

Violence against women: what happens when the Women's Protection Police Station is closed?

Dinair Ferreira Machado (<https://orcid.org/0000-0003-3006-7110>)¹
Margareth Aparecida Santini de Almeida (<https://orcid.org/0000-0002-4603-2513>)¹
Adriano Dias (<https://orcid.org/0000-0001-6895-372X>)¹
João Marcos Bernardes (<https://orcid.org/0000-0003-4494-9421>)¹
Elen Rose Lodeiro Castanheira (<https://orcid.org/0000-0002-4587-7573>)¹

Abstract *The study analyzes the differences among cases of violence against women registered in police reports (PR) at the Women's Protection Police Station (WPPS) during regular working hours, and those registered during after-hours, in a medium-sized city in the inland state of São Paulo, Brazil. This is a cross-sectional study based on data from PRs registered for one year (2013/2014). PRs were differentiated by period of registration, at regular working hours and after-hours (dependent variable). A chi-square test was used to compare groups. In total, 440 PRs were registered, 373 during regular working hours, and 67 during after-hours. Cases of violence registered during after-hours evidenced more significant threats to women's integrity, as shown by the higher number of cases of perpetrators' flagrante delicto, requests for protective measures and greater severity of assaults, such as bruises, need for hospitalization and referral to forensic medicine (IML), which characterize the greater severity of occurrences when WPPS are closed. Thus, women lack a specialized reception service and a full guarantee of rights in periods of highest risk and vulnerability.*

Key words *Violence against women, Criminal justice, Public health*

¹ Faculdade de Medicina de Botucatu, Universidade Estadual Paulista Júlio de Mesquita Filho. AC Rubião Junior, Jardim Santo Inácio (Rubião Junior). 18618-970 Botucatu SP Brasil. dinair.machado@unesp.br

Introduction

Violence against women is a sociocultural event that affects public health. Significant progress has been made in Brazil regarding the protection of women in situations of violence, such as the establishment of the Women's Protection Police Station (WPPS). The WPPS have allowed women's reporting abuse, to have a specialized place with a multi-professional technical team to attend to her. However, some hurdles, such as the opening hours of WPPS, call into question the idea of protecting women^{1,2}.

In the state of São Paulo and Brazil, WPPS are not open to the public full time, which means that cases of violence occurring during the week after 18:00 hours and on Saturdays, Sundays, and holidays are registered at Civil Police Stations and forwarded to WPPS the next business day. These cases are characterized as after-hours. Civil Police Stations address cases within nighttime and weekend violence, without a specific approach to victims, relatives, and friends^{3,4}.

It was not until August 2016 that a single WPPS in the state of São Paulo, which was pioneered in the city of São Paulo in 1985⁴, began to provide 24/7 service. The establishment of this police station was a milestone in the achievements of the feminist movement and idealized as some space where women should be received without prejudice and judgment by a specialized and qualified team. However, the services provided, even in the WPPS, have, for a long time, been strongly guided by the couple conciliation rationale, and the problems with less offensive power, reducing the severity and visibility of violence against women^{4,5}.

The fight for a specific law punishing the perpetrator continued until the enactment of the Maria da Penha Law in 2006. This law incorporated the mode of punishment and the jurisdiction for prosecution, as well as the legal nature of criminal prosecution in bodily injury crimes, characterizing them as domestic violence^{6,7}. The law also incorporated the intersectoral approach model for women in situations of violence, focusing on the articulation and interaction of principles and guidelines provided for in the different policies of Social Assistance, Health, and Public Safety⁸. Also, the law implemented faster emergency protection measures, since, after the establishment, the police officer herself would request the judge to remove the perpetrator, which previously could only be done through a lawyer^{6,7}.

By characterizing domestic and family violence against women as any action or omission

based on gender as the cause of death, physical pain, mental anguish, property or moral damage, the Maria da Penha Law delimited this type of action to a societal order from gender inequality based on patriarchy, in a relationship of exploitation and domination⁹. Thus, the law covers not only the punishment of the perpetrator but also women's protection through the articulation of different sectors, in order to deconstruct gender inequality^{10,11}.

Since the enactment of this law, WPPS have been strengthened as a reference and main gateway to the reception and care of women. They emerged as spaces not only for the formalization of reports, but also where women should be informed about their rights, have the assurance of the main protective measures (such as urgent protective measures, forensic examinations and imprisonment of the perpetrator), as well as offering and identifying other needs for follow-up at other points of the network^{6,7}. Thus, we question the fact that WPPS are only open during the day and the week since women's vulnerability to all forms of violence is not restricted to these periods only.

Given the above, it is considered that the analysis of the differences between the occurrences formalized in the WPPS of the Civil Police Station broadens the knowledge of complaints filed outside regular working hours, providing additional elements that allow the improvement of care actions concerning violence against women situations. It is assumed that WPPS are differentially prepared for qualified reception actions and triggering intersectoral measures of comprehensive care for women in situations of violence, which would justify the need for WPPS to provide continuous care, including after-hours.

This study aimed to analyze the differences between the police reports (PR) registered at the WPPS during regular working hours and those registered at the Civil Police Station during after-hours.

Methods

This research was conducted in a medium-sized municipality with an estimated population of 141,032 inhabitants in 2016¹², located in the south-central region of the state of São Paulo.

This is a quantitative cross-sectional study with a secondary data source of PR, registered at the municipality's WPPS during regular working hours or registered at the Civil Police Station during after-hours and later forwarded to the

WPPS. Data was collected from April 2013 to March 2014.

All police reports registered by women over the age of 18 who filed at least one formal complaint due to violence were collected. After reading and full-text analysis of all police reports registered in the period, we selected police reports in the intimate partner category for this study, as per the following criteria: the victim being in or having had an intimate relationship with the perpetrator, who may be the husband/partner/boyfriend or former husband/partner/boyfriend.

The registration of the event was differentiated by period and time of the day in which the PRs were registered: regular working hours (Monday through Friday business hours) and after-hours (Monday through Friday from 18 hours onwards, and on weekends and holidays), which for purposes of the proposed analysis, will be considered as dependent variable.

The information contained in the PRs was collected by researchers at the municipal WPPS, extracted through a specific form, prepared by the researchers, based on the data contained in the police reports.

The following variables were selected to analyze the differences in the characteristics of women who filed a complaint during the regular working hours and the after-hours periods: age, skin color, education, marital status, and children. The following variables were selected to analyze the differences in the occurrences: *flagrante delicto*, request for urgent protective measures, ways of taking women to the WPPS, referral to IML, need for hospitalization, visible bruises, domestic violence, psychological violence, property damage, threat, sexual violence, bodily injury, abuse, performance on weekends and month of occurrence. It is important to emphasize that the types of violence are information completed in the police reports as per the standard classification used by the police station clerks. Thus, when the domestic violence classification is used, it is understood that women suffered all types of violence, including gender-related.

All analyses were performed using the IBM/SPSS v.20 program. Since all variables were categorized, results are shown as simple and accumulated frequencies, and comparisons between groups were made by chi-square tests, assuming a significance level of 5%.

Results and discussion

Of the 440 women who reported violence, 373 registered it during regular working hours, and 67 during after-hours throughout the study period (Table 1).

Age group

There was no statistically significant difference in age groups concerning the place of PRs. However, complaints filed by women aged 20-39 years, both on regular working hours and after-hours prevailed. In the literature, the age range of women in situations of violence differs by year, research region, and the number of participants.

In a study conducted in the city of Salvador (BA), in 2003, in an emergency service with 701 women, the predominant age was 40 years¹³. In more recent studies conducted in Women's Protection Police Stations in Minas Gerais¹⁴ and Rio Grande do Sul¹⁵, the 20-39 years' age group prevailed, thus coinciding with data from this study. It is noteworthy that the study in Bahia was conducted before the enactment of the Maria da Penha Law, in a place where patriarchy culture is even more prevalent and in an urgent and emergency service, that is, women did not seek the service by own initiative. On the other hand, studies in which the age group was younger were conducted six years after the enactment of the Maria da Penha Law (2006), in WPPS and in states where the discussion and policies to address violence against women are more advanced⁶.

Schooling

Schooling ranged from elementary school to secondary school, with few women without literacy. This distribution may reflect the municipality, where, in 2010, 65.56% of the population aged 18 to 24 had at least secondary school and an illiteracy rate of 4.11% in the population aged 15 and over¹⁶. Noteworthy is the high number of PRs with no schooling information, although women filed the formal complaint.

Skin color

White women did not show significant differences regarding the period of the PR, while black and brown women filed a complaint more during regular working hours and after-hours, respectively. The differences and impact of violence suffered by black women are in the com-

Table 1. Distribution and differences in sociodemographic characteristics of women who formalized complaints in regular working hours and after-hours.

	Regular working hours		After-hours		p-value
	N	%	N	%	
Schooling					
Higher education	26	8.1	3	5.3	0.783*
Secondary school	131	41	25	43.8	
Elementary school	158	49.5	28	49	
Incomplete elementary school	2	0.7	1	1.9	
Illiterate	2	0.7	0	0	
Children					
No	229	61.4	34	50.7	0.101*
Yes	144	38.6	33	49.3	
Skin color					
White	293	80.9 _a	52	83.9 _a	<0.001*
Brown	62	17.2 _a	3	4.8 _b	
Black	7	1.9 _a	7	11.3 _b	
Marital status					
Married	88	25	11	18.60	0.035*
Divorced	48	13.60	5	8.50	
Single	216	61.40	42	71.20	
Widow	0	0 _a	1	1.7 _b	
	(mean)	(standard deviation)	(mean)	(standard deviation)	
Age	32.5	8.7	31.4	7.8	0.344†
Years living with the perpetrator	7.5	6.4	6.1	5.8	0.174†

* Chi-square test. a and b: percentages followed by the same lowercase letter do not differ significantly at the 5% level by the Bonferroni corrected Z-test.

† Student t-test.

bination of the multiple inequalities and discrimination forms that affect these women, such as gender, skin color, ethnicity, class, and sexual orientation, and identity^{17,18}. The homicide rate for aggression is 3.2/100 thousand among white, and 7.2 among black^{14,18}. Also, according to the 2015 Violence Map, the 2003-2013 period showed a 9.8% decline of total homicides of white women, but homicides of black women soared 54.2%^{19,20}.

The fact that more black women register their complaints during after-hours further shows the vulnerability of this group in the search for the guarantee of their rights, which may also be associated with determinants such as type and working time, low schooling, among others^{20,21}.

Months of the year

We sought to verify whether there was a difference in the distribution of filed complaints du-

ring the year in which the survey was conducted, from April 2013 to March 2014.

No statistically significant difference was found in most months of 2013 concerning the time of the filed complaint, except for July and December, which evidence a relative predominance of cases registered in regular working hours. Noteworthy is that the first three months of 2014 show no record of police reports during regular working hours, which hinders the comparative analysis of these three months.

We should remember that the police reports registered at the civil police station during after-hours are later forwarded to the WPPS, and the field of this study was in the WPPS. Thus, a possible hypothesis for the occurrence of this fact would be a change of conduct at the civil police station, or even of the clerks responsible for the registration of the police report at this police station.

Table 2. Distribution and differences in the characteristics of complaints in regular working hours and after-hours.

	Regular working hours		After-hours		p-value*
	n	%	N	%	
Month of the occurrence					
April 2013	39	10.5 _a	7	10.4 _a	<0.001
May	30	8 _a	9	13.4 _a	
June	31	8.3 _a	9	13.4 _a	
July	11	2.9 _a	8	11.9 _b	
August	41	11 _a	6	9 _a	
September	32	8.7 _a	7	10.4 _a	
October	30	8 _a	6	9 _a	
November	31	8.3 _a	3	4.6 _a	
December	28	7.5 _a	12	17.9 _b	
January 2014	35	9.4 _a	0	0 _b	
February	28	7.5 _a	0	0 _b	
March	37	9.9 _a	0	0 _b	
Performed over the weekend					
No	211	56.6 _a	19	28.4 _b	<0.001
Yes	162	43.4 _a	48	71.6 _b	
Flagrante delicto					
No	365	98.9 _a	55	84.6 _b	<0.001
Yes	4	1.1 _a	10	15.4 _b	
Request for urgent protective measures					
No	157	47.3 _a	22	37.9 _a	0.003
Yes	55	16.6 _a	17	29.3 _b	
Perpetrator caught in the act	2	0.6 _a	3	5.2 _b	
Did not wish	118	35.5 _a	16	27.6 _a	
Place of occurrence					
Home	306	82.90	57	85.10	0.636
Public environment	49	13.30	9	13.40	
Work	14	3.80	1	1.50	
Escorted to the police station					
Alone	236	88.1 _a	24	46.1 _b	<0.001
Relatives	19	7.1 _a	6	11.5 _a	
Municipal guard	11	4.1 _a	11	21.2 _b	
Other municipal services	2	0.7 _a	11	21.2 _b	
Referred to the IML					
No	273	76 _a	32	50 _b	<0.001
Yes	86	24 _a	32	50 _b	
Visible bruises					
No	300	80.4 _a	45	67.2 _b	0.015
Yes	73	19.6 _a	22	32.8 _b	
Requiring hospitalization					
No	371	99.5 _a	61	91 _b	<0.001
Yes	2	0.5 _a	6	9 _b	
Domestic violence					
No	307	82.3 _a	34	50.7 _b	<0.001
Yes	66	17.7 _a	33	49.3 _b	
Psychological violence					
No	372	99.70	67	100	0.671
Yes	1	0.30	0	0	

it continues

Table 2. Distribution and differences in the characteristics of complaints in regular working hours and after-hours.

	Regular working hours		After-hours		p-value*
	n	%	N	%	
Threat					
No	143	38.3 _a	36	53.7 _b	0.018
Yes	230	61.7 _a	31	46.3 _b	
Property damage					
No	364	97.60	65	97	0.782
Yes	9	2.40	2	3	
Sexual violence					
No	372	99.70	67	100	0.671
Yes	1	0.30	0	0	
Bodily injury					
No	270	72.4 _a	28	41.8 _b	<0.001
Yes	103	27.6 _a	39	58.2 _b	
Abuse					
No	326	87.40	60	89.60	0.621
Yes	47	12.60	7	10.40	

* Chi-square test. a and b: percentages followed by the same lowercase letter do not differ significantly at the 5% level by the Bonferroni corrected Z-test.

Flagrante delicto

The occurrences registered during after-hours had more flagrant arrests, more requests for urgent protective measures, and a more significant number of women being taken to WPPS by the municipal guard or other services.

These differences led to three situations to review the profile of occurrences and the guarantee of the right of women in situations of violence: *flagrante delicto* as a possibility of punishment of the perpetrator; the requirement of the protective measure as a guarantee of women's protection; and taking women to the police station to file the complaint as a watershed for a leading role.

The *flagrante delicto* occurs in situations where the aggressor is perpetrating the action or soon after perpetrating it. While there is no deadline, it will be considered as long as the persecution of the aggressor persists, ending only with its interruption²².

The application of emergency protective measures established by Law 11.340/2006⁶ allows the immediate protection of women by representing the situation of violence and controlling the behavior of the aggressor. The measure aims to remove women from the risk situation in the period between police investigations and the onset of prosecution. These measures are judicial and aim to guarantee the protection of women by de-

termining the removal of the aggressor from her home (if they live together), by prohibiting him from approaching his wife and children, from attending the same places as them and from keeping contacts, among others that the judge deems necessary.

These measures may also be applied cumulatively, and non-compliance may result in pre-trial detention⁶. For women, the advantage of requesting the measure is based on the guarantee of shelter in the protection and support network, such as police protection for the removal of belongings from the perpetrator's house, police assistance to return home, restitution of property in possession of the perpetrator, determination of separation of bodies, referral to shelters or protection and shelter programs, among others. It is important to emphasize that the measure must be requested by filing a formal complaint to allow the police officer to refer this request to the judge, which must be considered within 48 hours⁶.

The need to conduct and the severity of the aggressions filed during after-hours raise questions about the autonomy and empowerment of these women in the pursuit and guarantee of their rights. The fact is that the sexist rationality that has assigned women a place of subordination to the male still is predominant in contemporary society. The patriarchal ideology has long

prevailed, particularly in the political and religious system, preventing women from manifesting and experiencing autonomy and freedom in their relationships. The advances achieved in terms of legislation and policies are still stuck in the ideal of gender equality, but the reality still considers different contexts and ways of apprehending and defining social roles. The fact is that the current family organization is still based on the bourgeois patriarchal model, which reinforces the devaluation of women by restricting their duties to household chores, children, and husbands, preventing them from seeing new horizons and life projects. Thus, the situation of violence ends up being for women another predetermined, seemingly unmodifiable norm²³.

The WPPS arose to protect women and curb male cruelty, prioritizing the reception of women in situations of violence in a suitable place directed to the peculiarity of their case and, especially, aiming to face degrading situations that occurred and attributed to the private space²⁴. However, thirty-two years after the first WPPS was deployed, the service is not available at night, on holidays, and on weekends, which hinders access to a specialized and qualified service to meet this demand and weakens the idea of protection and reception brought with the creation of WPPS. Therefore, it is a setback to have to register a formal complaint of domestic violence during police after-hours, as WPPS were an alternative to this service model, which often prevented, diminished, and disqualified the situations of violence experienced by women, reinforcing macho and oppressive positions^{6,7,25}.

The severity of formal complaints registered during after-hours

The results also revealed that the women who sought the after-hours service had the most visible bruises, required hospitalization and referral to the IML, thus denouncing the intensity of the abuse and the severity of the complaints. Studies based on urgent and emergency health services point out that, although many women come to work in the daytime, abuse occurs predominantly at night²⁵. Women seeking care in more than one service indicates the need to adapt the services of assistance to victims regarding their competences and operating hours²⁵.

According to the 2007 National Policy to Combat Violence against Women⁷, violence against women generally follows a three-step cycle. In the first, called relationship tension build-

ing, minor violence such as verbal violence, threats, and destruction of objects that are often related to the jealousy crisis occurs. In these episodes, women feel guilty about the behavioral change of their perpetrators and try to calm them down by being docile and helpful. They believe they can prevent future abuse, and that it will no longer occur. The second stage, called violence outbreak, is one of lack of control and destruction, as the most severe abuse, such as physical and trauma, take place in this stage. This is the pinnacle of abuse. This phase is shorter than the first and sets precedents for the third phase. The third phase, called reconciliation or honeymoon, is marked by the perpetrator's repentance, at which time remorse and much fear of separation emerge. Usually, at this moment, men promise that there will be no more abuse and give women gifts, trying to show true repentance and guilt⁷.

The types of violence

In this study, the most reported types of violence during after-hours were domestic violence and bodily injury, while threats were more commonly reported in the regular working hours, evidencing that the type of violence "threat" relates to the first phase of the cycle of violence, that of tension in the relationship. During after-hours, the "bodily injury" is related to the second phase, that of explosion⁷.

A case of intimate partner sexual violence registered in the regular working hours is noteworthy, as the woman, when registering the formal complaint at the police station, clearly showed that she not only acknowledged the violence suffered but also denounced it. However, it is often difficult to recognize this type of violence in stable partnership relationships, both by women and by women's protection services, due to the cultural burden that permeates these contexts and the belief that women should satisfy the man in all spheres, including sexually. Therefore, aggressions are generally understood as a wife's duty and are not reported²⁶.

In this sense, there may have been more cases of unreported sexual violence in the studied group, showing the relevance of an organized service network to receive women from the critical perspective of gender relationships, enabling them to become aware of the current social order that guides genders.

The immediacy and severity of violence complaints registered during police after-hours reveal the importance of working this issue pre-

ventively in health services, social assistance, and the WPPS, as established by the Maria da Penha Law. This law also recommends the promotion of expanded, integrated and intersectoral family and community ties preventive actions, focusing on the independence and leading roles of individuals, in this case, women under their territorial scope^{6,7,27,28}.

However, although these policies have incorporated in their objectives and guidelines ways of addressing and preventing situations of violence against women, their implementation in practice is still incipient. The fact is that violence against women is still invisible in primary health care and primary social protection services^{7,28-30}.

Invisibility in health services occurs through the maintenance of a medical model centered and based on biological complaints and physical trauma. This is due to two critical situations: the first relates to the difficulty of detecting violence and is intrinsically linked to the lack of training of professionals to act in non-physical-and-biological situations. Thus, they do not understand that a sociocultural event such as violence can interfere with the health-disease process, and end up focusing solely on what is seen and narrated by women. In the second situation, the professionals can detect the violence, but they do not know how to handle the cases and do not recognize the social equipment that is part of the safety network³¹⁻³⁵. Often women cannot realize that they are in a situation of violence, and it is precisely in these situations that they require professional support to visualize violence. In general, this whole process occurs in the first stage of the violence cycle⁷.

In some situations, health professionals focus on listening and pay attention to the complaint when women decide to speak, and instead of providing the attention that is their competence, they refer them to other services without being jointly responsible for the case. Having to go through different services and tell and retell their story, women end up reliving and experiencing the situation of violence^{36,37} again. Therefore, primary health care services do not assume their role as coordinator of the health care network and are not the gateway to cases of violence against women³⁸.

The need for articulation between urgent and emergency services and primary care is also emphasized, because if the former is mainly triggered in cases of physical and sexual violence, the latter is called in cases of nonspecific symptoms, resulting from long periods of violence suffered.

The articulation of these health services and others that act in cases of violence against women, such as the Specialized Social Assistance Reference Centers (CREAS) and the WPPS, would enable effective action from the perspective of women's integrality.

Professionals who operate both health and social care policies, given their organization, are unable to grasp and incorporate regularity and continuity of care into cases of violence against women. In general, they perform specific and normative actions for cases whose complexity requires the re-signification of habits and culture and, therefore, require continuous changes in the search for a new social order, that of gender equality. Thus, professionals working in the UBS/ESF and CRAS must break with the one-off medical care focused on PHC, assistance in basic social protection^{39,40}.

Notifying violence without articulated and integrated actions does not diminish women's vulnerability. A study with data from SINAN and SIM for Brazil from 2011 to 2015 shows that the risk of women notified due to violence dying from abuse is higher than that of the female population in general⁴⁰.

The holistic view on the phenomenon of violence against women should also encompass professionals working in WPPS, to ensure women are stereotype-free and prejudice-free at the time of filing the official complaint at the police. It was precisely this logic that guided the enactment of the Maria da Penha Law and the Policy to Combat Violence against Women. Thus, it makes no sense to fragment the care of women who need to register the complaint according to regular working hours^{6,7} officially.

The importance of an integrated safety network

The National Policy to Combat Violence against Women proposes a networked activity to overcome the disarticulation of different levels of care in combating violence against women. The concept of care network that guides coping policy actions refers to the articulated action of different governmental and non-governmental institutions and services and the community, aiming to expand and improve the quality of care for the identification and appropriate referral of women in a situation of violence, as well as developing effective prevention strategies^{6,7,31}. In the field of health, the importance of networking has been debated since the 1990s because of the con-

cern to ensure health care integrality, equity, and universality⁴¹.

Specifically, in cases of violence against women, the integration of services to expand protection, ensure prevention and provide effective and continuous care for cases is extremely important, as violence is a sociocultural event characterized as a crime and that interferes with the health process. Case response should be intersectoral, aiming to overcome the isolated, fragmented, and timely care provided in different services³¹.

The fact that WPPS remain closed in a period of extreme vulnerability to women can restrict and limit the guarantee of their rights, and hinder networking. Also, being assisted in a police station that was not prepared for this type of demand hampers the orientation and incorporation of women in the care network, and goes against the logic of intersectoral care proposed by the Policy to Combat Violence against Women and the Maria da Penha Law, as previously explained^{6,7}.

The importance of providing comprehensive and qualified care to women through a care network focuses on the women's journey across services, called the critical route^{41,42}. This route should have several entrance doors to the care network, such as urgent and emergency services, social assistance services, and WPPS, as well as other community resources, whose work must be articulated and integrated, aiming at assisting that does not re-victimize women⁴².

It is advisable to invest in training and continuing education strategies so that all these services can recognize the patriarchal societal order that guides Brazilian culture, and identify the cycles of violence against women. Recognizing the timing and circumstances of the cycle of violence that women are experiencing enables practitioners to embrace and identify the need to engage in the protective services they need at that time without prejudice and building the best alternatives together.

As previously indicated, women who formalized their occurrence during after-hours in the phase of the outbreak of violence, called the second phase of the cycle of violence⁷, at which stage all types of violence with higher intensity, severity and increased aggression are present, with an imminent risk of death. If at this stage, women are not referred to the care network, which involves services related to health policies, social assistance, public safety, and legal assistance, they run the risk of continuing the abusive relationship and experiencing the later phase called

“honeymoon”, which is when perpetrators are given another chance⁷.

Thus, given the palliative and timely nature of the services provided at police after-hours, it is unlikely that women who register a formal complaint at Civil Police Stations will hardly be received, oriented, or even incorporated into the municipal safety network³¹.

The apprehension of the phenomenon of violence against women, from the social and historical perspective of gender inequalities, by professionals of the care network in specialized police stations, health services, social assistance, and the judiciary may contribute to the deconstruction of the mentality in force³¹. However, for this to happen, this staff will have to appropriate these contents, apprehend the problem as being the responsibility of the service and also resignify their worldview and incorporation into this social order, since understanding violence influences the way it is detected and addressed.

Conclusion

Besides the critical decision of women to report a partner's violence, to do so during regular working hours at a specialized police station, or during after-hours at civil police stations, is due to the characteristics of the event experienced.

The complaints filed during after-hours were different because of the perpetrator's *flagrante delicto*, the increased requests for urgent protective measures, and the more significant number of women who were led to the police station by the police and municipal guard. The severity of the abuse manifested in a more significant number of visible bruises, the need for hospitalization and referral to IML.

In this study, the severity of cases that arrived at the civil police stations extrapolated those treated at the WPPS during the daytime, thus showing that it must expand the opening hours by offering women the necessary care as recommended, and enabling the triggering of integrated actions of the different services of the care network.

Given the relevance of the theme, we point out the need to carry out studies in police stations of larger municipalities in order to verify the existence of differences as showed in this study, and to subsidize changes in the functioning of the Women's Protection Police Station in order to value them as the gateway to a networked care that advances the consolidation of women's rights.

Collaborations

DF Machado: paper design, literature review, final drafting of the text. MAS Almeida and ERL Castanheira: critical review of the text. JM Bernardes and A Dias: data analysis.

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