OPEN JOURNAL SYSTEMS
ISSN: 2965-3215

Rev. Univer. Bras., v.4, n.5. 035-048 (2026)

Revista Universitária Brasileira

Augusto et al

RUB

The role of nursing in confronting violence against women in situations of social vulnerability

Alex Neto Augusto[1], Millena Geovanna da Silva Xavier de Souza[1], Thialir Maria da Silva Bispo[1], Andriu dos Santos Catena[2]*

[1]*Bacharel em Enfermagem pelo Centro Universitário Brasileiro - Unibra, Brasil.*
[2]*Doutor em Biologia Aplicada à Saúde, Universidade Federal de Pernambuco, Brasil. (*Autor correspondente: andriu.catena@grupounibra.com)*

Histórico do Artigo: Submetido em: 20/05/2026 – Revisado em: 27/08/2026 – Aceito em: 21/09/2026

A B S T R A C T

Violence against women is a recurring and multifaceted problem that manifests in different social contexts, rooted in structural, economic, and cultural factors. In the present study, social vulnerability was identified as a determining factor in this process. The study aimed to analyze how nursing professionals can act in addressing violence against women in situations of social vulnerability, identifying practices and strategies for holistic, humanized, and protective care. The research consists of a qualitative and quantitative review, encompassing scientific publications and articles selected through PICOT and PRISMA methods. Data analysis evidenced that black or mixed-race women, with low income and low education levels, are the primary victims. It was observed that nursing practice still faces barriers such as the underreporting of cases and the need for care protocols that consider the specificities of this group alongside their individuality. From these findings, it became evident that violence against women is a serious problem, not only regarding security but also public health, affecting millions of women, especially those in a context of social vulnerability.

Keywords: Primary Health Care, Gender-based violence, Feminicide.

O papel da enfermagem no combate à violência contra as mulheres em situações de vulnerabilidade social

R E S U M O

A violência contra a mulher é um problema recorrente e multifacetado que se manifesta em diferentes contextos sociais, com sua base proveniente de vários fatores estruturais, econômicos e culturais. No presente estudo, a vulnerabilidade social foi identificada como fator determinante nesse processo, caracterizado como um dos eixos mais comuns dessa problemática. O estudo teve como objetivo analisar como os profissionais de enfermagem podem agir no enfrentamento da violência contra mulheres que se encontram em situação de vulnerabilidade social, identificando práticas, desafios e estratégias voltadas a um atendimento holístico, humanizado e protetivo. A pesquisa consiste em uma revisão qualitativa e quantitava, abrangendo publicações e artigos científicos usando os métodos PICOT e PRISMA para a seleção dos mesmos. A análise dos dados evidenciou que mulheres negras ou pardas, de baixa renda e baixa escolaridade são as principais vítimas. Evidenciou-se que a atuação da enfermagem ainda enfrenta barreiras como a subnotificação dos casos e a necessidade de protocolos de acolhimento que considerem as especificidades desse grupo junto à sua individualidade. A partir desses achados, tornou-se evidente que a violência contra a mulher é um problema grave, não apenas de segurança, mas também de saúde pública, que afeta milhões de mulheres, principalmente aquelas que se encontram em um contexto de vulnerabilidade social.

Palavras-Chaves: Atenção Básica, Violência de Gênero, Feminicídio.

Augusto AN, Souza MGDSX, Bispo TMS, Catena AS. The role of nursing in confronting violence against women in situations of social vulnerability. *Revista Universitária Brasileira*. 2026;4(5):35 – 48.

1. Introduction

On December 20, 1993, a General Assembly of the World Health Organization declared resolution 48/104 on the elimination of violence against women. In its article 1 defines violence against women as: any act of gender-based violence that results in, or is likely to result in, physical damage or suffering, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. This violence can be divided into aspects such as: physical, psychological, sexual, patrimonial and moral[1].

Thus, violence encompasses different dimensions and can occur in various contexts, such as in the workplace, in relationships, in educational institutions, and even in everyday situations. In these circumstances, social vulnerability is not only a consequence of violence, but also one of its causes, creating a difficult cycle to break. Lack of access to resources, opportunities, and social protection exposes women to greater risks, making them easier targets for abuse and reinforcing the logic of structural sexism[2].

Sexist attitudes are characterized as a complex and multifaceted problem that affects the entire community, with a direct and profound impact on women. It refers to male dominance and privilege over women, manifesting itself in various contexts of women's lives such as family, work, and others, often preventing them from obtaining the minimum rights guaranteed by our constitution: the right to education, work, and a dignified life[3].

The normalization of sexism in society negatively impacts women's quality of life in multiple aspects and can even reduce their life expectancy. This gender oppression goes beyond the physical realm, manifesting itself in social, psychological, and economic dimensions[4].

This bias remains so prevalent in daily life that, often, the words and actions of abusers go unnoticed or are treated with indifference. Such oppression prevents women from accessing education and/or work, restricting their financial autonomy and making them socially vulnerable. This condition increases susceptibility to violence and abusive relationships, due to social embarrassment and, often, fear of retaliation against their children, including loss of custody or direct threats[5].

According to the Universal Declaration of Human Rights, Article 3 "Everyone has the right to life, liberty and security of person.", however, reality shows that these rights are not fully guaranteed to women, who find themselves at the opposite extreme of social equality. Therefore, the Maria da Penha Law (11.340/2006) emerged with the main purpose of creating mechanisms to prevent and combat violence against "all women, regardless of class, race, ethnicity, sexual orientation, income, culture, educational level, age and religion...", as stated in its Art. 2[6]. Violence affects different types of women; however, the largest percentage of women assaulted and violated are Black and from lower-middle-class backgrounds, who have low levels of education and little or no financial income[7]. Recent data highlight social and racial inequality in the context of gender-based violence: in 2023, records from the Notifiable Diseases Information System (SINAN) indicated that 60.4% of reported cases were against Mixed-race and Black women, while 37.5% were against White women[8].

In November of the same year, the DataSenado Research Institute, in partnership with the Observatory of Women against Violence, released the overall results of the 10th edition of the National Survey on Violence against Women, where 66% of women who suffered domestic violence are Black and have insufficient or no income. 39% of women who suffered domestic violence do not have sufficient income to support themselves, and 27% have no source of income at all, that is, almost two-thirds of these women face financial difficulties. These figures highlight that financial autonomy can be an important factor in reducing exposure to abusive situations, in addition to exposing racial and socioeconomic inequality as vulnerabilities and factors that perpetuate these cycles of abuse[8].

Based on this premise, it is important to understand the role of nursing in addressing violence against women in situations of social vulnerability, as it is frequently the victim's first point of contact with the

healthcare institution. Sensitivity on the part of professionals towards patients is necessary, incorporating into their daily practices a holistic approach to women with humanity and authenticity; because, however many practices and techniques exist within care, the use of subjectivity and emotion is necessary to recognize the woman in her uniqueness[9].

Therefore, nurses must act and offer these victims support and effective care that contributes to their recovery. Since "women who suffer from violence and seek health services yearn for more than the simple application of protocols; they expect to receive dignified, respectful care, and support that protects them from further victimization" [10].

In this way, nurses play a crucial role due to their strategic and respected position as healthcare professionals[11]. Given this context, this study seeks to identify the main nursing practices and challenges in caring for victims in this setting. This integrative review aims to discuss the importance of comprehensive and holistic care that encompasses physical, emotional, and social dimensions, prompting critical reflection among professionals so that they can propose strategies that strengthen humanized, respectful, and protective care, aiming at health promotion, empowerment, autonomy, and the guarantee of these women's rights. Thus, the objective of this work is to analyze how nursing professionals can act in the care of victims and in the prevention of acts of violence against women, through the relationship between social vulnerability and such violence.

2. Methodology

This integrative review consisted of synthesizing findings from scientific publications between 2021 and 2025 that address the theme 'The role of nursing in confronting violence against women in situations of social vulnerability'. Qualitative in nature, its aim was to find the best approach and understanding of the problem and the role of nursing within it. To search for articles and data, Health Sciences Descriptors (DeCS) were used, such as *violence against women, vulnerability, homicide, the role of nursing*. In this way, a variety of articles were found that addressed the problem of violence against women stemming from social vulnerability.

Furthermore, the study sought to consider the principles of Evidence-Based Practice (EBP), which aims, among other things, to encourage the use of research results in healthcare services offered at different levels of care, highlighting the importance of research in the practice of healthcare professionals.

The exclusion criteria include duplicate, retracted, or preprint texts; as well as texts that do not address Brazil as one of their focuses, since this research is considering articles that deal with data in Brazil or Brazilian states. Articles that are only accessible through registration or purchase have also been excluded, as access to them is limited. The inclusion criteria were articles that discuss social vulnerability, violence against women, data from Brazilian states or from Brazil as a whole; Articles that utilize the perspectives of nursing, medicine, or psychology and generate results focused on supporting women in situations of violence or social vulnerability were also considered.

Table 1 describes the search strategies used to select the articles included in this study, using the PRISMA 2020 method[12]. The PICOT method was also used (P- population; I- intervention; C- comparison; O- outcome; T- type of study), in this study, P refers to women in situations of social vulnerability; I- The role of nursing in addressing and providing care for women in situations of social vulnerability who experience violence; C- Comparison of cases of violence against women within the income-generating population; O- Benefits of holistic and humane support for women victims of any type of violence; T- Qualitative and quantitative literature review, as per Table 2. Table 3 refers to the PRISMA itself, presenting the different databases searched for articles, as described in Table 1; in the Identification phase, 1,415 articles were identified; in the Screening phase, 1,345 were excluded and 39 selected articles were duplicated across other Databases, leaving 31 articles; in the Eligibility and Inclusion phases, 20 articles met the inclusion criteria and

were analyzed.

Table 1. Search strategies

Databases	Search strategies
Pubmed	"Social Vulnerability" AND "Violence Against Women" "Violence Against Women" AND "Homicide" "Violence Against Women" AND "Role of Nursing" "Nursing" AND "Domestic Violence" "Sexual Violence" AND "Black"
SciELO	"Social Vulnerability" AND "Violence Against Women" "Violence Against Women" AND "Homicide" "Violence Against Women" AND "Role of Nursing" "Nursing Care" AND "Gender Violence" "Nursing" AND "Domestic Violence" "Sexual Violence" AND "Black"
LILACS	"Social Vulnerability" AND "Violence Against Women" "Violence Against Women" AND "Homicide" "Violence Against Women" AND "Role of Nursing" "Nursing Care" AND "Gender Violence" "Nursing" AND "Domestic Violence" "Sexual Violence" AND "Black"
Other sources	"Mortality registries" AND "Violence Against women"

Source: Authors' own elaboration (2026).

Table 2. PICOT Strategy

POPULATION (P)	Women in situations of social vulnerability.
INTERVENTION (I)	The role of nursing in addressing and providing care for women in situations of social vulnerability who experience violence.
COMPARISON (C)	Compare cases of violence against women within the income-generating population.
OUTCOME (O)	Benefits of holistic and humanized care for women who are victims of any type of violence.
TYPE OF STUDY (T)	Qualitative and quantitative literature review.

Source: Adapted from PRISMA (2020)[12].

Table 3. Prisma

Identification	Records identifies through database searching: Pubmed (n = 712); SciELO (n = 145); LILACS (n = 550); Other sources (n = 8).
Screening	Articles excluded based on exclusion criteria (n = 1.345); Selected articles duplicated across other Databases (without counting in the same Database) (n = 39); Pubmed (n = 20); SciELO (n = 5);

	LILACS (n = 4); Other sources (n = 2).
Eligibility	Select articles in inclusion criteria (n = 20).
Inclusion	Select articles (n = 20).

Source: Adapted from PRISMA (2020)[12].

3. Results and Discussion

Table 4 summarizes the studies included in the results and discussion, presenting the authors and year of publication, titles, objectives, and the main findings of each study.

Table 4 – Selected articles for results and discussion

Author (Year)	Title	Aim	Key Findings
Ávila et al., 2023[13]	*A mulher em vulnerabilidade social e a relação com a violência familiar*	To reflect on the condition of women in situations of social vulnerability and its relationship with the phenomenon of family violence.	Women experiencing severe violence often share common characteristics, such as low educational level, poor socioeconomic conditions, disrupted family structures, and the normalization of violence.
Barros et al., 2021[14]	*Análise espacial dos homicídios intencionais de mulheres*	To analyze the characteristics and spatial distribution of intentional homicides of women according to Regional Health Offices in the state of Pernambuco.	The study found that young, Black, and single women are the main victims of homicide, particularly in regions of Pernambuco with low Human Development Index (HDI), as indicated by the spatial analysis.
Barros et al., 2021[15]	*Homicídios intencionais de mulheres com notificação prévia de violência*	To describe the profile of women who are victims of intentional homicides and had prior reports of violence.	The study highlights that previous records of violence are important risk indicators for femicide.
Baumont et al., 2024[16]	Intimate partner violence and women's mental health during the COVID-19 pandemic in Brazil	To assess the perpetration of domestic violence and the presence of depression and suicidal ideation among women living in Brazil during the COVID-19 pandemic.	A high prevalence of intimate partner violence was observed during the pandemic, associated with higher levels of depression and suicidal ideation among Brazilian women.
Bordoni et al., 2021[17]	*Violência física contra mulheres:*	To evaluate assaults against women in	The study found higher rates of violence among

	estudo em três bases de dados nacionais (SINAN, SIH E SIM) e no contexto da COVID-19	Minas Gerais in 2018 and in the context of the COVID-19 pandemic.	women aged 15–49, of mixed race , and with low educational levels. During the pandemic, hospitalizations decreased, likely due to limited access to health services. Data varied across information systems, reflecting different levels of severity of violence.
Caicedo-Roa et al., 2023[18]	*Análise de casos de feminicídio em Campinas, SP, Brasil, entre 2018 e 2019 por meio do modelo ecológico da violência*	To investigate femicide cases that occurred in 2018 and 2019 in Campinas, São Paulo, Brazil, using the ecological model of violence.	Verbal autopsies, combined with media reports on 24 femicide cases, revealed similarities among the cases and contributed to a better understanding of lethal violence against women.
Caicedo-Roa et al., 2023[19]	Risk of Femicide and Quality of Life Assessment of Women Victims of Intimate Partner Violence in Campinas, São Paulo, Brazil	To assess the risk of femicide and measure the impact of an empowerment group on the quality of life of women victims of intimate partner violence.	Women at high risk of femicide and with initially low quality of life showed psychological and physical improvement after participating in a support group, indicating that the intervention is effective in addressing violence and promoting well-being.
Campos et al., 2025[20]	Violence experienced by women, their mental health status, and determinants in favelas under the pandemic COVID-19 in Brazil	To analyze the frequency of violence against women and the mental health status of those living in Brazilian favelas during the COVID-19 pandemic.	The study revealed high social vulnerability among women living in favelas, with a predominance of Black and mixed-race women and informal workers. The pandemic worsened mental health problems and increased inequalities, creating conditions that heightened violence against women.
Coelho et al., 2022[21]	*Homicídios femininos no Maranhão, Brasil, 2000-2019: estudo ecológico*	To analyze the profile and trends of female homicides in Maranhão between 2000 and 2019 and their relationship with	An increase in female homicide rates was observed over the period. The victims were predominantly young, mixed-race women with

		socioeconomic indicators.	low educational levels, highlighting the association with social inequalities.
Costa et al., 2024[22]	*Perfil epidemiológico da violência contra mulheres no estado da Paraíba de 2009 a 2019.*	To outline the epidemiological profile of reported cases of violence against women in Paraíba between 2009 and 2019.	The study reveals that violence occurs predominantly within a context of social vulnerability, mainly affecting young Black and mixed-race women with low educational levels.
Costa et al., 2024[23]	*Narrativas de trabalhadores sexuais: violência por parceiro íntimo e estratégias de enfrentamento*	To explore the narratives of sex workers regarding violence perpetrated by intimate partners and how they cope with this reality.	A high occurrence of intimate partner violence among sex workers was observed, leading to the adoption of self-preservation strategies, such as avoiding emotional attachments and maintaining greater discretion about their personal lives.
Lima et al.,2025[24]	Temporal trend and epidemiological profile of notifications of violence against women in Brazil: 2014-2023	To investigate the temporal trends and epidemiological profile of reported cases of violence against women in Brazil between 2014 and 2023.	Reports of violence against women increased over the analyzed period, especially after 2020. Victims were generally adult, mixed-race women with low educational levels, often assaulted by intimate partners using physical force, resulting in both physical and psychological harm.
Nery et al., 2024[25]	*Fatores associados ao homicídio de mulheres no Brasil, segundo raça/cor, 2016-2020*	To analyze homicide rates among women in Brazil between 2016 and 2020, considering differences across states and race/color, and to identify associated factors.	More than 20,000 homicides were recorded during the period, with the highest rates among Black women, highlighting racial inequality. Despite an overall reduction in rates, disparities persist, as well as the influence of socioeconomic factors on the occurrence of violence.
Oliveira et al.,	*Vulnerabilidades*	To analyze the	Women deprived of liberty,

2022[26]	*associadas à violência contra a mulher antes do ingresso no sistema prisional*	individual and social vulnerabilities associated with violence experienced by women prior to incarceration.	mostly young, with children, low educational levels, and low income, face a high prevalence of violence. Social and behavioral factors, such as the use of psychoactive substances, increase vulnerability and the risk of violence in this population.
Reynolds, 2022[27]	Do health sector measures of violence against women at different levels of severity correlate? Evidence from Brazil	To analyze the measures adopted by the health sector to address violence against women, discussing their implementation, challenges, and impact on prevention and care for victims.	The health sector plays a crucial role in the identification, reporting, and care of women experiencing violence. Although there have been advances in public policies and protocols, challenges remain, such as professional training, service integration, and the effective implementation of prevention and care actions.
Silva et al., 2023[28]	*Violência sexual perpetrada contra mulheres negras brasileiras: uma revisão integrativa*	To investigate scientific and health-related evidence on sexual violence committed against Black women in Brazil.	The study found that factors such as structural racism and gender and class inequalities contribute to both the occurrence and invisibility of this type of violence. Additionally, Black women are more likely to be blamed by society, which contributes to the silencing and underreporting of cases.
Soares et al., 2023[29]	*Mortalidade de mulheres com notificação de violência durante a gravidez no Brasil: um estudo caso-controle*	To investigate the association between violence during pregnancy and female mortality in Brazil.	The study found that women with records of violence during pregnancy have a higher risk of mortality, reinforcing the importance of identifying and reporting violence in health services.
Soares et al., 2025[30]	Survival and risk of death among women with reports of intimate partner	To analyze the factors associated with the risk of death and survival probability	Intimate partner violence during pregnancy significantly increases the risk of death. Femicide was

	violence during pregnancy: a national cohort study in Brazil	among women who experienced intimate partner violence during pregnancy.	identified as the main cause of death, emphasizing the need for systematic screening for violence during prenatal care.
Vasconcelos et al., 2024[31]	Female homicides in Brazil: global burden of disease study, 2000-2018	To examine the temporal and spatial trends of female homicides in Brazil between 2000 and 2018 and to investigate associated socioeconomic factors.	Brazil presents high rates of female homicide despite a reduction over the analyzed period. These rates were associated with factors such as low educational levels, race, socioeconomic inequalities, and high rates of male homicides.
Vasconcelos et al., 2025[32]	*Quem são as mulheres adultas expostas à violência no Brasil?*	To assess the prevalence of different forms of violence and examine demographic, socioeconomic, and health-related variables associated with violence against women in the Brazilian context.	The study revealed trat Intimate partners were identified as the main perpetrators, and this phenomenon was associated with social and health-related factors such as younger age, low educational levels, alcohol consumption, and sexually transmitted infections (STIs).

Source: Authors' own elaboration (2026).

Violence against women constitutes a serious violation of rights and manifests in multiple forms (psychological, physical, sexual, and economic). The analysis of temporal trends shows a continuous increase in reported cases of aggression nationwide over the last decade (2014–2023), demonstrating that the problem is far from being contained[24]. Nationwide studies reveal that approximately 19.38% of Brazilian women experienced violence in 2019, with psychological violence being the most prevalent in isolation (75.56%), followed by the simultaneous occurrence of physical and psychological violence[32].

This dynamic occurs predominantly in the domestic environment (between 59.2% and 73.4% of cases) and is most often perpetrated by an intimate partner or former partner, indicating that affective relationships are frequently the main vector of aggression. However, measuring violence against women is challenging, as a large proportion of domestic violence cases are not reported. Furthermore, health reports often lack clear information, which hinders the identification of such violence[22,27].

Although victims report severe consequences, particularly psychological ones, "only one-fifth of them sought healthcare services"[32]. This significant finding is explained and further aggravated by the fact that women are often blamed for the violence they suffer, especially in cases of sexual violence, leading to silence and underreporting[28].

Similarly, epidemiological analysis shows that this issue does not affect the population homogeneously, presenting a clear pattern related to race, social class, and educational level. Historically, stereotypes, objectification, and hypersexualization of Black women's bodies have contributed to increasing their vulnerability to violence[28], resulting in disproportionately higher rates of lethality and reporting among

Black and mixed-race women. At the regional level, Mixed-race women account for 60.11% of victims in Paraíba[22] and 71.3% in Maranhão[21]; meanwhile, Black women represent up to 91.7% of femicide victims with prior reports of violence in Pernambuco[15]. The risk of lethality mainly affects marginalized populations, young women (with a notable peak between 20 and 29 years of age), single women, and female heads of households[25,27].

The literature demonstrates that macrostructural factors such as racism, sexism, and lack of education drastically reduce women's autonomy and quality of life[31,32]. Different factors contribute to the loss of control over one's own life, among which economic conditions stand out as one of the main determinants. A practical reflection of these economic difficulties was identified in a study with workers in Rio Grande do Sul, where 79% had not completed primary education and 50% lived on only one minimum wage, a scenario that highlights "the importance of discussing public policies aimed at combating domestic and gender-based violence"[13].

Therefore, it becomes evident that "understanding the characteristics of victims and crimes can assist Nursing in decision-making regarding preventive and care activities", as well as provide important information to support the development of public policies and specific interventions to reduce gender-based violence[14].

Thus, continuous exposure to violence does not cease spontaneously and, when the cycle is not interrupted by the system, it culminates in femicide. Lethality is rooted in protective failures. Women with prior reports in the healthcare system may present a risk up to 65.9 times higher of being murdered, with a tragic average interval of only 17 months between the first report and intentional death[15]. Determining factors in this fatal outcome include economic constraints, use of psychoactive substances, restriction of movement imposed by the aggressor, and inaction in the face of repeated death threats during attempts to end the relationship[18]. In addition to the imminent risk of femicide, these abusive dynamics profoundly and continuously deteriorate both the physical and mental domains of these women's quality of life[19]. At the national level, this progression predominantly results in deaths caused by firearms, accounting for 54.9% of deaths among Black women and 46.5% among White women[25].

Additionally, specific contexts and socio-health crises act as major aggravating factors for female lethality. During pregnancy and the postpartum period, violence rates do not decline: among pregnant women with reported violence, 56.4% of deaths resulted from external causes associated with violent crime[29]. Moreover, reports of intimate partner violence during pregnancy significantly affect women's survival, chronically increasing their risk of mortality in subsequent years[30].

The COVID-19 pandemic acted as another catalyst for this issue: the integration of national databases (SINAN, SIH, and SIM) demonstrates the severity of physical violence and its impact on clinical outcomes during the pandemic context[17]. Furthermore, a survey conducted in peripheral areas showed that 27.93% of women reported experiencing violence aggravated during the pandemic period[20]. These peaks in aggression result in very high rates of mental illness; another study indicated that 36.1% of victims developed depression and 19.8% experienced suicidal ideation during the pandemic[16]. A similar pattern is observed in doubly stigmatized groups: sex workers report the "devastating impact" of psychological and economic violence by partners[23], and the vast majority of incarcerated women in a prison in Ceará (aged 18 to 29 years) already had a significant history of abuse and neglect prior to incarceration[26].

Based on the above, it can be concluded that the phenomenon of femicide and violence extends across individual, relational, community, and social levels[18]. As argued by Vasconcelos et al.[31], "the violent death of women is mostly caused by domestic conflicts, but it is also influenced by changes in urban contexts." This structural and systemic vulnerability requires much more than standardized reporting; it assigns healthcare professionals, especially the Nursing team, a central responsibility that goes far beyond merely addressing the visible signs and symptoms of violence, whether physical, sexual, psychological, economic, or moral.

It is evident that Nursing plays a fundamental role in addressing such violence and abuse, as it is often the first point of contact with victims within healthcare services, making it essential to adopt a holistic approach

that views women in their entirety. Through qualified listening and appropriate care, nursing professionals can identify subtle signs of violence, provide emotional support, and refer women to support networks and specialized services, thereby helping to break a cycle of abuse that has been perpetuated for generations. Based on this, it is understood that screening and reception (welcoming care) often represent the last line of clinical defense before a fatal outcome, thus requiring high-quality care practices capable of overcoming institutional shortcomings and effectively ensuring the protection of these women's lives.

4. Conclusion

This study aimed to observe how women in situations of social vulnerability are more predisposed to suffer abuse and violence. It became clear that gender-based violence is perpetuated with a clear bias towards race, class, and educational level. It was observed that a large part of the percentages include women who are in vulnerable situations with common circumstances: low education, insufficient income; in addition to factors such as racism and sexism. The high percentage of violence against Black and mixed-race women reinforces the idea that these factors continue to impact women's quality of life, making them socially vulnerable and thus more predisposed to situations of violence.

Given this scenario, it is evident that the role of Nursing is essential in addressing this problem, especially since it is one of the most accessible entry points into the healthcare system. Nursing professionals occupy a strategic position in the early identification of signs of violence, regardless of its nature, in providing humane care, in active listening, and in the proper reporting of cases, thus contributing directly to interrupting the cycle of violence.

Furthermore, it is essential that nursing care be based on a comprehensive approach, sensitive to the social and intersectional inequalities that still affect the lives of these women. This involves not only clinical care, but also coordination with support networks, intersectoral referrals, and strengthening the autonomy of victims. Therefore, it can be concluded that confronting these forms of violence requires continuous, interdisciplinary actions committed to equity. In this context, nursing must assume an active role not only in providing care, but also in promoting health, preventing violence, and defending human rights, thus establishing itself as a fundamental agent in protecting and preserving the lives of these women

5. References

1. United Nations General Assembly. *Declaration on the Elimination of Violence against Women*. Resolution 48/104. 1993 [Internet]. [cited 2025 Oct 19]. Available from: https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.21_declaration%20elimination%20vaw.pdf

2. Lima GCC, Passos CMD, Pinheiro ALS, Ribeiro IJS, Maia EG. Temporal trend and epidemiological profile of notifications of violence against women in Brazil: 2014–2023. *Epidemiol Serv Saude*. 2025;34:e20240475. [cited 2025 Oct 19]. Available from: https://pubmed.ncbi.nlm.nih.gov/40767717/

3. Brazil. *Constitution of the Federative Republic of Brazil*. Brasília (DF): Federal Senate; 1988. [cited 2025 Oct 19]. Available from: https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm

4. Whittington R, Haines-Delmont A, Bjørngaard JHK. Femicide trends at the start of the 21st

century: prevalence, risk factors and national public health actions. *Glob Public Health*. 2023;18(1):2225576. [cited 2025 Oct 19]. Available from: https://pubmed.ncbi.nlm.nih.gov/37401752/

5. The National Domestic Violence Hotline. Why people stay in an abusive relationship [Internet]. Austin (TX): The National Domestic Violence Hotline; [cited 2025 Oct 19]. Available from: https://www.thehotline.org/support-others/why-people-stay-in-an-abusive-relationship/

6. Brazil. Law No. 11,340 of August 7, 2006 (Maria da Penha Law). Brasília (DF): Presidency of the Republic; 2006 [cited 2026 Mar 26]. Available from: https://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11340.htm

7. Federal University of Juiz de Fora (UFJF). Black women are the main victims in cases of violence [Internet]. Juiz de Fora (MG): UFJF News Portal; 2023 Nov 24 [cited 2025 Mar 26]. Available from: https://www2.ufjf.br/noticias/2023/11/24/mulheres-negras-sao-as-maiores-vitimas-em-casos-de-violencia/

8. DataSenado. National survey on violence against Black women [Internet]. Brasília (DF): Federal Senate; 2024 [cited 2025 Oct 19]. Available from: https://www.senado.leg.br/institucional/datasenado/relatorio_online/pesquisa_violencia_mulheres_negras/2024/interativo.html

9. Ribeiro EC, Oliveira LF, Junior GA. Study on violence against women: nursing support in victim care. *Altus Ciencia*. 2023;20(20):401–418. [cited 2025 Oct 19]. Available from: http://revistas.fcjp.edu.br/ojs/index.php/altusciencia/article/view/178/152

10. Morais SCRV, Monteiro CFS, Rocha SS. Nursing care for women victims of sexual violence. *Texto Contexto Enferm*. 2010;19(1):155–160. [cited 2025 Oct 19]. Available from: https://www.scielo.br/j/tce/a/ckVMC5bHyNsndMSgKy7RQLz/

11. Netto LA, Pereira ER, Tavares JMAB, Ferreira DC, Broca PV. Nursing actions in maintaining the health of women in situations of violence. *Rev Min Enferm*. 2018;22:e-1149. [cited 2025 Oct 19]. Available from: https://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S1415-27622018000100271

12. Page MJ, Moher D, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. PRISMA 2020 explanation and elaboration: updated guidance for reporting systematic reviews. *BMJ*. 2021;372:n160. [cited 2025 Oct 19]. Available from: https://www.bmj.com/content/372/bmj.n160

13. Ávila JS, Areosa SVC. Women in social vulnerability and the relationship with family violence. *Rev Psicol Divers Saúde*. 2023;12:e4821. [cited 2026 Mar 26]. Available from: http://dx.doi.org/10.17267/2317-3394rpds.2023.e4821

14. Barros SC, Oliveira CM, Silva APS, Melo MFO, Pimentel DR, Bonfim CV. Spatial analysis of intentional homicides of women. *Rev Esc Enferm USP*. 2021;55:e03770. [cited 2026 Mar 26]. Available from: https://doi.org/10.1590/S1980-220X2020037303770

15. Barros SC, Pimentel DR, Oliveira CM, Bonfim CV. Intentional homicides of women with prior notification of violence. *Acta Paul Enferm*. 2021;34:eAPE00715. [cited 2026 Mar 26]. Available from: http://dx.doi.org/10.37689/acta-ape/2021AO00715

16. Baumont AC, Oliveira GS, Figueiredo JB, Santos JF, Genro BP, Habigzang LF, et al. Intimate partner violence and women's mental health during the COVID-19 pandemic in Brazil. *Trends Psychiatry Psychother*. 2024;46:e20220594. [cited 2026 Mar 26]. Available from: https://doi.org/10.47626/2237-6089-2022-0594

17. Bordoni PHC, Assis FH, Oliveira NA, Aguiar RA, Silva VC, Bordoni LS. Physical violence against women: study in three national databases and in the context of COVID-19. *J Health Biol Sci*. 2021;9(1):1–8. [cited 2026 Mar 26]. Available from: https://doi.org/10.12662/2317-3206jhbs.v9i1.3616.p1-8.2021

18. Caicedo-Roa M, Cordeiro RC. Analysis of femicide cases in Campinas, Brazil, using the ecological model of violence. *Cien Saude Colet*. 2023;28(1):23–36. [cited 2026 Mar 26]. Available from: https://doi.org/10.1590/1413-81232023281.09612022

19. Caicedo-Roa M, Dalaqua LG, Filizola P, Cordeiro RC, Venegas MFG. Risk of femicide and quality of life of women victims of intimate partner violence. *Global Social Welfare*. 2023;10(2):181–193. [cited 2026 Mar 26]. Available from: https://doi.org/10.1007/s40609-023-00277-8

20. Campos MCT, Rosa RJ, Ferezin LP, Berra TZ, Moura HSD, Tartaro AF, et al. Violence experienced by women and mental health during COVID-19 in Brazilian favelas. *BMC Womens Health*. 2025;25(1):242. [cited 2026 Mar 26]. Available from: https://doi.org/10.1186/s12905-025-03793-1

21. Coelho SF, Conceição HN, Rufino AC, Madeiro A. Female homicides in Maranhão, Brazil, 2000–2019: ecological study. *Epidemiol Serv Saude*. 2022;31(2):e2022209. [cited 2026 Mar 26].

22. Costa GMC, Celino SDM, Almeida FCA, Leite FA, Silva LAP, Souto RQ. Epidemiological profile of violence against women in Paraíba, 2009–2019. *Rev APS*. 2024;27:e272441873. [cited 2026 Mar 26].

23. Costa MO, Coimbra VCC, Oliveira MM, Cardoso CS, Cruz VD, Guedes AC, et al. Narratives of sex workers: intimate partner violence and coping strategies. *Rev Bras Enferm*. 2024;77(6):e20240180.

24. Lima GCC, Passos CM, Pinheiro ALS, Ribeiro IJS, Maia EG. Temporal trends of violence against

women in Brazil: 2014–2023. *Epidemiol Serv Saude*. 2025;34:e20240475.

25. Nery MGD, Nery FSD, Pereira SRS, Cavalcante LA, Gomes BM, Teles ACO, et al. Factors associated with female homicide in Brazil by race/color, 2016–2020. *Cien Saude Colet*. 2024;29(3):e10202023.

26. Oliveira TMF, Ferreira HLOC, Freitas VCA, Lima FSS, Vasconcelos FX, Costa N, et al. Vulnerabilities associated with violence against women before imprisonment. *Rev Esc Enferm USP*. 2022;56:e20220167.

27. Reynolds SA. Do health sector measures of violence against women correlate? Evidence from Brazil. *BMC Womens Health*. 2022;22(1):226.

28. Silva AVO, Mota GG, Rocha AO, Santos IN, Lages I, Barbosa EMS, et al. Sexual violence against Black Brazilian women: an integrative review. *Rev Enferm UFPI*. 2023;12(1):e4066.

29. Soares MQ, Melo CM, Pinto IV, Bevilacqua PD. Mortality among women with reported violence during pregnancy in Brazil: a case-control study. *Cad Saude Publica*. 2023;39(10):e00012823.

30. Soares MQ, Melo CM, Silva EF, Pinto IV, Bevilacqua PD. Survival and risk of death among women exposed to intimate partner violence during pregnancy. *BMC Public Health*. 2025;25(1):2052.

31. Vasconcelos NM, Souza JB, Filho AMS, Coelho PH, Reinach S, Stein C, et al. Female homicides in Brazil: global burden of disease study, 2000–2018. *Lancet Reg Health Am*. 2024;40:100935.

32. Vasconcelos NM, Gomes CS, Souza JB, Andrade FMD, Bernal RTI, Machado EL, et al. Who are the adult women exposed to violence in Brazil? *Rev Saude Publica*. 2025;59:e236103.