

# Experiences of virtual care for women in situations of violence: weaving reflective theoretical analysis

## Experiências de atendimento virtual à mulheres em situação de violência: tecendo análises teóricas reflexivas

## Experiencias de atención virtual a mujeres en situación de violencia: tejiendo análisis teóricos reflexivos

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### RESUMO

**Objetivo:** Descrever as experiências de atendimento virtual à mulheres em situação de violência no âmbito de um projeto social. **Método:** Relato de experiência de abordagem qualitativa/descritiva acerca do modelo de atendimento virtual realizado à mulheres em situação de violência, como enfermeira voluntária. A experiência de atendimento foi analisada sob o referencial teórico da Rota Crítica e do Ciclo da Violência, tecendo-se análises teóricas reflexivas. **Resultados:** As experiências de atendimento viabilizaram a compreensão da implicância e entrecruzamento do Ciclo da Violência sobre/com a Rota Crítica, bem como sua indissociabilidade. Os fatores impulsionadores e inibidores para dar início e persistir na Rota Crítica entrecruzam-se com as fases do ciclo da violência em que esta mulher se encontra. **Conclusão:** Os atendimentos conduzimos de forma anônima, sem a necessidade da exposição física das mulheres à inquéritos, tem se mostrado uma via qualificada e extremamente necessária, que precisa ser considerada dentro da Rota Crítica e modelos de atenção vigentes. A fragilidade desse modelo residiu na dificuldade de realizar a Notificação compulsória de violência, o que requer estudos de como contornar essa barreira. As ações relatadas de enfrentamento à violência contribuem com respostas aos Objetivos do Desenvolvimento Sustentável.

**Descritores:** Violência contra a mulher; Prática profissional; Saúde da Mulher; Enfermagem.

### ABSTRACT

**Objective:** To describe the experiences of virtual care for women in situations of violence within the scope of a social project. **Method:** An experience report with a qualitative/descriptive approach about the virtual care model provided to women in situations of violence, as a volunteer nurse. The care experience was analyzed under the theoretical framework of the Critical Route and the Cycle of Violence, and theoretical reflections were made. **Results:** The experiences of care made it possible to understand the implication and intertwining of the Cycle of Violence on/with the Critical Route, as well as their inseparability. The driving and inhibiting factors for starting and persisting on the Critical Path intersect with the phases of the cycle of violence in which this woman finds herself. **Conclusion:** Anonymous care, without the need to physically expose women to investigation, has proved to be a qualified and extremely necessary way of dealing with violence, which needs to be considered within the Critical Path and current models of care. The weakness of this model lies in the difficulty of carrying out compulsory notification of violence, which requires studies on how to overcome this barrier. The actions reported on tackling violence contribute to the Sustainable Development Goals.

**Descriptors:** Violence against women; Professional practice; Women's health; Nursing.

### RESUMEN

**Objetivo:** Describir las experiencias de atención virtual a mujeres en situación de violencia en el contexto de un proyecto social. **Método:** Relato cualitativo/descriptivo de la experiencia en el modelo de atención virtual a mujeres en situación de violencia como enfermera voluntaria. Se analizó la experiencia de atención bajo el marco teórico de la Ruta Crítica y el Ciclo de la Violencia, y se realizaron reflexiones teóricas. **Resultados:** Las experiencias de atención permitieron comprender la implicación y entrelazamiento del Ciclo de Violencia en/con la Ruta Crítica, así como su inseparabilidad. Los factores impulsores e inhibidores para iniciar y persistir en la Ruta Crítica se entrecruzan con las fases del Ciclo de Violencia en las que se encuentra esta mujer. **Conclusión:** La atención anónima, sin necesidad de que la mujer esté físicamente expuesta a las investigaciones, ha demostrado ser una vía cualificada y extremadamente necesaria, que debe considerarse dentro del Camino Crítico y de los modelos actuales de atención. La debilidad de este modelo radica en la dificultad de llevar a cabo la denuncia obligatoria de la violencia, lo que requiere estudios sobre cómo superar esta barrera. Las acciones informadas sobre la lucha contra la violencia contribuyen a dar respuesta a los Objetivos de Desarrollo Sostenible.

**Descritores:** Violencia contra la mujer; Práctica profesional; Salud de la mujer; Enfermería

## Introduction

Assistance to women in situations of violence, through apps and social networks, has been growing and of fundamental importance<sup>1</sup> since the beginning of the pandemic triggered by the transmission of the new coronavirus, discovered in China/Asia and agent of the Coronavirus Disease in 2019 (COVID-19), which causes Severe Acute Respiratory Syndrome.<sup>1-2</sup> And it has consolidated itself as an important form of access (or Critical Route) for women to the services of the Women's Care Network, which is widely used to this day.

Since the emergence and intensification of the Covid-19 pandemic around the world, and specifically in Brazil, global social isolation measures have been adopted with the aim of minimizing the contamination of the population by the new virus. Although such measures have been extremely important and necessary in the pandemic context, the situation of home isolation has had perverse consequences for women in situations of violence, as they have been forced to remain at home with their aggressors, in addition to encountering many barriers in accessing women's protection networks and reporting channels.<sup>3</sup>

It is in this area that, in addition to formal networks for the protection of women in situations of violence, informal networks have been built as an important support for these women. It is noteworthy that informal networks can be composed of social networks, support networks based on kinship or friendship relationships, personal bonds, intimacy and/or socialization, as well as social programs and projects of non-governmental institutions and private initiatives.<sup>4-5</sup>

In this sense, since the Covid-19 pandemic, new mechanisms to support women using technology have emerged, and other existing ones have grown and solidified even more during this period. This contributed to strengthening the informal network of support and protection for women in situations of violence, as well as its integration with the formal Network for the Protection of Women, showing viable and possible paths. In the informal network, independent social projects and initiatives have been developed by collectives and companies to contribute to the denunciation of situations of violence and shelter for victims, such as apps, booklets and artificial intelligence, as well as campaigns to raise awareness among the population and combat domestic violence, which continue to this day.<sup>5</sup>

In this context, the present study aimed to describe the experience of virtual/remote care for women in situations of violence within the scope of a social project. This experience is described and later analyzed in the light of the theoretical frameworks of the Critical Route<sup>6</sup> and the Cycle of Domestic Violence<sup>7</sup>, evidencing intersections and establishing reflexive analyses.

## Method

This is an experience report, with a qualitative and descriptive approach, whose object that seeks to highlight is the professional experience as a nurse in the care of women in situations of violence in the remote environment, that is, within the virtual model of care, through a messaging

application. This experience comes from volunteering activities in a social and nationwide project, which had its genesis in March 2020, driven by the context of the Covid-19 pandemic and its social densification<sup>8</sup>. The dynamics of service within this project will be presented in the following sections.

The care provided to women in situations of violence is analyzed in this study from the perspective of theoretical/conceptual references that will be briefly detailed below, and thus allowed us to establish reflections on this experience, and the densities identified in the intersection of the Critical Route<sup>6</sup> to confront violence against women and the Cycle of Domestic Violence<sup>7</sup>.

### **a) The Field of Experience**

The professional experience takes place in the context of the social project entitled Projeto Justiceiras<sup>9</sup>, which had its genesis in March 2020, idealized by the Nelson Wilians Institute, in partnership with the Justice of Saia Institute and the Bem Querer Mulher Institute, based on the initiative of bringing together volunteers from different areas to offer, through the WhatsApp messaging application, legal, psychological and assistance assistance to victims of violence<sup>9</sup>. The volunteering activities reported in this writing took place in the area of nursing, and were started in June 2020, and both the project and the volunteering activities have their continuity to the present day.

The project aims to function as a support and reception network for women who are in situations of violence, facilitating access to the Justice System and the protection network, offering legal, psychological, social, medical, and nursing help, with qualified and non-judgmental listening. Women who have experienced abusive relationships and managed to break them also participate, who use their personal experiences to offer a network of emotional support and friendship to the women served. It should also be noted that all volunteer professionals in the project are women, including their leaders and project creators.

The project's volunteers often hold virtual meetings to exchange experiences, experiences, and also to update on referrals and support from the women's care network. National and local leaders coordinate the project and the support and reception groups according to areas of coverage. The logistics of the project work in perfect synchrony, so that any woman who seeks help in the project, regardless of the time, is assisted very quickly by a volunteer, according to the pre-established hours of service by each of them.

Women who are in situations of violence reach the volunteers through a phone number for a mobile application, using the WhatsApp application. These women, when accessing the number, first fill out a short form with information about the situation of violence experienced, which implies that the woman does not need to tell the same story to each of the professionals who will assist her.

The logistics of the service work as follows: after filling out the form, each woman is directed to a group of professionals who will compose her support and reception network, being a professional from each area (legal, psychological, medical and/or nursing and social work), who will provide the necessary support and help in each specific area. When complexity and/or severity are identified in the situation attended, the project leaders are quickly

activated, who enable a virtual conversation environment to discuss and direct the best conduct for the situation.

It is important to highlight that each volunteer, within this support network, talks individually with the woman, at different times, so that their demands and needs in each area are met, practicing qualified, respectful and non-judgmental listening. On the other hand, the volunteers who make up this support network discuss the case among themselves, in order to discuss the referrals and conducts taken and/or necessary. Also, once the woman accesses the project and is directed to a volunteer, she becomes her contact to seek support and shelter whenever she feels the need, establishing the bond. When the case is closed, a feedback from the volunteers is made to the project.

The form filled out by the woman seeking care consists of 55 questions (open and closed), but predominantly closed. The questions aim to get to know the woman, her aggressor and how the situation of violence she is experiencing unfolds. Among the closed ones, one of them is "What type of violence are you suffering?", with seven items of multiple marking: I - Physical Violence; II - Psychological Violence; III - Sexual Violence; IV - patrimonial violence; V - Moral Violence; VI - Threat; VII - Political violence against women. Each typology is followed by an explanation, clarifying what each type is about. The woman also needs to identify if the situation she is experiencing is an Emergency (high severity); Urgent (medium severity) and Non-urgent (low severity). The brevity in the care of this woman happens independently of the degree of severity, however, the initial directions are different for each degree.

When the volunteers manage to reach a resolution of the problem together with the woman, the service is terminated and each volunteer gives feedback to the project through a form, as well as the woman assisted. Thus, the project has the possibility of always improving the logistics of care, as well as knowing the best ways and strategies to help these women.

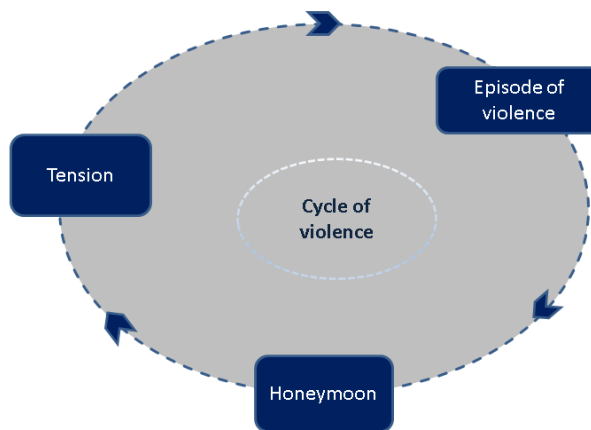
It is noteworthy that there is a very large investment in the project on the part of the leaders, and an equally important engagement and collaboration on the part of the volunteers, in order to disseminate it so that it reaches as many women as possible. To this end, the project is publicized on social networks with posters, short videos and videos that speak in a simple way about violence against women. Also recently, the project has been stamping products of routine use in the homes of families, such as milk cartons, in an attempt to reach those who often do not have access to a social network in a way that is not controlled by their partner.

When establishing a bond with women, decision-making is used to (1) empower women in situations of violence - be they of any nature; (2) the breaking of the partner's emotional dependence; (3) protective measures, police reports, complaints, and any other action applicable to the courts; and (4) support, support, and conduct in the event of sexual violence, abuse, and torture. It is noteworthy that there are specific internal protocols to guide the conduct and care of volunteers in each type of violence, which are: domestic violence; crimes committed by authorities/hierarchical superiority/use of weapons; sexual violence; moral/sexual harassment at work; cybercrime; violence involving children/adolescents/the elderly/pregnant women; religious leaders; women with disabilities; trans and LGBTQIA+ women; and intolerance/racism/prejudice/discrimination/xenophobia.

## b) Understanding the Theoretical Concepts

The comprehension of the reported experiences of care for women in situations of violence requires a theoretical/conceptual understanding of the "Critical Route"<sup>6</sup> and the "Cycle of Domestic Violence"<sup>7</sup>. Thus, it is initially clarified that violence, mainly of a domestic and family nature, despite having several faces and specificities, functions as a circular system, called by the American psychologist Lenore Walker<sup>7</sup> the Cycle of Domestic Violence (see figure 1). In her studies, the author identified three distinct phases associated with a recurrent cycle of aggression: (1) construction of tension accompanied by a growing sense of danger, (2) acute incident of violence, and (3) amorous contrition, also called the "honeymoon" phase.

**Figure 1.** Cycle of Domestic Violence.

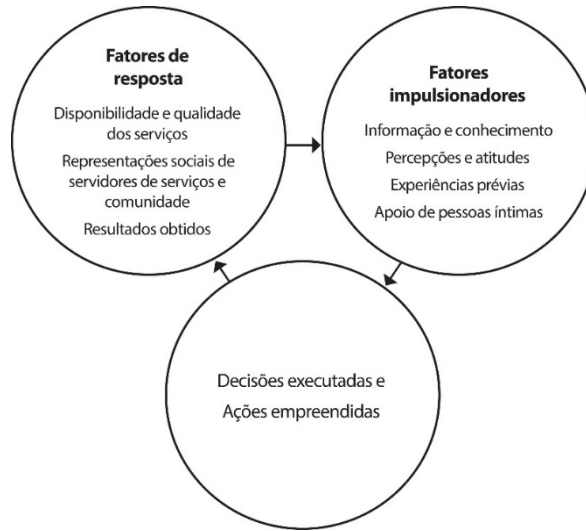


**Source:** Adapted from Lenore Walker, *The battered woman*. New York: Harper and How, 1979.

The cycle usually begins after a period of courtship, described as having a lot of interest from the abuser in the woman's life, and usually full of loving behavior. In the experience of care, some women described this behavior when the aggressor turns into persecution and surveillance after a while. But when this occurs, the woman has already committed to the man and lacks the energy and often the desire to break off the relationship.

On the other hand, the Critical Route<sup>6</sup> (see figure 2) is the fragmented path for the search for help and escape from situations of violence. It constitutes a complex tangle of attitudes and decisions made by women in situations of violence and the answers found in the search for support. Normally, the path taken from the episode of violence to the search for institutional help is very extensive, being influenced by several driving and inhibiting factors (internal and external) for the beginning of a path of overcoming and breaking up is the moment when these women decide to break the silence in relation to the situation of domestic and family violence experienced<sup>6</sup>.

**Figure 2.** Critical Route Diagram proposed by Sagot.

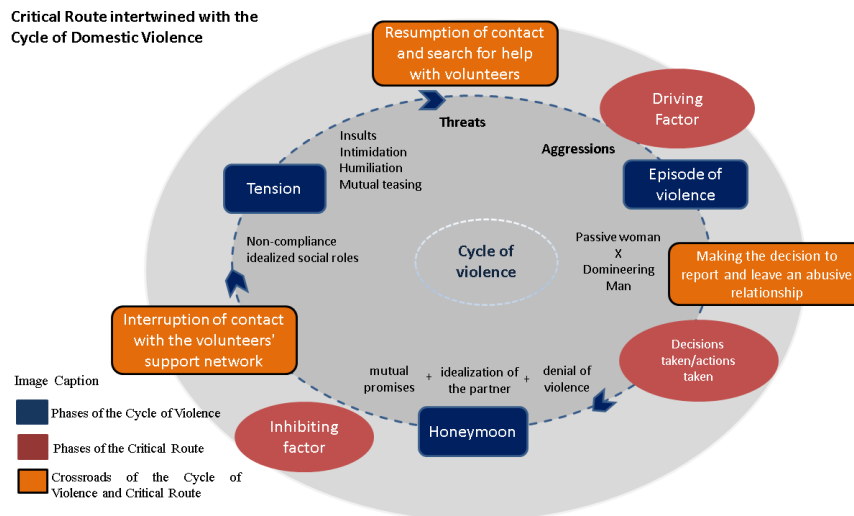


**Source:** Sagot, 2000, Critical route of women affected by domestic violence in Latin America: case studies from ten countries.

## Results

The professional practice of nurses working in the care of women in situations of violence enabled reflexive analyses on the conditions under which women seek support and protection networks. Thus, the common element in all the care provided was the intersection of the phases of the cycle of violence with the driving and inhibiting elements of the critical route, with regard to the beginning and abandonment of their search for help and coping, the permanence on the critical route until the breaking of the cycle of violence, as well as the abandonment and resumption of the critical route. This intersection is presented in the following figure, and discussed in the following section.

**Figure 3-** Representation of the intersection of the Critical Route and the Cycle of Violence.



**Source:** Adapted from Sagot (2000) and Walker (1979)

## Discussion

### **a) Practice as a field of analysis and reflection: intersection of the Cycle of Violence x Critical Route**

Acting in the practical field, as a volunteer nurse and researcher in the area and the references used, enabled reflexive analyses on the theoretical lines, their intersections and developments in the life histories of the women assisted. The understanding of how and why the processes of beginning, breaking, and resumption of situations of violence occur is of fundamental importance for thinking about strategic actions of support, help, and protection.

It was observed that the beginning of the Route occurred predominantly when the woman was in the acute phase of the episodes of violence during the cycle. This phase has been shown to be the main driving factor for decision-making to break the cycle. With this decision, the woman's contact with the project arises, and from it, her support and protection network is built. Then, decisions are made and attitudes are taken by the volunteer professionals, who move according to the type of violence suffered, within their respective areas, to solve the situation experienced by the woman. Decisions are always made together with the assisted woman, and she is kept aware of every attitude and action taken by the volunteer in order to strengthen her and help break the cycle of violence.

At this point, the services are mixed by successful and unsuccessful experiences. There have been experiences in which women have started and finished the critical route within this model of care. However, the volunteers are not always able to reach a resolution of the case. This is because, recurrently, women decide not to continue with the complaint and with the process of breaking the abusive relationship. The "honeymoon" phase of the cycle is then envisioned. This is easily identified in their reports, with very similar justifications, that the aggressor showed himself to be a different person, kind and willing to change. There were also experiences in which the women reported the intervention of the family or the church, and based on this, they made the decision to end the service. In this context, the inhibiting factor is clearly intersected in this phase.

However, the honeymoon phase is fleeting, and when tensions increase in the relationship, leading to new episodes of violence, the woman starts to feel vulnerable and fragile again. At this stage, many women get back in touch with the project again, and restart their critical route. Usually, this contact is first made directly with your support network of volunteers started at the beginning, at the first appointment.

Then, the woman is instructed to fill out the form again, so that her history, the determining factors for her new contact and her current life history can be known. After filling it out and forwarding it, the group of volunteers who make up your network is activated. The service is permeated by the encouragement and support of the volunteers to break the cycle once and for all, generating the necessary driving factor for decision-making and taking decisive actions. And so the cycle and the critical route are restarted, in many cases, more than once.

Due to the characteristic of the project, which is the immediate help of that situation of violence, there is no follow-up after the end of the service. So, even if it ended with a positive prognosis, and with an apparent break in the cycle of violence, if the woman does not contact the project again if she restarts the cycle, there is no way to know if the route has been started and ended positively.

It is important to highlight that, just as Walker's (1979) theory on the cycle of violence points to the emotional dependence of women, who remain trapped in a fatality that forces them to always go through the same experiences, this dependence is also present in the care provided, as it is perceived that women are strongly emotionally dependent as an inhibiting factor to leave the relationship. As a consequence, there are reports of mental problems, including depression, post-traumatic stress, suicidal tendencies, and alcohol and drug abuse.

Personal empowerment has been the main key to breaking this emotional dependency, as well as the fear of facing the unknown after breaking free from the relationship. This emotional dependence is worked on by strengthening self-esteem, self-confidence and autonomy, as well as psychological empowerment<sup>10</sup>, stimulating women's ability to make their own decisions and take control of their lives. Psychological empowerment has been shown to be a key conduct in the care of women in situations of violence, as it rekindles in women the perception of individual strength, manifesting itself in behaviors of self-confidence and critical thinking of the actions in their surroundings, and of their own attitudes and actions.

## **b) What social isolation has to teach us and its implications in situations of violence against women**

Social isolation, as experienced in the Covid-19 pandemic, was an unprecedented event. Because it was not only the obligation or need to remain at home, but also the restriction or distancing of the structural services of society, such as access to work, health services, institutions, services and support and protection networks, in addition to mobility being restricted due to the limitations of public means of locomotion. In this way, it is reflected that in this scenario, the isolation was not only social, but also structural.

This structural isolation, in turn, gives rise to reflexive analyses in the direction of the Critical Route of women in situations of violence, taking into account the experiences of care during this specific period. Bearing in mind the diagram of the route, and based on the women's reports, it is understood that with isolation, the driving factors for women to break with the situation of violence experienced may have lost strength, in the face of the feeling of isolation and helplessness, partly generated by the pandemic itself.

The response factors of the services were also extremely impaired, because with the suspension or reduction of specialized services for women, barriers were erected in the search for help. Although NGOs and institutions have maintained their services as support networks, these have been incipient due to the lack of functioning and/or access to the service network. Thus, the decisions made and actions taken in the search for help to break the cycle of



violence were extremely weakened, in the face of a scenario of destructuring of services, at a historical moment, in which the country suffered from the dismantling of State policies and services within the scope of the SUS<sup>8</sup>.

In this context, isolation (social and structural) was shown to be a catalyst in the context of domestic violence, stimulating or accelerating abusive behaviors and oppressive relationships, having greater or lesser catalytic potential according to the identity intersections of each woman, that is, according to the social markers intersected in their lives. From this, it is inferred that the Covid-19 pandemic and the care provided during and after this period, new lenses and possibilities for analyzing violence against women have emerged.

Thus, social isolation can be considered as a historical analyzer for domestic violence, since it is a historical event, highlighting women's experiences, based on different categories and social markers that intersect with the phenomenon of violence against women, making it possible to glimpse the various (in)visible forms of this violence in society.

It is noteworthy that the historical analyzer refers to an event that comes unexpectedly to meet us, condensing a series of forces, until then dispersed, and has the potential to perform analyses by itself<sup>11</sup>. In this sense, social isolation as it was experienced becomes a new way of looking at the triggers of violence and the barriers to coping with them, as well as the social, structural, and power forces that converge and promote inequalities and violence.

## Conclusion

The driving and inhibiting factors, not only to initiate, but also to persist in the critical path of women in situations of violence, intersect with the phases of the cycle of violence in which these women find themselves. The driving factor to initiate the critical route intersected mainly with the phase of acute episodes of violence, while the inhibitor was strongly related to the honeymoon phase.

Thus, it is considered essential to understand the inextricability between the cycle of violence and the critical route, making it possible to reflect that the empowerment of women over the cycle of violence is important so that they have subsidies and do not abandon the route once it has begun. This understanding is also important for professionals, especially nursing, to think about actions and strategies of support and support for women who make the decision to start the Critical Route, since they are on the front line of care and coping with all forms of violence in their daily practice.

The experience in assisting women in situations of violence, within the remote care model, also enabled perceptions that, many times, this model becomes the Critical Route initiated and ended positively for the woman, since through support and guidance, the woman is able to access the protection network and the services and information necessary to break the cycle of violence. In this sense, remote consultations, conducted anonymously, without the need for women's physical exposure to surveys, have proven to be a qualified and extremely necessary route, which needs to be considered within the Critical Route.

On the other hand, this service model also has weaknesses. One of them is the difficulty of prolonged follow-up, depending on whether the woman initiates contact again in case of new violence suffered (restarting the cycle of violence). Another negative point is that, in the case of remote care through virtual support networks, the Compulsory Notification, which needs to be filled out and subsequently entered into the Notifiable Diseases Information System (SINAN)<sup>12</sup> when there is a suspicion or confirmation of a situation of violence (of any kind), is not carried out in the vast majority of cases, contributing to the underreporting of cases of violence, and consequent invisibility of the scale of the problem.

The notification of violence in SINAN is also a form of care for women, as they are helpless, with low self-esteem, and in need of help. In addition to being a legal requirement, the result of a continuous struggle for the violence perpetrated against these segments of the population to come out of invisibility. The work of each professional who assists people in situations of violence is strategic and essential for strengthening surveillance and the care and protection network.

The relevance of the actions to combat violence against women, carried out within the scope of the Justiceiras project and reported in this writing, contribute to responses to the Sustainable Development Goals (SDGs), including SDGs 03 (health and well-being), 05 (gender equality), 10 (reduction of inequalities) and 16 (peace, justice and effective institutions). It is also considered as relevant to contribute to future research, suggesting the investigation by researchers of this intersection of the cycle of domestic violence with the critical route, identified by empirical observation.

It is also important to invest in studies that seek a way to associate virtual care within the Care Network, since this has proven to be a viable way to serve these women, but that can include compulsory notifications as a care protocol. In order to contribute in this way to the visibility, progress and strategic ways to combat violence against women.

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