Revista Brasileira de Enfermagem
REBEn

SUPPLEMENTARY EDITION 2
PROTECTION MEASURES FOR VULNERABLE POPULATIONS

ORIGINAL ARTICLE

Social support networks for women in situation of intimate partner violence

Redes de apoio social às mulheres em situação de violência por parceiro íntimo

Redes sociales de apoyo a mujeres en situación de violencia de pareja

Clenilda Aparecida dos Santos[I]
ORCID: 0000-0003-4563-793X

Maria Aparecida Vasconcelos Moura[I]
ORCID: 0000-0001-9085-6897

Ivis Emília de Oliveira Souza[I]
ORCID: 0000-0002-5037-7821

Ana Beatriz Azevedo Queiroz[I]
ORCID: 0000-0003-2447-6137

Maria Helena do Nascimento Souza[I]
ORCID: 0000-0003-2230-3048

Lucia Helena Garcia Penna[II]
ORCID: 0000-0001-9227-628X

Edilene Macedo Cordeiro Figueiredo[I]
ORCID: 0000-0003-3693-6778

Diana da Silva Gonçalves[I]
ORCID: 0000-0002-1697-0285

[I]*Universidade Federal do Rio de Janeiro. Rio de Janeiro, Rio de Janeiro, Brazil.*
[II]*Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Rio de Janeiro, Brazil.*

How to cite this article:
Santos CA, Moura VAP, Souza IEO, Queiroz ABA, Souza MHN, Penna LHG, et al. Social support networks for women in situation of intimate partner violence. Rev Bras Enferm. 2022;75(Suppl 2):e20210830. https://doi.org/10.1590/0034-7167-2021-0830

Corresponding author:
Clenilda Aparecida dos Santos
E-mail: clenildaas@gmail.com

Submission: 11-22-2021 **Approval:** 02-01-2022

ABSTRACT

Objectives: to analyze the possibilities of support that the social support network offers to women in situations of intimate partner violence. **Methods:** qualitative research anchored in Sanicola's social network framework. A total of 21 women attended at a specialized social assistance service in Porto Velho-Rondônia, Brazil, participated in a semi-structured interview. **Results**: the analysis of network maps showed that the secondary social support network mobilized had a central character in the lives of women in situations of violence. These women sought the third sector's secondary network, the churches, from which they received emotional-affective and spiritual support. **Final Considerations:** understanding the social network setting and the type of support offered can contribute to improving care for women and strengthening interpersonal and institutional ties that help in the search for breaking the situation of violence.

Descriptors: Social Support; Nursing; Women; Women's Health; Intimate Partner Violence.

RESUMO

Objetivos: analisar as possibilidades de suporte que a rede de apoio social oferece às mulheres em situação de violência por parceiro íntimo. **Métodos:** pesquisa qualitativa, ancorada no referencial de rede social de Sanicola. Participaram 21 mulheres atendidas em um serviço especializado de assistência social de Porto Velho-Rondônia, Brasil, que responderam à entrevista semiestruturada. **Resultados**: a análise dos mapas de redes mostrou que a rede de apoio social secundária mobilizada teve um caráter central na vida da mulher em situação de violência. Essas mulheres buscaram a rede secundária de terceiro setor, as igrejas, das quais receberam suporte emocional-afetivo e espiritual. **Considerações Finais:** a compreensão da configuração da rede social e do tipo de apoio ofertado pode contribuir para a melhoria do cuidado à mulher e fortalecimento dos laços interpessoais e institucionais que auxiliam na busca do rompimento da situação de violência.

Descritores: Apoio Social; Enfermagem; Mulheres; Saúde da Mulher; Violência por Parceiro Íntimo.

RESUMEN

Objetivos: analizar las posibilidades de apoyo que ofrece la red de apoyo social a las mujeres en situación de violencia de pareja. **Métodos:** investigación cualitativa, anclada en el marco de la red social de Sanicola. Participaron 21 mujeres atendidas en un servicio de asistencia social especializado en Porto Velho-Rondônia, Brasil, que respondieron a una entrevista semiestructurada. **Resultados:** el análisis de los mapas de redes mostró que la red de apoyo social secundaria movilizada tuvo un carácter central en la vida de las mujeres en situación de violencia. Estas mujeres buscaron la red secundaria del tercer sector, las iglesias, de donde recibieron apoyo emocional-afectivo y espiritual. **Consideraciones Finales:** comprender la configuración de la red social y el tipo de apoyo ofrecido puede contribuir para la mejora de la atención a la mujer y el fortalecimiento de lazos interpersonales e institucionales que ayuden en la búsqueda de ruptura de la situación de violencia.

Descriptores: Apoyo Social; Enfermería; Mujeres; Salud de la Mujer; Violencia de Pareja.

ONLINE VERSION ISSN: 1984-0446

INTRODUCTION

Violence experienced by women is a serious public health problem, a social phenomenon manifested in different forms and nature. It constitutes a determinant of the health-disease process, it is polysemic and complex; some populations are more vulnerable than others, such as those in the countryside, water and forest[1]. Global estimates published by the World Health Organization (WHO) suggest that about one in three women worldwide have experienced physical and/or sexual violence by an intimate partner at some point in their lives[2].

In Brazil, research[3] shows a portrait of reports of violence experienced by girls and women in 2020, a period marked by the COVID-19 pandemic. The results showed a reduction in practically all notifications of crimes in police stations. However, the number of Emergency Protective Measures (MPU) granted and domestic violence calls to the Military Police grew, from 281,941 in 2019 to 294,440 in 2020, and from 580,988 in 2019 to 694,131 calls related to domestic violence in 2020, which means that about 1.3 calls were from women or third parties asking for help for episodes of domestic violence every minute. This represents a 4.4% growth in the total MPU granted by the Courts of Justice and 16.3% more calls in the last year, respectively.

In Rondônia, 1,696 reported cases of violence experienced by women were identified, with prevalence in the extreme North and South of the state. Regarding the profile of these women, the majority, 979 (57.7%), were aged between 19 and 39 years; 1,082 (63.8%) were black/brown women; 808 (47.6%) were single; and 689 (40.6%) completed elementary school. As for aggressions, 697 (40.2%) cases were reported; the highest occurrence occurred in the urban area, in the woman's own residence, including the boyfriend/ex-boyfriend and spouse/ex-spouse, and physical violence was highlighted as the most common, i.e., 1,147 (47.4%) of reported cases[4].

This means that most women in situations of violence are in the young age group and in the reproductive phase, and the domestic space, considered a "safe haven" and place of protection, becomes a risky environment for both women and children. It is noteworthy that studies[5-6] have identified that the phenomenon of violence against women persists in all countries, and can affect different ages, regardless of culture, level of education, ethnicity, and religion.

The results presented demonstrate the seriousness of the situation in Brazil, particularly in Porto Velho/Rondônia. According to a study[7], among the countless episodes of violence against women until reaching the fatal outcome, they experienced a series of other forms of violence prior to the fact, as described in the Maria da Penha Law, which specifies the different forms of domestic violence as one of the most violent and cruel forms of violation of women's rights.

Currently, the social network formed by a significant network of interpersonal relationships, with people, organizations or social institutions that are connected by some type of bond, can be used as an important political strategy for coping with situations of social vulnerability, such as intimate partner violence (IPV)[8]. Social networks can be of a primary nature – concerning kinship, friendship, neighborhood or secondary relationships – refers to formal and/or informal, third sector, market or mixed networks. Social networks differ from each other by the type of exchange that occurs between individuals, such as reciprocity, entitlement, money or a combination of these means[9].

We highlight some national studies[10-12] and international[13-15] that present the thematic relevance and evidence the magnitude of the problem of violence. The increasing increase in this phenomenon is evidenced by being a problem that affects women's physical and psychological integrity as a reproducer, worker and educator. In this regard, this research has an innovative character in the proposed scenario, due to scarce studies in the health area, especially in Sanicola's framework[9] on the dynamics and support of social support networks to cope with this problem.

OBJECTIVES

To analyze the possibilities of support that the social support network offers to women in situations of IPV.

METHODS

Ethical aspects

The research complied with the ethical recommendations of Resolution 466/2012 of the Brazilian National Health Council (*Conselho Nacional de Saúde*), with the approval of the Research Ethics Committee of the *Escola de Enfermagem Anna Nery* and the *Instituto de Atenção à Saúde São Francisco de Assis* at the *Universidade Federal do Rio de Janeiro* (REC/EEAN/HESFA/UFRJ) in July 2018. All participants were informed about the research, signing the Informed Consent Form (ICF), and respondents' anonymity was ensured.

Theoretical-methodological framework

The research supported in the interfaces of indicators from the structural, functional and relational point of view of Lia Sanicola's social networks theoretical framework[9], to characterize the links between the primary and secondary networks and how they are established in the relational context of women with the network and institution members. Regarding structural indicators, amplitude indicates the number of people that women maintain personal contact with. Density characterizes the amount of people who know each other. Intensity concerns what is exchanged between two people, affective or informative material.

Study design

This is qualitative research, guided by the COnsolidated criteria for REporting Qualitative research (COREQ)[16].

Study setting

The study was conducted at a Specialized Reference Center of Social Assistance (CREAS-Mulher) in the city of Porto Velho/Rondônia. CREAS-Mulher is a reference space that composes the network of welcoming and care for women in situations of domestic violence.

Data source

A total of 21 women aged 18 years or older, living in urban and/or rural areas or who were in *Casa Abrigo* (shelter that offers institutional care for women victims of domestic violence, family violence or intimate relationships with risk of death as well as their dependents), due to situations of physical, psychological or sexual violence, exclusive or with overlapping, by a partner or ex-partner, regardless of formal union and cohabitation, which occurred before or during the woman's search for CREAS, participated in the research. Age demarcation occurs due to the fact that care for women under the age of 18 is performed at the Police Station for Children and Adolescents, according to the specific legislation of Child and Adolescent Statute (ECA - *Estatuto da Criança e do Adolescente*) of 1990[17]. Women with psychiatric or psychological disorders who would make responses unfeasible at the time of individual interviews were excluded.

Data collection and organization

There was an approximation in the research scenario with the purpose of setting the field, interaction with professionals and better articulation between women assisted in CREAS-Mulher. The establishment of contact made it possible to know the physical space as well as the flow of care. After contact with the women, they were invited individually to participate in the interview at the end of the service by the professionals. In this study, convenience sampling was adopted. Data collection occurred between October 2018 and August 2019, and there was no refusal to participate. The interviews were carried out by the main researcher, a nurse, a doctoral student in nursing, who had previous experience and depth in Sanicola's social networks theoretical framework. The interview procedure took place in care rooms, in the presence of the researcher, and some participants were in the company of their minor children, mostly.

Sample closure was defined by theoretical saturation[18], when it was observed that the discourses were repetitive. To obtain the data, a semi-structured script was used with questions about sociodemographic characteristics and the guiding questions: tell me about the people you count on in difficulties; tell me about the institutions you go to when you experience a problem; what kind of bond do you have with these people and institutions? When experiencing IPV, who did you seek support/help from? What kind of support/help have you received?

The logbook allowed the recording of significant words, gestures, emotions, observations and events during the interview. To build the social network map, each interviewee was asked to list the people and institutions present in their daily lives and at the time of the situation experienced, resulting in a list containing names and the services used. This relationship made it possible to immediately identify the primary network composition and the service organizations that involved them as secondary networks. Then, participants were asked to draw up a drawing that represented the physical and affective proximity of people with whom they maintain contact in their family context during the situation experienced and the institutions they sought for support. To make the map, we used geometric figures that represent the members of each network and another with the graphic representation of the tracing that indicate the types of links established[9,19].

The statements had an average duration of 50 minutes and were audio-recorded with the consent of each interviewee, and, after each meeting, they were transcribed in full, constituting the corpus of analysis. It is important to highlight that there was the return of the social network design to those who showed interest in receiving a copy. Finally, after completion of the consolidation of the drawings of the social networks of all participants, a map was prepared containing the synthesis that represented the common characteristics regarding the members and the links of the 21 social networks supported by the theoretical framework.

Data analysis

For analysis, an exhaustive reading of each of the transcribed testimonies was carried out, seeking to identify the primary networks that were related to the situation experienced by each woman (family, relatives, neighborhood, friends and colleagues), and which secondary networks were activated (institutions, non-profit or third sector organizations, work organizations) This process aimed to understand the way in which bonds were established in the relational context of women with the members who make up their network and, from there, carry out the setting. Then, an exploration grid was used as a guide for a systematic work, exploring the structural and functional dimensions, seeking to highlight the dynamics of social networks and the support offered to women in situations of violence.

RESULTS

The sociodemographic characteristics of women showed a mean age of 37 years, in reproductive phase and inserted in the economically active population. Of the total number of interviewees (21), it was found that 15 (71.4%) declared themselves to be brown/black and five (23.8%) had incomplete high school education, despite the little difference between the other education levels. It was observed that 13 (61.9%) were evangelical, 16 (76.2%) were physically separated and reported no longer having contact with the intimate partner. However, all (100.0%) mentioned that they lived with aggressors when the violence occurred and reported the time of living between 23 and 33 years, 12 (57.1%) had a paid job, 20 (95.2%) reported having children and lived in an urban area.

The map setting of the social networks of women in a situation of IPV presented a vision and recognition of the relational dimension in which they are inserted. In this regard, Figure 1 presents the map with the synthesis of the 21 participants' social networks, considering all the social relationships established in the maps of each woman who experienced a situation of violence.

Of the 21 maps of social networks, it was shown that 15 (71.4%) had medium amplitude and density among the primary network members. In the secondary network, social assistance, health and prison institutions communicate with each other, demonstrating a greater density in this domain of social networks. In relation to physical proximity, most relatives' network components live in another city or state, which makes it difficult to support the woman, further aggravating the condition of vulnerability. Parallel to this condition, it is worth mentioning that the secondary network, made up of institutions, is far from the area where most violence occurs.

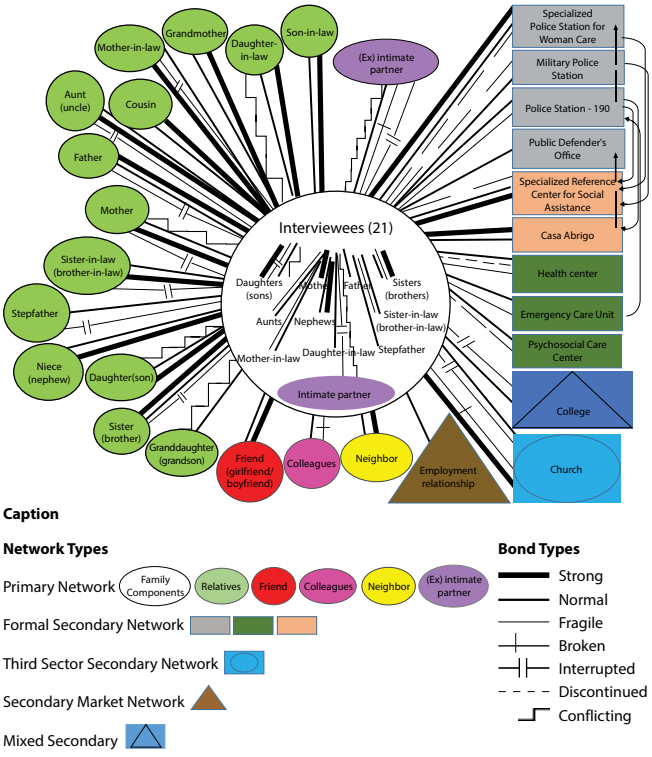

Figure 1 – Synthesis map of social networks set up in the context of 21 women in situations of intimate partner violence, Porto Velho, Rondônia, Brazil, 2021

The intensity of exchange relations carried out between women and network members was presented with diversified exchanges, in particular through the primary network through daily help, whether they are for things, money and/or services and also emotional-affective help in encouraging them to face the situation they are experiencing and other forms of support such as help in emergencies. The presence of the mother prevailed among women, demonstrating the predominance of maternal presence in critical and negative events, such as violence, but also the care and protection function related to the female ability to dedicate herself to her children in times of lack of attention, in some cases offering hospitality at home for a permanent or temporary period. Other primary network members were also described as friends who played an important role when experiencing violence. Social support networks were set up more frequently in female members.

The proximity and distance indicator revealed that the negative critical event led women to be closer to their children and to seek affective reference with their mother, aunts and sisters(brothers), to whom they sought support during situations of violence experienced. On the other hand, some interviewees mentioned their mother as a person of proximity, but with a reserve condition for the situation of violence, not involving her for fear of aggressors' attitudes, as well as the possibility of them taking actions against these people and/or family members.

> [...] *I want my life back, I didn't do it before, for fear of his reaction* [close partner] *with the separation; fear of something happening to my children and he might realize that the family is helping me and something bad might happen.* (I3)

> [...] *my fear was bigger than anything. I imagined that if something had to happen, it had to be with me and not with someone close to me, my biggest fear was that it would affect the people closest to me.* (I16)

> [...] *I was afraid that something would happen to my mother* [...], *but I couldn't take it anymore, three months of relationship* [intimate partner] *and physical violence.* (I20)

Conflicting, interrupted and broken bonds were evidenced in the relationship with the intimate (ex)partner, followed by other network members by the controlling behavior of keeping women away from socializing and leisure activities, restricting freedom and providing a depressive condition with attitudes of repression towards women, according to testimonies.

> *He* [ex-intimate partner] *kept me locked inside the house.* (I1)

> [...] *after I got married, I couldn't make friends because I wasn't alone, I didn't have time to meet a person to talk to. I would leave home to help him* [intimate partner] *and I would never go anywhere else.* (I18)

> [...] *I have very strong depression; I have tried suicide a couple of times over the years* [...] *I went to the women's police station alone and told me that I was afraid of doing silly things to myself.* (I21)

As for the secondary network institutions, incarceration assistance services stood out with a predominance, represented by the Specialized Police Station for Woman Care (DEAM), Police Station, and the Police Central - 190. The actors in the secondary network provide important support in terms of emergence, information and regulations. Exchanges with the actors in this network have the connotation of law and are characterized by "non-choice" and formality of the institutional bond that are, in this context, marked by reciprocity and affective closeness. The service organization that has a central nodal position in relation to the others as a formal network of law are the Police Stations and DEAM, as they are activated in the network in circumstances of negative crisis.

The third sector formal secondary network, represented by the churches, was mentioned by most (15) women, especially when they experienced a problem. In addition to emotional and affective support, some participants received spiritual support through prayer, identified people in the church with whom they could talk about the aggression and these, in turn, prayed for them – pastors, church sisters and nuns. Regarding the secondary market network, most (13) women described it as a component of their social support network.

Primary Health Care (PHC) was not mentioned by women as a service for the purpose of welcoming the situation experienced, except for its use in special care for children, such as for routine consultations and vaccinations. The Psychosocial Care Center (CAPS - *Centro de Atenção Psicossocial*) was cited due to psychological treatment for depression. College, a mixed formal secondary network, was described as the only institution that they attended and highlighted that they have colleagues; however, they do not comment on the marital relationship. The Emergency Care

Unit (ECU) was mentioned in two situations, one when the child needs quick care and another due to the situation of violence:

> [...] *when the boys are sick, with the flu, I go to ECU, I never looked for them because of violence. My bond with the health unit is fragile, I only go there when I need to.* (I7)

> [...] *when he* [intimate partner] *grabbed my head shaking and threw me on the ground, he created a very big rooster and I went to ECU, but I didn't say the reason I was there, I omitted it and said that I had fallen in the bathroom.* (I4)

The services were referred to positively and satisfactorily by the women, but some participants, when seeking the service, did not feel welcomed by the institutions.

> *First, I went to the Military Police and was very humiliated by the Commissioner, who refused to register the police report.* (I16)

> *They* [DEAM] *would not help me, they said that for the protective measure I had to come back in the morning. Then I said that I'm not from here* [Porto Velho] *and I have no relatives, that my husband is threatening me and I need support. The attendant made the protective measure and the incident report, and she referred me here* [CREAS-Mulher]. (I19)

Two deponents who lived with the aggressor were unaware of the reference services that could support them in the situation of violence:

> [...] *I discovered that I was living in an abusive relationship, domestic violence, very strong emotional, but I couldn't get rid of it. I was listening here at the event alluding to International Women's Day, the delegate spoke about the support at CREAS-Mulher. I didn't know it existed, that's when I decided to register the occurrence.* (I17)

> [...] *I did not know that this service existed to assist women in situations of violence; if she had known, she would have already looked for it and, today, she would be with my children* [the woman was abandoned in BR where her husband took her children to an unknown destination]. (I18)

DISCUSSION

The circumstances resulting from the situation of violence can significantly decrease the primary network amplitude and density, especially in cases where there was a sustained power relationship in intimate partners' and women's controlling behavior. Social isolation, a potential risk factor associated with conditions of social vulnerability and lack of support networks can compromise social development and strengthen feelings of guilt and shame leading to low esteem and little capacity to deal with these crisis situations[12].

For other authors[20], this isolation can have repercussions on the illness of women who experience this condition, compromising their quality of life. Members of primary networks such as neighbors, relatives, and friends can make all the difference in a situation like IPV. The support of primary networks was pointed out as important for women to continue to live and have the strength to restructure beyond themselves, also their family[21].

A recent study[22] highlights the need to reinforce advertising campaigns that have as a way of raising people's awareness of the responsibility and duty to report IPV cases, considering it to be a way to prevent these cases from worsening and/or culminating in the death of women by their (ex)intimate partners. The coping network's lack of knowledge is notorious and there is a need to create warning campaigns about the different types of violence against women as well as the location of referral services and the existence of their rights. Moreover, the credibility and resolution of services, the support of family and friendship networks and the establishment of a social support network among women can favor professional search. However, shame, fear, ignorance of legal services and frameworks that prevent violence, social isolation and the absence of social support networks keep women away from services and often isolated from social life[23].

Results of a survey conducted in Rio de Janeiro[10] showed that only 30% of abused women sought health institutions, such as ECU, PHC and emergency hospitals. In these places, they reported their complaints, however, they did not express the origin of signs and symptoms, i.e., they omitted the real reason for looking for the service. It is perceived that the search for care services followed the model of curative care, i.e., after the experience of violence, especially when physical aggression occurs. Researchers[24-26] found that many women are frequent visitors of health services, especially when marked by chronicity and presenting vague complaints.

However, the results found in this research present similarity with other researchers[27-28] that the majority of women who experienced IPV only sought health service when they presented some type of body injury or physical symptoms such as pain. Health professionals must act carefully in the face of evidence by establishing a dialogue and enabling a channel of social support to women, even if at first the woman denies the situation[25]. It is indispensable to qualify the team, since there is a need to have a holistic look to be able to identify undeclared situations, in which women seek the service and omit the real situation.

Among other supports, the spiritual was found through prayer. These data are similar to other studies[28], in which women who experienced IPV had faith in God, religion, or both to help support or overcome the violence experienced at the hands of their aggressors. Moreover, it was found in the research that women did not open up to most people about abuse, but at times shared the situation with church members such as the bishop.

Emergency support occurred through the network of relatives, friendship, neighborhood, with a special focus on the mothers who were present. It is noteworthy that the findings in relation to mothers support another research[8] that stood out in the women's social support network, in a bond of complicity and solidarity representing a strong bond.

It was noticed in this research that a minority was dissatisfied with the care provided by the Police Stations. These findings support a recent study[28], in which participants highlighted that the care of women in IPV situation is permeated by personal issues, moral values, judgments and, consequently, assistance goes beyond technical knowledge, causing a feeling of revolt and frustration on the part of women in relation to professionals who work in the services, especially Women's Police Stations. These

contribute to victimize the women assisted again due to the lack of sensitivity to blame them for the violence suffered and end up naturalizing violence.

In this regard, these institutions need to overcome the repressive-punitive logic and be a space for welcoming and protection, mainly because research has shown that police stations are mostly commanded by delegates, male[29]. *Maria da Penha* Law (11,340 of August 7, 2006) provides that specialized police and expert assistance for women in situations of domestic violence should preferably be carried out by female servants, previously trained[30].

The primary network, through its members, articulated with the secondary network and, in turn, took its responsibilities by creating a network of rights. Scholars[31] pointed out that the presence of a critical event such as illness can lead to new connections, such as those formed in social and health services, acquiring a central character due to instrumental attributes and emotional support capacity. In this context, the mobilized secondary network was able to become complementary to the natural network. In primary relationships, synergy to respond to members' needs exists because of existing links. This link is what allows the resolution of problems. However, in situations such as IPV there is a need to go beyond the primary network. This must be strengthened so that women do not feel isolated and can somehow leave this individual positioning and dependence to sharing and autonomy, in the search to break with the situation of violence[21].

This idea is supported by research that revealed the relevance of the primary network being the protagonist of the social network construction and the need to provide it with the necessary tools to access their rights and use the public services that women need[19]. It is essential to strengthen the primary network, in order to develop the empowerment of this network to decide and act in the face of extremely negative events, such as IPV, with the intention that the network can access services by strengthening women's rights. In general, it is also suggested to sustain the movements towards sharing, in an attempt to create opportunities favoring the reconstitution of cycles of solidarity where they may have been broken or interrupted.

Study limitations

The lack of participation of professionals in the network to combat violence, intimate partners or other members of women's family network is a limitation.

Contributions to nursing, health, and public policies

This investigation constitutes a contribution to health and especially to nursing in terms of production of new knowledge and visibility in research on interpersonal violence involving women and the social networks dynamics in which they are inserted. It is necessary that nurses have an interdisciplinary and transversal view of all services and professionals involved in the welcoming of these women.

FINAL CONSIDERATIONS

The analysis of the supports of social networks for women in situations of IPV represents, from a structural and functional point of view, a medium density network and, consequently, contributing to the coping of different situations experienced by women by their aggressors. Regardless of the relationship length and form of violence, most women showed fatigue in dealing with the situation. They realized that the only way to interrupt the cycle of violence would be to search for a care service with the intention of permanently leaving or temporarily distancing themselves from their partners, even fearing the aggressions in their lives, from their children, or even from another family network member.

The negative critical event, such as IPV interferes with the dynamics of primary social networks, considering individuals' movements to sharing and, in some cases, social isolation. This happens because for some participants, the members that make up the primary networks were distant, in terms of physical proximity, and the ties were mentioned as interrupted considering intimate partners' behavior during the relationship.

Secondary networks in the third sector, such as churches, were considered fundamental sources of support and problem-solving. This social institution through the people women sought support allowed to minimize spiritual and emotional needs, providing words of comfort, motivations, advice and prayers. It is perceived the need to form partnerships with these institutions so that strategies can be developed with the care network management to support women in situation of violence, in addition to the insertion of this theme in undergraduate curricula, through internships in strategic places of clinical experience with the intention of better professional preparation to care for women.

It is essential to structure an articulated and integrated network that recognizes the intersectionality of welcoming services for these women. The recognition and strengthening of public policies in a perspective of defining care flows compatible with the local reality so that it can guarantee women the right to a life free of violence.

ACKNOWLEDGMENT

We would like to thank CREAS-Mulher professionals, especially coordinator Vânia, for their support during data collection, and the team, for the humanized way they assist women in situations of intimate partner violence.

REFERENCES

1. Bueno S, Bohnenberger M, Sobral I. A violência contra meninas e mulheres no ano pandêmico. In: Anuário Brasileiro de Segurança Pública [Internet]. 2021 [cited 2021 Oct 5]. Available from: https://www.bibliotecadeseguranca.com.br/wp-content/uploads/2021/07/anuario-brasileiro-de-seguranca-publica-2021.pdf1 v8.indd

2. World Health Organization (WHO). Prevalence estimates of violence against women, 2018: Global, regional and national prevalence estimates for intimate partner sexual violence against women and global and regional prevalence estimates for sexual violence against women by non-partners[Internet]. 2021 [cited 2021 Dec 8]. Available from: https://apps.who.int/iris/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1&isAllowed=y

3. Polidoro M, Vargas B, Canavese D. Vigilância da violência no Rio Grande do Sul: panorama da qualidade e da quantidade das informações no Sistema de Informação de Agravos de Notificação (SINAN) de 2014 a 2018. Rev Saúde Redes. 2020;6(2):195¬206. https://doi.org/10.18310/2446-48132020v6n2.3118g534

4. Oliveira CAB, Alencar LN, Cardena RR, Moreira KFA, Pereira PPS, Fernandes DER. Profile of the victim and characteristics of violence against women in the state of Rondônia – Brazil. Rev Cuid. 2019;10(1):e573. https://doi.org/10.15649/cuidarte.v10i1.573

5. Bott S, Guedes A, Ruiz-Celis AP, Mendoza JA. Intimate partner violence in the Americas: a systematic review and reanalysis of national prevalence estimates. Rev Panam Salud Publica. 2019;43:e26. https://doi.org/10.26633/RPSP.2019.26

6. Global study on homicide: gender-related killing of women and girls. Vienna: United Nations Office on Drugs and Crime (UNODC) [Internet]. 2019 [cited 2021 Oct 25] Available from: https://www.unodc.org/documents/data-and-analysis/GSH2018/GSH18_Gender-related_killing_of_women_and_girls.pdf

7. Instituto de Pesquisa Econômica Aplicada (IPEA). Fórum Brasileiro de Segurança Pública (FBSP). Atlas da violência, Rio de Janeiro[Internet]. 2017 [cited 2021 Oct 18]. Available from: http://repositorio.ipea.gov.br/handle/11058/7956

8. Gomes NP, Diniz NMF, Reis LA, Erdmann AL. The social network for confronting conjugal violence: representations of women who experience this health issue. Texto Contexto Enfermagem. 2015;24(2):316-24. https://doi.org/10.1590/0104-07072015002140012

9. Sanicola, L. As dinâmicas da rede e o trabalho social. São Paulo: Veras, 2ª ed., 2015.

10. Netto LA, Moura MAV, Queiroz ABA, Leite FMC, Silva GF. Isolation of women in situation of violence by intimate partner: a social network condition. Esc Anna Nery. 2017;21(1):e20170007. https://doi.org/10.5935/1414-8145.20170007

11. Silva OMA, Alípio MPP, Moreira LE. Women and domestic violence: experience report from a specialized court. Rev Polis Psique [Internet]. 2016 [cited 2021 Oct 14];6(3):145-65. Available from: http://pepsic.bvsalud.org/pdf/rpps/v6n3/n6a09.pdf

12. Krenkel S, Moré CLOO, Motta CCL. The significant social networks of women who have resided in shelters. Rev Paidéia. 2015;25(60):125-33. https://doi.org/10.1590/1982-43272560201515

13. Vieira LB, Souza IEO, Tocantins FR, Pina-Roche F. Support to women who denounce experiences of violence based on her social network. Rev Latino-Am Enfermagem. 2015;23(5):865-73. https://doi.org/10.1590/0104-1169.0457.2625

14. Vieira PR, Garcia LP, Maciel ELN. Isolamento social e o aumento da violência doméstica: o que isso nos revela? Rev Bras Epidemiol. 2020;23:e200033. https://doi.org/10.1590/1980-549720200033

15. Souto RQ, Guruge S, Merighi MAB, Jesus MCP, Egit S, Knowles L. Intimate partner violence among speaking immigrant adult Portuguese women in Canada. Rev Esc Enferm USP. 2016;50(6):905-12. https://doi.org/10.1590/S0080-623420160000700005

16. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349-57. https://doi.org/10.1093/intqhc/mzm042

17. Ministério da Saúde (BR). Lei no 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Diário Oficial da República Federativa do Brasil, Brasília, DF: 16 jul. [Internet]. 1990 [cited 2021 Sep 30]. Available from: http://www.planalto.gov.br/ccivil_03/LEIS/L8069.htm#art266

18. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. Rev Pesqui Qualit[Internet]. 2017 [cited 2021 Sep 30];7(5):01-12. Available from: https://editora.sepq.org.br/rpq/article/view/82/59

19. Soares MLPV, Maricondi MA. Caderno de textos Projeto Inovações Metodológicas para o Trabalho Social com Famílias no SUAS. São Paulo: Associação de Pesquisadores de Núcleos de Estudos e Pesquisas sobre a Criança e o Adolescente (NECA) [Internet]. 2020 [cited 2021 Apr 01]. Available from: https://craspsicologia.files.wordpress.com/2020/06/caderno-de-textos-neca-trabalho-com-familias.pdf

20. Azevedo AVS, Silva MA, Reis TCM. Promoção da saúde no contexto das redes sociais significativas. Nova Perspect Sist. 2019;28(63):55-66. https://doi.org/10.21452/2594-43632019v28n63a03

21. Mafioletti TM, Peres AM, Larocca LM, Fontoura MP. Violence against women: historical trajectory of a care program (Curitiba - 1997-2014). Rev Bras Enferm. 2018;71(6):2907-15. https://doi.org/10.1590/0034-7167-2017-0583

22. Marques ES, Moraes CL, Hasselmann MH, Deslandes SF, Reichenheim ME. Violence against women, children, and adolescents during the COVID-19 pandemic: overview, contributing factors, and mitigating measures. Cad Saúde Pública. 2020;36(4):e00074420. https://doi.org/10.1590/0102-311x00074420

23. Formiga K, Zaia V, Vertamatti M, Barbosa CP. Violência cometida pelo parceiro íntimo: estudo observacional com mulheres atendidas no Sistema Único de Saúde. Einstein (São Paulo). 2021;19:eAO6584. https://doi.org/10.31744/einstein_journal/2021AO6584

24. Gomes NP, Erdmann AL. Conjugal violence in the perspective of "Family Health Strategy" professionals: a public health problem and the need to provide care for the women. Rev Latino-Am Enfermagem. 2014;22(1). https://doi.org/10.1590/0104-1169.3062.2397

25. Prefeitura Municipal de Colombo. Secretaria Municipal de Saúde. Protocolo de atendimento à mulher em situação de violência: programa mulher cidadã [Internet]. Paraná, 2012. [cited 2021 Oct 10]. Available from: http://www.colombo.pr.gov.br/downloads/saude/062012/6

26. Arboit J, Padoin SMM, Vieira LB, Paula CC, Costa MC, Cortes LF. Health care for women in situations of violence: discoordination of network professionals. Rev Esc Enferm USP. 2017;51:e03207. https://doi.org/10.1590/S1980-220X2016113303207

27. St Vil NM, Sabri B, Nwokolo V, Alexander KA, Campbell JC. A qualitative study of survival strategies used by low-income black women who experience intimate partner violence. Soc Work. 2017;62(1):63-71. https://doi.org/10.1093/sw/sww080

28. Incerpe PRB, Cury VE. Atendimento a mulheres em situação de violência: a experiência de profissionais de um CREAS. Estud Pesqui Psicol. 2020;20(3):919-39. https://doi.org/10.12957/epp.2020.54357

29. Oliveira ACDC, Ghisi ASS. Norma Técnica de Padronização e as Delegacias das Mulheres em Santa Catarina. Rev Estud Feministas. 2019;27(1). https://doi.org/10.1590/1806-9584-2019v27n146855

30. Presidência da República (BR). Lei n. 13.505, de 8 de novembro de 2017. Acrescenta dispositivos à Lei no 11.340, de 7 de agosto de 2006 (Lei Maria da Penha), para dispor sobre o direito da mulher em situação de violência doméstica e familiar de ter atendimento policial e pericial especializado, ininterrupto e prestado, preferencialmente, por servidores do sexo feminino[Internet]. 2017 [cited 2021 Oct 1]. Available from: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2017/lei/L13505.htm3505

31. Menezes M, Moré CLOO, Barros L. Social networking family of caregivers during hospitalization of children. Rev Esc Enferm USP. 2016;50(n. esp):104-110. https://doi.org/10.1590/S0080-623420160000300016