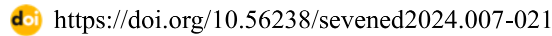
Factors associated with domestic violence against women in primary care in Brazil: An integrative review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ABSTRACT

Introduction: Domestic violence against women is a serious complex problem that brings different health problems, the identification of factors associated with this violence enables a better follow-up of women Objective: To carry out an integrative review to identify the factors associated with domestic violence in women treated in primary health care in Brazil. Methods: Searches were conducted in the databases of the VHL Regional Portal, SciELO, Capes Portal and PubMed. Inclusion criteria were: studies with epidemiological designs (cohort, case-control and cross-sectional) that used instruments validated in Brazil to measure violence and addressed the issue of domestic violence against women treated in primary care. Results: The most frequent types of domestic violence, respectively, were: psychological violence (53.8%), physical violence (46.1%) and sexual violence (13.6%). Different factors were associated with violence, such as low schooling, low family income, having witnessed or suffered aggression in the family of origin, and alcohol use by the partner. Conclusion: knowledge of the factors associated with domestic violence that occurs in a territory with primary health care coverage enables the development of programs that meet women's needs in the integrality.

Keywords: Domestic violence against women, Primary health care, Associated factors, Integrative review.

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INTRODUCTION

Violence against women is a complex and multicausal phenomenon1 and is a serious public health problem in Brazil. Data from the 2018 Map of Violence show that in 2016, 4,645 women were murdered in the country, which represented a 6.5% increase in this type of crime2.

A study conducted by the WHO3, based on data from more than 80 countries, concluded that in the world about 30% of all women who have been in a relationship have suffered physical or sexual violence by their partner. Intimate partner violence is the most prevalent, but 7% of women worldwide report having been sexually harassed by strangers.

Gender violence is the manifestation of systemic violence against women generated from the existence of several historically constructed inequalities, which occur, with minor changes, in the social, political, cultural and economic fields of most societies and cultures. Gender violence has violence against women as its main manifestation4.

This manifestation of violence results from social relations understood from specific gender norms. Gender is understood here as a social construction, which refers to the power relations that constitute the cultural characteristics attributed to each of the sexes, in which the characteristics of each gender are based on the inequality of sexed places5. According to Minayo1, "gender violence distinguishes a type of domination, oppression and cruelty structurally constructed in the relationships between men and women, reproduced in everyday life, subjectively assumed and that crosses social classes, races, ethnicities and age groups".

Domestic violence is any type of violence practiced between people who live in a common family environment, and can happen between people who have blood ties or only civil ties. Domestic violence includes the different members of the family, thus encompassing the union of intimate partners6.

The main victim of domestic violence is women and can generate effects of great relevance for their health: suicide, increased maternal mortality, which can cause injuries, chronic syndromes and permanent disability7. Women may present symptoms that may suggest the presence of psychological distress and mental disorders such as depression, anxiety, post-traumatic stress disorder and the use of licit and illicit drugs and alterations in the endocrine system8.

Domestic violence against women is a serious phenomenon that impedes social development and puts at risk more than half of the country's population – 103.8 million Brazilians counted by the 2013 National Household Sample Survey (PNAD).

In view of this Brazilian reality, with regard to legal support, in 2006 the Special Secretariat for Women's Policies of the Presidency of the Republic created the Maria da Penha Law10, establishing mechanisms to curb domestic and family violence against women.

Article 5 of this law defines that domestic and family violence against women "is any action or omission based on gender that causes death, injury, physical, sexual or psychological suffering, and moral or property damage: within the scope of the domestic unit, understood as the space for permanent coexistence of people, with or without family ties, including those sporadically aggregated; in the context of the family, understood as the community formed by individuals who are or consider themselves related, united by natural ties, by affinity or by express will; or in any intimate relationship of affection, in which the aggressor lives or has lived with the offended party, regardless of cohabitation." It is worth noting that personal relationships are independent of sexual orientation.

The Maria da Penha Law is innovative in classifying domestic violence against women as a violation of Human Rights and also in understanding differences between physical, psychological and sexual violence that are discriminated in article 6 of the Law10.

Onocko-Campos and Gama11 point to Primary Health Care as a privileged place to identify and welcome victims of violence, as the model adopted in Brazil of Primary Care is associated with the notions of attachment, accountability, accessibility, comprehensive care and protagonism in care management.

Domestic violence against women has been frequently present in Primary Health Care services. It is estimated that between 50 and 70% of the women monitored in PHC have some complaint related to domestic violence6, not only due to the complications that generate them, but also due to the fact that health services are one of the most sought after places by women in this situation12.

The demand for health services stems from the need for care caused by physical violence, psychological impact, in addition to vague symptoms and inexplicable pain. Although women are often unwilling to report episodes of violence, preferring to keep the problem hidden, it is common for them to seek shelter in health services due to the need for physical care13.

As it is a phenomenon with multiple causes and different manifestations, it is understandable the difficulty presented by the health sector in proposing and implementing a longitudinal follow-up of these cases1. Although it is possible to address the physical effects of this phenomenon, the causes can only be addressed in a multidisciplinary and intersectoral manner1.

Violence against women in African countries (Democratic Republic of Congo: 36%) is more prevalent in surveys than in Europe (Ukraine: 3%; Germany: 1%) and the USA: 16%[14]. Baigorria14 points out that a life without violence against women involves a social formation based on human rights, gender mainstreaming and the empowerment of women in the face of inequities and relations of violence, while seeking gender equality. Based on this, it is believed that identifying and

monitoring the factors associated with domestic violence in women who are cared for in PHC is a direction for seeking the promotion of women's health in a comprehensive way.

This study is guided by the idea that actions aimed at monitoring or reducing the factors that are associated with a greater probability of women suffering domestic violence can be presented as a tool in the care of the multiple variations resulting from the fact of being a victim of violence.

In international studies on factors associated with domestic violence against women, low schooling stood out among the factors associated with domestic violence in countries such as Zimbabwe and India15,16), women's age was also associated with suffering violence both in Nepal and in the USA, so that the younger they are, the more likely they are17,18.

Skin color was considered a factor associated with domestic violence in two North American studies, in which black and Hispanic women were more exposed to violence 18[, 19].

In different countries, the use of alcohol by the partner is pointed out as a factor associated with violence: United States, Zimbabwe, Germany, Ukraine, Nepal15, 16, 17, 18.

The impacts of the physical effects of domestic violence against women have increased the presence of this clientele in health services and increased the number of scientific productions on this theme. However, due to the specificity of each region of the country and the singularities of health services , we still do not have a general compilation of epidemiological studies on the monitoring of this issue. In a search for scientific articles on the subject, few literature reviews on domestic violence against women20, 21, 22 and none on domestic violence against women attended in primary care were found.

This study aims to synthesize and disseminate the information contained in these studies, so that it is possible to better understand the factors associated with this violence. With this, it is possible to direct the necessary actions to cope with it, in addition to providing subsidies for the elaboration of public policies based on the compilation of quantitative information on the subject.

Considering the above, the objective of this study is to determine the factors associated with domestic violence among women treated in primary health care in Brazil.

METHOD

This is an integrative review that addresses the issue of domestic violence against women in the context of Primary Health Care in Brazil. We used the integrative review as a research method to group, evaluate, synthesize and interconnect knowledge on the subject and provide subsidies for understanding the results of the studies23, 24, 25.

The following steps were followed for the elaboration of this study: (1) identification of the theme and composition of the guiding question; (2) establishment of criteria for inclusion/exclusion of studies/samplings in the literature; (3) definition of the information to be extracted from the

studies; (4) evaluation of the studies included in the integrative review; (5) interpretation of the results and (6) construction of the synthesis of knowledge.

STUDY SELECTION

For the first stage, the guiding question was established: what are the factors associated with domestic violence against women in Primary Health Care in Brazil?

The strategy used *Population, Variables and Outcomes* (PVO) according to the table below for the choice of descriptors and keywords used to answer the guiding question.

Table 1 : Question Formulation Strategy

STRATEGY ITEMS	COMPONENTS	DESCRIPTORS
Population	Women assisted in PHC who have suffered domestic violence	Violence against women; Primary Health Care
Variables	Associated Factors	Associated Factors (keyword)
Outcomes	Violence against women	Violence against women

Source: The Authors

The Regional Portal of the Virtual Health Library (VHL), the Scientific Electronic Library Online (SciELO) database, the PubMed database, and the Portal of Journals of the Coordination for the Improvement of Higher Education (Capes) were used as a search source for the research. The descriptors in health sciences (DeCS/MeSH) were taken from DeCS: violence against woman and primary health care. The keyword "associated factors" was also used to more accurately track studies that answered the guiding question of the research. In this study, we understood associated factors as those factors that, when present, statistically represent a greater probability of the group in question presenting the health issue that is studied.

The search strategy was defined with The Keys**:** 1) "violence against women OR domestic and sexual violence against women AND primary health care OR primary health care"**;** 2) "violence against women, OR crimes against women, OR crimes against women, OR violence against women, OR domestic and sexual violence against women, AND primary health care, OR primary health care"; 3) "violence against women AND primary health care"; 4) "violence against women AND primary health care"; 5) "violence against woman AND primary health care"; 6) "violence against women OR domestic and sexual violence against women AND primary health care OR primary health care AND associated factors"; 7) "violence against women OR crimes against women OR crimes against women OR violence against women OR domestic and sexual violence against women AND primary health care OR primary health care AND associated factors"; 8) "violence against women AND primary health care AND associated factors"; 9) "violence against women AND primary health care AND associated factors. As illustrated in Figure 1 below.

Figure 1: Table of articles found

	CHAVE DE BUSCA	BASE DE DADOS	TOTAL ENCONTRADO
1	violência contra a mulher OR violência doméstica e sexual contra a mulher AND atenção primária à saúde OR atenção básica à saúde	BVS	1549
2	violência contra a mulher OR crimes contra as mulheres OR delitos contra a mulher OR violência contra as mulheres OR violência doméstica e sexual contra a mulher AND atenção primária à saúde OR atenção básica à saúde	BVS	0
3	violência contra a mulher AND atenção primária à saúde	BVS	188
4	violência contra a mulher AND atenção primária à saúde	CAPES	246
5	violence against woman AND primary health care	PUBMED	217
6	violência contra a mulher OR violência doméstica e sexual contra a mulher AND atenção primária à saúde OR atenção básica à saúde AND fatores associados	BVS	2
7	violência contra a mulher OR crimes contra as mulheres OR delitos contra a mulher OR violência contra as mulheres OR violência doméstica e sexual contra a mulher AND atenção primária à saúde OR atenção básica à saúde AND fatores associados	BVS	2
8	violência contra a mulher AND atenção primária à saúde AND fatores associados	BVS	8
9	violência contra a mulher AND atenção primária à saúde	SCIELO	58
10	violence against woman AND primary health care AND associated factors	PUBMED	35
		TOTAL	2,305

Source: The Authors

SELECTION OF STUDIES

For the second stage, the following inclusion criteria were established: articles with designs from epidemiological studies (cohort, cross-sectional, case-control, and cross-sectional), which used instruments to measure violence against women validated in Brazil, in the languages Portuguese, English, and Spanish, and published between the years 2006 and 2018. The time frame was established because it was the year of publication of the Maria da Penha Law and also of the enactment of the National Primary Care Policy. The following exclusion criteria were established: studies that evaluated pregnant women; studies that evaluated children and/or adolescents; studies that evaluated elderly women; literature reviews; Monographs; dissertations and theses.

DATA EXTRACTION

Data analysis was performed by two independent reviewers, using an information collection instrument to be extracted from the articles included in this review, in order to analyze which factors are considered associated with domestic violence against women. The data were divided into two categories: factors associated with domestic violence against women treated in primary care and general characteristics, which constitute the central analysis of the study. At this stage, the selected articles were critically read and discussed.

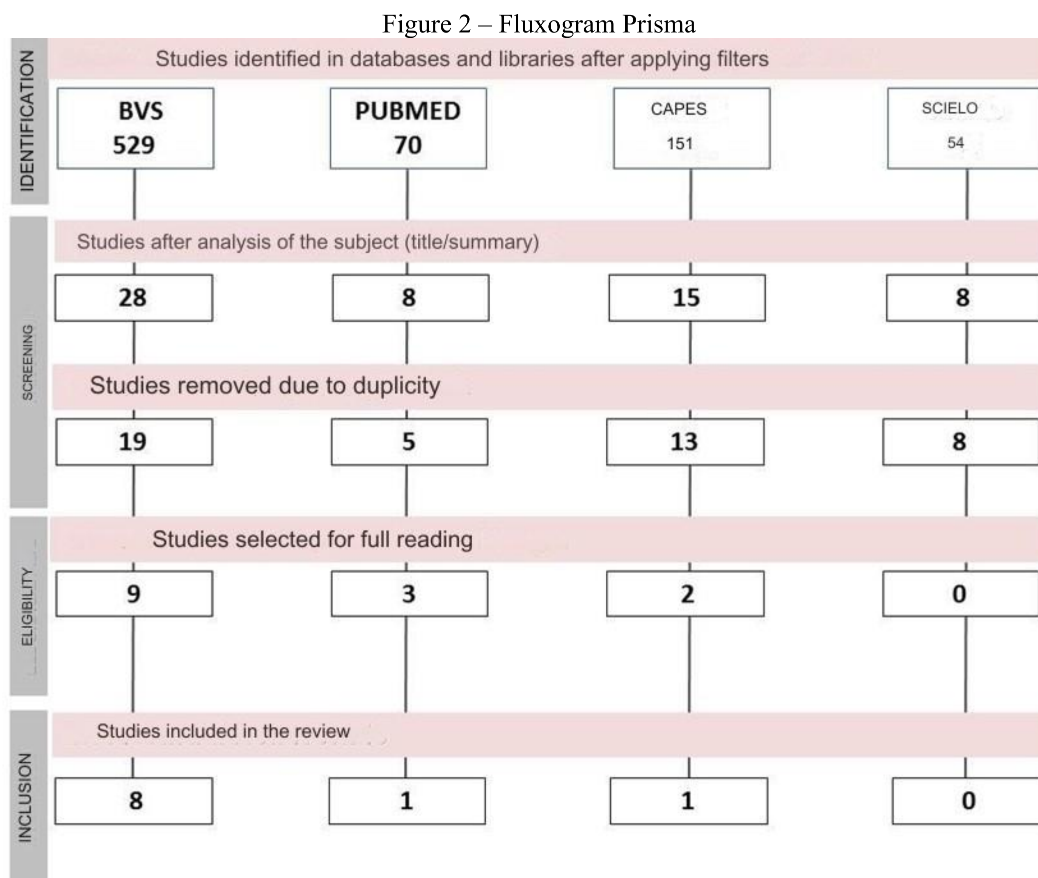
RESULTS

The search resulted in a total of 2,305 articles distributed in the searched databases. In the grand total, the following were identified: 1995 studies on the VHL Regional Portal; 252 in PubMed; 58 in Scielo, and 216 in the Capes Portal. They were submitted to a four-stage filtering process: full text available; language (Portuguese, English and Spanish); type of document (article); and year of publication (January 2006 to October 2018).

After the application of these filters, 804 references remained. This was followed by readings of the titles and abstracts; exclusion of duplicates and analysis according to inclusion criteria: original research, with designs of epidemiological studies (cohort, case-control or cross-sectional) on domestic violence against women treated in primary care and that used instruments validated in Brazil to measure violence against women. Exclusion criteria were: structured in the format of editorials, comments, review articles, which dealt with children and/or adolescents, pregnant women and the elderly; not be available in full text for download or do not answer the study question. A total of 10 articles were selected for the final review.

To present the information contained in each stage of the search and selection of studies, a flowchart was used *Prefered Reporting Itens for Sistematic Review and Meta-Analises* (PRISM)[26] (Figure 2).

Figure 2 – Fluxogram Prisma



Source: The Authors

The data were organized into two thematic categories, classified by content similarity according to data extracted from primary studies. For data analysis, we used procedures recommended by the data reduction method27, addressing techniques of division into groups of primary sources according to a methodological approach.

The extracted information was analyzed according to differences and similarities, reduced and synthesized in an electronic spreadsheet, submitted to validation by double typing to eliminate possible errors and ensure reliability.

This approach allows us to organize the data in a logical structure, simplify, abstract, and systematically compare information contained in the primary sources on the specific issues addressed by the sample27.

The typification of the studies is presented in a summary table, distributed into: associated factors, study objectives, frequency of domestic violence found, instrument used to measure violence, population and place of study, and the results and in thematic categories according to the objective of the study and were discussed in line with the relevant scientific literature.

The data contained in Table 1 summarize the main information of the studies analyzed.

Referência bibliográfica	Objetivo	Fator associado	Desenho de Estudo	Instrumentos	Resultado	População de Estudo	Local do Estudo
OSIS,M; DURATE,G; FAÚNDES,A. Violência entre usuárias de unidades de saúde: prevalência, perspectiva e condura de gestores e profissionais.Revista Saúde Pública; 46 (2): p.351-358. . 2011	Estimar a prevalência de violência em muheres usuárias da ESF, se eram detectadas e como eram tratadas	fatores culturais de diferença de genero	Estudo transversal	Questionário sóciodemografico + CTS e AAS	76,5% sofream algum tipo de 72,3% violência emocional; 46,8% violência física	2.386 mulheres	(UBS) 17 municípios do Estado de São Paulo
LEITE, FRANCIELE ET AL. Violência contra a mulher em Vitória, Espirito Santo, Brasil. Revista de Saúde Pública. v. 51, n 33 p,1-11. 2017.	Estimar a prevalência e os valores associados às violências psicológicas física e sexual nas mulheres usuárias da APS	baixa escolaridade, situação conjugal, histórico materno de violencia e ter feito uso de drogas	Estudo Transversal	Questionário estruturado + VAW OMS	25,3% violência psicológica; 9,9% violência física e 5,7% violêmcia sexual	991 mulheres	(UBS) Vitória - ES
VALE, SÂMIA ET AL. Repercussões psicoemocioanis da violência doméstica: perfil das mulheres na atenção básica.Revista da rede de enfermagem do nordeste. V. 14, N. 3, p. 683 -693. 2013.	Conhecer o perfil sociodemográfico e investigar as repercussões psicoemocionais da violência doméstia	baixa escolaridade e baixa renda	Estudo transversal	Questionário estruturado + entrevista aberta	50,2% das mulheres sofrem algum tipo de violência; Quanto menor o suporte social e financeiro maior o risco de sofrer violência	400 mulheres	(UBS) João Pessoa - PB
ALBUQUEREUE, J. ET AL. Violência doméstica: características sociodemográficas de mulheres cadastradas em uma Unidade de Saúde da Familia.Revista Eletrônica de Enfermagem. Revista de Saúde Pública. V.15 N. 2, p. 382 -390;. 2013.	Investigar a ocorrência de violêncoa doméstica em munlheres usuárias de uma unidade de saúde da famíilia	baixa escolaridade e baixa renda (uso de álcool pelas mulheres não está relacionado)	Estudo Transversal	Questionário estruturado	63% sofream algum tipo de violência; 39% dos perpetradores foram os companheiros	192 mulheres	(UBS) João Pessoa - PB
RAFAEL, R e MOURA, A.Violência física grave entre parceiros íntimos como fator de risco para inadequação no rastreio do cancêr de colo de útero . Cadernos de Saúde Pública. v.33, n.12,p. 1 -11. 2017	Avaliar a violência física grave entre parceiros ìntimos como fator de risco p/ inadequação do rastreio do cancêr de colo de útero	consumo de álcool pelo parceiro e baixa escolaridade	Estudo Caso-controle	Questionário sóciodemografico + CTS-2 + tweak	Violência fisica grave contra a mulher mostrou-se associada a baixa escolaridade e uso abusivo de alcool pela mulher e pelo parceiro	640 mulheres (160 casos e 480 controles)	(UBS) Nova Iguaçu - RJ
MATHIAS, ANA KARINA ET AL. Prevalência da violência praticada por parceiro masculinoentre mulheres usuárias da rede primária de saúde do Estado de São Paulo.Revista Brasileira de Ginecologia e Obstetrícia. V. 35, N.3, p. 85-91. 2013.	Avaliar a prevalência e fatores associados a violência praticada por parceiro íntimo em mulheres usuárias de UBS	baixa escolaridade, baixa renda, estar sem companheiro e com casamento anterior	Estudo Transversal	Questionário sociodemografico + CTS-2 + AAS	53,8% violência psicológica; 32,2% violência física; 12,4% violência sexual. Uma a cada três mulheres tinha vivido violência provacada pelo companheiro	2379 mulheres	(UBS) Campinas - SP
BARROS, E. ET AL. Prevalência e fatores associados à violência por parceiro íntimo em uma comunidade do Recife. Ciência e Saúde Coletiva. V. 21. N. 2, p. 591 - 598. 2016.	Estimar a prevalência e os fatores associados a violência contra a mulher em uma UBS do Recife	uso de drogas, ter mantido relação sexual por medo e pensamentos depressivos	Estudo Transversal	Questionário Sociodemografico + WHO VAW STUDY + SRQ-20	52,7% sofrem violência psicológica; 46,1% física; 13,6% violência sexual	245 mulheres	(UBS) Recife - PE
Anacleto et al. Cadernos de Saúde Pública. Prevalência e fatores associados à violência entre parceiros íntimos : um estudo de base populacional em Lages/SC.. V. 25, n. 2, p. 800-808, 2009.	Estimar a prevalência da violência entre parceiros íntimos em usuárias da APS	baixa renda e baixa escolaridade	Estudo Transversal	Questionário sociodemográfico + CTS-1	Agressão verbal: 79%5 Agressão física menor: 14,8 Violência física frave 9,3%	1042 mulheres	(UBS) Lages - SC
MARINHEIRO, A.; VIERIA, E. e SOUZA, L.Revista de Saúde Pública. Prevalência da violência contra a mulher usuária de serviço de saúde. V.49. N. 4. P. 1-7	Determinar a prevalência de violência cometida contra a mulher em serviço de saúde	baixa escolaridade, histórico de violência, baixa renda e uso de drogas pelo parceiro (apenas violência sexual não esteve associado a uso de drogas pelo parceiro)	Estudo Transversal	Qustionário sociodemografico + CTS + AAS	41,5% violência psicológica; 26,4% violência física ao menos uma vez na vida; 9,8% sofreu violência sexual ao menos uam vez na 45,3% sofreu "violência geral"	265 mulheres	(UBS) Ribeirão Preto - SP

CATEGORY 1 – FACTORS ASSOCIATED WITH DOMESTIC VIOLENCE SUFFERED BY WOMEN ATTENDING PHC IN BRAZIL

The studies analyzed in this integrative review showed the following associated factors: low income; low schooling; drug use by the partner; the maintenance of sexual intercourse out of fear; the lack of a current partner and also the mother's history of previous violence.

The factor that remained associated with violence in a greater number of studies was low schooling, 75% of the studies analyzed observed the association between low schooling and suffering domestic violence13, 28, 29, 30, 31.

The second associated factor that was most present in the studies evaluated was low income, which was pointed out as a factor associated with suffering domestic violence by 62.5% of the studies analyzed28, 29, 30, 31.

The use of alcohol by the woman's partner was pointed out as a factor associated with violence13. On the other hand, the use of other drugs (both by the woman and her partner) was pointed out as an associated factor32.

Another topic addressed was the use of alcohol by women who are victims of domestic violence33. According to the study, this discussion was a novelty among gender studies and is not statistically associated with suffering domestic violence.

A study conducted in the state of São Paulo identified cultural and gender factors as factors associated with domestic violence against women34. However, there were no further explanations about what these factors are, how they are constituted and how they influence domestic violence against women. Maternal history of family violence was identified as a factor associated with violence in a study conducted in Espírito Santo31.

CATEGORY 2 - CHARACTERISTICS OF THE STUDIES

Most studies aimed to estimate or determine the frequency of violence in women using the Family Health Strategy13, 28, 31, 32, 33, 34 or to assess domestic violence29, 35 or to describe the sociodemographic profile30.

The studies were carried out in the Southeast region, 60%[31, 34, 35, 36]; followed by the Northeast region with 30% of the studies13, 29, 30, 32, 33 and the South region with 10% of the studies28.

The most frequent study design was the cross-sectional study, with only one study having a case-control design35.

Regarding the instruments used to measure domestic violence, the studies used: *Conflit Tactical Scale* (CTS-1), used by 10% of the studies; *Abuse Settlement Screening* (AAS) used by 50% of the studies, and the World Health *Organization Violence Against Woman (WHO) questionnaire used* by 40% of the studies. The study by Rafael and Moura35 evaluated alcohol use with the *TWEAK* instrument (Tolerance, Worry, Eyw – opened, Amnesia and C/kut-down) and the study by Barros32 also used the SRQ-20 questionnaire *(Self Reporting Questionnaire)* to assess the presence of common mental disorders. In addition to these instruments, all studies used a sociodemographic questionnaire to obtain characteristics about the population addressed.

The average sample size of study participants was 1,000 women. The largest sample was 2,674 women in the city of São Paulo (SP) and the smallest was 192 women in the city of João Pessoa (PB).

Regarding the place of study, the studies analyzed were carried out in primary health care both in units with a Family Health Strategy (70%) and in Basic Health Units (UBS) that did not have a Family Health Strategy Program (30%). Only one study used household interviews in addition to the interviews and application of the instruments in the UBS. The residential interviews were justified because it was a place where the patients could feel more comfortable to conduct the interviews28.

The studies analyzed made different proposals to enable a better care and reception of women victims of violence in PHC, some are related to the need to create a protocol for the care of victims of violence31 and also a greater awareness of professionals[32] so that they can investigate in a more complete way the life history of PHC users29 and three studies pointed out the importance that professionals of health care should not only know how the service itself works so that health referrals are made in the most appropriate way possible[28, 30, 31, 34].

The highest frequency of domestic violence found was 76.5% in São Paulo34 and the lowest was 12.4% of sexual violence found in the city of Campinas29.

DISCUSSION

The studies analyzed in this review indicated factors associated with domestic violence that are compatible with other studies in the scientific literature: low schooling, low family income, history of family violence, and alcohol use by partners36, 37, 38. These factors are presented in different international studies on domestic violence in primary care conducted in South Africa, India, Spain, the United States, Saudi Arabia, and also in Colombia14, 39, 40, 41, 42, 43, 44.

The use of alcohol by the partner was the most frequently cited associated factor in the studies analyzed in this review, however there is no detailed description of the use and how it ceases to be recreational for the user and becomes a factor associated with domestic violence against women. This same associated factor is found in studies conducted in primary care in the United States and also in Spain41,43.

A study conducted in Mexico in fourteen Primary Health Care units45 found family history of violence as a factor associated with domestic violence. This factor was also found in the Brazilian studies analyzed in this review, such as the one conducted by Leite31 in the city of Vitória. Vale et al.30 affirm that although some women have suffered physical aggression, they do not consider it violence, which may reinforce the cultural character of the perception of violence. In this case, some attitudes understood by the researchers as violent were part of acts already naturalized in the daily

lives of the interviewees that were not interpreted as violence, a fact that reinforces the importance of the cultural values present in each context. The study carried out by Jurado-Sandoval[45] points to the need for educational actions that can demystify the idea that violence can be something natural and common to relationships.

Some studies29,32 have pointed to low income associated with violence as a factor. This association should be analyzed with great care, since all studies used as a field of research the units that make up the Unified Health System and that are traditionally little used by the public with higher purchasing power46.

Low schooling was also found as a factor associated with domestic violence, again we recall that all studies were carried out in public health units that are mostly used by classes D and E. However, the presence of domestic violence in this social stratum cannot be taken as the absence of domestic violence against women in wealthier sectors and with higher education. This is just a characteristic of these research samples.

This data is in line with international studies, such as the one conducted in India40 in 2016, which pointed to low schooling as a factor associated with suffering domestic violence. In this study, the inclusion of the theme of violence in educational actions is suggested as a proposal.

Domestic violence is related to social inequality13. According to Heleileth Saffioti5: "it is social identities (gender, race, ethnicity and social class) that generate subordination, based on lived experiences that place women in this place of subordination". Also according to the author, the forms of domination and exploitation are inscribed in a tangle of threads composed of gender-race-class that is quite present in developing countries, a category in which Brazil finds itself.

The establishment of the factors that are statistically associated with domestic violence points a way to develop a treatment direction in order to better accommodate the symptoms caused by domestic violence. It is necessary that such actions be carried out at the intersectoral level, because issues such as low income and low schooling, although associated with an issue that directly impacts public health, will not be solved with public health actions alone. The studies presented here designate the associated factors30, 31, 32, 33.

The establishment of factors associated with domestic violence against women points to two important reflections, one by highlighting the complexity of this type of aggression and reinforcing the lack of resources reported by professionals to welcome this type of suffering32,34. This finding is in line with what was found by Soares and Lopes47, who found that most women who suffer violence come to the services with generalized complaints and usually seek support from mental health services.

There is a difference in the naming of violence based on the instruments used, so the studies that measured the frequency of violence with the AAS called it Intimate Partner Violence, while the

studies that used the WHO or CTS-1 questionnaire analyzed the violence and also classified it as physical, psychological and sexual violence31, 32, 34, 35. The articles aim to explain throughout the work a better definition of what nomenclature they are using. To investigate the frequency of domestic violence against women, the instruments used were different. The instrument adapted from the *Abuse Assentimeng Screening* questionnaire aims to investigate violence in the last year and at any other time in life, in addition to classifying physical violence as mild, moderate or severe. The CTS-1 scale, on the other hand, is used to specifically investigate intimate partner violence, thus detecting types of intra-family violence and there is a division between the characteristics of physical, psychological and sexual violence. There is also a questionnaire inspired by the WHO's WHO VAW model, which evaluates domestic violence in the category "any type of violence" and also in the categories of physical, psychological and sexual violence.

The instruments used were self-administered, of the Likert scale type. They are indicated for their ease of administration and time savings, allowing respondents to behave freely and avoiding embarrassment through face-to-face interviews. The difference in the instruments used is reflected in the variation in the nomenclature used for each study to name and identify violence, as well as in the frequency of this violence. The variation in the frequency of domestic violence can be attributed (23.5% to 75%) to different factors, such as the variation in the instruments used to measure violence, the size of the samples, and different places of study.

The differences between the Brazilian regions were presented as follows, based on the highest frequencies found: the South region, with a single study evaluated, presented 79.5% of "any type of violence suffered"[27]; the Southeast region with 76.5% of "any type of violence suffered at some time in life" in the state of São Paulo34 and the Northeast region, with four studies evaluated, it showed 63% in Paraíba as the highest frequency of "any type of violence ever suffered in life"[33]. A possible explanation for the variation in frequency in the different regions is related to cultural factors and the presence of discussions about domestic violence that make it possible to classify some everyday attitudes as violent acts12.

It is important to highlight that, as most of the studies analyzed used the cross-sectional design, it may be that the frequency of domestic violence is underestimated, since suffering domestic violence is a fact that is quite silenced30, and there is no guarantee that the interviewees will feel comfortable addressing the subject in a single meeting with the interviewers. which is a characteristic of this type of study design. The study carried out in the city of Vitória31 describes precisely this fact, as it found a prevalence of 25.3% of sexual violence, however, they expected to obtain a higher prevalence since the municipality of Vitória is the one with the highest deaths from femicide according to the 2000 census of the IBGE9 (which is the marker used by the study itself).

It is likely that, upon learning of the estimated prevalence rate for a given territory, primary care professionals will be more encouraged to include this investigation in their routine consultations. This fact was quite evident in the study conducted by Marinheiro, Vieira and Souza13, where the questions about domestic violence came from health professionals who expected women to introduce the theme. The research reinforces the need to sensitize professionals to the behaviors of patients who may report the presence of some type of domestic violence, but knowing that most of the time it will be essential for the professional to touch on the subject.

A study carried out in Campinas34 pointed out that domestic violence is not something routinely investigated in the unit, which demonstrates the need for permanent health education so that professionals can be more attentive to this type of issue. This fact dialogues with the findings found in the proposals of the analyzed articles, which refer to the importance of providing care to women victims of violence in a multidisciplinary manner31,48.

Some authors point out the importance of creating a protocol for the care of cases of violence, but mainly for the joint action of the professionals of the basic health units for a better reception of these cases31, [48]. An interlocution of this issue is established with the one analyzed by Arboit49 in relation to the importance of the territorialized work of the Community Health Agent, who, by being connected with that locality, becomes a multiplier of interdisciplinary health practices, and also with the issues pointed out by Burgos42 in a study carried out in Colombia that pointed out the importance of addressing issues related to the specificities of the territory with professionals who have a great knowledge about the location.

The issue of domestic violence against women is understood as a problem that encompasses public health, both because of the physical and psychological consequences that women present, and because of the increased search for health services from the fact of suffering domestic violence. There is a growing trend in the recognition of the importance of discussions on culture and gender that could influence a drop in the numbers of this violence, and a concern on the part of researchers to create sufficient elements to support the action of health workers to better deal with this issue, precisely because they have recognized the multiple causes of this issue40,50.

The contributions found in this study go in the same direction as studies in the national literature that map the interface between violence and health50, pointing to the need to include the theme of violence in the training of health professionals and also in continuing education. The studies analyzed are also in line with other studies carried out in the country that point out the importance of professionals knowing the functioning of other points of care both in the SUS network and in the SUAS network (CRAS, CREAS, Casas da Passagem, shelters, general hospitals, etc.) in order to better be able to refer users and not make a referral that does not match the official flow of equipment33, 51.

Still with regard to the knowledge of the network of public services that make up the network of protection against violence against women, the study carried out by Anacleto28 emphasizes the importance of working in consonance with these other services, because if the approach of different services is incompatible, there is a risk of confusing the user and thus distancing him from the reception points, which is also pointed out by a study carried out in South Africa with women victims of violence and who need to use different health services. In the case reported by this study, the women gave up the follow-up when they were not received by the service to which they were referred, in the same way as the service to which they were referred39.

The silencing13,30,33 of women about domestic violence is perceived by professionals as a difficulty in carrying out this work, as it is a very common fact among victims of domestic violence. It becomes an important subject to be worked on in training with professionals and during continuing education actions, as suggested by Miklos and Evangelista52 in relation to the training of professionals. Using what is pointed out by these authors, the knowledge of the prevalence of domestic violence could be used as a tool by professionals to introduce the theme or conduct an investigation on the subject in the consultations.

In relation to the perpetrator of domestic violence, the data found in this study reaffirm other studies conducted internationally that indicate that the main perpetrator of domestic violence is the intimate partner, such as the study conducted in India40 in which more than half of married women suffer domestic violence perpetrated by their husband, and also the study by Martin-Baena41, which also points out that the intimate partner is the main culprit of domestic violence.

CONCLUSION

From the systematization of the data found in the articles evaluated, it was possible to construct a mapping of the factors associated with domestic violence in women who are monitored in Primary Health Care in Brazil. These data can facilitate the creation of new protocols for the care of victims of violence, as well as facilitate the access of professionals to the data produced by health researchers on the subject in the last twelve years. However, it is suggested that studies should be carried out to deepen the knowledge about each associated factor so that health can act more accurately on each of its specificities.

The results of the analysis of the studies point to the importance of professionals working in Primary Health Care knowing the estimated prevalence of domestic violence and the factors associated with it, so that they can broaden their view of women's routine consultations and also of complaints that apparently have no clinical basis.

Finally, it is hoped that the findings of this study will contribute to the sensitization of public managers about the importance of Primary Health Care for the reception and monitoring of complex

and multicausal issues and also about the need to address the issue of domestic violence against women with the planning of intersectoral public policies that modify the reality evidenced.

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