






Violence throughout life, during pregnancy, and the COVID-19 pandemic: a cross-sectional study

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ABSTRACT

Objective: to identify the frequency and types of intimate partner violence against women throughout life, during pregnancy, and the COVID-19 pandemic.

Methods: a descriptive study was conducted in a low-risk maternity hospital in Espírito Santo, Brazil, between August and December 2021. Data were collected using a socioeconomic questionnaire and an instrument to screen for violence variables (World Health Organization). **Results:** a total of 512 postpartum women participated, of whom 49% were victims of intimate partner violence throughout their lives. Psychological violence was the most frequent (45.5%), followed by physical (31.4%) and sexual (13.7%). The prevalence of violence during pregnancy was 10.0%, with psychological (7.2%) and physical (4.1%) violence predominating. Approximately 15% of the participants experienced intimate partner violence during the COVID-19 pandemic. Women with a history of violence throughout their lives perceived an increase in the frequency (67.3%) and intensity (68.9%) of violence during the pandemic. **Conclusion:** there are high rates of intimate partner violence against women throughout life and during pregnancy. Additionally, violence escalated in both frequency and intensity during the COVID-19 pandemic, with psychological violence being the most frequent.

Descriptors: Violence Against Women; COVID-19; Pregnant People; Intimate Partner Violence.

INTRODUCTION

Violence against women is defined as the intentional use of physical force or power against an individual or group, leading to injury, deprivation, harm, trauma, or death⁽¹⁾. Globally, an estimated 27.0% (95%CI: 23–31%) of women aged 15 to 49 have experienced intimate partner violence at some point in their lives, and 13.0% (95%CI: 10–16%) in the past year⁽²⁾. A Brazilian study conducted with postpartum women in a high-risk maternity hospital in Espírito Santo, Brazil, found a lifetime prevalence of violence of 43.0%, approximately 8.0% in the past year, and around 5.0% during pregnancy⁽³⁾.

Even though eliminating all forms of violence against women⁽⁴⁾ is one of the goals of the Sustainable Development Goals (SDGs), it remains far from being achieved due to weak public equity policies and the persistence of gender inequality in society.

Violence against women is a serious public health issue and a violation of human rights, both globally and nationally. It escalated during the COVID-19 pandemic due to social distancing measures, limited access to services, and restricted availability of healthcare systems, which are often a crucial channel for seeking help⁽⁵⁾.

Violence against women stems from a relationship of inequality and oppression rooted in male domination⁽⁶⁾. Given isolation and reduced social interaction during the pandemic, the female support network was severely impacted, diminishing

opportunities to strengthen bonds and, consequently, discouraging women from breaking the cycle of violence, which most often occurs in the home environment⁽⁷⁾.

Women can experience domestic violence at any stage of life, including during pregnancy and postpartum, a period marked by significant physiological, emotional, and psychological changes⁽⁸⁾. Experiencing violence during pregnancy negatively affects both maternal and fetal health, increasing the risk of anemia, bleeding, restricted uterine growth, fetal distress, miscarriage, inadequate fetal weight gain, prematurity, postpartum depression, and other complications^(9,10).

According to the literature^(2,10,11), the factors associated with violence include younger age, race/skin color and low education levels.

Moreover, experiencing sexual violence in childhood and maternal exposure to intimate partner violence contributes to a context in which violence becomes normalized⁽¹¹⁾.

Although studies have examined violence against women during the COVID-19 pandemic in various Brazilian contexts⁽¹⁰⁻¹²⁾, no research has specifically investigated violence during pregnancy in the state of Espírito Santo, Brazil, limiting the understanding of the national scenario. Given this context, this study aimed to identify the frequency and types of intimate partner violence experienced by women throughout their lives, during pregnancy, and the COVID-19 pandemic.

METHODS

This cross-sectional, descriptive study was conducted in a low-risk maternity hospital in Espírito Santo, Brazil, and its report follows the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines⁽¹³⁾.

According to data from the 2022 Census conducted by the Brazilian Institute of Geography and Statistics (IBGE), the state of Espírito Santo covers an area of 46,074.4 km² and has the fifth highest Human Development Index (HDI = 0.771) in Brazil. The state has a population of 3,833,486 inhabitants, with a density of 83.20 inhabitants/km², and women make up the majority (51.2%)⁽¹⁴⁾. Additionally, one in four women in Espírito Santo has experienced psychological abuse in the past 12 months, approximately 10% have suffered physical violence, and 5.7% have experienced sexual violence⁽¹¹⁾.

This study included postpartum women (at least 24 hours postpartum), regardless of delivery method or age, who were receiving care in the maternity ward where the study was conducted. Women with cognitive deficits or hearing impairments that could hinder their understanding of the questionnaire or lead to an underestimation of violence prevalence were not included. There were no exclusion criteria.

The sample size was calculated based on the annual average number of hospitalizations (4,800 women) in the maternity ward and an estimated prevalence of 41% for intimate partner violence⁽⁹⁾. Using OpenEpi® software (version 3.01, Centers for Disease Control

and Prevention, 2013, USA), with a 95% confidence level and a 5% margin of error, an additional 10% was included to account for potential losses, resulting in a minimum sample of 495 women.

Data were collected from August to December 2021 through interviews conducted in the wards. Privacy measures were used to ensure greater comfort for the research participants. The interviews were conducted by a female research team trained for this type of approach.

Three instruments were used for data collection. The first instrument gathered socioeconomic information, including age, race/skin color, marital status, and level of education. The second was the Brazilian version of the WHO VAW Study, originally developed by the World Health Organization to assess psychological, physical, and sexual violence⁽¹⁵⁾. This instrument enables the evaluation of intimate partner violence experienced by women throughout their lives, during pregnancy, and during the COVID-19 pandemic. Women who had experienced violence at any point in their lives were asked whether they perceived an increase in the frequency or intensity of violence during the COVID-19 pandemic.

The data were organized in an Excel® spreadsheet (version 2501, 2025, Microsoft, USA), and all statistical analyses were performed using Stata® (version 15.0, 2017, USA). A descriptive analysis of the variables is presented in absolute and relative frequencies, with their respective 95% confidence intervals (95% CI).

The Institutional Review Board approved this study under Certificate of Presentation of Ethical Appreciation (in Portuguese: Certificado de Apresentação de Apreciação Ética – CAAE) No. 45912721.3.0000.5065. All participants provided informed consent and/or assent in accordance with Brazilian ethical guidelines for research involving human subjects.

RESULTS

The sample consisted of 512 postpartum women, 74.4% between 20 and 34 years old. Approximately 84.0% identified as mixed race or Black, 63.7% lived with their partners, and 48.6% had completed high school (Table 1).

A total of 49.0% (95% CI: 44.7-53.4) of the participants reported experiencing at least one type of intimate partner violence at some point in their lives, 46.1% (95% CI: 41.8-50.4) reported psychological violence, 31.4% (95% CI: 27.6-35.6) physical violence, and 13.7%

Table 1 - Socioeconomic characteristics (n = 512) of postpartum women receiving care at a maternity hospital in Espírito Santo, Brazil, 2021

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Sociodemographic and economic characteristics	N*	%**	95%CI***
Age group			
12 to 19 years old	73	14.3	11.5-17.6
20 to 34 years old	381	74.4	70.4-78.0
35 or older	58	11.3	8.9-14.4

Table 1 - Socioeconomic characteristics (n = 512) of postpartum women receiving care at a maternity hospital in Espírito Santo, Brazil, 2021

Conclusion.

Sociodemographic and economic characteristics	N*	%**	95%CI***
Race/ skin color			
White	76	14.8	12.0-18.2
Mixed race	329	64.3	60.0-68.3
Black	102	19.9	16.7-23.6
Asian	5	1.0	0.4-2.3
Indigenous	-	-	-
Marital Status			
Lives with a partner	326	63.7	59.4-67.7
No partner	186	36.3	32.3-40.6
Education			
Incomplete middle school	71	13.9	11.1-17.1
Complete middle school/ incomplete high school	145	28.3	24.6-32.4
High school	249	48.6	44.3-53.0
Bachelor's degree	47	9.2	6.9-12.0

Note: *n = absolute frequency; **% = relative frequency; ***95%CI = 95% confidence interval.

(95% CI: 11.0-16.9) sexual violence (Table 2).

The overall prevalence of violence experienced during pregnancy was 10.0% (95% CI: 7.6-12.9), with psychological violence being the most frequent (7.2%; 95% CI: 5.2-9.8), followed by physical violence (4.1%; 95% CI: 2.7-6.2) and sexual violence (2.0%; 95% CI: 1.1-3.6) (Table 2).

The frequency of intimate partner violence experienced by women during the COVID-19 pandemic was 14.8% (95% CI: 12.0-

Table 2 - Frequency of intimate partner violence against women (n = 512) throughout life and during pregnancy among postpartum women receiving care at a maternity hospital in Espírito Santo, Brazil, 2021

Violence throughout life	n*	%**	95% CI***
Sexual violence			
No	442	86.3	83.1-89.0
Yes	70	13.7	11.0-16.9
Violence during pregnancy			
Overall frequency			
No	461	90.0	87.1-92.4
Yes	51	10.0	7.6-12.9
Psychological violence			
No	475	92.8	90.2-94.7
Yes	37	7.2	5.3-9.8
Physical violence			
No	491	95.9	93.8-97.3
Yes	21	4.1	2.7-6.2
Sexual violence			
No	502	98.0	96.4-98.9
Yes	10	2.0	1.1-3.6

Note: *n = absolute frequency; **% = relative frequency; ***95%CI = 95% confidence interval.

18.2). Among those who reported violence throughout their lives (n = 251), 67.3% (95% CI: 61.3-72.9) perceived an increase in the frequency of intimate partner violence during the pandemic, while 68.9% (95% CI: 62.9-74.4) reported more intense violence (Table 3).

A total of 17.4% (n = 89) of the 512 participants (Figure 1) reported experiencing both psychological and physical violence, while 11.5% (n = 59) reported experiencing all three types of violence (psychological, physical, and sexual).

Table 3 - Frequency of intimate partner violence during the COVID-19 pandemic among postpartum women receiving care at a maternity hospital in Espírito Santo, Brazil, 2021

Intimate partner violence during the pandemic	n*	%**	95%CI***
Overall frequency (n = 512)			
No	436	85.2	81.8-88.0
Yes	76	14.8	12.0-18.2
Perceived increased frequency of aggressions (n = 251)			
No	82	32.7	27.1-38.7
Yes	169	67.3	61.3-72.9
Perceived increased intensity of aggressions (n = 251)			
No	78	31.1	25.6-37.1
Yes	173	68.9	62.9-74.4

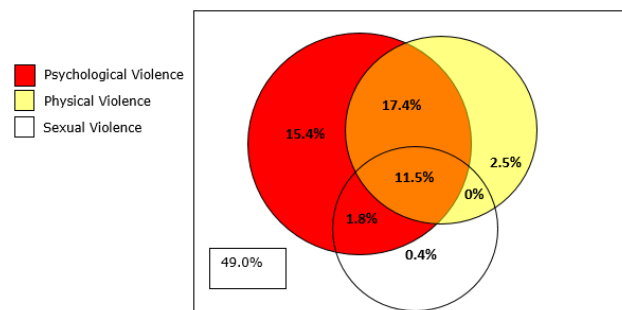
Note: *n = absolute frequency; **% = relative frequency; ***95% CI = 95% confidence interval.

Table 2 - Frequency of intimate partner violence against women (n = 512) throughout life and during pregnancy among postpartum women receiving care at a maternity hospital in Espírito Santo, Brazil, 2021

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Violence throughout life	n*	%**	95% CI***
Overall Frequency			
No	261	51.0	46.6-55.3
Yes	251	49.0	44.7-53.4
Psychological violence			
No	276	53.9	49.6-58.2
Yes	236	46.1	41.8-50.4
Physical violence			
No	351	68.6	64.4-72.4
Yes	161	31.4	27.6-35.6

Figure 1 - Co-occurrence of intimate partner violence (physical, psychological, or sexual) throughout life among postpartum women receiving care at a low-risk maternity hospital in Espírito Santo, Brazil, 2021



DISCUSSION

Violence against women is a reality in Brazil and worldwide^(3,16,17). Approximately half of the participants in this study experienced at least one type of intimate partner violence (psychological, physical, or sexual) at some point in their lives; 10% experienced violence during pregnancy, and psychological violence was the most frequent (7.2%), followed by physical (4.1%) and sexual (2.0%). This scenario is similar to findings from a study conducted with postpartum women admitted to a high-risk maternity hospital ($n = 302$) in the same city, which reported that 43% had experienced at least one episode of mistreatment at some point in their lives. Nearly 5% had experienced physical violence during pregnancy by their current or former partner⁽³⁾.

This picture is similar to the percentages reported in other countries, such as Kenya, where a survey of 5,657 women of childbearing age found a 9.2% prevalence of violence during pregnancy⁽¹⁷⁾.

A predominance of psychological violence (16.1%; 95% CI: 12.5–20.4) during pregnancy was also found in another study conducted in Vitória, Espírito Santo, Brazil, followed by physical (7.6%; 95% CI: 5.1–11.0) and sexual (2.7%; 95% CI: 1.4–5.2) violence⁽¹⁶⁾.

Regarding the socioeconomic characteristics of the victims of violence in this study, most were young, Black, or mixed-race women who lived with their partners and had completed high school. These findings are consistent with similar studies conducted in Brazil, including one developed in Campinas (SP)⁽¹⁰⁾ and another developed in São Paulo (SP) and Zona da Mata de Pernambuco⁽¹⁵⁾.

Although violence during pregnancy is less frequent, it remains a significant concern due to the risks it poses to mother-child dyad. Experiencing violence during pregnancy can severely harm a woman's health, leading to gynecological and obstetric complications, as well as physical, mental, and behavioral health issues^(9,18). Postpartum depression is one potential consequence that negatively affects the mother-newborn relationship. Additionally, these victims are more likely to experience preterm birth, discontinue breastfeeding early, and exhibit behavioral impacts such as continued tobacco use during pregnancy⁽⁹⁾.

Psychological violence perpetrated by intimate partner was the most frequent both throughout life and during pregnancy, a pattern

also observed in a study conducted in Vitória, ES, Brazil⁽¹¹⁾. This type of violence often occurs in daily intimate relationships, and it may be normalized, making it harder to identify, as women may not recognize verbal insults as aggression, rendering it an invisible form of violence, even to health professionals^(18,19).

Regarding the occurrence of physical violence throughout life, this study found that three in ten women had experienced it at some point in their lives, a proportion similar to that reported in a study conducted in Zona da Mata, Pernambuco, Brazil⁽²⁰⁾. Physical abuse during pregnancy was reported by approximately 4% of the participants, a finding consistent with a study conducted in Caxias, Maranhão, Brazil, which reported a prevalence of 4.3%⁽²¹⁾. Physical violence is more visible, making it easier for women to recognize themselves as victims and seek help⁽²²⁾. Physical violence during pregnancy can harm the mother-child dyad such as miscarriage, preterm birth, low birth weight, and stillbirth⁽²³⁾.

A lower frequency of reports of sexual intimate partner violence, both throughout life and during pregnancy, was found in this study, a pattern also observed in another study⁽¹¹⁾. This type of violence is challenging to recognize and assess, as women who are married or living with their partners may not perceive forced sex as violence. Societal norms often reinforce the notion that sexual activity within a relationship is a duty, leading many women to endure this form of aggression. In some countries, such as Cyprus, Ireland, Canada, Australia, New Zealand, and Chile, this situation is legally recognized as rape⁽²⁴⁾. In contrast, in other countries, partners have unrestricted sexual access to women, including in abusive circumstances⁽²⁵⁾.

Sexual violence can result in unplanned pregnancies, as many partners refuse to use condoms during intercourse, as show a study conducted in Haiti that women believe men may beat or force them to have sex if they refuse, increasing their risk of contracting sexually transmitted infections (STIs)⁽²⁶⁾.

The COVID-19 pandemic severely impacted the population in various ways, and the findings of this study indicate that it also led to an increase in the frequency and intensity of intimate partner violence. These results align with reported surges in violence⁽²⁷⁾. For example, in Rio de Janeiro, notifications of domestic violence increased by up to 50% during the first weekend after social isolation measures were imposed⁽²⁸⁾. Additionally, data from the DataSenado (Brazil) Survey on Domestic and Family Violence for 2021 showed a 49% rise in reported cases of violence, along with a 44% increase in severe cases⁽²⁹⁾.

Other countries, such as India and Portugal, also reported an increase in the frequency of violent acts, with rises of 77.6%⁽³⁰⁾ and 53.8%⁽¹⁷⁾, respectively. Being under social isolation measures while residing in the same home as the aggressor, limited access to reporting and support channels, such as healthcare and legal services, and the stress caused by the socioeconomic impacts of the pandemic contributed to the domination and oppression of women by their intimate partners⁽³¹⁾.

Furthermore, men's imposition over women or any abusive si-

tuation constitutes gender-based violence, which most commonly manifests as physical, psychological, sexual, or economic violence⁽³²⁾. Violence against women occurs throughout life, from birth to adulthood, which may contribute to a subtle transition between different types of violence during women's development and a normalized coexistence with violence⁽³³⁾.

In this context, when providing care to women, nurses should focus on protecting their basic human needs, such as bodily safety and health, by promoting self-care and empowerment through the Nursing Process⁽³⁴⁾. This approach not only ensures guidance but also facilitates the planning, monitoring, and implementation of care for violence women victims⁽³⁵⁾.

Anamnesis and physical examination are essential for nurses to establish a clinical diagnosis and develop a care plan for women. Therefore, nurses must be attentive to both verbal and nonverbal cues during nursing consultations, promote active listening in an appropriate setting, foster patient trust, and ensure professional confidentiality⁽³⁶⁾.

Health professionals play a crucial role in identifying, managing, and preventing violence against women. Therefore, healthcare teams across different sectors must receive specialized training on this issue to ensure the delivery of comprehensive care to women^(5,18,19).

Although this study has limitations, such as being conducted in a low-risk maternity hospital that primarily provides care to women through the Brazilian public healthcare system (Portuguese acronym: SUS), there is also the possibility of information bias since women may not have responded accurately due to memory bias or fear of reporting violence. However, the findings highlight a broader context of violence experienced in Brazilian society, aligning with the results of other studies.

CONCLUSION

The postpartum women in this study reported a high frequency of violence throughout their lives and during pregnancy, with the COVID-19 pandemic exacerbating the situation by increasing the frequency and intensity of intimate partner violence. Psychological violence was the most common in all contexts, followed by physical and sexual violence. The findings from this study align with results reported in other Brazilian settings, contributing to a broader understanding of the national panorama.

REFERENCES

- Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. World report on violence and health. World Health Organization (WHO) [Internet]. 2002 Oct 3 [cited 2023 Sept 19]. Available from: <https://www.who.int/publications/i/item/9241545615>
- Sardinha L, Maheu-Giroux M, Stöckl H, Meyer SR, García-Moreno C. Global, regional and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *Lancet*. 2022 Feb 6;399(10327):803-13. [https://doi.org/10.1016/S0140-6736\(21\)02664-7](https://doi.org/10.1016/S0140-6736(21)02664-7)
- Fiorotti KF, Amorim MHC, Lima EFA, Primo CC, Moura MAV, Leite FMC. Prevalência e fatores associados à violência doméstica: estudo em uma maternidade de alto risco. *Texto Contexto Enferm*. 2018 Sept 13;27(3):e0810017. <https://doi.org/10.1590/0104-07072018000810017>
- Instituto de Pesquisa Econômica Aplicada (IPEA). Objetivos de desenvolvimento sustentável [Internet]. 2023 [cited 2023 Sept 19]. Available from: <https://www.ipea.gov.br/ods/>
- World Health Organization (WHO). COVID-19 and violence Against women – What the health sector/system can do [Internet]. 2020 Apr 7 [cited 2023 Sept 19]. Available from: <https://www.who.int/publications/i/item/covid-19-and-violence-against-women>
- Nascimento EF, Gomes R, Rebello LEFS. Violência é coisa de homem? A “naturalização” da violência nas falas de homens jovens. *Ciênc. saúde coletiva*. 2009 Oct 27;14(4):1151-7. <https://doi.org/10.1590/S1413-81232009000400021>
- Marques ES, Moraes CL, Hasselmann MH, Deslandes SF, Reichenheim ME. A violência contra mulheres, crianças e adolescentes em tempos de pandemia pela COVID-19: Panorama, motivações e formas de enfrentamento. *Cad Saúde Pública*. 2020 Apr 30;36(4):e00074420. <https://doi.org/10.1590/0102-311X00074420>
- García-Moreno C, Hegarty K, D'Oliveira AFL, Koziol-McLain J, Colombini M, Feder G. The health-systems response to violence against women. *Lancet*. 2014 Nov 21;385(9977):1567-79. [https://doi.org/10.1016/S0140-6736\(14\)61837-7](https://doi.org/10.1016/S0140-6736(14)61837-7)
- Buleriano LP, Silva RP, Fiorotti KF, Almeida APSC, Leite FMC. Os impactos da violência vivenciada na gestação na saúde da mulher: uma revisão de literatura. *Revista Brasileira de Pesquisa em Saúde*. 2023 Mar 06;24(2):125-34. <https://doi.org/10.47456/rbps.v24i2.31543>
- Audi CAF, Segall-Corrêa AM, Santiago SM, Andrade MGG, Pérez-Escamila R. Violence against pregnant women: prevalence and associated factors. *Rev Saúde Pública*. 2008 July 31;42(5):1-9. <https://doi.org/10.1590/S0034-89102008005000041>
- Leite FMC, Amorim MHC, Wehrmeister FC, Gigante DP. Violence against women, Espírito Santo, Brazil. *Rev Saúde Pública*. 2017;51(33):1-12. <https://doi.org/10.1590/S1518-87872017051006815>
- Leite FMC, Venturin B, Ribeiro LEP, Silva RP, Alves ML, Wehrmeister FC, et al. Intimate partner violence against women during covid-19: A population-based study in Vitória, state of Espírito Santo, Brazil. *PLoS ONE*. 2023 Dec 20;18(12):e0295340. <https://doi.org/10.1371/journal.pone.0295340>
- Malta M, Cardoso LO, Bastos FI, Magnanini MMF, Silva CMFP. Iniciativa STROBE: subsídios para a comunicação de estudos observacionais. *Rev Saúde Pública*. 2020 Jun 11;44(3):559-65. <https://doi.org/10.1590/S0034-89102010000300021>
- Instituto Brasileiro de Geografia e Estatística (IBGE). Cidades – Espírito Santo [Internet]. 2023 [cited 2023 Sept 19]. Available from: <https://cidades.ibge.gov.br/brasil/es/panorama>
- Schraiber LB, Latorre MRD, França I Jr, Segri NJ, D'Oliveira AFPL. Validade do instrumento WHO VAW STUDY para estimar violência de gênero contra a mulher. *Rev Saúde Pública*. 2010 Jul 26;44(4):658-66. <https://doi.org/10.1590/S0034-89102010000400009>
- Silva RP, Leite FMC. Violências por parceiro íntimo na gestação: prevalências e fatores associados. *Rev Saúde Pública*. 2020 Dec 14;54:97. <https://doi.org/10.11606/s1518-87872020054002103>
- Stiller M, Bärnighausen T, Wilson ML. Intimate partner violence among pregnant women in Kenya: forms, perpetrators and associations. *BMC Women's Health*. 2022 Jun 22;22(1):210. <https://doi.org/10.1186/s12905-022-01761-7>
- D'Oliveira AFPL, Diniz SG, Schraiber LB. Violence against women in health-care institutions: an emerging problem. *Lancet*. 2002 May 11;359(9318):1681-5. [https://doi.org/10.1016/S0140-6736\(02\)08592-6](https://doi.org/10.1016/S0140-6736(02)08592-6)
- Leite FMC, Luis MA, Amorim MHC, Maciel ELN, Gigante DP. Violência contra a mulher e sua associação com o perfil do parceiro íntimo: estudo com usuárias da atenção primária. *Rev Bras Epidemiol*. 2019 Dec 5;22:E190056. <https://doi.org/10.1590/1980-5472201900056>

20. Schraiber LB, D'Oliveira AFPL, França Jr I, Diniz S, Portella AP, Ludermit AB, et al. Prevalência da violência contra a mulher por parceiro íntimo em regiões do Brasil. *Rev Saúde Pública*. 2007 Oct 2;41(5):797-807. <https://doi.org/10.1590/S0034-89102007000500014>
21. Conceição HN, Dantas JR, Oliveira YGM, Cardoso GGS, Silva BA, Silva EVS, et al. Intimate partner violence against women in the COVID-19 pandemic: magnitude and associated factors. *Res Soc Dev*. 2021 Sept 25;10(12):e397101220469. <https://doi.org/10.33448/rsd-v10i12.20469>
22. Bezerra CC, Jamison KG. Modelos cognitivos idealizados: categorização e conceitualização da violência por estudantes brasileiros da UNILAB-CE. *Mandiga - Revista de Estudos Linguísticos* [Internet]. 2021 Jul 20 [cited 2023 Sep 20];5(1):48-66. Available from: <https://revistas.unilab.edu.br/index.php/mandinga/article/view/678>
23. Alhusen JL, Ray E, Sharps P, Bullock L. Intimate partner violence during pregnancy: Maternal and neonatal outcomes. *J Womens Health*. 2015 Jan 21;24(1):100-6. <https://doi.org/10.1089/jwh.2014.4872>
24. United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). Progress of the world's women: In pursuit of justice 2011-2012 [Internet]. New York: UN Women; 2011 [cited 2023 Sep 20]. 166p. Available from: <https://www.unwomen.org/en/digital-library/publications/2011/7/progress-of-the-world-s-women-in-pursuit-of-justice>
25. Santos IB, Leite FMC, Amorim MHC, Maciel PMA, Gigante DP. Violência contra a mulher na vida: Estudo entre usuárias da atenção primária. *Ciênc. saúde coletiva*. 2020 May 8;25(5):1935-46. <https://doi.org/10.1590/1413-81232020255.19752018>
26. Conserve DF, Whemolua GLS, Surkan PJ. Attitudes Toward Intimate Partner Violence and Associations With Condom Use Among Men in Haiti: An Analysis of the Nationally Representative Demographic Health Survey. *J Interpers Violence*. 2014 Dec 26;31(6):989-1006. <https://doi.org/10.1177/0886260514564065>
27. Stock TO, Gonsales ML, Guimarães SS, Costa AB. Violência contra as mulheres na pandemia de Covid-19: uma revisão sistemática. *Physis*. 2024 Jul 15;34:e34037. <https://doi.org/10.1590/S0103-7331202434037pt>
28. Santana MS, Santos RS, Barreto ACM, Mouta RJO, Borges SCS. Vulnerabilidade feminina a violência física no período da pandemia de COVID-19. *Rev Enferm UERJ*. 2022 Oct 10;30(1):e65076. <https://doi.org/10.12957/reuerj.2022.65076>
29. Senado Federal. Violência doméstica e familiar contra a mulher – 2021. Data Senado [Internet]. Brasília (BR): Senado Federal; 2021 Dec 9 [cited 2023 Sept 20]. Available from: <https://www12.senado.leg.br/institucional/datasenado/publicacaodatasenado?id=violencia-domestica-e-familiar-contra-a-mulher-2021>
30. Patojoshi A, Sidana A, Garg S, Mishra SN, Singh LK, Goyal N, et al. Staying home is NOT 'staying safe': a rapid 8-day online survey on spousal violence against women during the COVID-19 lockdown in India. *Psychiatry Clin Neurosci*. 2020 Nov 22;75(2):64-6. <https://doi.org/10.1111/pcn.13176>
31. Vieira PR, Garcia LP, Maciel ELN. Isolamento social e o aumento da violência doméstica: o que isso nos revela? *Rev Bras Epidemiol*. 2020 Apr 22;23:E200033. <https://doi.org/10.1590/1980-549720200033>
32. Cortat EN, Campos S, Ridolphi AC. Isolamento social e violência doméstica: a situação da violência contra a mulher em tempos de pandemia. In: *Anais do 10º Congresso Internacional Interdisciplinar em Sociais e Humanidades*, 2021, Niterói, Brasil [Internet]. 2021 [cited 2023 Sept 12]. Available from: <https://www.even3.com.br/anais/xc22021/433508-isolamento-social-e-violencia-domestica--a-situacao-da-violencia-contra-a-mulher-em-tempos-de-pandemia/>
33. Lourenço SS, Polidoro M, Pilotto LM, Martins AB. Notifications of sexual violence against children and adolescents in Rio Grande do Sul, Brazil: a descriptive study, 2014–2018. *Epidemiol. Serv. Saúde*. 2023 July 14;32(2):e2022853. <https://doi.org/10.1590/S2237-96222023000200004>
34. Conceição HN, Madeiro AP. Profissionais de saúde da Atenção Primária e violência contra a mulher: revisão sistemática. *Rev baiana enferm*. 2022 Jan 25;36:e37854. <https://doi.org/10.18471/rbe.v36.37854>
35. Lima JCV, Santos RC, Silva JC, Silva RSC, Souto CMRM, Souto RQ, et al. Rastreio e encaminhamento de casos de violência contra a mulher por enfermeiras na estratégia saúde da família. *Cogitare enferm*. 2020 Mar 30;25:e65579. <https://doi.org/10.5380/ce.v25i0.65579>
36. Zuchi CZ, Silva EB, Costa MC, Arboit J, Fontana DGR, Honnef F, et al. Violência contra as mulheres: concepções de profissionais da estratégia saúde da família acerca da escuta. *REME - Rev Min Enferm*. 2018 July 10;22:e-1085. <https://doi.org/10.5935/1415-2762.20180015>

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Conflict of interests

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