de violencia, lo que resultó en escenarios epidemiológicos bastante distintos retratados por las dos fuentes. Se concluye que, si bien la Ley Federal nº 10.778 de 2003 establece la notificación obligatoria en los servicios de salud a nivel nacional, los registros de notificaciones realizados por la Vigilancia Sanitaria resultaron insuficientes para caracterizar la situación real del problema de violencia contra la mujer.
Palabras Clave: *Violencia Contra la Mujer; Notificación; Vigilancia de la Salud; Vigilancia de la Asistencia Social.*

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INTRODUCTION

Violence against women is, by international consensus, a public health problem of growing relevance, as it entails negative consequences for the victims' health, such as physical and emotional harm[1]. The experience of violence drastically reduces the quality of life of women, negatively affecting their physical, psychological and especially social health, "making victims isolate themselves and gradually lose their support network, becoming vulnerable and with few strategies for confrontation, making it increasingly difficult to break this cycle" [2].

It is clear that the recognition that violence against women as a problem that needs to be tackled has been advancing in Brazil, as Faria[3] points out, resulting in modern laws and regulations, such as the Maria da Penha Law[4], considered by the United Nations (UN) as one of the three most advanced laws in the world, as well as other laws and regulations that followed.

Despite all the legal, political and social advances, it is known that the situation of violence against women persists, even often in more subtle and hidden forms. According to Figueiredo[5], "violence against women is characterized by its invisibility, since most of these occurrences do not systems, resulting in underreporting of events".

In the mold of the Unified Health System (SUS), the Unified Social Assistance System (USAS), established by Law No. 8.742/1993, through the National Social Assistance Policy, implemented by Resolution No. 145/2004 of the National Assistance Council Social, established Social Assistance Surveillance, based on Health Surveillance as one of the objectives of the Social Assistance Policy. Its purpose is to qualify and optimize the use of information and data generated from the work processes that make up SUAS. Thus, this Surveillance has been identified as an important instrument in the identification and prevention of risk situations and social vulnerability, including violence against women[6].

The Social Assistance Surveillance of the municipality of Jijoca de Jericoacoara was implemented in 2017. Since then, it has been improving its own tool for notifying violence and violations of law, with information similar to the VIVA/SINAN file. Initially, the SUAS professionals were aware of the need to report situations of violence. In parallel, the awareness of managers and authorities of other bodies and public policies to make their records of violence available. Thus, the Municipal Health Department, the Judiciary Branch and the Municipal Prosecutor's Office participated in the construction of a diagnosis of violence, through the structuring of a local data system.

Thus, the present work aims to carry out a comparative analysis of the records of notifications of violence against women carried out by the Health Surveillance and Social Assistance Surveillance in the municipality of Jijoca de Jericoacoara, identifying the discrepancies and inconsistencies in the diagnoses of the situation of violence against women, as well. as the characterization of reported cases of violence against women.

METHODS

The present study is a documentary research of secondary data analysis. For this purpose, two data sources were used: the records of violence against women from the Violence and Accident Surveillance System of the Notifiable Diseases Information System - VIVA/SINAN, registered by the Health Surveillance of the Municipal Health Department of Jijoca de Jericoacoara, in 2018, and the Personal and Social Risk Map of Jijoca de Jericoacoara in 2018.

Data from the Risk Map are collected and systematized by the Social Assistance Surveillance team of the Municipal Department of Labor and Social Assistance. The document is available for public consultation, when requested to the Social Assistance Surveillance of the municipality.

Data collection took place in November 2020. VIVA/SINAN records were accessed

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through the TABNET website (http://tabnet.datasus.gov.br/). The 2018 Jijoca de Jericoacoara Personal and Social Risk Map was made available by Social Assistance Surveillance in the form of a spreadsheet, graphs and tables. It is noteworthy that the Social Assistance Surveillance has already made available the information from the 2019 Risk Map. However, the reference year established by this work was 2018, as these data are the most recent in the VIVA/SINAN records at the time of the collection of Dice.

For the characterization of cases of violence against women, we adopted the classification of types of violence described in the VIVA/SINAN notification form, as there is great similarity between the two forms. Data were exported to an Excel spreadsheet and analyzed. The absolute frequencies (n) and relative frequencies (%) of the variables related to the types of violence were calculated, with the calculation of the percentage of variation between the two databases, when possible, using the formula (BA)/Ax100, being " B" the absolute frequency of notifications from Social Assistance Surveillance and "A" corresponding to the absolute frequency of notifications from VIVA/SINAN, indicative of each panorama of analyzed violence.

Regarding the study scenario, Jijoca de Jericoacoara is considered a small municipality. According to the IBGE[7], it has an estimated population of around 20 thousand inhabitants in 2020, predominantly young (up to 29 years old), and occupies the 22nd position in the ranking of the Human Development Index (HDI) of the State of Ceará.

This study followed the ethical principles of research involving human beings, as per Resolution No. 466, of December 12, 2012. All victims' rights were safeguarded and followed by national and international ethical precepts in research with human beings. The present work did not require submission to the Ethics and Research Committee, given that the study used secondary databases in the public domain.

RESULTS

When analyzing the records of VIVA/SINAN, referring to the municipality of Jijoca de Jericoacoara, it was observed that 18 notifications of interpersonal violence were registered in 2018, with no notifications of self-harm. Of these, 16 were related to women in situations of violence, almost 89% of these violations. We emphasize that, from the 16 notifications, the occurrence of 25 types of violence was recorded, as in some cases there was a record of more than one violence per victim.

Regarding the Social Assistance Surveillance (VSA) data, in 2018, there was a record of 1,253 notifications of violations of rights, excluding duplications, due to more than one agency/service having notified the same victim and violation, presenting 888 violations of rights. Of these, 60% (530) victimized women. The Social Assistance Surveillance (VSA) database did not allow us to count the number of victims that caused the 888 records of violence. Thus, we will take as a basis for comparison the total number of violence reported in both, which corresponds to 25 types of violence.

According to data from VIVA/SINAN, the age groups with the highest frequency of violations are between 20 and 39 years old, corresponding to 64% of notifications. The Social Assistance Surveillance data, on the other hand, show some regularity between age groups. Highlights for those between 10 and 19 years old, responsible for 30%; and between 20 and 39 years, with 26.7% of notifications.

Analyzing the data on physical violence, the age group from 20 to 29 years old presented the highest frequency of notifications, both for VIVA/SINAN, with 09 cases, and for Social Assistance Surveillance, with 63 notifications, which corresponded to 87.5% of the total of physical violence.

As for psychological/moral violence, VIVA/SINAN indicates the age groups between 20

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Table 1 - Frequency of notifications of violence against women registered in the SINAN and Social Assistance Surveillance (VSA) by age group, in the year 2018, in the municipality of Jijoca de Jericoacoara. 2020.

VIOLENCE/ INFRINGEMENT OF RIGHTS	Database	Up to 01 year	From 01 to 04 years	From 05 to 09 years	From 10 to14 years	From 15 to 19 years	From 20 to 29 years	From 30 to 39 years	From 40 to 49 years	From 50 to 59 years	More than 60 years	N	%	% Variation**
TOTAL	SINAN	00	00	00	04	02	09	07	02	00	01	25	100	2.020%
	VSA	07	58	56	92	67	63	79	37	34	30	530*	100	
Physical violence	SINAN	00	00	00	01	01	06	02	01	00	01	12	48,0	642%
	VSA	00	02	06	03	08	25	22	09	09	05	89	16,7	
Psychological violence/Moral	SINAN	00	00	00	01	01	02	02	00	00	00	06	24,0	2.450%
	VSA	02	10	14	26	19	18	24	15	16	09	153	28,8	
Sexual Violence	SINAN	00	00	00	02	00	01	02	00	00	00	05	20,0	660%
	VSA	00	03	02	19	08	02	04	01	00	00	39	7,3	
Financial Violence/economic	SINAN	00	00	00	00	00	00	00	00	00	00	00	-	-
	VSA	01	01	00	00	03	05	05	00	00	04	19	3,5	
Negligence/Abandonment	SINAN	00	00	00	00	00	00	00	00	00	00	00	-	-
	VSA	05	38	32	38	21	00	01	02	04	09	155*	29,2	
Torture	SINAN	00	00	00	00	00	00	01	00	00	00	01	4,0	-
Other Aggressions Violations	SINAN	00	00	00	00	00	00	00	01	00	00	01	4,0	7.500%
	VSA	00	03	01	06	08	13	26	10	05	02	76*	14,3	

* In the VSA database, there was a record of 07 violations without age group information, only life cycle. Of these, there were 5 notifications of neglect/abandonment, 3 of which were from children (0 to 12 years old) and two from adults (30 to 59 years old), and 2 notifications referring to other aggressions by adults (30 to 59 years old).

** Percentage of variation of the absolute frequencies in the two databases, referring to each violation

Source – Brazil, Ministry of Health (2020); Municipal Department of Labor and Social Assistance of Jijoca de Jericoacoara (2020).

and 39 years old more frequently, with 66% of occurrences. In the Social Assistance Surveillance data, these same age groups, 20 to 39 years old, are in second place, with 27% of notifications, behind the age groups between 10 and 19 years old, with 29%.

VIVA/SINAN registered 01 notification of child pornography, characterized as sexual exploitation. The other notifications refer to one case of sexual harassment and three rapes, all found to be sexual abuse. Of the 39 notifications of Social Assistance Surveillance (VSA) referring to sexual violence, only one was also registered as sexual exploitation, the rest was identified as sexual abuse.

It is worth mentioning the non-occurrence of negligence/abandonment records at VIVA/SINAN, despite this being the most recorded

violation by Social Assistance Surveillance, with 155 notifications. The age groups between 00 and 19 years are responsible for 89% of these notifications. In the adult age groups, the one with the highest occurrence is the elderly over 60 years old, with 6%.

Regarding the violation of Financial/Economic Violence (property) rights, in Social Assistance Surveillance, there were 19 notifications, with the age groups between 20 and 39 years old accounting for 52% of them. There were no records of this notification in VIVA/SINAN.

VIVA/SINAN registered a notification as other aggressions/violations, not specified. In this same category, the notifications of violence registered in the Social Assistance Surveillance that did not have analogous to those registered by the

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Health were aggregated, namely: death threat, psychological harassment, private imprisonment, homophobia, person in a situation of personal and social risk as a result of the use abuse of alcohol and other drugs, racism, broken ties and homelessness, totaling 74 notifications.

We emphasize the non-occurrence, in both databases, of records of human trafficking, child labor and legal intervention/institutional violence.

As for the aggressor's link with the victim, we emphasize that it was not possible to identify this data by consulting the Tabnet-DATASUS page. Therefore, the information referring to the VIVA/SINAN database is displayed in the column "no information" in Table 1.

Table 2 - Frequency of notifications of violence against women linked to the rapist, registered in VIVA/SINAN and Social Assistance Surveillance (VSA), in 2018, in the municipality of Jijoca de Jericoacoara. 2020.

LINK	SINAN	VSA		
	N.I.*	Female	Masculino	S.I.*
Spouse	01	00	95	00
Ex-spouse	00	00	36	00
Boufriend	01	00	00	00
Parents	00	112	124	00
Son	01	09	32	00
Friend/acquaintance	04	17	22	02
Boss	01	00	00	00
Another link	04	15	15	73
Unknown	04	03	12	18
Total (n)	16	156	336	93
%	100	27	57	16
			*N.I.: No information	

DISCUSSION

The violence scenarios portrayed by the two databases for the same municipality have very different characteristics. When analyzing the Health Surveillance notifications, registered in VIVA/SINAN, we observed that physical violence is the most recurrent, with 64% of notifications. Second, there are notifications of psychological/moral violence (24%) and, third, sexual violence (20%). As for the scenario portrayed by Social Assistance Surveillance, negligence/abandonment stands out as the main violation, comprising 29.2% of notifications, closely followed by psychological/moral violence, which corresponds to 28.8% of records. In third place appears physical violence, with 16.7%; in fourth, other violations, with 14.3%; and in fifth place sexual violence, with 7% of notifications.

As for data on sexual violence, despite this type of violation being in fifth place in the violence recorded in the Social Assistance Surveillance (VSA), in absolute numbers, based on Social Assistance data, this violation is 660% more notified than in the Health services We also emphasize the high occurrence of sexual violence victimizing children and adolescents indicated by the records of Social Assistance Surveillance (VSA), with 84% of cases involving children, adolescents and young people under 19 years of age. Unlike the VIVA/SINAN registry, in which 60% of the notifications referred to adults over 20 years of age. Data from Social Assistance Surveillance are consistent with surveys that show that of all rapes that reach the health network, 70% victimize children and adolescents[8].

We highlight the lack of sexual exploitation notification records in Jijoca de Jericoacoara, one of the most popular tourist destinations in the state of Ceará, taking into account that the state is considered one of the routes of national sex tourism and, mainly, international[9].

As for the data regarding the violation of negligence/abandonment, it is observed the absence of this notification by the health services, despite being identified as the most frequent violence, according to Social Assistance Surveillance. This result is in agreement with research that indicates negligence as the most reported violence both in Brazil and in the international scenario[10].

Observing the Social Assistance Surveillance (VSA) records, regarding the data on the aggressors, we highlight the high number of male aggressors, totaling 57% of the total. It is worth noting that of the 156 women aggressors, 90 of them were responsible for the violation, neglect/abandonment.

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As Egry[10] addresses, "the disparity between the percentage of women and men who are held responsible for negligence can be explained by the differentiation of their living conditions, with the attribution of socially and historically constructed group and family functions". Thus, often, women assume all domestic and productive tasks, with no questioning of the father figure, who is often absent.

Still regarding the link between the aggressors and the victim, we observed another disparity between the two databases. According to information recorded in VIVA/SINAN, 56% of the aggressors have no family ties with the victims. This result also differs from previous research in the health area, which indicates that most cases of violence against women have the spouse as the aggressor, followed by aggressors in the family sphere[11]. Taking as a reference that intra-family violence is caused, according to Saffioti[12], "by a person linked by consanguine kinship or by affinity, whose occurrence can be inside or outside the home", in the records of Social Assistance Surveillance, intra-family violence presents itself as dominant in the epidemiological scenario of violence described, with 87% of the aggressors as relatives of the victims. This result is in line with the fact that, historically, women are the biggest victims of violence in the domestic sphere[13].

Given the data presented, there is a huge difference between the number of reports of notification of violence in the two Surveillance, with a percentage of 2020% of dissymmetry. The importance of the existence of data to explain the incidence of these phenomena is undeniable. Therefore, it is observed that the notifications of violence are of great importance, since, through them, violence gains visibility, allowing the epidemiological dimension of the problem and, consequently, enabling the creation of public policies aimed at its prevention and confrontation.

The results presented show that health professionals have shown difficulties in reporting violence. It is observed that, according to Kind[14], among the justifications for underreporting are the fear of retaliation, the confusion between the concepts of notification for epidemiological purposes and external complaint, the difficulty of filling out or total ignorance of the notification form, the overload of the daily service and the difficulty in dealing with cases.

Furthermore, the results presented demonstrate the non-recognition of violence as a health demand. According to Minayo[15], "never has a topic provoked and continues to provoke so much resistance in relation to its inclusion in the [health] sector's agenda as violence and accidents". The author reinforces that most of these obstacles derive from the difficulties that Health, supported by biomedical rationality, has to accept complex problems whose basis are questions of social life and not diseases. However, since the 1980s, the World Health Organization (WHO) has judged violence against women as a public health issue, due to its extent and the seriousness of its consequences. Among them, alcoholism and drug abuse, eating disorders, depression, anxiety, panic and low self-esteem[2].

Furthermore, in addition to the mandatory notification, for epidemiological purposes, of situations of violence against women, brought about by Law No. 10.778/2003, the non-recognition of situations of violence by health professionals may come to harm other normative and legal acts. Among them, the Child and Adolescent Statute (ECA), established by Law nº 8.069/1990 and the Elderly Statute, Law nº 10.741/2003, stand out. In this way, it is considered that underreporting can often result in the victim's deprivation of accessing the protection and care network to defend and promote their rights, which until then had been violated by one or more experiences of violence.

Although reports of violence by Social Assistance Surveillance in the municipality are more numerous, they do not represent the reality of violence against women, which is still characterized by invisibility[5]. One of the objectives of the National Social Assistance Policy is the production

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and systematization of information on risk situations and social vulnerability16. However, there is no experience at the national level of obtaining standardized data on violence along the lines of VIVA/SINAN.

FINAL CONSIDERATIONS

Overcoming violence against women implies facing the values and ideas that naturalize this type of violence and often justify it. In this context, public policies have a fundamental role. This research supported the evaluation of public policy related to violence against women in the municipality of Jijoca de Jericoacoara, bringing visibility to the situation of underreporting of the injury.

It is noteworthy that this study did not intend to blame health professionals for the situation of underreporting, or non-notification, of situations of violence against women presented. It is recognized that blaming is not the way to build solutions to the problem. It is expected to contribute to the construction of intersectoral actions that allow professionals to understand and recognize the service network present in the city, enabling the construction of coherent and effective workflows for intervention and notification.

This study had the limitation of not exploring the original databases, which limited the scope of data analysis covered by the research. Likewise, it did not allow the analysis of the quality of information provided by professionals to the two Surveillance Units, which can negatively impact the quality and notification records in addition to those identified here. It is noteworthy that this study is an analysis focused on the context of the city portrayed. Therefore, it may not represent the reality of records of violence in other municipalities, or even in the state and country.

It is seen as the potential of this research to give visibility to other surveillance systems of situations of violence. In addition, it is intended to contribute to the proposition of intersectoral public policies aimed at preventing and combating violence against women and to improve the ways in which professionals in Health, Social Care and other public policies are involved, since violence against women are a Public Health issue, but they need multidisciplinary and intersectoral interventions to effectively confront them.

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REFERENCES

1. Ribeiro CG, Coutinho MPL. Representações Sociais de Mulheres Vítimas de Violência Doméstica na Cidade de João Pessoa-PB. Rev Psicol e Saúde [Internet]. 2011; 52-9. [acesso em 2020 Ago. 05]. Disponível em: http://www.gpec.ucdb.br/pssa/index.php/pssa/article/download/81/142.

2. Fonseca DH da, Ribeiro CG, Leal NSB. Violência doméstica contra a mulher: realidades e representações sociais [internet]. Psicologia & Sociedade. 2012;24(2): 307-14. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-71822012000200008&lng=en&nrm=iso.

3. Faria N, Moreno R, Vitória C, Coelho S. Feminismo e autonomia das mulheres: caminhos para o enfrentamento à violência. In:_____. Sem culpa nem desculpa! Mulheres livres da violência. São Paulo: SOF - Sempreviva Organização Feminista. 2018; 40p.

4. Brasil. Lei nº 11.340, de 7 de agosto de 2006. Cria mecanismos para coibir a violência doméstica e familiar contra a mulher. Diário Oficial da União: Brasília (DF). 2006. Seção 1.

5. Ribeiro M de FT, de Macedo BÍ, Marques da NL, D'Ávila LBS. Violência Intrafamiliar e Comunitária Contra Mulheres: Um Problema de Saúde Pública. Rev Interdiscip em Saúde. 2020;7:1215–29.

6. Martinelli T, Silva MB, Santos SR dos. Vigilância socioassistencial na política de assistência social: concepção e operacionalidade. Rev Katálysis. 2015;18(1):104 -12 [acesso em 2020 Set. 20]. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-49802015000100104&lng=en&nrm=iso>. ISSN 1982-0259.

7. Brasil. IBGE [internet]. Panorama Cidades: Jijoca de Jericoacoara: Instituto Brasileiro de Geografia e Estatística; [acesso em 2020 Set. 08]. Disponível em: https://cidades.ibge.gov.br/brasil/ce/jijoca-de-jericoacoara/panorama.

8. Cerqueira D, de Lima RS, Silva ERA, Pimentel A, Marques D. 2010-Atlas da Violência-2020. Brasília (DF): IPEA; 2020; 1–96.

9. Costa A da S. O tráfico de mulheres: o caso do tráfico interno de mulheres para fins de exploração sexual no estado do Ceará [tese]. Fortaleza (CE); 2008. Disponível em: http://dominiopublico.mec.gov.br/download/teste/arqs/cp069397.pdf.

10. Egry EY, Apostólico MR, Albuquerque LM, Gessner R, da Fonseca RMGS. Compreendendo a negligência infantil na perspectiva de gênero: estudo em um município brasileiro. Rev da Esc Enferm. 2015; 49(4):555–62. [acesso em 2021 Fev. 05]. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342015000400556&lng=en&nrm=iso.

11. Coelho FA de F, Barcelos SC, Nascimeno PC, Cavalcante JNF, Silva FAM da S, Silva FP da. Perfil Epdemiológico de Mulheres em Situação de Violência de Gênero no Estado do Ceará, 2008 a 2017. Cadernos ESP. 2019; 13(1): 37-46. Disponível em: https://cadernos.esp.ce.gov.br/index.php/cadernos/article/view/167.

12. Andrade PM. O que se faz quando há violência? A Política de Assistência Social no Combate a Violência Intrafamiliar [tese]. Brasília (DF); 2019.

13. Engel CL. A violência contra a mulher. Brasília (DF): Ministério da Economia [internet]; 2015. [acesso em 2020 Out. 05]. Disponível em: https://www.ipea.gov.br/retrato/pdf/190215_tema_d_a_violenca_contra_mulher.pdf.

14. Kind L, Orsini M de LP, Nepomuceno V, Gonçalves L, Souza GA de, Ferreira MFF. Subnotificação e (in)visibilidade da violência contra mulheres na atenção primária à saúde [Internet]. Cad Saude Publica. 2013; 29(9):1805–15. [acesso em 2020 Ago. 20]. Disponível em: http://www.ncbi.nlm.nih.gov/pubmed/24068226.

15. Minayo MC de S. A inclusão da violência na agenda da saúde: trajetória histórica. Ciência Saúde Col. 2007;11:1259-1267. [acesso em 2020 Dez. 01]. Disponível em: http://www.scielo.br/pdf/csc/v11s0/a15v11s0.pdf.

16. Ministério do Desenvolvimento Social e Combate à Fome (BR). Secretaria Nacional de Assistência Social. Política Nacional de Assistência Social. Brasília (DF): Secretaria Nacional de Assistência Social. [acesso em 2020 Dez. 01]. Disponível em: http://www.mds.gov.br.