

Women in situation of violence by their intimate partner: making a decision to seek a specialized violence support service



Mulheres em situação de violência pelo parceiro íntimo: tomada de decisão por apoio institucional especializado

Mujeres en situación de violencia por su compañero íntimo: la toma de decisión por apoyo institucional especializado

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ABSTRACT

Objective: This study aimed to evaluate the factors involved in the decision making process of women in situation of interpersonal violence perpetrated by an intimate partner in search for domestic violence support services.

Methods: Qualitative, descriptive and exploratory research. Sixteen women were interviewed through individual semi-structured interviews, at a Women's Reference Center in Duque de Caxias, Rio de Janeiro, Brazil. Data analysis was performed using the technique of collective subject discourse was used.

Results: The results showed that these women sought psychosocial support when interpersonal violence reached their limit of tolerance. The group meetings organized by the Reference Center made it possible for these women to recover their self-esteem and confidence and to increase awareness of the need to change their lives and achieve economic autonomy.

Conclusions: In this scenario, by collecting data for the research, the nurses contributed to the promotion of gender equality and women's empowerment, as recommended by the Millennium Development Goals.

Keywords: Nursing. Women's health. Violence against women. Millennium Development Goals.

RESUMO

Objetivo: Propõe-se analisar fatores envolvidos na tomada de decisão de mulheres em situação de violência interpessoal, praticada pelo parceiro íntimo, na busca por apoio institucional de referência.

Métodos: Pesquisa qualitativa, descritiva e exploratória. Dezesesseis mulheres foram entrevistadas, entre junho e setembro de 2012, em um Centro de Referência à Mulher de Duque de Caxias, Rio de Janeiro, Brasil, por meio de instrumento semiestruturado e individual. Os relatos foram analisados pelo método do Discurso do Sujeito Coletivo.

Resultados: As mulheres buscaram suporte psicossocial quando a violência interpessoal alcançou o limite da tolerância. Este suporte possibilitou o resgate da autoestima e da confiança, além da tomada de consciência para a necessidade de mudança de vida e de autonomia econômica.

Conclusões: As mulheres alcançaram sua autoconfiança com a superação da violência, o que possibilitou o resgate da autoestima e a tomada de decisão para a saída da situação de violência interpessoal praticada pelo parceiro íntimo.

Palavras-chave: Enfermagem. Saúde da mulher. Violência contra a mulher. Objetivos de Desenvolvimento do Milênio.

RESUMEN

Objetivo: El estudio buscó evaluar factores involucrados en la toma de decisión de mujeres en situación de violencia interpersonal infringida por su pareja en la búsqueda de apoyo institucional.

Métodos: Investigación cualitativa, descriptiva y exploratoria. Dieciséis mujeres fueron entrevistadas por medio de entrevista individual semiestructurada, en un Centro de Referencia para Mujeres en Duque de Caxias, Río de Janeiro, Brasil. Los informes fueron analizados en Discurso del Sujeto Colectivo.

Resultados: Los resultados mostraron que estas mujeres buscaron apoyo cuando la violencia alcanzó el límite de tolerancia. Reuniones grupales, organizadas por el Centro, posibilitaron el rescate de autoestima y confianza y conciencia de la necesidad de un cambio de vida y autonomía económica.

Conclusiones: En este escenario, la práctica enfermera, en la recopilación de datos para investigación, ha contribuido a la promoción de la igualdad de género y el empoderamiento de las mujeres, según lo recomendado por los Objetivos de Desarrollo de Milenio.

Palabras clave: Enfermería. Salud de la mujer. Violencia contra la mujer. Objetivos de Desarrollo del Milenio.

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INTRODUCTION

Violence against women has always occurred in different cultures, because of cultural beliefs regarding obedience: women are prepared to endure the relationship. The manifestations of violence are approved or disapproved, legal or illegal, depending on the social standards maintained by customs or society's legal apparatus⁽¹⁾.

The complexity of violence against women and its mechanisms are unraveled from a gender perspective, since the differences between being a woman and being a man are socially constructed and culturally determined. From birth, female or male individuals learn attitudes and behaviors that characterize women and men, and their identity and gender roles are shaped by these learned attitudes and behaviors. Thus, understanding gender relations is essential for addressing social inequalities.⁽²⁾

Interpersonal violence is the kind of violence that usually occurs in households, among intimate partners⁽³⁾. The configurations of the violence against women comprise "physical violence", which includes physical harm or injury to bodily integrity; "psychological violence", which includes threats, humiliation, isolation, contempt and intimidations; "financial abuse", which is materialized in theft or property damage; "moral violence" characterized by slander, defamation and libel; and "sexual violence", i.e., engaging in sexual activity without consent of the victim.⁽⁴⁾

In 2000, the United Nations (UN) established eight Millennium Development Goals (MDGs), including: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability and develop a global partnership for development. These goals should be achieved by 2015⁽⁵⁾.

Among the Millennium Development Goals, those that advocate the autonomy of women, reduction of child mortality, improvement of maternal health and the combat of serious diseases such as malaria and Aids, belong to complex health care areas, but they are inter-related. The achievement of these Development Goals requires the implementation of specialized and qualified health actions associated to nursing care practices and inter-sector social policies. Therefore, nursing care practices should be combined with the improvement of public policies focused on the guarantee of protection of the right to life.

The third Millennium Development Goal addresses specifically the promotion of gender equality and women autonomy. Thus, coping with the problem of violence is a priority action of the Brazilian state to achieve this goal. An increasing number of women have been seeking support of public authorities to help them cope with violence⁽⁵⁾.

Women empowerment is important for the achievement of many goals, especially those related to poverty, hunger, health and education. In Brazil, women already have more years of schooling than men, but still have fewer employment opportunities, they earn less than men working in the same positions and take the worst jobs. On the other hand, thousands of Brazilian women are still victims of violence⁽⁵⁾.

Regarding violence against women, there are many factors that prevent women from making the decision to seek specialized violence support services. A national research conducted by the Ministry of Health, in 2010, with a sample of 2,002 women in situations of violence, pointed out the reasons why many women do not report the abuse of intimate partners to officials and maintain these intolerable relationships, including: economic dependence, concern for the children and fear of being killed⁽⁶⁾.

For the implementation of public policies, health professionals must create spaces where dialogue can take place aimed at social transformation, thus broadening their understanding on the complexity of violence. When women make the decision to report the abuse of their partners, they identify the reasons for taking this step. Interpreting this human action will only be possible by revealing its motivations⁽⁷⁾.

Decision making is defined as the process of choosing between two or more competing alternatives, demanding cost-benefit analysis of each alternative and the estimated consequences in the short, medium and long terms. Since the results of the decisions are uncertain, decision making involves risk analysis. The ability to control impulses is closely related to decision making, a situation where consequences in the medium and long terms must be considered. Decisions are essential for the social adaptation of the individuals and particularly difficult when there is greater need of weighing immediate and future rewards and/or losses⁽⁸⁾.

In this study, decision-making is related to the attitudes of women experiencing intimate partner violence towards the search for support, such as the Reference Center of women (CR-M) or a Specialized Women's Police Station

(DEAM). These public services are essential for coping with situations of violence and obtaining support.

When women decide to seek specialized counseling, the following guiding questions are posed: What factors motivated the women to make the decision of seeking a Reference Center of Women (CR-M), or other counseling services for intimate partner violence (IPV)? How did these women express the decision making regarding IPV? This study aims to assess the factors involved in the decision making of women in situations of intimate partner violence regarding the search for a reference violence support service.

■ METHODS

Qualitative, descriptive and exploratory research. The setting was the *Centro de Referência e Atendimento à Mulher em Situação de Violência (CR Mulher)* of Duque de Caxias, Rio de Janeiro, Brazil. This institution hosts women in situations of intimate partner violence, by means of educational activities, in groups aimed to discuss violence in order to recover self-esteem and autonomy, broadening the prevention of new violent acts and empowering these women to the resolution of family conflicts.

The participants of this study were 16 (sixteen) women who experienced different forms of intimate partner violence - physical, psychological, sexual, moral or financial abuse. The inclusion criteria were be of legal age, reside in the city of Duque de Caxias and attend the meetings of *CR Mulher* (the aforementioned reference violence support service). The exclusion criteria were women who sought *CR Mulher* for guidance on bureaucratic procedures to initiate divorce proceedings, but who were not in situation of intimate partner violence at the occasion.

Data collection was performed from June to September 2012. These women assisted in *CR Mulher* were individually interviewed. Analysis of empirical data by saturation and universe diversity. Semi-structured interviews were conducted in reserved rooms, with an average duration of 40 minutes. These interviews were recorded by means of a digital device MP3 and transcribed in full. All participants signed the Informed Consent Form (TCLE).

The research was approved by the Research Ethics Committee of *Escola de Enfermagem Anna Nery* and *Instituto de Atenção à Saúde São Francisco de Assis* (CEP EEAN/HESFA), of Universidade Federal do Rio de Janeiro, under Protocol no 53736/2012, at *Sistema Plataforma Brasil*, and met the requirements of Resolution no 466/2012⁽⁹⁾.

Data analysis was based on Collective Subject Discourse (CSD) method, in which isolated parts of the testimonies were added in to form a discursive whole, where each part could be recognized as a constituent within the whole and vice-versa⁽¹⁰⁾. The group of researchers read the transcribed interviews, focusing on the Key Words from the discourses. Later, following the identification of these words, the Central Ideas (CI) were established. Based on the Central Ideas, the corresponding CSDs were constructed for analysis of the testimonies.

When a response had more than one Collective Subject Discourse, it was differentiated from the others using difference and antagonism or complementarity criteria, according to the consistency of the ideas. Finally, repetitions and particularities of the individual discourses were eliminated in the structuring of the Collective Subject Discourse, allowing spontaneity to the collective thinking. Analysis of the discourse revealed four Central Ideas related to the decision making or women in situation of interpersonal violence: interpersonal violence reaching the limit of tolerance; search for psychosocial support; awareness of the need for change in life and achievement of economic autonomy.

■ RESULTS AND DISCUSSION

Of the women who participated in this study, seven were aged 25-34 years old and nine were over 35 years of age. Eight women reported being of white skin color, seven reported being brown and one considered herself black. Most participants had completed secondary education (eleven), followed by those who had completed primary education (five). Also, most women worked outside and three reported being housewives.

In their discourses, the participants demonstrated intimate partner violence (physical, psychological and sexual). Physical violence was characterized by the following acts of the men: shoving, punching, kicking, slapping, throwing objects, shaking and attempting to choke their female partners, and twisting their arms, pulling their hair, throwing them against the wall, etc. These forms of violence were almost always associated with psychological violence by means of threats, intimidation, manipulation and humiliation.

Sexual violence was described by few women who went through situations of sexual coercion. According to their discourses, these women consented to sexual relationships with their partners not willingly, but because they feared the reaction of the partners. These partners

forced their female partners to have sex with them often, not respecting the wishes and physical and emotional limits of the women, assaulting them in different ways.

In the first Central Idea, it can be seen that violence has reached the limit of tolerance by women, as follows:

I knew it was hopeless, I could not take it anymore [the violence], I would rather die than go back to him [the partner], I could not stand it anymore. I reported the abuse because I was tired of hiding the assaults and making excuses. He's abusing me and I am very upset. I need help, I went first to the Specialized Women's Police Station because I realized that everything I had done to improve things was fruitless; he's out of control. I realized that if I did not seek help now, he would hurt me more (CSD 1).

In the first Collective Subject Discourse (CSD 1), the women reported that they sought help at a specialized violence support service because they could no longer stand the situation of violence. Regarding gender equality, the United Nations emphasizes the importance of not reproducing expressions against the dignity of women, which could place them in a situation of inferiority⁽⁵⁾. The decision of women to report the abuse of their intimate partners is supported by the possibility of ending a relationship that "she does not accept and cannot stand any longer". This reason expresses the refusal to maintaining an intolerable relationship, because she is uncomfortable and does not intend to resume the marital relationship⁽⁷⁾.

The participants also said that women must take action and seek to combat violence, and should not believe in their partners when they apologize. When they express their views on the importance of decision making, these women report similar experiences of other women very close to them, such as their daughters.

Most women experiencing intimate partner violence refrain from reporting abuse to officials for many reasons. When they do it, this is often as a last resort. In this search for help, women must consider the importance of adequate training of police officers and access to the means to take the necessary steps within the social network of support to women, as recommended by Maria da Penha Law⁽¹¹⁾.

It should be stressed that the participants of this research were women who sought violence support services to cope with situations of interpersonal violence; thus, they naturally express all their condemnation of this type of vi-

olence. On the other hand, underreporting of domestic violence to police authorities and health professionals is still very common.

Regarding health professionals, care practices targeted to women must be grounded on listening, welcoming, co-responsibility and bonds, through actions that can contribute to ending the situation of violence. The instrumentalization and training of nurses can contribute to the delivery of more efficient and humanized care⁽¹²⁾.

The nurse is an educator, whose main tool is the clarification that can be transmitted to those who seek health promotion, as it is the case of women in situation of interpersonal violence who seek a reference violence support service. This topic still poses a challenge to the humanization of care and nursing practices that must be overcome.

The importance of the search for psychosocial support at a Reference Center was demonstrated in the second Central Idea, in the following Discourse:

At the CR Mulher, I talk to other women and realize I am not alone. I'm sure I'm not the first nor the last woman in the world who goes through this. I've seen other women who went through this and managed to succeed. This leads me to think that I can have a fresh start in life. I wanted to have a family, but the abuse made it impossible. I wanted him to change and come back to me, but I cannot neglect myself. (DSC 2).

In the second Discourse (DSC 2), the satisfaction in participating in the meetings of CR Mulher, such as the search for psychosocial support encourages the participant to break the violence cycle. For some women, despite of the abuse suffered, it is not easy to get rid of their partners because they still like them. Separation becomes a difficult process, particularly when children are involved. Some divorced women keep attending the meetings at this Center. The women feel supported and empowered together, deciding to put an end to the situations of violence experienced.

One of the first impressions of those who work in violence support services is the inaccurate perception that many victims have of the situations of violence experienced. They are tolerant towards the abuse. Some women try to find excuses for the abuse, reducing the responsibility of the offender, which makes it difficult to make the decision of breaking the cycle of violence⁽¹³⁾. One key factor for changing the social isolation caused by violence is access of women to people and institutions

that can help them, or to whom they can resort in situations of violence.

Of the sixteen women who participated in the research, nine resorted primarily to DEAM and signed a formal complaint against the offender. These women went alone to the Specialized Women's Police Station to seek official support to end intimate partner violence. They were subsequently referred to CR Mulher for psychological monitoring.

Seven women went directly to CR Mulher to seek psychosocial support, guidance on the divorce process or merely to communicate their experiences to others.

Of the participants in the research, eight had already separated from their partners. They perceived themselves as independent women who are mostly concerned with the support of their families, since they are the primary providers. This desire to provide their own livelihood and live alone with their children was shared by all the respondents. None of them expressed a willingness to resort to *Casas Abrigo* (shelters) as a support service to help them put an end to the violence caused by their intimate partners.

The importance of psychosocial support to these women should be stressed here. They constitute safe spaces for dialogue and social interaction of these women, spaces where they can perform leisure, educational and professional activities or practice sports. Analysis of the social lives of these women and the reasons that led them to report abuse must consider the relationships with the partner, children, family members or even with the health professionals that provide care to them; understanding these women in these relationships points to their social network⁽¹⁴⁾.

The activities related to the improvement of women's self-esteem, to promote their personal enhancement, are recognized as actions that promote gender equality, proposed by the UN ⁽⁵⁾. The importance of social life for these women lies in the need to broaden their perspectives, to know different places and different people, to mitigate their suffering. Social isolation can be harmful to their psychological health.

The third Central Idea identifies the awareness of the need for a change of life through education and guidance obtained at the *Centro de Referência à Mulher*, demonstrated in the following Discourse:

According to my husband, going to school made me smarter. I know I was very naïve when I came from the countryside. Now that I am studying and learning things

I know that my change is for the better The school was a shelter for me, it allowed me to spend more time away from home (from my violent partner). I like studying. We learn about everything. I want to finish college, but first I need a job (DSC 3).

These women who attend school classes are inserted in education programs for youth and adults. DSC3 reveals that these women perceive education as a way of obtaining the knowledge necessary to understand the reality that surrounds them, making them better persons. Thanks to education they became aware that intimate partner violence can by no means be tolerated and sought institutional support at the *Centro de Referência* or at the Specialized Women's Police station to cope with this situation.

Education is a powerful tool for social mobility of less privileged individuals. It also provides them with a better understanding of their reality. Literacy can be regarded as a social indicator, since the individuals who have better education impose their ideologies, and those with a lower educational level are culturally deprived ⁽¹⁵⁾. In accordance with the Millennium Development Goals, strategies for the empowerment of women, such as the encouragement of their socioeconomic development through education must be established ⁽⁵⁾.

The women who felt encouraged to make the decision of no longer tolerating interpersonal violence are examples to be followed by those who still hesitate to take action for their own well-being. Studying and working are practices that favor empowerment and make these women feel more satisfied with themselves and more useful to the others, especially their families.

The women who reported attending school referred that the classes kept them away from "fights" with their intimate partners. Although this decision of studying and acquiring more knowledge was praiseworthy, staying away from home for a few hours would not stop abuse by the partners of these women. The aggressive behavior of violent men persists, as they are jealous of their partners because they leave home to work or study.

A study on murders of women in Brazil found a decrease of 50% of potential lost years of life when women had more than 8 years of schooling, i.e. women with fewer years of education were the main victims of homicide. Therefore, education is a tool that helps women keep away from violent situations ⁽¹⁶⁾. Violence against women occurs at all levels of education. However, women with more years of schooling will presumably have more knowledge about

their rights as citizens, which can provide them with personal protective mechanisms that will keep them away from violent relationships.

The Brazilian report for monitoring the Millennium Development Goals demonstrates an evolution regarding the education of women. Although our society still provides barriers to women's autonomy and stimulates gender inequalities, women have better school attendance rates compared to men. In primary education, there are no significant differences in access between men and women, but men tended to drop out of school sooner because they are more expected to get a job⁽⁵⁾.

The achievement of economic autonomy is exposed in the fourth Central Idea, resulting in the following Discourse:

I regret to have stopped working. Now I'm looking for work. I always tell my neighbors that we cannot depend on our husbands, we have to work, earn our own money. Women must change their views, become independent. Men tend to respect independent women.. I want to work to be able to rent a small room where I can live with my son. I like to be independent, I began this process by renting parking spaces in the backyard and selling clothes on the streets (CSD 4).

In the last Collective Subject Discourse (CSD 4), the attitudes of these women demonstrate their capacity for work and yield, providing them with autonomy and with a greater ability to manage their lives as mothers, wives and workers. It is not an easy task: many women have the double shift of paid work and household chores to provide a better life for their family, especially the children. This requires a partnership and collaboration between the intimate partner and the woman.

In our society, the roles of men and women are still socially and sexually constructed, particularly family roles. In some societies, the definition of female gender is related to the family sphere, while the reference for the social construction of male gender is the instrumental role of men who earn money in a chosen profession⁽¹⁷⁾. Resizing the gap between men and women in different contexts would contribute to new approaches and knowledge on interventions in the care of women who are victims of violence⁽¹⁸⁾.

This cultural view supports some biased discourses that affirm that men should work outside to support the families, while women should stay at home doing household chores. Many women are housewives and perform their duties with great dignity. On the other hand, it is obvious that women are increasingly taking more important positions in the labor market.

In the relationships of women and their intimate partners there are few exchanges of views. These men sometimes find it difficult to accept the social mobility of their partners, because they believe the women should submit to their will. On the other hand, women have the right to work outside the home and enjoy fundamental freedoms they are many times denied by violent partners. These women revealed the importance of men respecting their choices related to education and work activities, which will ensure their economic autonomy⁽⁶⁾. This is the main step for the process of encouraging decision making in the face of violence.

Over the past decades, there has been an increasing participation of women in the world economic activities, with a higher percentage of households with women working in paid jobs and increasing their share of household income.⁽¹⁹⁾ Encouragement to the search of alternatives to income generation is emphasized as an action within the scope of the Millennium Development Goals aimed to empower women⁽⁵⁾. Social mobility of women should make them less likely to experience intimate partner violence. However, it is not always the case, because violence is just more evident among the poorest population segments, but it occurs in all social strata.

More than half of the women interviewed said they needed and wanted to work to achieve economic autonomy. According to them, men are less likely to abuse (physically or psychologically) their female partners when these are hardworking and empowered women.

The search for female autonomy aims to end gender inequalities that sometimes lead to violence against women. Gender is essentially a relational concept, and, thus, it is not possible to investigate the situation of women without knowing the status of men. Gender roles are socially constructed at a very early age in the family and at school. Although women's participation in the labor market has grown significantly, employment rate of women at working age has remained lower than male participation. In 2012, 50.3% of the female population aged 15 years or older was employed compared to 74% of men⁽⁵⁾.

Work is one of the most important factors in women empowerment. The inclusion in the labor market has a positive effect on the decision of breaking the cycle of domestic violence. Health professionals, particularly male nurses, must intervene in the process of monitoring these women in social support, holistic and humanized care networks⁽²⁰⁾. The possibility of success in the resolution of conflicts involves listening the testimonies of these women,

encouraging them to make the appropriate decisions for their own well-being.

■ FINAL CONSIDERATIONS

The discourses of women in situation of intimate partner violence, abuse reached the level of tolerance, and the psychosocial support made it possible for them to recover self-esteem and decide to change their lives to achieve economic autonomy. At the Reference Center they women obtained support and were encouraged to take action to improve their situation. In their discourses, they said they did not want to be seen as victims and would take the necessary steps to change their life conditions to end the abuse.

They made the decision to seek institutional support to put an end to a situation of intimate partner violence. Since they were physically and emotionally weak, they decided to report abuse by their intimate partners to officials at a Specialized Women's Police Station (DEAM), at the *CR-Mulher* or at another violence support service to obtain emergency care and institutional support.

Some women mentioned their regular classes and the importance of obtaining knowledge and becoming aware of the need to combat intimate partner violence. Promoting gender equality and women autonomy is recommended in one of the Millennium Development Goals.

In their discourses, the participants stressed that women should actively combat all types of violence inside or outside the home. During the group meetings, they encouraged other women to do the same. When women enter the labor market, they achieve economic autonomy, and this is the first and most important step towards the process of encouragement to decision making regarding any situation of interpersonal violence.

Health professional can provide care to women in situation of violence both in outpatient and inpatient facilities. These professionals should be particularly concerned with the physical integrity of women, since they play a key role in the formation and maintenance of family ties.

Under this perspective, we are concerned about how violence against women can be better addressed by health professionals, particularly nurses. In the appointments, they should listen to them, be sympathetic and counsel these women especially regarding the social support networks. In general, women who experienced violence are debilitated and not clearly aware of their rights to a family life without abuse. The issues related to violence pervade the academic and social environments, requiring new knowledge and social and cultural changes .

Regarding health graduation courses, the training of professionals to deal with situation of violence against women is still at an incipient stage. The society tends to address domestic violence as a social problem, with reduced visibility by the health sector, which is a mistake, once the factors involved in the decision making of women in situation of intimate partner violence are identified.

One limitation of this study is the small sample size: it was conducted in only one city of the metropolitan region of Rio de Janeiro. Further studies involving a larger number of settings are needed for a better perception of this issue in Brazil. Publicizing the existence of specialized violence support services to women is also recommended.

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