RCMOS – Revista Científica Multidisciplinar O
Saber. ISSN: 2675-9128. São Paulo - SP.
Ano VII, v.1 2026 | submissão: 31/07/2026 | aceito: 03/08/2026 | publicação: 06/08/2026

Primary health care performance in the recognition and management of domestic violence cases: perceptions, challenges and strategies of community health workers

Atuação da atenção primária no reconhecimento e manejo dos casos de violência doméstica: percepções, desafios e estratégias dos agentes comunitários de saúde

Actuación de la atención primaria en el reconocimiento y manejo de los casos de violencia doméstica: percepciones, desafíos y estrategias de los agentes comunitarios de salud

Ana Beatriz Ferreira Adonias – Resident in the Multiprofessional Residency Program in Primary Health Care, University Center of Patos (UNIFIP), Patos, Paraíba, Brazil. E-mail: anabeatrizferreiraadonias@gmail.com
William Felipe Pereira – Resident in the Multiprofessional Residency Program in Primary Health Care, University Center of Patos (UNIFIP), Patos, Paraíba, Brazil. E-mail: williamfellipe@outlook.com
Alba Rejane Gomes de Moura Rodrigues – Professor at the Federal University of Campina Grande (UFCG), Cajazeiras Campus, Cajazeiras, Paraíba, Brazil. Member of the Health Violence Research Group (GPVS/CNPq). E-mail: rejanegomesmoura@gmail.com
Roberta de Miranda Henriques Freire – PhD in Public Health. Professor at the Federal University of Campina Grande (UFCG), Cajazeiras Campus, Cajazeiras, Paraíba, Brazil. Member of the Interdisciplinary Group on Mental Health and Aging (GPISME/CNPq). E-mail: roberta.miranda@professor.ufcg.edu.br
Aissa Romina Silva do Nascimento – PhD in Sociology (PPGS/UFPB). Professor at the Academic Nursing Unit (UAENF), Teacher Training Center (CFP), Federal University of Campina Grande (UFCG), Cajazeiras Campus, Cajazeiras, Paraíba, Brazil. Member of the Interdisciplinary Group on Mental Health and Aging (GPISME/CNPq). E-mail: aissa.romina@professor.ufcg.edu.br

Abstract: Domestic violence is a major public health issue, with significant impacts on the physical and mental health of victims, particularly women. In this context, Primary Health Care (PHC) plays a key role in the identification, reception, and referral of domestic violence cases, while Community Health Workers (CHWs) are considered strategic professionals due to their close relationship with families and the community. This study aimed to investigate the role of Community Health Workers in the recognition and management of domestic violence cases, considering their perceptions, challenges, and strategies within Primary Health Care. This was a cross-sectional, exploratory-descriptive field study with a quantitative approach. The study population consisted of Community Health Workers working in the municipality of Patos, Paraíba, Brazil, and the sample comprised 20 participants selected by convenience sampling. Data were collected through a semi-structured questionnaire addressing sociodemographic characteristics, recognition of signs of domestic violence, challenges encountered, strategies adopted, and training needs. Data were analyzed using descriptive statistics with IBM SPSS Statistics, version 25. The findings contributed to a better understanding of the limitations and potentialities of Community Health Workers' performance in addressing domestic violence, providing evidence to support professional training, strengthen the health care network, and improve public policies aimed at preventing and addressing domestic violence.

Keywords: Primary Health Care. Domestic Violence. Community Health Workers.

Resumo: A violência doméstica configura-se como um grave problema de saúde pública, com impactos significativos na saúde física e mental das vítimas, especialmente das mulheres. Nesse contexto, a Atenção Primária à Saúde (APS) desempenha papel fundamental no reconhecimento, acolhimento e encaminhamento dos casos, sendo os Agentes Comunitários de Saúde (ACS) profissionais estratégicos por sua proximidade com as famílias e o território. O presente estudo tem como objetivo investigar a atuação das ACS no reconhecimento e manejo dos casos de violência doméstica, considerando suas percepções, desafios e estratégias no âmbito da APS. Trata-se de uma pesquisa de campo, de abordagem quantitativa, com delineamento transversal e caráter exploratório-descritivo. A população foi composta por Agentes Comunitários de Saúde atuantes em Patos, município do Sertão da Paraíba, com amostra de 20 participantes selecionados por conveniência. A coleta de dados foi realizada por

meio de um questionário semiestruturado contendo questões sobre características sociodemográficas, reconhecimento de sinais de violência, dificuldades enfrentadas, estratégias adotadas e necessidades de capacitação. Os dados foram analisados por meio de estatística descritiva, utilizando o software SPSS, versão 25. Os resultados contribuíram para a compreensão das limitações e potencialidades da atuação das ACS frente à violência doméstica, subsidiando a elaboração de estratégias de qualificação profissional, fortalecimento da rede de atenção e aprimoramento das políticas públicas voltadas ao enfrentamento dessa problemática.

Palavras-chave: Atenção Primária à Saúde. Violência Doméstica. Agentes Comunitários de Saúde.

Resumen: La violencia doméstica constituye un grave problema de salud pública, con impactos significativos en la salud física y mental de las víctimas, especialmente de las mujeres. En este contexto, la Atención Primaria de Salud (APS) desempeña un papel fundamental en el reconocimiento, la acogida y la derivación de los casos, y los Agentes Comunitarios de Salud (ACS) son profesionales estratégicos por su proximidad a las familias y al territorio. El presente estudio tuvo como objetivo investigar la actuación de los ACS en el reconocimiento y manejo de los casos de violencia doméstica, considerando sus percepciones, desafíos y estrategias en el ámbito de la APS. Se trata de una investigación de campo, con enfoque cuantitativo, diseño transversal y carácter exploratorio-descriptivo. La población estuvo compuesta por Agentes Comunitarios de Salud que trabajan en Patos, municipio del Sertão de Paraíba, con una muestra de 20 participantes seleccionados por conveniencia. La recolección de datos se realizó mediante un cuestionario semiestructurado sobre características sociodemográficas, reconocimiento de señales de violencia, dificultades enfrentadas, estrategias adoptadas y necesidades de capacitación. Los datos se analizaron mediante estadística descriptiva, utilizando el programa SPSS, versión 25. Los resultados contribuyeron a comprender las limitaciones y potencialidades de la actuación de los ACS frente a la violencia doméstica, respaldando la elaboración de estrategias de cualificación profesional, el fortalecimiento de la red de atención y el perfeccionamiento de las políticas públicas dirigidas al enfrentamiento de esta problemática.

Palabras clave: Atención Primaria de Salud. Violencia Doméstica. Agentes Comunitarios de Salud.

1. Introduction

Domestic violence is a complex social phenomenon of great magnitude, influenced by cultural, economic, ethical and religious factors and by gender inequalities. It occurs regardless of people's social condition, reaches different population groups and places victims in contexts marked by vulnerability, rights violations and harm to health and well-being (Oliveira, 2020).

In this context, Brazil's Law No. 11,340/2006 (Brasil, 2006), known as the Maria da Penha Law, emerged in response to demands from social and feminist movements that the State hold perpetrators accountable and recognize violence. The law states that domestic violence encompasses any form of violence within the family context, understood as a setting in which people live together permanently, whether or not they have family ties. This form of violence

has significant repercussions for women's health, causing not only physical harm but also serious mental health impairment, with effects on quality of life and psychosocial functioning (Silva et al., 2019).

Thus, Primary Health Care (PHC) plays a socially important role in recognizing and managing domestic violence cases and breaking the cycle of violence. Because PHC is considered the preferred entry point to services and provides longitudinal patient follow-up, community health workers and other professionals must know how to identify, manage and receive victims, working with the team on notification and referral procedures (Silva et al., 2019).

In a society marked by patriarchy, men have historically occupied positions of greater power than women, perpetuating gender inequalities, especially in social roles. Asymmetrical power relations may be expressed through different forms of violence used to control, dominate and maintain those inequalities (Silva et al., 2020). When these power relations occur in the home, women are often subjected to the oppressive actions of men through manipulation, humiliation, physical aggression, verbal violence or other forms of control and coercion (Brasil, 2018).

Because it occurs predominantly in private settings, domestic violence tends to remain invisible, making precise measurement difficult. High underreporting therefore prevents recognition of the phenomenon's true scale and conceals its complexity and its social and health impacts (Freitas; Silva, 2019). Recognition and management of cases, together with community health workers' perceptions and strategies, are important to psychology through a model focused on mental health attention and care that seeks to minimize psychological harm (Freitas; Silva, 2019). The research question was therefore: How do the structural, educational and emotional limitations faced by Community Health Workers affect the recognition and management of domestic violence cases in Primary Health Care?

2. Theoretical Framework

2.1 Primary Health Care

Primary Health Care (PHC) is the first level of access to Brazil's Unified Health System (SUS) and provides care actions aimed at health promotion and disease prevention. Its work is based on continuous follow-up of families and the population assigned to the territory, promoting comprehensive and longitudinal care (Sellera et al., 2020). PHC and its professionals

also play a central role in addressing domestic violence by receiving and assisting victims. Because these services are close to the community, they facilitate identification of violent situations and referral of women to different forms of care and support (D'Oliveira et al., 2020).

When caring for women experiencing violence, PHC professionals conduct a comprehensive assessment that includes gathering information, reporting cases and activating the care and protection network. They provide continuous follow-up through strategies such as home visits, strengthening bonds and ensuring continuity of care (Ferreira et al., 2020).

Health professionals in PHC are essential to identifying and responding to domestic violence, especially during home visits, which provide closer contact with the family context and facilitate recognition of signs and indications of violence (Magalhães et al., 2020). Appropriate case management, reception and support for women are essential components of PHC. These strategies promote humane care based on qualified listening, dialogue and strengthened autonomy, helping reduce the impacts of violence and improve access to protection, support and reporting mechanisms (Magalhães et al., 2020). PHC professionals must therefore adopt a broad perspective and committed stance toward domestic violence, moving beyond an approach centered exclusively on victims' physical complaints and symptoms (Terra; D'Oliveira, 2022).

PHC is the principal setting for implementing the National Policy for Comprehensive Women's Health Care and is often the first point of contact between women experiencing domestic violence and health services. However, many professionals have not received adequate qualification and training to recognize, manage and respond to these cases (Terra; D'Oliveira, 2022). Many still do not regard violence as a health problem; consequently, cases are frequently referred elsewhere, transferring responsibility for follow-up. This practice creates a barrier to identification, visibility and comprehensive care for women seeking assistance (Fusquine; Souza; Chagas, 2021).

As violence against women becomes increasingly present, PHC must receive and support victims and recognize these cases, since most women do not present at a Basic Health Unit (UBS) with an explicit complaint. Instead, they may present with chronic illness, recurrent urinary infections, sexually transmitted infections, psychological disorders such as anxiety, depression and post-traumatic stress disorder, alcoholism, low productivity and impaired work performance (Ribeiro, 2022).

2.2 Role of Community Health Workers – CHWs

Community Health Workers' work in Primary Care gives rise to perceptions reflecting both positive aspects and challenges inherent in professional practice. Their work is directly connected to the social and environmental conditions of the territories where they operate, affecting their routines and their own health, especially in contexts of social vulnerability and occupational risks (Souza et al., 2025). This highlights the complexity of CHW activities, which extend beyond home visits and require understanding community dynamics and the specific needs of primary care users (Souza et al., 2025).

Despite their essential role, CHWs face organizational and structural challenges that may limit performance. Integration with multiprofessional teams is frequently difficult because of poor communication, lack of recognition of their contributions and unclear definition of duties within PHC. Research on integration shows that these professionals often work under fragmented cooperation, which may compromise care strategies and reduce the visibility of their work in health-action planning (Rafael et al., 2024).

CHW strategies for addressing these challenges include strengthening community ties and seeking continuing training. Permanent education and development of specific skills, such as communication and health education, are essential for improving their response to complex territorial demands. Building relationships of trust with the population is also a key strategy for facilitating access to health services, promoting behavioral change and encouraging adherence to preventive practices (Souza et al., 2025).

Finally, CHWs' perceptions of their practices reveal the importance of public policies that value their role, improve coordination with health teams and ensure adequate resources. Qualitative research shows that although they recognize their potential in health promotion and surveillance, insufficient institutional support and the lack of clear integration strategies in primary care policies remain major obstacles to stronger results. Collaborative practices and expanded training opportunities can therefore reinforce CHWs as strategic PHC agents (Souza et al., 2025).

3. Materials and Methods

This is a field study because, according to Severino (2016), this type of research observes facts and phenomena as they occur in reality, supported by a consistent theoretical foundation, in order to understand and explain the research problem.

The research is exploratory because this approach is appropriate when a topic is new and lacks significant studies and satisfactory reference sources, helping define a problem for more concrete investigation and formulation of hypotheses (Martins Júnior, 2015).

This study uses a quantitative approach because, according to Severino (2016), its results can be quantified and samples are generally large and representative of the population. Quantitative research centers on objectivity, is influenced by positivism and assumes that reality can be understood through analysis of raw data collected with standardized and neutral instruments.

4. Results and Discussion

For a clearer understanding of the findings, the results are organized according to the study's investigation axes: participant characteristics; recognition of signs of domestic violence; challenges and limitations faced by PHC professionals; and strategies used to recognize, manage and refer cases.

Table 1 – Participant characteristics

Variable/Question	Category/Alternative	Frequency (n)	Percentage (%)
Age group	18 to 25 years	4	20%
Age group	26 to 35 years	1	5%
Age group	36 to 45 years	3	15%
Age group	46 to 55 years	11	55%
Age group	Over 55 years	1	5%
Length of service	Less than 1 year	1	5%
Length of service	1 to 5 years	3	15%
Length of service	6 to 10 years	2	10%
Length of service	11 to 15 years	1	5%
Length of service	More than 15 years	13	65%
Education	Elementary education	0	0%
Education	High school	4	20%
Education	Technical course	8	40%
Education	Higher education	2	10%
Education	Postgraduate degree	6	30%
Training	Yes	11	55%
Training	No	9	45%

RCMOS – Revista Científica Multidisciplinar O
Saber. ISSN: 2675-9128. São Paulo - SP.
Ano VII, v.1 2026 | submissão: 31/07/2026 | aceito: 03/08/2026 | publicação: 06/08/2026

Type of training	Short course	4	20%
Type of training	Health Department	5	25%
Type of training	Continuing education	0	0%
Total		20	100

Source: Research data (2026).

Table 1 presents participants' sociodemographic and professional characteristics. Professionals aged 46 to 55 years predominated (55%), as did those with more than 15 years of PHC experience (65%), indicating a sample largely composed of workers with extensive care experience. Technical education was most common (40%), followed by postgraduate education (30%). Regarding training to recognize and manage domestic violence, 55% reported having received training; among them, 25% attended courses offered by the Health Department.

The substantial professional experience observed may favor bonds with users and identification of domestic violence, which are fundamental to recognizing cases that often remain invisible in health services (Meira, 2024). Nevertheless, accumulated experience alone does not ensure qualified performance. Rafael et al. (2024) note that weaknesses in initial education and permanent training among PHC professionals may compromise early recognition, reception, reporting and appropriate referral. The results therefore reinforce the need for continued investment in permanent education to strengthen professional competencies and improve PHC responses to domestic violence.

Table 2 – Recognition of signs in domestic violence cases

Variable/Question	**Category/Alternative**	**Frequency (n)**	**Percentage (%)**
Identified cases?	Yes	14	70%
Identified cases?	No	6	30%
Signs	Physical injuries	10	50%
Signs	Behavioral changes	10	50%
Signs	Social isolation	9	45%
Signs	Indirect reports	14	70%
Signs	Other	2	10%
Does bonding help?	Yes	16	80%
Does bonding help?	Partially	4	20%
Does bonding help?	No	0	0%
Prepared to recognize cases?	Yes	9	45%
Prepared to recognize cases?	Partially	9	45%

Prepared to recognize cases?	No	2	10%
Difficulties	Lack of training	4	20%
Difficulties	Victim does not report	14	70%
Difficulties	Fear of conflicts	12	60%
Difficulties	Lack of protocols	6	30%
Difficulties	Normalization	8	40%
Difficulties	Lack of support	1	5%
Difficulties	Lack of time	1	5%
Difficulties	Other	1	5%
Total		20	100

Source: Research data (2026).

Regarding recognition of domestic violence signs, 70% of CHWs reported having identified cases in professional practice, with victims' indirect reports being the principal indicator (70%). Bonds with users were also an important facilitator (80%), demonstrating the relevance of longitudinal PHC care. Nevertheless, 45% felt only partially prepared to recognize these situations. The main difficulties were the absence of spontaneous victim reports (70%), fear of conflicts arising from approaching the subject (60%) and normalization of violence in family and social contexts (40%). Although community proximity favors identification, factors that hinder safe and effective action persist. Some questions allowed multiple responses, so totals may exceed the number of participants and 100%.

The results corroborate Mello (2025), showing that insufficient training, weak institutional support and difficulties coordinating the care network may compromise assistance and limit early recognition and appropriate management. Souza et al. (2025) likewise emphasize that violence often remains hidden in health services because victims remain silent owing to fear, emotional and financial dependence, shame and fear of retaliation. The data reinforce the need to strengthen permanent education, expand institutional support and consolidate the protection network, encouraging bonds, safe and welcoming environments and timely interventions.

Table 3 – Challenges and limitations encountered by Community Health Workers

Variable/Question	**Category/Alternative**	**Frequency (n)**	**Percentage (%)**
Has followed a case?	Yes	10	50%
Has followed a case?	No	10	50%

Desafios	Lack of training	2	10%
Desafios	Lack of institutional support	2	10%
Desafios	Fear of retaliation	5	25%
Desafios	Communication difficulties	4	20%
Desafios	Network coordination	5	25%
Desafios	Other	2	10%
Structural limitations	Yes	16	80%
Structural limitations	Partially	3	15%
Structural limitations	No	1	5%
Emotionally affected	Yes	9	45%
Emotionally affected	Sometimes	7	35%
Emotionally affected	No	4	20%
Impacts	Powerlessness	14	70%
Impacts	Sadness	9	45%
Impacts	Stress	4	20%
Impacts	Fear	10	50%
Impacts	Anxiety	4	20%
Impacts	Overload	6	30%
Impacts	Difficulty disconnecting	3	15%
Impacts	None	0	0%
Impacts	Other	2	10%
Total		20	100

Source: Research data (2026).

Half of the participants had already followed domestic violence cases in professional practice. The main challenges were fear of retaliation (25%) and difficulties coordinating the protection network (25%). Structural limitations were widely recognized: 80% identified them as obstacles to case management. Work with domestic violence was also associated with important emotional repercussions, reported by 45%, especially powerlessness (70%), fear (50%) and sadness (45%). Addressing domestic violence therefore involves obstacles beyond technical matters, reflecting organizational weaknesses and major effects on workers' emotional health. Multiple responses were allowed in some questions, so totals may exceed the number of respondents and 100%.

These findings confirm Pereira (2024): responding to domestic violence requires technical preparation, institutional support, intersectoral coordination and welcoming spaces for health teams. Repeated exposure may cause psychological suffering, emotional exhaustion and powerlessness, compromising care quality. Ribeiro (2022) likewise stresses that stronger care networks, defined care pathways and protocols, and continued investment in permanent education and psychosocial support are essential. Integrated actions must simultaneously strengthen service structures, professional qualification and CHWs' mental health, promoting more effective, humane and comprehensive care.

Table 4 – Strategies used by Community Health Workers

Variable/Question	Category/Alternative	Frequency (n)	Percentage (%)
Action	Talk	6	30%
Action	Inform team	11	55%
Action	Refer	0	0%
Action	Record	2	10%
Action	Other	1	5%
Knows the network?	Yes	8	40%
Knows the network?	Partially	10	50%
Knows the network?	No	2	10%
Services	UBS	14	70%
Services	Social Assistance	7	35%
Services	Guardianship Council	2	10%
Services	Police station	4	20%
Services	CRAS/CREAS	4	20%
Services	Other	0	0%
Team discussion	Always	3	15%
Team discussion	Sometimes	12	60%
Team discussion	Never	5	25%
Total		20	100

Source: Research data (2026).

Table 4 shows that informing the team was the most frequently reported action, followed by talking with the victim. Half of participants had only partial knowledge of the support network, and the Basic Health Unit (70%) was the service most often cited as a care reference. Case discussions within multiprofessional work occurred mostly on an occasional basis,

RCMOS – Revista Científica Multidisciplinar O
Saber. ISSN: 2675-9128. São Paulo - SP.
Ano VII, v.1 2026 | submissão: 31/07/2026 | aceito: 03/08/2026 | publicação: 06/08/2026

showing the need to strengthen spaces for coordination, planning and shared decision-making to improve care and promote comprehensiveness.

Partial knowledge of the care and protection network, together with infrequent systematic team discussions, reveals weaknesses in intersectoral coordination and organization of care. Souza (2025) emphasizes that an effective response depends on integration among health, social assistance, public security and justice services, well-defined care pathways and coordinated communication. Machineski et al. (2023) similarly argue that assistance to women experiencing violence requires an articulated, integrated network capable of continuous, welcoming and effective care that overcomes fragmented practices in PHC.

Table 5 – Needs identified by Community Health Workers

Variable/Question	Category/Alternative	Frequency (n)	Percentage (%)
Needs training?	Yes	19	95%
Needs training?	No	1	5%
Support needed	Training	7	35%
Support needed	Psychological support	8	40%
Support needed	Protocols	1	5%
Support needed	Network integration	4	20%
Support needed	Other	0	0%
Sufficient support?	Yes	2	10%
Sufficient support?	Partially	8	40%
Sufficient support?	No	10	50%
Improvements	More training	18	90%
Improvements	Protocols	9	45%
Improvements	Multiprofessional support	12	60%
Improvements	Network coordination	11	55%
Improvements	Psychological support	11	55%
Improvements	Meetings	10	50%
Improvements	Better conditions	11	55%
Improvements	Other	0	0%
Total		20	100

Source: Research data (2026).

Table 5 shows that almost all participants (95%) recognized the need for specific training; 40% reported needing psychological support; and 90% indicated the need for more

training. Participants could select more than one support need and improvement proposal. Most considered available institutional support insufficient and stressed investment in permanent education, multiprofessional support, stronger protection-network coordination, psychological support for professionals and better working conditions. These findings reveal the perceived need to improve both technical preparation and organizational support for recognizing and managing domestic violence in PHC.

Strengthening intersectoral action, consolidating protocols, maintaining permanent education and improving work processes are essential for more qualified, effective, humane and comprehensive assistance consistent with Brazilian public policies on domestic violence. This understanding reinforces Trindade et al. (2022), who emphasize that continuous professional qualification, defined care pathways and stronger coordination among network sectors are indispensable to early case recognition, continuity of care and effective anti-violence actions.

Final Considerations

The results show that CHWs play a fundamental role in recognizing domestic violence in PHC, aided by bonds with families and proximity to the territory. Their performance is nevertheless limited by the absence of spontaneous victim reports, fear of retaliation, normalization of violence, weaknesses in coordinating the protection network, insufficient institutional support and the emotional repercussions of managing these cases.

The findings reinforce the need to strengthen permanent education, implement care protocols and coordinate services in the protection network, expanding technical and institutional support and improving assistance to people experiencing violence. The study thus supports managers and health teams in planning actions to strengthen PHC responses to domestic violence.

Finally, given the scarcity of studies specifically investigating CHW performance in domestic violence, further research should expand scientific knowledge on the subject, include different PHC contexts and assess strategies that improve assistance and the organization of care networks for people experiencing violence.

References

AGUIAR, Janaina Marques de et al. Atenção primária à saúde e os serviços especializados de atendimento a mulheres em situação de violência: expectativas e desencontros na voz dos profissionais. Saúde e Sociedade, v. 32, p. e220266pt, 2023.

BRASIL. Conselho Nacional do Ministério. Violência contra a mulher: Um olhar do Ministério Público brasileiro. Brasília: CNMP, 2018.

BRASIL. Lei nº 11.340, de 7 de agosto de 2006. Cria mecanismos para coibir a violência doméstica e familiar contra a mulher, nos termos do § 8º do art. 226 da Constituição Federal, da Convenção sobre a Eliminação de Todas as Formas de Discriminação contra as Mulheres e da Convenção Interamericana para Prevenir, Punir e Erradicar a Violência contra a Mulher; dispõe sobre a criação dos Juizados de Violência Doméstica e Familiar contra a Mulher; altera o Código de Processo Penal, o Código Penal e a Lei de Execução Penal; e dá outras providências. Brasília: Presidência da República, 2006.

D'OLIVEIRA, Ana Flávia Pires Lucas et al. Obstáculos e facilitadores para o cuidado de mulheres em situação de violência doméstica na atenção primária em saúde: uma revisão sistemática. Interface-Comunicação, Saúde, Educação, v. 24, p. 1-17, 2020.

FERREIRA, José Erivelton de Souza Maciel et al. Sistemas de Informação em Saúde no apoio à gestão da Atenção Primária à Saúde: revisão integrativa. Rev Eletron Comun Inf Inov Saúde, v. 14, n. 4, p. 970-982, 2020.

FREITAS, Camila Guarini; SILVA, Roberta Barbosa. A violência contra mulher e a psicologia diante dessa realidade na perspectiva da atenção básica. Revista Mosaico, v. 10, n. 1, p. 79-87, 2019.

FUSQUINE, Rafaela Serrano; SOUZA, Yasmin Alves; CHAGAS, Aucely Corrêa Fernandes. Conhecimentos e condutas dos profissionais de saúde sobre a violência contra a mulher. Revista Psicologia e Saúde, v. 13, n. 1, p. 113-124, 2021.

MACHINESKI, Gicelle Galvan. O significado do cuidado para mulheres vítimas de violência doméstica no contexto da Atenção Primária à Saúde. Saúde em Debate , v. 47, p. 931-940, 2023.

MAGALHÃES, Viviane Maria de Pádua Rios et al. Validação de álbum seriado para enfermeiros da atenção básica sobre a violência doméstica contra a mulher. Cogitare enfermagem, v. 25, p. 1-13, 2020.

MARTINS JÚNIOR, Joaquim. Como escrever trabalhos de conclusão de curso: instruções para planejar e montar, desenvolver, concluir, redigir e apresentar trabalhos monográficos e artigos. 9. ed. Petrópolis, RJ: Vozes, 2015.

MEIRA, Mary Luce Melquiades. Um estudo exploratório acerca da formação e prática do enfermeiro, na Estratégia de Saúde da Família, considerando-se o fenômeno da violência doméstica contra a mulher. 2024. Tese de Doutorado. Universidade de São Paulo.

MELLO, Rafaela Zago de et al. Representações sociais dos Agentes Comunitários de Saúde sobre a violência doméstica contra as mulheres em um município de fronteira. 2025.

OLIVEIRA, Carliane Ribeiro. O Enfrentamento ao Fenômeno da Violência Doméstica e as Formas de Atendimento à Mulher. Revista Científica Multidisciplinar Núcleo do Conhecimento, v. 13, n. 12, p. 134-172, 2020.

PEREIRA, Stephanie et al. Avaliação de intervenção para aprimorar a resposta da Atenção Primária à Saúde ao cuidado de casos de violência doméstica contra a mulher-São Paulo, Brasil. Ciência & Saúde Coletiva, v. 29, p. e02982024, 2024.

RAFAEL, C. R. P. et al. Integração Multidisciplinar na Atenção Primária à Saúde: desafios e perspectivas dos agentes de saúde no programa saúde com agente. RENOTE, v. 22, n. 2, p. 553-560, 2024.

RIBEIRO, Patrícia. Revista Ibero-Americana de Humanidades, Ciências e Educação. 2022.

SELLERA, Paulo Eduardo Guedes et al. Monitoramento e avaliação dos atributos da Atenção Primária à Saúde em nível nacional: novos desafios. Ciência & Saúde Coletiva, v. 25, p. 1401-1412, 2020.

SILVA, Ana Fernanda Carnelosso et al. Violência doméstica contra a mulher: contexto sociocultural e saúde mental da vítima. Research, Society and Development, v. 9, n. 3, p. p. 1-17, 2020.

SILVA, Fernanda Marinho da et al. Gênero e Poder: uma relação histórica. In: JORNADA INTERNACIONAL DE POLÍTICAS PÚBLICAS, 9., 2019, São Luís. Anais... São Luís: Universidade Federal do Maranhão, 2019.

SOUZA, M. V. et al. Percepção dos agentes comunitários sobre o trabalho na Estratégia Saúde da Família: estudo observacional. Revista Científica Integrada, v. 8, n. 1, p. e202519, 2025. DOI:10.59464/2359-4632.2025.3734.

TERRA, Maria Fernanda; D'OLIVEIRA, Ana Flávia Pires Lucas. Análise das trajetórias assistenciais ofertadas às mulheres em situação de violência doméstica de gênero na Atenção Primária à Saúde. Saúde em Redes, v. 8, n. 3, p. 163-181, 2022.

TRINDADE, Carolina Sturm et al. O profissional da Estratégia Saúde da Família na Atenção Básica e o enfrentamento à violência doméstica: uma revisão integrativa. Saúde em Redes, v. 8, n. sup1, p. 75-88, 2022.