

Approach to violent situations in population surveys: scoping review

Abordagem das situações de violências em inquéritos populacionais: revisão de escopo

Heloísa Garcia Claro Fernandes¹, Nathalia Nakano Telles², Priscilla de Oliveira Luz², Julia Carolina de Mattos Cerioni Silva², Guilherme Correa Barbosa³, Aline Geovanna de Lima Baquete¹, Márcia Aparecida Ferreira de Oliveira²

DOI: 10.1590/2358-2898202414292471

ABSTRACT This paper aimed to map population surveys that identify data on domestic, intra-family, intimate partner and sexual violence, including approaches to sexual behavior and sexual and gender diversity. This is a scoping review that follows the guidelines of the Joanna Briggs Institute and the PRISMA checklist. The search was carried out from December 2021 to April 2022 in the LILACS and Medline databases, Brazilian Digital Library of Theses and Dissertations for gray literature, and extended to 18 sources among websites and institutions relevant to the theme. Out of the 1,191 publications retrieved, 57 were included. Most of the surveys were conducted in Brazil, Portugal and the United States, with a recent increase in the last two decades. The studies focused mainly on domestic or sexual violence and obtained data by means of face-to-face interviews. It is clear that variables such as risk and protective factors, predictors and social determinants of violence are still underexplored in surveys, limiting the understanding of the matter. This review can support the planning of new research and subsequent prevention actions, evaluation of health services and interventions, as well as the fulfillment of public policies to manage the social and individual burden imposed on victims of violence.

KEYWORDS Epidemiological surveys. Questionnaires. Violence. Exposure to violence.

RESUMO O artigo teve como objetivo mapear inquéritos populacionais que identificam dados sobre violências domésticas, intrafamiliares, por parceiro íntimo e sexual, incluindo abordagens sobre comportamento sexual e diversidade sexual e de gênero. Realizou-se uma revisão de escopo conforme as diretrizes do JBI e do checklist PRISMA-ScR. A busca foi conduzida de dezembro de 2021 a abril de 2022 nas bases de dados Lilacs e Medline, Biblioteca Digital Brasileira de Teses e Dissertações para a literatura cinzenta, e extensiva a 18 fontes, dentre sites e instituições pertinentes ao tema. Das 1.191 publicações recuperadas, 57 fizeram parte da amostra final. A maior parte dos inquéritos foi conduzida no Brasil, Portugal e Estados Unidos. Os estudos focaram, principalmente, na violência doméstica ou sexual, sendo seus dados obtidos por entrevista presencial. Percebe-se que variáveis como fatores de risco e proteção, preditores e determinantes sociais de violência ainda são pouco exploradas nos inquéritos, limitando a compreensão do fenômeno. A revisão aqui relatada pode subsidiar o planejamento de novas pesquisas e subsequentes ações de prevenção, avaliação de serviços e de intervenções em saúde, bem como a implantação de políticas públicas de manejo da carga social e individual impostas às vítimas de violência.

PALAVRAS-CHAVE Inquéritos epidemiológicos. Questionários. Violência. Exposição à violência.

¹Universidade Estadual de Campinas (Unicamp) - Campinas (SP), Brasil.

²Universidade de São Paulo (USP) - São Paulo (SP), Brasil.
pris_luz@usp.br

³Universidade Estadual Paulista Júlio de Mesquita Filho (Unesp) - São Paulo (SP), Brasil.



Introduction

Violence is a matter that permeates various contexts, histories, cultures, genders, and can be experienced by people at different stages of development. The world report on violence, proposed and carried out by the World Health Organization (WHO) in 2002, was the first to globally address the issue, showing that more than 1.6 million people lost their lives annually as a result of collective, interpersonal or self-inflicted violence. WHO identified that the impact of those losses may indirectly harm an immeasurable number of people and showed that where situations of violence persist, health is strongly compromised collectively¹.

When gender is specifically addressed, it is possible to identify that violence against women is present in all countries and cultures, harming millions of victims and their families. The WHO report estimated the prevalence of violence against women and informed that about 641 million women suffered violence in 2018 worldwide, and only 6% of them reported having been sexually assaulted by someone other than their husband or intimate partner. Due to underreporting, it can be said that the real number is probably significantly higher, and aggravated by the covid-19 pandemic^{2,3}.

An estimated 37% of women living in the poorest countries have experienced physical or sexual violence from their partner throughout their lives. Some of those countries reach rates up to one in two women. Younger women are at greater risk of recent violence. Among those who have been in an intimate relationship, the highest rates (up to 16%) of intimate partner violence in the last twelve months involved people between 15 and 24 years of age².

Intimate partner violence is the most common form of violence against women. According to the Pan American Health Organization (PAHO), violence against women is a widespread public health and human right problem. In Americas, one in three women suffers physical or sexual violence during her

lifetime, and risk factors are found at the individual, family, community, and social spheres³.

The United Nations (UN) 2030 Agenda for Sustainable Development, in its sixteenth goal, provides for peace, justice and effective institutions. The goal for significantly reducing all forms of violence and mortality rates emphasizes the importance of research on this matter⁴.

Preventing violence requires addressing structural economic and social inequalities to ensure access to education, housing and safe work, and transforming gender-discriminatory norms and institutions². Successful interventions also include strategies ensuring that essential services be available and accessible to survivors, support women's organizations, challenge unjust social norms, reform discriminatory laws, and strengthen legal and care responses². To this end, it is necessary for governmental, educational and research institutions to develop investigations based on the design of population surveys to map and monitor data that contribute to the definition of priorities, investments and that are able to subsidize public policies and intersectoral practices to fight against violence⁵.

Jointly analyzing survey data and routine secondary data from the Unified Health System (SUS) adds to and widens the understanding of health about a country's population. In addition, surveys allow for the indicators assessed to be intersected for population subgroups, evidencing and monitoring social inequalities in health⁵.

Surveys carried out in different countries⁶⁻⁸ question issues related to violence. They make possible to compare protection speeches with the reality of each place, in addition to ensuring data for the design of policies aimed at confronting that issue. The existing surveys in Brazil, even the Atlas of Violence⁹, are not sufficient to cover the various contexts and scenarios of violence existing in the Country. Many need to be reviewed and improved¹⁰, bringing relevance to this review.

Scoping reviews allow for mapping, synthesizing, and analyzing broad and varied evidence on a given topic, in addition to subsidizing the construction of new investigations¹¹. Therefore, for the construction of surveys and studies on violence, it is useful to map the available evidence on how research and surveys on violence are carried out, what are the means used to approach the respondents, which variables to be applied, what hinders and eases the research, what is the methodological orientation, among others.

The purpose of the scoping review is not to inform the results on the outcomes of studies on violence, such as, for example, a traditional systematic review on the subject, but to guide, based on evidence in the literature, the best practices on how to carry out surveys and studies on violence with the population and to subsidize censuses, population studies, surveys, inquiries, and epidemiological studies that are, in turn, tools for the planning of public policies for managing violence and its consequences.

Thus, this study aimed to develop a scoping review to map population surveys with the purpose to identify data on domestic, intrafamily, intimate partner and sexual violences, including approaches to sexual behavior and sexual and gender diversity. The findings are expected to support the design of strategies for collecting and analyzing data on violence for further use in population surveys.

Material and methods

This is a scoping review classified as a descriptive, exploratory and bibliographic study. It followed the JBI methodology for scoping reviews^{12,13} and the PRISMA-ScR¹⁴ checklist. The protocol here adopted was registered on the Open Science Framework (OSF) platform under DOI: 10.17605/OSF.IO/AJ6GC. Scoping reviews contain a search question and criteria broader than traditional systematic reviews, although they also adopt systematic

and transparent methods during their preparation. It is a study design useful to broadly map the available evidence on a given theme¹⁴.

The PCC acronym strategy was chosen for the research question definition, as follows: P for problem – population-based surveys; C for concept – domestic, intrafamily, intimate partner and sexual violences, including approaches also to sexual behavior and sexual and gender diversity as to those related to equity policies; and C for context – global. The review aimed at knowing surveys and population-based that addressed data on violence.

The selected documents contained data on respondents who suffered some kind of violence, such as the intentional use of force or power, real or threatened, against oneself, against another person, against a group or a community, which resulted or had the possibility of resulting in injury, death, psychological damage, developmental disability or deprivation¹⁵.

The eligible documents were those which addressed inquiries on data collection containing domestic, intrafamily, intimate partner and sexual violences, including approaches on sexual behavior and sexual and gender diversity, regardless the accountable institutions, and cultural or geographical aspects. Inquiry is understood as research methodologies adopting systematic data collection strategies based on interviews applied to a significant sample of the population under analysis with the aim to support the design and assessment of public policies¹⁶.

Search design

Preliminary searches were performed through databases that publish protocols, such as OSF, Cochrane, Figshare, JBI and PROSPERO, where no scope or systematic reviews on the subject were identified. Database searches were carried out from December 2021 to April 2022 and prioritized the retrieval of population-based surveys published in report format. Upon the absence of that material,

studies published in the format of scientific papers were adopted.

An initial search limited to national and international databases – such as the Institute of Applied Economic Research (IPEA) and the National Institute of Justice (USA) – was carried out to identify documents on the theme. Both relevant words from the text, titles and abstracts, and index terms used to describe the retrieved documents were used to develop a complete search design.

The search design included the descriptors “violence”, “exposure to violence”, “demographic inquiry”, “demography” and their variations, following the Health Sciences Descriptors (DeCS) and the Medical Subject

Headings (MeSH), adapted to each source of information, as well as the combination of the Boolean operators AND and OR. Given the non-classical characteristics of databases researched, the search in each of them had to be adapted to the resources available in their electronic addresses. We used strategies such as manual searches on website icons, simple search with terms like “violence” and “survey”, “violence and survey”, “violence”, among others, in search boxes of electronic addresses. *Table 1* summarizes strategies, dates, and results of the searches carried out in each source. There was no restriction as for language or publication period.

Table 1. Description of search dates, results and designs as per each data source

Database	Search date *	#	
		Records	Design
BVS (Lilacs e Medline)	21/12/2022	836	(“Demographic Survey” OR Demography) AND (Violence OR “Exposure to violence”) - filter “title, abstract, subject”
Instituto Maria da Penha	21/12/2021	3	Icon ‘Search’
IPEA	21/01/2022	88	Search field: violence
Instituto sou da Paz	21/01/2022	0	It only brings news linked to other media
Fórum Brasileiro de Segurança Pública	21/01/2022	13	Search field: violence
Instituto Patrícia Galvão	21/01/2022	08	Icon ‘Our Searches’
Laboratório de Análise da Violência	21/01/2022	25	Icon ‘Productions’
Instituto Marielle Franco	21/01/2022	0	There are no scientific productions
Instituto Maria da Penha	21/01/2022	0	There are no scientific productions
Observatório da Violência Contra a Mulher Santa Catarina	21/01/2022	09	There is a link to publications on the website, but none of them brings diagnoses or inquiries
Observatório da Violência Contra a Mulher RS	21/01/2022	15	There is a link to publications on the website, but none of them brings diagnoses or inquiries
Observatório Judicial da Violência contra a Mulher RJ	21/01/2022	23	Icon ‘Productions on the website itself’
Observatório Nacional de Violência de Gênero – Lisboa	21/01/2022	71	Icon ‘Productions ARTICLES’
Observatório Nacional de Violência de Gênero – Lisboa	24/01/2022	270	Icon ‘Productions BOOKS’
Observatório Nacional de Violência de Gênero – Lisboa	24/01/2022	124	Icon ‘Productions ACADEMIC THESES’
Observatório Nacional de Violência de Gênero – Lisboa	24/01/2022	96	Icon ‘Productions REPORTS’

Table 1. Description of search dates, results and designs as per each data source

Database	Search date *	# Records	Design
IBGE	03/02/2022	269	Violence
Biblioteca Virtual em Saúde (Bireme)	25/04/2022	362	("Demographic Survey" OR Demography) AND ("Violence" OR "Exposure to violence"). Filter "Full text"
Fundação Oswaldo Cruz	19/02/2022	343	Search field: violence
Unidade de Pesquisa em álcool e Drogas (Uniad)	14/04/2022	0	Publications' website icon
Biblioteca Digital Brasileira de Teses e Dissertações - BDTD	20/04/2022	836	Search field: "(All fields: violence AND All fields: survey)"
Associação Brasileira de Defesa da Mulher da Infância e da Juventude - Asbrad	20/04/2022	1	Straight to the link Publications
Associação Portuguesa de Apoio à Vítima - Apav	20/04/2022	29	Publications' website icon
Centro Latino-Americano de Estudos de Violência e Saúde Jorge Careli (NID/Claves)	20/04/2022	3	Library - inquiry and survey
Centers for Disease Control and Prevention (CDC - EUA)	30/04/2022	39	Search field: violence and survey
Conselho Nacional de Justiça - CNJ	30/04/2022	4	Website icons
National Institute of Justice	30/04/2022	5	Search field: violence survey (publication)
Unicef	30/04/2022	5	Search field: violence

Source: Prepared by the authors.

* day/month/year.

Data sources

Searches were performed in databases and websites of institutions most commonly involved with these themes. Databases initially searched were LILACS and MEDLINE, in addition to Ipea portals, Observatory of Violence Against Women in Santa Catarina, Observatory of Violence Against Women in Rio Grande do Sul, Judicial Observatory of Violence Against Women in Rio de Janeiro, National Observatory of Gender Violence in Lisbon, Brazilian Institute of Geography and Statistics (IBGE), Oswaldo Cruz Foundation, and Alcohol and Drugs Research Unit (UNIAD).

Further databases were identified and added during the selection process or in the reading phase of the publications in full: Laboratory

for the Analysis of Violence, Brazilian Forum on Public Security, Marielle Franco Institute, Maria da Penha Institute, Patrícia Galvão Institute, Sou da Paz Institute, Brazilian Association for the Defense of Women, Children and Youth (ASBRAD), Association for Victim Support (APAV), Jorge Careli Latin American Center for the Study of Violence and Health (Information and Document Center (NID)/CLAVES), besides those already proposed in the review protocol. The search for unpublished studies and gray literature was carried out in the Brazilian Digital Library of Theses and Dissertations (BDTD).

Selection of documents

All identified quotes were collected and inserted into an Excel spreadsheet. Titles and

abstracts were analyzed by pairs of independent reviewers as to the inclusion criteria for the review. A pilot test was conducted to adjust the level of agreement among reviewers. All potentially relevant documents were retrieved in full. Pairs of independent reviewers assessed the full text of the selected quoting in detail, being the reasons for their exclusion from the studies recorded and reported. Any disagreement between reviewers at each stage of the selection process was solved with the aid of a third reviewer. Research outcomes were depicted by means of the flowchart PRISMA¹⁴.

Data retrieval

In the first stage, pairs of reviewers extracted data independently, using an extraction form prepared and previously tested by the reviewers. The extracted data included bibliographic details and specific information for the review, following the topics: i) bibliographic details: study title, author(s), publication date, geographic location, and type of publication; ii) study details: objective(s), study design, study population – sex/gender, age, education, geographic region, income, race/color, marital status, occupation, religion, and whether they have children – , sample, screening instruments, and violence rates; iii) specific information for this scoping review: types of violence, variables adopted to describe

conditions of domestic, intrafamily, intimate partner and sexual violences, including approaches to sexual behavior and sexual and gender diversity and related to equity policies and forms of investigation; and iv) main troubles.

There was no need to contact the authors whose documents were selected by de research for missing data or additional information.

Data summary

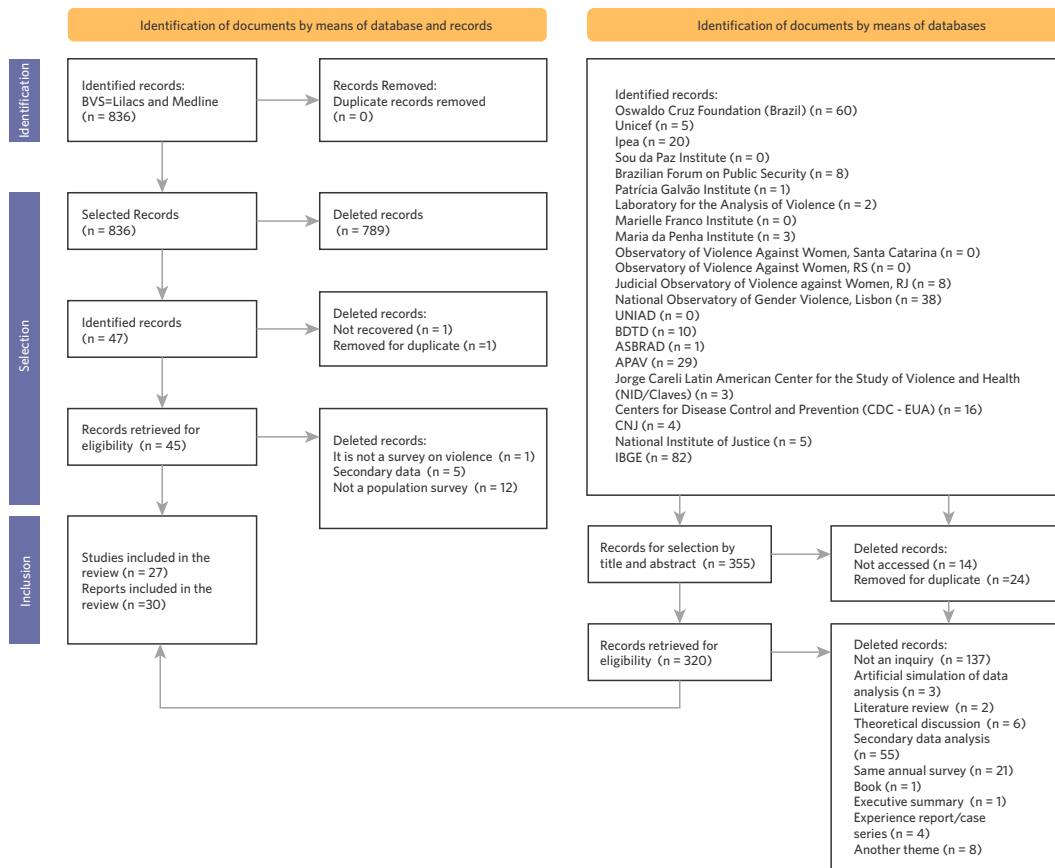
Based on the JBI scoping review guidelines^{12,13} to illustrate and summarize key findings, data were depicted separately in tabular and graphical form for each approach.

A brief description accompanied the results. All findings were merged and classified as to main categories retrieved during the data retrieval process. Specific subcategories were related to the review questions so to identify and clarify how the literature addressed: i) population; ii) concept, i.e., description, methodology or methods; iv) context, v) tracking and sizing instruments, v) research design, vi) types of population surveys.

Results

The search resulted in 1,191 publications, of which 57¹⁷⁻⁷³ were accepted for the scoping review, as shown in the *figure 1*.

Figure 1. Flow diagram of the study selection process as per PRISMA, 2020



Source: Prepared by the authors

Table 2 informs that the accepted studies were mostly published from 2011 to 2020 and that only three publications discussed the theme before the year 2000. It should be noted that, in 2021 and 2022 alone, four studies have already been published on the matter. Brazil led in the number of publications in that sample, making South America the continent with the highest number of publications on

the theme (n = 30), followed by the United States (n = 8), Portugal (n = 3), Bangladesh (n = 2), and Spain (n = 2). Africa (n = 6) and Asia (n = 4) were also representative in the sample. Regarding the sample of this review, most of the selected material was published in scientific papers.

Table 2. Systematization of the studies included in the review sample as per author, year, type of publication, country of origin, and territorial coverage. Sorted as per selection in the sample.

Author	Year	Publication	Country	Coverage
Carvalho e Oliveira ¹⁷	2016	Report or inquiry	Brazil	National
Fórum Brasileiro de Segurança Pública ¹⁸	2021	Report or inquiry	Brazil	National
Instituto Patrícia Galvão ¹⁹	2020	Report or inquiry	Brazil	National
Instituto de Economia Aplicada ²⁰	2014	Report or inquiry	Brazil	National
Instituto Patrícia Galvão ²¹	2013	Report or inquiry	Brazil	National
Instituto Avon ²²	2013	Report or inquiry	Brazil	National
Medina-Ariza e Barberet ²³	2003	Paper	Spain	National
Memiah et al. ²⁴	2020	Paper	East Africa	Local
Bellizi et al. ²⁵	2019	Paper	Afghanistan, Colombia, India, Mali, Peru, Philippines and Sao Tome and Principe	International
Kuhlmann et al. ²⁶	2017	Paper	Honduras	National
Carmona-Torres et al. ²⁷	2017	Paper	Spain	National
Brasil ²⁸	2017	Report or inquiry	Brazil	National
Conserve et al. ²⁹	2016	Paper	Haiti	National
Lima ³⁰	2016	Monograph	Brazil	National
Kdoku e Asante ³¹	2015	Paper	Ghana	National
Zembe et al. ³²	2015	Paper	South Africa	State
Rahman et al. ³³	2013	Paper	Bangladesh	National
Boel-Studt e Renner ³⁴	2013	Paper	United States	National
Luz et al. ³⁵	2011	Paper	Brazil	National
Lindner et al. ³⁶	2015	Paper	Brazil	Municipal
Garcia e Silva ³⁷	2018	Paper	Brazil	National
Moraes et al. ³⁸	2017	Paper	Brazil	National
Lima et al. ³⁹	2017	Paper	Brazil	National
Gil et al. ⁴⁰	2015	Paper	Portugal	National
Malta et al. ⁴¹	2015	Paper	Brazil	National
Andrade et al. ⁴²	2012	Paper	Brazil	National
Silva et al. ⁴³	2012	Paper	Brazil	Municipal
Zanoti-Jeronymo et al. ⁴⁴	2009	Paper	Brazil	National
Anacleto et al. ⁴⁵	2007	Paper	Brazil	Municipal
Moraes et al. ⁴⁶	2008	Paper	Brazil	District
Ortiz-Hernandez e Torres ⁴⁷	2005	Paper	Mexico	National
Ferreira et al. ⁴⁸	2015	Paper	Brazil	Municipal
Azevêdo et al. ⁴⁹	2013	Paper	Brazil	Municipal
Costa et al. ⁵⁰	2017	Paper	Brazil	Municipal
Alves et al. ⁵¹	2012	Paper	Brazil	Municipal
Ferdos e Rahman ⁵²	2018	Paper	Bangladesh	National
Boing et al. ⁵³	2019	Paper	Brazil	National
Halpern et al. ⁵⁴	2017	Paper	Brazil	National
Pilecco et al. ⁵⁵	2011	Paper	Brazil	National

Table 2. Systematization of the studies included in the review sample as per author, year, type of publication, country of origin, and territorial coverage. Sorted as per selection in the sample.

Author	Year	Publication	Country	Coverage
Augusto ⁵⁶	2010	Master's thesis	Brazil	Municipal
Associação Portuguesa de Apoio à Vítima ⁵⁷	2022	Report or inquiry	Portugal	Municipal
Griboski ⁵⁸	2015	Doctoral thesis	Brazil	Municipal
Bhona ⁵⁹	2011	Master's thesis	Brazil	Municipal
Molinos ⁶⁰	2011	Master's thesis	Brazil	State
Khalifeh ⁶¹	2013	Paper	England	International
Dadoud et al. ⁶²	2012	Paper	Canada	National
Deribe et al. ⁶³	2012	Paper	Ethiopia	National
Navaratne et al. ⁶⁴	2009	Paper	Sri Lanka	District
Leemis et al. ⁶⁵	2022	Report or inquiry	United States	National
Smithe et al. ⁶⁶	2017	Report or inquiry	United States	National
Felliti et al. ⁶⁷	1998	Paper	United States	Municipal
Instituto Nacional de Saúde ⁶⁸	2022	Report or inquiry	Mozambique	National
Tjalden e Thoennes ⁶⁹	1998	Paper	United States	National
Tjalden e Thoennes ⁷⁰	1998	Paper	United States	National
Taylor et al. ⁷¹	2016	Report or inquiry	United States	National
Grottpeter et al. ⁷²	2008	Report or inquiry	United States	National
Lisboa et al. ⁷³	2009	Report or inquiry	Portugal	National

Source: Prepared by the authors.

Most studies wanted to know the opinion of more than one interviewee. The most common opinion came from women, even when gender violence was not directly addressed. Elderly people and adolescents were also quite assessed in the surveys. The low number of studies questioning the opinion or experience of children and vulnerable populations is noteworthy. Regarding the retrieval method, 49 studies adopted interviews^{17,18,22-25,28-31,33-66,68-73} and

eight applied questionnaires^{19-21,26,28,32,67,68}. Face-to-face interviews were the main retrieval method adopted in 43 studies^{17,18,22-25,28,29,33,35-66,72,73}, while face-to-face questionnaires were applied in four studies^{20,21,26,32}. Online questionnaires were the mean in three studies^{19,27,68}, while online interviews were the retrieval method of just one study⁷¹. The purposes of the studies accepted in the sample of this review are summarized in *table 3*.

Table 3. Description of the studies included in the review sample as for author, purpose, sample, and method of collection.

Author	Purpose	Sample	Collection method
Carvalho e Oliveira ¹⁷	To develop a questionnaire capable of balancing the wide range of perspectives involved in the modern analysis of domestic violence, to collect this data, and to articulate an international interdisciplinary scientific research group around the research.	Women aged 16 years and over	Face-to-face interview
Fórum Brasileiro de Segurança Pública ¹⁸	To measure the victimization rate of women for a set of violence situations, as well as the population's perception on the topic.	Population in general aged 16 years and over	Face-to-face interview
Instituto Patrícia Galvão ¹⁹	Not reported.	Women and men	Online Questionnaire
Instituto de Economia Aplicada ²⁰	To ascertain perceptions of the Brazilian population on issues related to violence against women.	Population in general aged 16 years and over	Face-to-face questionnaire
Instituto Patrícia Galvão ²¹	To assess the perception on violence and murders of women and to capture the perception of men and women on the scenario of domestic violence against women in Brazil, especially regarding women murders by their partners or ex-partners.	General population	Face-to-face questionnaire
Instituto Avon ²²	To listen to men and to know their perception on domestic violence.	Men perpetrators of violence, specialists, women and men aged 16 years and over	Face-to-face interview
Medina-Ariza e Barberet ²³	To measure violence against women and argue that it is crucial to incorporate issues about perceived abuse.	Women	Face-to-face interview
Memiah et al. ²⁴	To examine relations among intimate partner violence against East African women and risk of death of their neonates, infants and children, as well as among related variables.	Women aged 15 to 49 years	Face-to-face interview
Bellizi et al. ²⁵	To assess the relation between the length of exposure to intimate partner sexual violence and eclampsia.	General population	Face-to-face interview
Kuhlmann et al. ²⁶	To describe the relation between exposure to intimate partner physically or sexually violence and the use of prenatal care services among Honduran women of reproductive age.	Married women or living in a stable union and having at least one child aged five years and younger.	Face-to-face questionnaire
Carmona-Torres et al. ²⁷	To determine the prevalence of intimate partner violence among health professionals working in the Spanish National Health System as for the autonomous communities of Spain.	Health professionals of both sexes	On-line questionnaire
Brasil ²⁸	To promote policies for the prevention and protection of people under violence risk and victims of accidents so to reduce their occurrence, contributing to the promotion of health and quality of life.	Victims of violence and accidents due to external causes who sought for care in emergency services	Face-to-face interview
Conserve et al. ²⁹	To investigate attitudes about intimate partner violence, knowledge and use of condoms.	Men aged 15 to 59 years	Face-to-face interview
Lima ³⁰	To compare the sociodemographic characteristics of women as for color, with a focus on black women, and to analyze the most common types of aggression inflicted on them in childbirth care by the Unified Health System.	Women attended in public and private maternity hospitals affiliated with SUS throughout Brazil	Telephone interview
Kdoku e Asante ³¹	To investigate the factors influencing women's approval of domestic physical violence among Ghanaian women aged 15 to 49 years.	Women and men aged 15 to 49 years	Face-to-face interview at home

Table 3. Description of the studies included in the review sample as for author, purpose, sample, and method of collection.

Author	Purpose	Sample	Collection method
Zembe et al. ³²	To relate the extent and to correlate intimate partner violence; to explore the unequal power relationship and the role of sexual and social risks in the infliction of violence among young women aged 16 to 24 years.	Black women aged 16 to 24 years, living, working or fraternizing in the study community who reported having multiple sexual partners in the past three months	Self-completed questionnaire
Rahman et al. ³³	To examine the relation among multidimensional aspects, gender inequity, and risk of intimate partner violence.	Bangladeshi married women	Face-to-face interview
Boel-Studt e Renner ³⁴	To explore the relation among youth characteristics, parenting behavior, risk of family violence, and risk of physical or psychological peer victimization.	Adolescents aged 10 to 17 years	Face-to-face interview
Luz et al. ³⁵	To examine sociodemographic characteristics, outcomes, and types of accidents and violence that led to care in 74 services-sentinel located in 23 Brazilian state capitals and the Federal District.	General population aged 20 years and over	Face-to-face interview
Lindner et al. ³⁶	Investigate the relation between sex and physical intimate partner violence.	Population aged 20 to 59 years	Face-to-face interview
Garcia e Silva ³⁷	To describe the care profile provided to victims of intimate partner violence in emergency services associated to the Unified Health System (SUS), and to investigate differences between the sexes.	All services rendered due to violence	Face-to-face interview
Moraes et al. ³⁸	To estimate the prevalence of physical violence between intimate partners in the first six months after delivery among women being attended in primary health care units (UBS) in Rio de Janeiro, Brazil, aiming the child following-up.	Mothers of children up to six months of age who sought for pediatric or childcare consultations among the 27 UBS of the Unified Health System (SUS) in the city of Rio de Janeiro	Face-to-face interview
Lima et al. ³⁹	To estimate the prevalence of violence against female sex workers as to nature and perpetrator, and to identify associated factors.	Female sex workers	Face-to-face interview
Gil et al. ⁴⁰	To deepen and characterize the sociodemographic and socioeconomic structure of the victim, the knowledge of the processes and conditions of violence in the context of family life by types of behavior, frequency and feelings related to victimization; to identify the risk factors related to poly-victimization and to understand the trajectories of the victims in the institutional network. They also intended to deepen and combine greater knowledge of the problem with useful recommendations for policy-making, meeting the concerns raised by WHO.	Elderlies	Face-to-face interview
Malta et al. ⁴¹	To analyze the profile of emergency care for accidents and violence involving children under 10 years of age in Brazil in 2011.	Children up to 10 years of age who are victims of accidents and violence who sought for care in the selected emergency services	Face-to-face interview
Andrade et al. ⁴²	To identify the relation between the consumption of alcohol and other drugs and bullying with involvement in situations of physical violence among adolescents aged 13 to 15 years in public and private schools of Brazilian capitals and the Federal District.	Adolescents aged 13 to 15 years	Face-to-face interview
Silva et al. ⁴³	To assess whether physical intimate partners violence is a risk factor for late follow-up inception of children in primary health care units (UBS).	Children in the first six months of life	Face-to-face interview
Zanoti-Jeronymo et al. ⁴⁴	To assess the prevalence of physical abuse and exposure to parental violence in childhood regarding sociodemographic characteristics.	Adolescents aged 14 years and over	Face-to-face interview
Anacleto et al. ⁴⁵	To estimate the prevalence of intimate partners' violence and associated factors in Lages, Santa Catarina State, Brazil.	Adult females aged 20 to 59 years	Face-to-face interview

Table 3. Description of the studies included in the review sample as for author, purpose, sample, and method of collection.

Author	Purpose	Sample	Collection method
Moraes et al. ⁴⁶	To estimate the prevalence of physical violence against the elderly in the domestic environment in a population enrolled in the Family Health Program in Niterói, Rio de Janeiro State, Brazil.	Elderlies	Face-to-face interview
Ortiz-Hernandez e Torres ⁴⁷	To estimate the frequency of mental health damage by means of perceived health status, suicidal ideation, suicide attempt, common mental disorders, and alcoholism in bisexual, lesbian, and homosexual individuals in Mexico City; and to analyze possible relation of violence and discrimination with mental health of that population.	Bisexuals, lesbians and homosexuals who provide care for bisexuals, lesbians and homosexuals in Mexico City	Face-to-face interview
Ferreira et al. ⁴⁸	To assess whether physical intimate partner violence impacts the nutritional status of adult women with different Body Mass Indexes (IMC).	Women aged 20 to 59 years	Face-to-face interview
Azevêdo et al. ⁴⁹	To investigate the relation between unplanned pregnancy and intimate partner violence prior to pregnancy.	Women aged 18 to 49 years who have had an unplanned pregnancy	Face-to-face interview
Costa et al. ⁵⁰	To investigate factors connected to physical violence against pregnant women.	Women at 22 to 25 weeks gestation	Face-to-face interview
Alves et al. ⁵¹	To identify the steps of exposure to community violence reported by parents and guardians of children aged 4 to 12 years and the relation with childhood asthma symptoms.	Children aged 4 to 12 years	Face-to-face interview
Ferdos e Rahman ⁵²	To explore the relation between malnutrition and intimate partner violence among 1,086 young people in Bangladesh aged 13 to 24 years.	Women aged 15 to 24 years	Face-to-face interview
Boing et al. ⁵³	To quantify the general importance of schools explaining individual variation in tobacco use, and to test the relation between the characteristics of school environment and its proximity to experimentation and regular use of tobacco.	Students in the 9th grade of elementary school	Face-to-face interview
Halpern et al. ⁵⁴	To evaluate housing status in relation to the severity of psychoactive substance use, situations of violence, and physical and emotional health of crack users who sought for care in Psychosocial Care Centers for Alcohol and Drugs (Caps-ad).	Crack user adults who sought for CAPSad for addiction treatment	Face-to-face interview
Pilecco et al. ⁵⁵	To investigate the relation between the practice of abortion and the declaration of sexual coercion.	Young women	Face-to-face interview
Augusto ⁵⁶	To evaluate the frequency of cases associated to the use of alcohol and other drugs among the reports of family violence in the nine Women's Protection Police Stations of São Paulo Municipality (DDMs).	Women who sought for the women's protection police stations for complaints of family violence	Face-to-face interview
Associação Portuguesa de Apoio à Vítima ⁵⁷	To further and contribute to the information, protection and support of citizens victims of criminal offences.	Direct victims of violence	Face-to-face interview
Griboski ⁵⁸	To identify the meanings and occurrence of intimate partner violence (VPI) against women rural workers; to describe the sociodemographic profile and the occurrence of intimate partner violence against rural worker women and leaders; to estimate the prevalence and frequency of VPI; to analyze the speeches attributed to VPI meanings.	Rural workers participating in the 4th March of the Daisies, and rural leaders	Face-to-face interview
Bhona ⁵⁹	To investigate the relation between episodes of domestic violence between the couple or directed at the children, and the patterns of alcohol consumption among women in a low-income neighborhood of the city of Juiz de Fora.	Women aged 18 to 60 years	Face-to-face interview
Molinos ⁶⁰	To identify episodes of violence with impairment of physical integrity or moral or psychological aggression and the conditions of safety and prevention of violence at work suffered by the Family Health Strategy professionals who work in health services in the municipalities of Coari, Manacapuru, Parintins and São Gabriel da Cachoeira, state of Amazonas, from the perspective of medical professionals, nurses, dentists, and community health agents.	Family Health Strategy professionals	Face-to-face interview

Table 3. Description of the studies included in the review sample as for author, purpose, sample, and method of collection.

Author	Purpose	Sample	Collection method
Khalifeh ⁶¹	To analyze the British Crime Survey (BCS) for the years 2009 and 2010. This was a nationally representative longitudinal study involving 44,398 adults living in a family environment in England and Wales.	Men and women aged 16 and over living in private households in England and Wales	Face-to-face interview
Dadoud et al. ⁶²	To describe the prevalence of abuse before, during, and after pregnancy in a national population-based sample of new Canadian mothers.	Mothers aged 15 years and older living in Canadian provinces and territories	Telephone interview
Deribe et al. ⁶³	To assess the magnitude of intimate partner violence in a predominantly rural community of southwestern Ethiopia.	Married women aged 15 to 49 years	Face-to-face interview
Navaratne et al. ⁶⁴	To assess the incidence of various types of injuries in Galle District, Sri Lanka.	General population who has suffered fatal, disabling, and non-fatal injuries within the past 30 days	Face-to-face interview
Leemis et al. ⁶⁵	To summarize experiences of victims of sexual violence in the United States over a twelve-month period.	Adults aged 18 years and over	Face-to-face interview
Smithe et al. ⁶⁶	To describe the national and state spheres: the prevalence and characteristics of sexual violence, stalking, and intimate partner violence; the impact of intimate partner violence; the prevalence of those forms of violence against minors; and the health conditions related to those forms of violence.	Adults aged 18 years and over	Face-to-face interview
Felliti et al. ⁶⁷	To describe long-term relation of childhood experiences of important medical and public health problems.	Kaiser Health Plan Members	Questionnaire by mail
Instituto Nacional de Saúde ⁶⁸	To collect, analyze and disseminate data on violence against children and young people.	Respondents aged 13 to 24 years	Online Questionnaire
Tjalden e Thoenes ⁶⁹	To investigate the level of persecution in the United States; who persecutes whom; how often persecutors openly threaten their victims; how often persecutions are reported to the police; and what are the social and psychological consequences of persecution.	General adult population	Telephone interview
Tjalden e Thoenes ⁷⁰	To understand violence against women.	General adult population	Telephone interview
Taylor et al. ⁷¹	To build a field of knowledge on adolescent dating relationships, especially those marked by abuse in adolescent relationships.	Adolescents aged 10 to 18 years and their parents	On-line interview
Grotper et al. ⁷²	To analyze reports of sexual abusers who were part of a nationally representative longitudinal sample for 26 years.	Respondents aged 11 to 43 years, their partners and parents	Face-to-face home or telephone interview
Lisboa et al. ⁷³	To describe main conclusions resulting from the National Survey "Gender Violence", issued by the Commission for Citizenship and Gender Equality (CIG) and developed by the Faculty of Social Sciences and Humanities of the New University of Lisbon (FCSH-UNL), by means of SociNova/CesNova.	Men and women aged 18 years and over	Face-to-face interview at home or in public places

Source: Prepared by the authors.

Note: The objectives of the original papers were freely translated.

Only two studies^{17,64} did not deal with socio-demographic data on the population surveyed. Maternity or paternity status was the least investigated among the information retrieved by the data extraction instrument. The most

investigated variable was the age of the person interviewed. Curiosity about the interviewee's race/color was shown in less than half of the studies. *Table 4* depicts the sociodemographic variables assessed in the sample studies.

Table 4. Sociodemographic variables adopted in each study of the sample

Author	Variables											
	Sex/gender*	Age	Education	Geographic region	Income	Race/color	Marital status	Occupation/ employment status	Religion	Children	Economic support	Self-reported use of alcohol or other substances
Carvalho e Oliveira ¹⁷	No	No	No	No	No	No	No	No	No	No	No	No
Fórum Brasileiro de Segurança Pública ¹⁸	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No
Instituto Patrícia Galvão ¹⁹	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No
Instituto de Economia Aplicada ²⁰	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No
Instituto Patrícia Galvão ²¹	Yes	Yes	No	Yes	No	No	No	No	No	No	No	No
Instituto Avon ²²	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No
Medina-Ariza e Barberet ²³	No*	No	No	Yes	No	No	Yes	No	No	No	No	No
Memiah et al. ²⁴	No*	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No
Bellizi et al. ²⁵	No*	Yes	No	Yes	Yes	No	No	Yes	No	No	No	No
Kuhlmann et al. ²⁶	No*	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No
Carmona-Torres et al. ²⁷	Yes	Yes	No	Yes	No	No	Yes	Yes	No	Yes	Yes	No
Brasil ²⁸	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
Conserve et al. ²⁹	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	No	No	No
Lima ³⁰	No*	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No
Kdoku e Asante ³¹	No*	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	No	No
Zembe et al. ³²	No*	Yes	No	No	Yes	No	No	No	No	No	No	No
Rahman et al. ³³	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
Boel-Studt e Renner ³⁴	Yes	Yes	No	No	No	Yes	No	No	No	No	No	Yes
Luz et al. ³⁵	Yes	Yes	Yes	No	No	Yes	No	No	No	No	No	Yes
Lindner et al. ³⁶	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No
Garcia e Silva ³⁷	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	No	Yes
Moraes et al. ³⁸	No*	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	No
Lima et al. ³⁹	No*	Yes	Yes	No	Yes	Yes	No	No	No	No	No	No
Gil et al. ⁴⁰	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No
Malta et al. ⁴¹	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No
Andrade et al. ⁴²	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No

Table 4. Sociodemographic variables adopted in each study of the sample

Author	Variables											
	Sex/gender*	Age	Education	Geographic region	Income	Race/color	Marital status	Occupation/ employment status	Religion	Children	Economic support	Self-reported use of alcohol or other substances
Silva et al. ⁴³	No*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Zanoti-Jeronymo et al. ⁴⁴	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	No	No	No
Anacleto et al. ⁴⁵	No*	Yes	Yes	No	Yes	No	No	No	No	No	No	No
Moraes et al. ⁴⁶	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No
Ortiz-Hernandez e Torres ⁴⁷	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	No
Ferreira et al. ⁴⁸	No*	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No
Azevêdo et al. ⁴⁹	No*	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No
Costa et al. ⁵⁰	No*	Yes	Yes	No	Yes	No	Yes	No	No	No	No	No
Alves et al. ⁵¹	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No
Ferdos e Rahman ⁵²	No*	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
Boing et al. ⁵³	No*	Yes	Yes	No	No	Yes	No	No	No	No	No	No
Halpern et al. ⁵⁴	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	No	No	No
Pilecco et al. ⁵⁵	No*	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	No	No
Augusto ⁵⁶	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	No	No	No
Associação Portuguesa de Apoio à Vítima ⁵⁷	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No
Griboski ⁵⁸	No*	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No	No
Bhona ⁵⁹	No*	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Molinos ⁶⁰	Yes	Yes	No	No	No	No	No	Yes	No	No	No	No
Khalifeh ⁶¹	Yes	Yes	No	No	No	No	No	No	No	No	No	No
Dadoud et al. ⁶²	No*	Yes	No	Yes	No	Yes	Yes	No	No	No	No	No
Deribe et al. ⁶³	No*	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No
Navaratne et al. ⁶⁴	No	No	No	No	No	No	No	No	No	No	No	No
Leemis et al. ⁶⁵	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No
Smithe et al. ⁶⁶	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No
Felliti et al. ⁶⁷	Yes	Yes	Yes	No	No	Yes	No	No	No	No	No	No
Instituto Nacional de Saúde ⁶⁸	No*	No	Yes	No	No	No	Yes	Yes	No	No	No	No
Tjalden e Thoennes ⁶⁹	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No
Tjalden e Thoennes ⁷⁰	Yes	No	No	No	No	Yes	No	No	No	No	No	No
Taylor et al. ⁷¹	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No	No
Grotper et al. ⁷²	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No
Lisboa et al. ⁷³	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No

Source: Prepared by the authors.

*The sex/gender variable was not investigated in studies interviewing only women as subjects.

Of the 57 studies, 26 investigated domestic violence^{17-21,24-26,28,31,33,35,36,40,41,43, 44,50,52,54-58,63,71}. Most of these, 18 studies^{17,20,24,26,28, 33,35,36,40,41,43,44,50,52,56-58,63}, researched the forms of violence; three studies investigated the place where violence occurred^{18,20,41}; and three others explored the relationship between the victim and the aggressor⁵⁴⁻⁵⁶. Only two investigated violence against pregnant women^{25,50}; one explored the experience of violence¹⁹; one investigated the reasons for domestic violence³¹; and another wanted to know the parents' attitude about domestic violence⁷¹.

Research on situations of intrafamily violence appeared in ten studies^{17,20,34,39,54,55,57,67,68,70}, eight of which questioned the experience of that violence^{17,20,34,39,54,67,68,71} and only two investigated the relationship between the victim and the aggressor^{55,57}. Sixteen studies contained variables on situations of intimate partner or sexual violence^{16-20,26,27,29,32,33,57,62,65,66,68,69,71}, of which twelve exhibited data on forms of violence^{17,19,20,26,27,29,32,33,62,65,66}. Just one explored the relationship between victim and aggressor⁵⁷, and another one discussed violence in the first sexual experience⁶⁸. Twenty studies exhibited variables on sexual behavior^{17,18,20,29,32,34,54,56,58,62-72}, of which twelve investigated sexual violence^{17,55,58,62,63,66-70,72,73}, and thirteen explored sexual harassment^{18,20,29,32,34,54,57,63,65,66,69,71,73}.

Only six studies adopted variables on sexual diversity and gender identity^{20,32,57,68,71,73}, of which three investigated violence related to gender stereotypes^{32,71,73}, such as the stereotype that women would not be able to fill leadership positions, and the other three explored sexual and gender discrimination^{20,57,68}, questioning whether homosexual couples should have the same rights as hetero affective couples.

More specifically regarding sexual violence, inquiries retrieved variables to measure the magnitude of the problem related to sexual violence, identification of risk and protection factors, identification of possible consequences

of sexual violence, guidance on care, strategies and public policies for managing the consequences of violence and the monitoring and evaluation of services, interventions or treatments received by victims of violence.

Discussion

Data discussion considers that the aim of this scoping review is to map population surveys identifying data on domestic, intrafamily, intimate partner and sexual violence. It includes approaches to sexual behavior and sexual and gender diversity and guides the design of data collection and analysis on violence to be carried out in population surveys.

The first step in planning a survey on violence is to determine the central purpose of the study. The surveys included here had the aim to estimate the prevalence of violence in the population, whether sexual, domestic, urban, interpersonal, among others, providing an epidemiological understanding and regional peculiarities and particularities⁷⁴.

Most studies in this sample focused on domestic or sexual violence when compared to other types of violence. As to the literature, the justification lies in the increasing number of studies on domestic violence in recent years⁷⁵, which can be attributed to the growth of public concern on domestic violence driven by awareness campaigns, social movements and cultural changes⁷⁶.

As a result, domestic violence has become more visible and important in society, leading to an increasing demand for research and studies on the theme. However, public interest in data on other types of violence, such as violence against children, for example, has decreased in recent years. The literature connects this result with stress, dissatisfaction and negative feelings related to the spreading of information about violence against children and adolescents^{76,77}.

Many studies have aimed to identify risk and protective factors related to violence. As for other studies, this type of study is useful to

verify whether there is a correlation between the type of violence and age, gender, race, socioeconomic status or other factors able to support local actions and planning for prevention, care, and managing of violence^{74,78,79}.

Besides, we observed that the study variables and questions – whether the victim received the help she needed, what types of resources she received from the services after the violence, where she sought for help, who gave her support, for example – help to identify the consequences of violence also for the victims, by means of consequences on emotional and physical health, and family and social impacts, as for society in general, since the planning of prevention and care actions is an investment in reducing costs and social burdens that result from sexual violence.

To understand the consequences of violence, studies assessed the presence of mental health problems, risk behaviors, impact on productivity, and costs associated with health, social, and victim rights care^{74,78,79}.

Surveys here analyzed have the potential to guide public policies, since they provide important information for the planning of prevention and intervention strategies as for the violence theme⁷⁹⁻⁸¹. An example is the great concern about the risk of sexual violence against women and the LGBTQIA+ population. Thus, women care services, by means of those studies, are encouraged to find signs of violence in the women there attended, rendering explicit help to address resources and efforts to where they are most needed and effective, in a cost-effective basis⁸².

Some surveys also aimed to monitor and evaluate interventions for the handling of violence consequences. When a study confirms the positive results of a practice or intervention, that data subsidizes the dissemination of good practices or evidence-based interventions⁸³. When they raise weaknesses or challenges in the handling of violence situations, the survey results uncover issues that need improvement, better planning or local or cultural adaptations.

It is to note that online forms as research tools for surveys had scarce use in the violence surveys here analyzed.

Yet, online survey forms can be valuable tools for research on violence, as they allow for data to be collected confidentially and anonymously, without the need for displacement or face-to-face approach by an interviewer, which can encourage people to provide more sensitive information in detail about experiences of violence that can be difficult to report in person. Besides, online forms can be quickly disseminated through a broader scope⁸⁴, increasing the possibility of responses coming from people from most remote regions.

However, studies reveal that the use of online tools for studies on violence tends to increase the representation of younger people to the detriment of older ones, which may cause bias in the results⁸⁵. One of the indications of the literature specialized in remote surveys is that they be carried out by means of short and simple questions, easy to be understood by the respondents, and with the aid of powerful tools capable of ensuring total data security^{86,87}.

Population-based surveys and studies are essential tools for understanding violence. When well performed, by means of comprehensive, sensitive, and careful variables, they help to identify the prevalence and patterns of violence, as well as the risk and protective factors connected to violence. Thus, they also subsidize the identification of predictors, social determinants, risk and protection factors, as allow for the evaluation of the existing interventions effectiveness and guide the design of new policies and strategies for prevention and care of victims^{5,15}.

Limitations of the review

The main limitation of this study was the lack of description as to the variables analyzed by some surveys, and the lack of availability of forms and instruments for data collection in open format. The lack of full data retrieval

instruments made it impossible to list and analyze in depth the variables adopted by all the surveys included in this study.

Conclusions

Main variables and matters investigated by the surveys included in this scoping review aimed to identify the risk and protective factors related to violence and to evaluate existing programs, interventions and policies for the handling of their consequences and guidance in the design of new public policies, strategies and cost-effective interventions for good practices in the care of victims of those violences. It is to advise that surveys be carried out with vulnerable populations based on age range, socioeconomic condition or gender or race/color, allowing for a more in-depth and intersectional analysis of types of violence. It is also important to say that data on violence can be related to various variables and social determinants of health so that a profile can be drawn and public policies can be developed to fight against the types of violence occurring in various spheres of society.

Acknowledgments

We would like to thank the State University of Campinas – School of Nursing (FENf

UNICAMP), and the Institute of Advanced Studies of the University of São Paulo (IEA USP) for their institutional support for the fulfillment of this study. We would also like to thank the National Council for Scientific and Technological Development (CNPq) for financing this review.

Collaborators

Fernandes HGC (0000-0003-1504-7074)* contributed to data conception, collection, analysis, and interpretation, and to the critical review of the manuscript. Telles NN (0000-0002-9176-887X)* and Luz PO (0000-0003-0120-1667)* contributed to data collection, analysis, and interpretation, and to the writing of the manuscript. Silva JCM (0000-0001-5367-4197)* contributed to the collection, analysis, and interpretation of the manuscript data. Barbosa GC (0000-0002-7433-8237)* contributed to data collection, analysis and interpretation, and to the critical review of the manuscript. Baquete AGL (0000-0001-6649-307X)* contributed to the collection and review of the manuscript data. Oliveira MAF (0000-0002-1069-8700)* contributed to the work design and critical review for the final approval of the manuscript. ■

*Orcid (Open Researcher and Contributor ID).

References

1. Krug EG, Dahlberg LL, Mercy JA, et al. Relatório mundial sobre violência e saúde [Internet]. Geneva: Organização Mundial da Saúde; 2002 [acesso em 2022 jan 7]. Disponível em: <https://opas.org.br/wp-content/uploads/2015/09/relatorio-mundial-violencia-saude-1.pdf>
2. World Health Organization. Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women [Internet]. World Health Organization. Geneva: WHO; 2021 [acesso em 2022 jan 7]. Disponível em: <https://iris.who.int/handle/10665/341337>
3. Pan American Health Organization. Addressing violence against women in health policies and protocols in the Americas: A regional status report [Internet]. Washington, D.C.: PAHO; 2022 [acesso em 2022 jan 12]. Disponível em: https://iris.paho.org/bitstream/handle/10665.2/56750/9789275126387_eng.pdf?sequence=1&isAllowed=y
4. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development [Internet]. [New York]: UN; 2021 [acesso em 2022 fev 4]. Disponível em: <https://sustainabledevelopment.un.org/post2015/transformingourworld/publication>
5. Victora CG. Por que precisamos de inquéritos populacionais sobre saúde? *Cad Saúde Pública*. 2022;38(supl1):e00010222. DOI: <https://doi.org/10.1590/0102-311XPT010222>
6. Medina-Ariza J, Barberet R. Intimate partner violence in Spain findings from a national survey. *VAW*. 2003;9(3):302-322. DOI: <https://psycnet.apa.org/doi/10.1177/1077801202250073>
7. Briceño-León R, Perdomo G. Violence against indigenous children and adolescents in Venezuela. *Cad Saúde Pública*. 2019;35(supl3). DOI: <https://doi.org/10.1590/0102-311X00084718>
8. Ariyo T, Jiang Q. Violência por parceiro íntimo e amamentação exclusiva de bebês: análise da pesquisa demográfica e de saúde da Nigéria de 2013. *Int Amamentar J*. 2021;16(15). DOI: <https://doi.org/10.1186/s13006-021-00361-9>
9. Cerqueira D, Bueno S, Alves PP, et al. Atlas da Violência 2022 [Internet]. Brasília, DF: Ipea, FBSP; 2020 [acesso em 2022 jan 23]. Disponível em: <http://repositorio.ipea.gov.br/bitstream/11058/10214/1/Atlas-Violencia2020.pdf>
10. Waldman EA, Novaes HMD, Albuquerque MFM, et al. Inquéritos populacionais: aspectos metodológicos, operacionais e éticos. *Rev Bras Epidemiol*. 2008;11:168-179. DOI: <https://doi.org/10.1590/S1415-790X2008000500018>
11. Munn Z, Peters MDJ, Stern C, et al. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol*. 2018;18(1):143. DOI: <https://doi.org/10.1186/s12874-018-0611-x>
12. Peters MDJ, Godfrey C, McInerney P, et al. Chapter 11: Scoping Reviews. In: Aromataris E, Munn Z, editores. *Joanna Briggs Institute Reviewer's Manual*. [local desconhecido]: The Joanna Briggs Institute; 2017 [acesso em 2022 jan 23]. Disponível em: https://www.researchgate.net/publication/319713049_2017_Guidance_for_the_Conduct_of_JBI_Scoping_Reviews
13. Peters MDJ, Marnie C, Tricco AC, et al. Updated methodological guidance for the conduct of scoping reviews. *JBI Evid Synth*. 2020;18(10):2119-2126. DOI: <https://doi.org/10.11124/JBIES-20-00167>
14. Tricco AC, Lillie E, Zarin W, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018;169(7):467-473. DOI: <https://doi.org/10.7326/M18-0850>
15. Silva VSTM, Pinto LF. Inquéritos domiciliares nacionais de base populacional em saúde: uma revisão

- narrativa. *Ciênc saúde coletiva*. 2020;26(9):4045-4058. DOI: <https://doi.org/10.1590/1413-81232021269.28792020>
16. World Health Organization, Global Consultation on Violence and Health. *Violence: a public health priority* [Internet]. Geneva: WHO; 1996 [acesso em 2022 jan 11]. Disponível em: <https://iris.who.int/handle/10665/179463>
 17. Carvalho JR, Oliveira VH. Pesquisa de condições socioeconômicas e violência doméstica e familiar contra a mulher – Relatório Executivo III – Primeira Onda – 2016. Prevalência da Violência Doméstica e o Impacto nas Novas Gerações [Internet]. [local desconhecido]: Instituto Maria da Penha; 2016 [acesso em 2022 jan 11]. Disponível em: https://www.institutomariadapenha.org.br/assets/downloads/relatorio_I.pdf
 18. Bueno S, Martins J, Pimentel A. Visível e invisível: a vitimização de mulheres no Brasil [Internet]. 3. ed. [local desconhecido]: Fórum Brasileiro de Segurança Pública; 2021 [acesso em 2022 mar 11]. Disponível em: <https://forumseguranca.org.br/wp-content/uploads/2021/06/relatorio-visivel-e-invisivel-3ed-2021-v3.pdf>
 19. Instituto Patrícia Galvão (BR). Violência doméstica contra a mulher na pandemia [Internet]. [local desconhecido]: Instituto Patrícia Galvão; 2020 [acesso em 2022 fev 18]. Disponível em: https://assets-institucional-ipg.sfo2.cdn.digitaloceanspaces.com/2020/11/LocomotivaIPG_ViolenciaDomesticanaPandemiaFinal.pdf
 20. Instituto de Pesquisa Econômica Aplicada (BR). Sistema de Indicadores de Percepção Social – Tolerância social à violência contra as mulheres [Internet]. [local desconhecido]: Ipea; 2014 [acesso em 2022 mar 7]. Disponível em: https://assets-compromissoeatitude-ipg.sfo2.digitaloceanspaces.com/2014/04/IPEA_sips_violenciamulheres04042014.pdf
 21. Instituto Patrícia Galvão (BR), Data Popular. Percepção da sociedade sobre violência e assassinatos de mulheres [Internet]. [local desconhecido]: Instituto Patrícia Galvão; 2013 [acesso em 2022 abr 13]. Disponível em: https://assets-compromissoeatitude-ipg.sfo2.digitaloceanspaces.com/2013/08/livro_pesquisa_violencia.pdf
 22. Instituto Avon (BR), Data Popular. Percepções dos homens sobre a violência doméstica contra a mulher [Internet]. [local desconhecido]: Instituto Patrícia Galvão; 2013 [acesso em 2022 abr 20]. Disponível em: https://assets-compromissoeatitude-ipg.sfo2.digitaloceanspaces.com/2013/12/folderpesquisa_instituto22x44_5.pdf
 23. Medina-Ariza J, Barberet R. Intimate partner violence in Spain. Findings from a national survey. *VAW*. 2003;9(3):302-322. DOI: <https://doi.org/10.1177/1077801202250073>
 24. Memiah P, Bond T, Oponga Y, et al. Neonatal, infant, and child mortality among women exposed to intimate partner violence in East Africa: A multi-country analysis. *BMC Womens Health*. 2020;20(1):10. DOI: <https://doi.org/10.1186/s12905-019-0867-2>
 25. Bellizzi S, Nivoli A, Salaris P, et al. Sexual violence and eclampsia: Analysis of data from demographic and health surveys from seven low-and middle-income countries. *J Glob Health*. 2019;9(2):020434. DOI: <https://doi.org/10.7189/jogh.09.020434>
 26. Kuhlmann AKS, Foggia J, Fu Q, et al. Intimate partner violence as a predictor of antenatal care service utilization in Honduras. *Rev Panam Salud Publica*. 2017;41(e104). DOI: <https://doi.org/10.26633/RPSP.2017.104>
 27. Carmona-Torres JM, Recio-Andrade B, Rodríguez-Borrego MA. Intimate partner violence among health professionals: Distribution by autonomous communities in Spain. *Rev Esc Enferm USP*. 2017;51:e03256. DOI: <https://doi.org/10.1590/S1980-220X2016049803256>
 28. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de Vigilância de Doenças e Agravos Não Transmissíveis e Promoção da Saúde. *Viva: Vigilância de Violências e Acidentes: 2013 e 2014* [Internet]. Brasília, DF; 2017 [acesso em 2022

- fev 28]. Disponível em: https://bvsmms.saude.gov.br/bvs/publicacoes/viva_vigilancia_violencia_acidentees_2013_2014.pdf
29. Conserve DF, Whembolua GLS, Surkan PJ. Attitudes toward intimate partner violence and associations with condom use among men in Haiti: An analysis of the nationally representative demographic health survey. *J Interpers Violence*. 2016;31(6):989-1006. DOI: <https://doi.org/10.1177/0886260514564065>
 30. Lima KD. Raça e violência obstétrica no Brasil [monografia]. Recife: Centro de Pesquisas Aggeu Magalhães, Fundação Oswaldo Cruz; 2016.
 31. Doku DT, Asante KO. Women's approval of domestic physical violence against wives: Analysis of the Ghana demographic and health survey. *BMC Womens Health*. 2015;15:120. DOI: <https://doi.org/10.1186/s12905-015-0276-0>
 32. Zembe YZ, Townsend L, Thorson A, et al. Intimate partner violence, relationship power inequity and the role of sexual and social risk factors in the production of violence among young women who have multiple sexual partners in a peri-urban setting in South Africa. *PLoS One*. 2015;10(11):e0139430. DOI: <https://doi.org/10.1371/journal.pone.0139430>
 33. Rahman M, Nakamura K, Seino K, et al. Does gender inequity increase the risk of intimate partner violence among women? Evidence from a national Bangladeshi sample. *PLoS One*. 2013;8(12):e82423. DOI: <https://doi.org/10.1371/journal.pone.0082423>
 34. Boel-Studt S, Renner LM. Individual and familial risk and protective correlates of physical and psychological peer victimization. *Child Abus Negl*. 2013;37(12):1163-1174. DOI: <https://doi.org/10.1016/j.chiabu.2013.07.010>
 35. Luz TCB, Malta DC, Sá NNB, et al. Violências e acidentes entre adultos mais velhos em comparação aos mais jovens: evidências do Sistema de Vigilância de Violências e Acidentes (VIVA), Brasil. *Cad Saúde Pública*. 2011;27(11):2135-2142. DOI: <https://doi.org/10.1590/S0102-311X2011001100007>
 36. Lindner SR, Coelho EBS, Bolsoni CC, et al. Prevalência de violência física por parceiro íntimo em homens e mulheres de Florianópolis, Santa Catarina, Brasil: Estudo de base populacional. *Cad Saúde Pública*. 2015;31(4):815-826. DOI: <https://doi.org/10.1590/0102-311X00159913>
 37. Garcia LP, Silva GDM. Violência por parceiro íntimo: Perfil dos atendimentos em serviços de urgência e emergência nas capitais dos estados brasileiros, 2014. *Cad Saúde Pública*. 2018;34(4):e00062317. DOI: <https://doi.org/10.1590/0102-311X00062317>
 38. Moraes CL, Oliveira AGES, Reichenheim ME, et al. Prevalência de violência física entre parceiros íntimos nos primeiros seis meses após o parto no município do Rio de Janeiro, Brasil. *Cad Saúde Pública*. 2017;33(8):e00141116. DOI: <https://doi.org/10.1590/0102-311X00141116>
 39. Lima FSS, Merchán-Hamann E, Urdaneta M, et al. Fatores associados à violência contra mulheres profissionais do sexo de dez cidades brasileiras. *Cad Saúde Pública*. 2017;33(2):e00157815. DOI: <https://doi.org/10.1590/0102-311X00157815>
 40. Gil AP, Santos AJ, Kislaya I, et al. Estudo sobre pessoas idosas vítimas de violência em Portugal: Sociografia da ocorrência. *Cad Saúde Pública*. 2015;31(6):1234-1246. DOI: <https://doi.org/10.1590/0102-311X00084614>
 41. Malta DC, Mascarenhas MDM, Neves ACM, et al. Atendimentos por acidentes e violências na infância em serviços de emergências públicas. *Cad Saúde Pública*. 2015;31(5):1095-1105. DOI: <https://doi.org/10.1590/0102-311X00068814>
 42. Andrade SSSA, Yokota RTC, Sá NNB, et al. Relação entre violência física, consumo de álcool e outras drogas e bullying entre adolescentes escolares brasileiros. *Cad Saúde Pública*. 2012;28(9):1725-1736. DOI: <https://doi.org/10.1590/S0102-311X2012000900011>
 43. Silva AG, Moraes CL, Reichenheim ME. Violência física entre parceiros íntimos: Um obstáculo ao início do acompanhamento da criança em unidades básicas de saúde do Rio de Janeiro, Brasil? *Cad Saúde Pública*.

- 2012;28(7):1359-1370. DOI: <https://doi.org/10.1590/S0102-311X2012000700014>
44. Zanoti-Jeronymo DV, Zaleski M, Pinsky I, et al. Prevalência de abuso físico na infância e exposição à violência parental em uma amostra brasileira. *Cad Saúde Pública*. 2009;25(11):2467-2479. DOI: <https://doi.org/10.1590/S0102-311X2009001100016>
45. Anacleto AJ, Njaine K, Longo GZ, et al. Prevalência e fatores associados à violência entre parceiros íntimos: um estudo de base populacional em Lages, Santa Catarina, Brasil, 2007. *Cad Saúde Pública*. 2009;25(4):800-808. DOI: <https://doi.org/10.1590/S0102-311X2009000400011>
46. Moraes CL, Apratto PC, Reichenheim ME. Rompendo o silêncio e suas barreiras: Um inquérito domiciliar sobre a violência doméstica contra idosos na área de abrangência do Programa Médico de Família de Niterói, Rio de Janeiro, Brasil. *Cad Saúde Pública*. 2008;24(10):2289-2300. DOI: <https://doi.org/10.1590/S0102-311X2008001000010>
47. Ortiz-Hernández L, Torres MIG. Efectos de la violencia y la discriminación en la salud mental de bisexuales, lesbianas y homosexuales de la Ciudad de México. *Cad Saúde Pública*. 2005;21(3):913-925. DOI: <https://doi.org/10.1590/S0102-311X2005000300026>
48. Ferreira MF, Moraes CL, Reichenheim ME, et al. Effect of physical intimate partner violence on body mass index in low-income adult women. *Cad Saúde Pública*. 2015;31(1):161-172. Disponível em: <https://doi.org/10.1590/S0102-311X2005000300026>
49. Azevêdo ACC, Araújo TVB, Valongueiro S, et al. Intimate partner violence and unintended pregnancy: prevalence and associated factors. *Cad Saúde Pública*. 2013;29(12):2394-2404. DOI: <https://doi.org/10.1590/0102-311X00161111>
50. Costa DCS, Ribeiro MRC, Batista RFL, et al. Factors associated with physical violence against pregnant women from São Luís, Maranhão state, Brazil: An approach using structural equation modeling. *Cad Saúde Pública*. 2017;33(1):e00078515. DOI: <https://doi.org/10.1590/0102-311X00078515>
51. Alves GC, Santos DN, Feitosa CA, et al. Violência comunitária e prevalência de asma em crianças na periferia de Salvador, Bahia, Brasil. *Cad Saúde Pública*. 2012;28(1):86-94. Disponível em: <https://doi.org/10.1590/0102-311X00078515>
52. Ferdos J, Rahman MM. Exposure to intimate partner violence and malnutrition among young adult Bangladeshi women: Cross-sectional study of a nationally representative sample. *Cad Saúde Pública*. 2018;34(7):e00113916. DOI: <https://doi.org/10.1590/0102-311X00113916>
53. Boing AC, Boing AF, Subramanian SV. Association of violence in schools' vicinity and smoking in schools' premises with tobacco use among Brazilian adolescents. *Cad Saúde Pública*. 2019;35(12):e00057919. DOI: <https://doi.org/10.1590/0102-311X00057919>
54. Halpern SC, Scherer JN, Roglio V, et al. Vulnerabilidades clínicas e sociais em usuários de crack de acordo com a situação de moradia: um estudo multicêntrico em seis capitais brasileiras. *Cad Saúde Pública*. 2017;33(6):e00037517. DOI: <https://doi.org/10.1590/0102-311X00037517>
55. Pilecco FB, Knauth DR, Vigo A. Aborto e coerção sexual: O contexto de vulnerabilidade entre mulheres jovens. *Cad Saúde Pública*. 2011;27(3):427-439. DOI: <https://doi.org/10.1590/S0102-311X2011000300004>
56. Augusto LP. Levantamento das denúncias de violência familiar nas Delegacias de Defesa da Mulher do município de São Paulo: um estudo sobre a interface com o uso de bebidas alcoólicas e outras drogas [dissertação]. São Paulo: Universidade Federal de São Paulo; 2010.
57. Associação Portuguesa de Apoio à Vítima. Estatísticas APAV – Relatório Anual 2021 [Internet]. Lisboa, Portugal; 2022 [acesso em 2022 abr 12]. Disponível em: https://apav.pt/apav_v3/images/press/Relatorio_Anuar_2021.pdf

58. Griboski RA. Mulheres trabalhadoras rurais e violências por parceiros íntimos [tese na Internet]. Brasília, DF: Universidade de Brasília; 2015 [acesso em 2024 jan 23]. Disponível em: <http://repositorio.unb.br/handle/10482/18934>
59. Bhona FMC. Violência doméstica e consumo de álcool entre mulheres: um estudo transversal por amostragem na cidade de Juiz de Fora – MG [dissertação]. Juiz de Fora: Universidade Federal de Juiz de Fora; 2011.
60. Molinos BG. Violência no trabalho com profissionais do Programa de Saúde da Família no Estado de Amazonas [dissertação na Internet]. Florianópolis: Universidade Federal de Santa Catarina; 2011 [acesso em 2024 jan 23]. Disponível em: <https://repositorio.ufsc.br/xmlui/handle/123456789/95632>
61. Khalifeh H, Howard LM, Osborn D, et al. Violence against people with disability in England and Wales: findings from a National Cross-Sectional Survey. *PLoS One*. 2013;8(2):e55952. DOI: <https://doi.org/10.1371/journal.pone.0055952>
62. Daoud N, Urquia ML, O'Campo P, et al. Prevalence of abuse and violence before, during, and after pregnancy in a national sample of Canadian women. *Am J Public Health*. 2012;102(10):1893-1901. DOI: <https://doi.org/10.2105/AJPH.2012.300843>
63. Deribe K, Beyene BK, Tolla A, et al. Magnitude and correlates of intimate partner violence against women and its outcome in Southwest Ethiopia. *PLoS One*. 2012;7(4):e36189. DOI: <https://doi.org/10.1371/journal.pone.0036189>
64. Navaratne KV, Fonseka P, Rajapakshe L, et al. Population-based estimates of injuries in Sri Lanka. *Inj Prev*. 2009;15(3):170-175. DOI: <https://doi.org/10.1136/ip.2008.019943>
65. Leemis RW, Friar N, Khatiwada S, et al. The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence [Internet]. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2022 [acesso em 2022 fev 23]. Disponível em: <https://stacks.cdc.gov/view/cdc/124646>
66. Smith SG, Chen J, Basile KC, et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report [Internet]. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2017 [acesso em 2022 mar 12]. Disponível em: <https://stacks.cdc.gov/view/cdc/46305>
67. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*. 1998;56(6):245-258. DOI: [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
68. Instituto Nacional de Saúde (MZ), Ministry of Health, Ministry of Gender Child and Social Action, Instituto Nacional de Estatística; U.S. Centers for Control Disease. Mozambique Violence against children and youth survey (VACS 2019) [Internet]. Maputo, Mozambique; 2022 [acesso em 2022 mar 18]. Disponível em: <https://files.mutualcdn.com/tfg/assets/files/Mozambique-VACS-report.pdf>
69. Tjaden P, Thoennes N. Stalking in America: Findings from the National Violence Against Women Survey. *Natl Inst Justice Centers Dis Control Prev* [Internet]. 1998 [acesso em 2022 fev 4]. Disponível em: <https://stacks.cdc.gov/view/cdc/21857>
70. Tjaden P, Thoennes N. Prevalence, incidence, and consequences of violence against women: Findings from the national violence against women survey. *VAW* [Internet]. 1998 [acesso em 2022 fev 4];6(2):2-16. Disponível em: <https://www.ojp.gov/pdffiles/172837.pdf>
71. Taylor BG, Mumford EA, Liu W. The National Survey of Teen Relationships and Intimate Violence [Internet]. Washington, DC: Department of Justice; 2016 [acesso em 2022 mar 2]. Disponível em: <https://nij.ojp.gov/library/publications/national-survey-teen-relationships-and-intimate-violence-striv>

72. Grotmeter J, Menard S, Gianola D, et al. Sexual Violence: Longitudinal, Multigenerational Evidence from the National Youth Survey [Internet]. Washington, DC: Department of Justice; 2008 [acesso em 2022 jan 29]. Disponível em: <https://www.ojp.gov/pdffiles1/nij/grants/223284.pdf>
73. Lisboa M, Barroso Z, Patrício J, et al. Violência e Género – Inquérito Nacional sobre a Violência exercida contra Mulheres e Homens [Internet]. Lisboa, Portugal; 2009 [acesso em 2022 abr 9]. Disponível em: https://run.unl.pt/bitstream/10362/56714/1/Violencia_e_Genero.pdf
74. Borges KMO, Macena RHM, Sousa JEP, et al. Violências e privação de liberdade: uma discussão em saúde coletiva. Maringá: Booknando Livros; 2019. 160 p.
75. Ali P, Allmark P, Booth A, et al. How accurate and useful are published UK prevalence rates of intimate partner violence (IPV)? Rapid review and methodological commentary. *J Crim Psychol*. 2021;11(2):129-140. DOI: <https://doi.org/10.1108/jcp-11-2020-0048>
76. Kelly J, Payton E. A Content analysis of local media framing of intimate partner violence. *Violence Gen*. 2019;6(1)47-52. DOI: <https://doi.org/10.1089/vio.2018.001>
77. Hartwell M, Hendrix-Dicken AD, Sajjadi NB, et al. Trends in public interest in child abuse in the United States: An infodemiology study of Google Trends from 2004 to 2022. *Child Abuse Negl*. 2022;134:105868. DOI: <https://doi.org/10.1016/j.chiabu.2022.105868>
78. Nobre CS. Violência interpessoal entre escolares de Fortaleza: análise situacional de vítimas, agressores e observadores [tese]. Salvador: Universidade Federal da Bahia; 2019.
79. Carnassale VD. Notificação de violência contra a mulher: conhecer para intervir na realidade [dissertação]. São Paulo: Universidade de São Paulo; 2012.
80. Santana IO. Violência urbana e suas implicações na qualidade de vida de pessoas idosas [tese]. João Pessoa: Universidade Federal da Paraíba; 2015.
81. Nascimento AF, Deslandes SF. A construção da agenda pública brasileira de enfrentamento da violência sexual infanto-juvenil. *Physis*. 2016;26(4):1171-1191. DOI: <https://doi.org/10.1590/S0103-73312016000400006>
82. Moleiro C, Pinto N, Oliveira JM, et al. Violência doméstica: boas práticas no apoio a vítimas LGBT: guia de boas práticas para profissionais de estruturas de apoio a vítimas. Lisboa: Comissão para a Cidadania e a Igualdade de Género; 2016.
83. Vasconcelos NM, Alves FTA, Andrade GN, et al. Violência contra pessoas LGB+ no Brasil: análise da Pesquisa Nacional de Saúde 2019. *Rev Bras Epidemiol*. 2023;26(supl1):e230005. DOI: <https://doi.org/10.1590/1980-549720230005.supl.1.1>
84. Rasmussen V, Steel Z, Spangaro J, et al. Investigating the prevalence of intimate partner violence victimisation in women presenting to the emergency department in suicidal crisis. *Emerg Med Australas*. 2021;33(4):703-710. DOI: <https://doi.org/10.1111/1742-6723.13714>
85. Peraud W, Quintard B, Constant A. Factors associated with violence against women following the COVID-19 lockdown in France: Results from a prospective online survey. *PLoS One*. 2021;16(9):e0257193. DOI: <https://doi.org/10.1371/journal.pone.0257193>
86. Reis AP, Góes EF, Pilecco FB, et al. Desigualdades de gênero e raça na pandemia de Covid-19: implicações para o controle no Brasil. *Saúde debate*. 2020;44(esp4):324-340. DOI: <https://doi.org/10.1590/0103-11042020E423>
87. Seff I, Vahedi L, McNelly S, et al. Remote evaluations of violence against women and girls interventions: a rapid scoping review of tools, ethics and safety. *BMJ Glob Health*. 2021;6(9):e006780. DOI: <https://doi.org/10.1136/bmjgh-2021-006780>

Received on 01/15/2024

Approved on 06/10/2024

Conflict of interests: non-existent

Financial support: CNPq 401933/2021-0

Editor in charge: Ana Maria Costa