

# PEOPLE WITH DISABILITIES IN SITUATIONS OF VIOLENCE IN THE RURAL CONTEXT

## PESSOAS COM DEFICIÊNCIA EM SITUAÇÕES DE VIOLÊNCIA NO CONTEXTO DA RURALIDADE

### PERSONAS CON DISCAPACIDADES EN SITUACIONES DE VIOLENCIA EN EL CONTEXTO RURAL

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**Objective:** to describe the situations of violence in the everyday life of people with disabilities living in the rural context. **Method:** a cross-sectional study conducted by applying a questionnaire answered by 44 individuals with disabilities from southern Brazil. The data were analyzed according to relative frequency with a comparison between groups and significance level below 5%. **Results:** it was revealed that 43% of the participants were victims of some type of violence, 63% were male, 79% were white-skinned, and 79% had some physical disability. Psychological and physical violence was reported in 68% and 58% of the cases, respectively. The types of violence were as follows: insults, threats and jostling. **Conclusion:** out of fear and guilt, the people with disabilities living in the rural context did not seek help most of the times.

**Descriptors:** Nursing. Rural Areas. Rural Nursing. Violence. Disabled Persons.

*Objetivo: descrever as situações de violência no cotidiano de pessoas com deficiência que vivem em contexto rural. Método: estudo transversal com 44 pessoas do Sul do Brasil com deficiência, mediante aplicação de questionário. Os dados foram analisados sob frequência relativa com comparação entre grupos e nível de significância menor que 5%. Resultados: revelaram que 43% dos participantes vivenciaram algum tipo de violência, 63% eram homens, 79% brancos e 79% com deficiência física. Dentre as violências, 68% sofreram psicológica e 58% física. Os tipos de violência foram: insulto, ameaça e empurrões. Conclusão: devido à culpa e ao medo, as pessoas com deficiência que viviam em contexto rural, na maioria das vezes, não buscaram ajuda.*

*Descriptores: Enfermagem. Zona Rural. Enfermagem Rural. Violência. Pessoas com Deficiência.*

*Objetivo: describir las situaciones de violencia en la vida diaria de personas con discapacidades que viven en zonas rurales. Método: estudio transversal realizado por medio de un cuestionario que fue respondido por 44 personas con discapacidades del sur de Brasil. Los datos se analizaron de acuerdo con la frecuencia relativa y se*

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*realizó una comparación entre grupos con nivel de significancia inferior al 5%. Resultados: se reveló que el 43% de los participantes sufrió algún tipo de violencia, el 63% eran hombres, el 79% de raza blanca y el 79% tenía discapacidades físicas. Además, el 68% padeció violencia psicológica y el 58%, física. Los tipos de violencia fueron los siguientes: insultos, amenazas y empujones. Conclusión: en la mayoría de los casos, los participantes no buscaron ayuda, especialmente por culpa o miedo.*

*Descriptor: Enfermería. Medio Rural. Enfermería Rural. Violencia. Personas con Discapacidad.*

## Introduction

Violence is conceptualized by the World Health Organization (WHO) as the use of physical force or power, in the form of threats or in the practice, against oneself, another person or a group or community, which results or may result in suffering, death, psychological harm, impaired development or deprivation<sup>(1)</sup>. Its recognition as a public health problem and a social determinant is important in the daily work of health and nursing professionals, as it is inserted in complex contexts in which social phenomena intersect with the health and disease processes. Thus, the social determinants of health adopted by the WHO stand out, as they indicate that the living conditions are established by the place that people occupy in the social hierarchy. This model includes individual characteristics – age, gender, genetic factors, behaviors, lifestyle, social and support networks, living conditions, work and access to essential services such as health and education well as social, political, economic and environmental conditions – as macro-determinants that influence the health-disease process<sup>(2)</sup>.

Violence results in harms to people's health, in addition to intergenerational effects and sociodemographic impacts<sup>(3)</sup>. There is diverse evidence that a set of factors influence victimization and perpetration of violence, such as gender, race/ethnicity, age and other sociodemographic aspects<sup>(4)</sup>. This article will focus on violence perpetrated against people with disabilities (PwD) living in the rural context. Rurality is understood with a vision that dialogs with the multiplicity and diversity of social

expressions produced in the rural territory beyond the rural-urban dichotomy<sup>(5)</sup>.

In 2018, more than 11,000 reports of cases of violence against PwD were recorded nationwide<sup>(6)</sup>. There is diverse evidence that these individuals are at a higher risk of being victims of violence than people with no disabilities. PwD are involved in high rates of different typologies of violent crimes, including intimate partner violence, sexual violence and aggressions<sup>(7-9)</sup>. Different actors perpetuate violence against these individuals, even family members and health professionals<sup>(7)</sup>.

Invisibility of PwD, historically present in society, generates devaluation and exclusion, contributing to situations of violence being part of their everyday lives. In particular, PwD living in rural areas are subjected to other situations of vulnerability, becoming invisible due to their physical and/or intellectual particularities allied to the singularities of the rural setting, which is not limited to a place for food production, economy and leisure. It is in this environment that PwD and families in need of care and effective access to their rights live<sup>(10)</sup>.

Due to their limitations, PwD enjoy little or no protagonism or autonomy, having to live in constant dependence on their family and subjected to the affability of third parties in meeting their needs<sup>(10)</sup>. Therefore, it is possible that these people are harmed in the process of obtaining the necessary information and support in their personal coping with violence<sup>(6)</sup>.

Despite being an extremely important topic, there are few studies available in the scientific

literature on violence against PwD<sup>(8)</sup>. Added to that is the fact that little information is available in the literature about how violence is manifested in the rural context<sup>(4)</sup>. Thus, considering the multiple vulnerabilities that people with disabilities living in the rural context can experience and the possibility of identifying their characteristics and the contributing factors for this problem, it will be possible to propose specific intervention strategies for this population group and for coping with violence in the rural context.

Given the above, the current study has the following research question: Which are the factors associated with the situations of violence experienced by people with disabilities in the rural context? The objective was to describe the situations of violence in the everyday life of people with disabilities living in the rural context.

## Method

A quantitative and cross-sectional study linked to a multicenter research entitled "Social Determinants of Health in People with Disabilities, Families and the Support Network in the Rural Setting: Multiple Vulnerabilities". A total of 275 PwD took part in the project, distributed across 8 municipalities with rural characteristics/contexts, belonging to the Northwest Region of the state of Rio Grande do Sul, Brazil. The municipalities were selected based on the criterion of having more than 70% of rural population and belonging to the 15<sup>th</sup> and 19<sup>th</sup> Regional Health Coordination Offices (*Coordenadorias Regionais de Saúde*, CRS).

The participants were selected through the records available in the Municipal Health Services, with prior contact and scheduling of the home interviews with their families. The entire population with disabilities registered in the participating municipalities was selected. Among the 275 PwD that took part in the multicenter project, 16% (n=44) accepted to answer the variables related to violence. Among the subjects that did not accept to participate in the interview

were also those that lacked sufficient cognitive ability to answer the questionnaire.

The data were collected through in-person home visits by nursing students previously trained by the researchers that were responsible for the project. Two specific instruments elaborated by the researchers were used for such purpose. The first instrument contained the variables referring to the sociodemographic characterization, as follows: age (age group); gender (male or female); self-declared skin color; self-declared type of physical, intellectual, visual/auditory disability; schooling level (Incomplete Elementary School, Incomplete High School, Incomplete Higher Education); whether they consider their place of residence as safe (Yes, No – self-declared); and if there is a Police Station in the municipality (Yes, No); as well as aspects related to everyday life and to having been victims of situations of violence.

Regarding the "has been a victim of violence" variable, which was included in the social characterization instrument, it asked the following: Have you already been a victim of any type of violence? (No time restriction). In the characterization of the violence experienced by the participants, the WHO Violence Against Women (VAW) study, validated in Brazil<sup>(9)</sup> (instrument clipping), was adapted with variables that could describe the type of violence suffered. There was also an open question, which asked about the reasons why the victim did not seek help. Use of this instrument sought to estimate psychological, physical and sexual violence in women's domestic environment and was used as the basis to elaborate a specific instrument for the study population.

Collection took place from September 2018 to June 2019. The instrument was previously tested and the necessary adjustments were made. After the collection procedure, the data were entered into spreadsheets (Excel) and subsequently submitted to descriptive and analytical analysis (frequency comparison) by means of the SPSS statistical program, version 18.0.

The Chi-square and Fisher's Exact tests were also used, with a 5% significance level.

For being a research study involving human beings, the guidelines set forth in Resolution No. 466/2012 of the National Health Council were followed. The research project was approved by the Research Ethics Committee of *Universidade Federal de Santa Maria* (CEP/UFSM) through Certificate of Presentation for Ethical Appreciation

(*Certificado de Apresentação para Apreciação Ética*, CAAE) No. 69973817.4.0000.5346.

## Results

All 44 PwD who answered the questions related to violence were first characterized regarding the sociodemographic aspects stratified by the "has already been a victim of violence" dichotomous variable (Table 1).

**Table 1** – Factors associated with the People of Disabilities' experiences of violence in the rural context, in municipalities from southern Brazil. Rio Grande do Sul, Brazil – 2019 (N=44)

Has already been a victim of violence	Yes n(%)	No n(%)	p-value
<b>Age</b>			
<18 years old	-	3(12%)	
18-40 years old	9(47%)	9(36%)	0.855(1)
40-59 years old	7(37%)	8(32%)	0.903(1)
≥60 years old	3(16%)	5(20%)	0.591(2)
<b>Gender</b>			
Male	12(63%)	15(60%)	0.616(1)
Female	7(37%)	10(40%)	
<b>Skin color</b>			
White	15(79%)	18(72%)	0.367(2)
Brown	3(16%)	6(24%)	0.476(2)
Black	1(5%)	1(4%)	0.400(2)
<b>Type of disability</b>			
Physical	15(79%)	18(72%)	0.637(2)
Visual/Auditory	1(5%)	2(8%)	0.409(2)
Intellectual	3(16%)	5(20%)	0.602(2)
<b>Schooling</b>			
Incomplete Elementary School	12(63%)	20(80%)	
Incomplete High School	5(26%)	5(20%)	
Incomplete Higher Education	2(11%)	-	
<b>Safe place of residence</b>			
There is a Police Station in the municipality	18(95%)	25(100%)	0.235(1)
<b>TOTAL</b>	19(100%)	25(100%)	

Source: Created by the authors.

Note: Conventional sign used:

- Numerical data equal to zero not resulting from rounding.

(1) Pearson's Chi-Square test.

(2) Fisher's Exact test.

Almost half of the 44 PwD who answered the variables related to violence stated having already been victims of some type of violence. This group was characterized as male adults, mostly aged over 40 years old and white-skinned. Among those that were victims of violence, the most frequent type of disability was physical.

Only one participant that had already been a victim of violence did not consider his place of residence as safe. There was no significant difference between the variables analyzed when the group that had already suffered/experienced violence was compared to the others.

Regarding the type of violence suffered, violence was experienced by the PwD. Table 2 describes the forms through which

**Table 2** – Description of the types of violence experienced by People with Disabilities in the rural context in southern Brazil. Rio Grande do Sul, Brazil – 2019. (N=19)

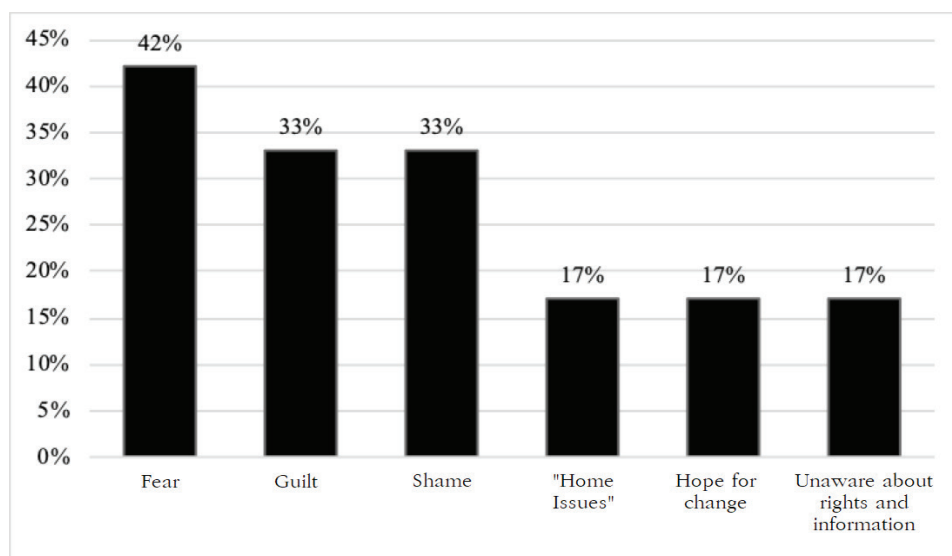
Type of Violence	n	%
<b>Psychological Violence</b>		
Has anyone insulted you or made you feel bad about yourself?	13	68
Has anyone looked down on you or humiliated you in front of other people?	8	42
Has anyone made anything to scare you or intimidate you on purpose?	9	47
<b>Physical Violence</b>		
Has anyone threatened to hurt you or someone you're fond of?	11	58
Has anyone slapped you or thrown something at you that could hurt you?	10	53
Has anyone pushed you or made you trip over/shaken your body?	11	58
Has anyone hurt you with a punch or an object?	7	37
Has someone kicked you, dragged you or beat you?	7	37
Has someone strangled you or burned you on purpose?	1	5
Has anyone threatened to use or actually used a firearm, knife, or other type of weapon against you?	6	32
Have you had and/or have you been forced to have sexual intercourse because you were afraid of what the aggressor might do?	1	5

Source: Created by the authors.

It is noted that 68% and 58% of the PwD who answered the questionnaire had already been victims of some type of psychological and physical violence, respectively. The most common types of violence were insults, threats of injury and jostling, and were present in more

than half of the cases of violence experienced. Regarding the actions taken after being victims of violence, more than half of the subjects did not seek help. The most frequently reported reasons are described in Graph 1.

**Graph 1** – Reasons why the People with Disabilities who were victims of violence did not seek help. Rio Grande do Sul, Brazil – 2019. (N=12)



Source: Created by the authors.

It is noted that the most frequent reason for not seeking help was fear, followed by feelings of guilt and shame in relation to what happened.

## Discussion

When analyzing the situations of violence in the everyday life of PwD living in the rural context, it can be stated that vulnerability is perpetuated throughout the life of these individuals. Added to social exclusion, inequality, poverty and humiliation, physical and psychological were the types of violence that most stood out. The conditions of the rural context that involve a historical lack of attention and offer of public policies and governmental practices reinforce the invisibility of this problem in these places and, consequently, its reproduction<sup>(11)</sup>.

In the study in question, it was evidenced that 43% of the participants had already been victims of some type of violence. This confirms that PwD may be in conditions of multiple vulnerabilities, in addition to being more likely to experiencing situations of violence when compared to people with no disabilities<sup>(7-8)</sup>.

A population-based study developed in Australia, whose one of its objectives was to compare the risk of violence among men and women with disabilities to their same-sex counterparts with no disabilities, identified that people with disabilities were significantly more prone to experiencing all types of violence, both in the last 12 months and from the age of 15 years old<sup>(8)</sup>.

In this study, violence was most frequently reported by adult men with physical disabilities. An international research study shows that men with disabilities denounce physical violence, while women with disabilities report sexual violence, humiliation and discrimination<sup>(8)</sup>. Considering that physical violence presented a considerable percentage of the experiences reported (58%) and that only one person cited sexual violence, it is possible that the results of this study are, in part, a reflection of a process of silencing women and their experiences of violence. In this sense, it is pointed out that women with

disabilities suffer intense and singular forms of violence when compared to men with disabilities and women with no disabilities<sup>(11)</sup>.

However, although acknowledging these possibilities regarding interpretation of the results, it is important to consider violence against men with disabilities and seek elements to read this phenomenon. Agricultural production and the changes that have occurred in recent years, with the effective incorporation of products and technologies, can be associated with the predominance of physical disabilities in adult men, verified in this study, due to the occurrence of accidents in agricultural work. Improper use of agricultural equipment can be responsible for accidents that generate temporary or permanent disabilities in rural workers. They are more prevalent in men when compared to women<sup>(11)</sup>.

The disability generated by work-related accidents in young/adult men living in rural contexts exerts a negative influence on the lives of the families, as they need State assistance to overcome the difficulties, such as dependence or limitation for self-care and even access to specialized health care and social assistance<sup>(11)</sup>.

When men living in a rural context lose their autonomy due to physical disability and are unable to develop agricultural activities, so-called productive, women end up having to assume the male functions at work. This can result in a number of reactions and feelings, and even to the occurrence of violence due to this new family dynamics. The notion of physical disabilities as a human "abnormality" that limits social life can generate discriminatory attitudes, especially in rural contexts<sup>(12)</sup>.

The participants of this study suffered psychological and physical violence. The most common types were insults, threats of injury, and jostling. These aggressions, which started in the home environment and were extended to public spaces, were almost always the result of tensions and power conflicts in social relationships. In this regard, a study conducted by the Swedish National Institute of Public Health found that men and women with physical or sensory disabilities were more likely to being exposed to violence

than people with no disabilities. In addition to that, it was observed that men with physical disabilities had the odds ratio of physical and psychological violence increased when compared to the group with no disabilities<sup>(13)</sup>.

PwD are often seen as a problem, considering the type of disability and its limitation, which carries along the risk of being targets of discriminatory and violent attitudes, justified by their caregivers' own stress and suffering, absence of support and lack of knowledge about some care measures. These relationships are intense in the rural domestic context, which is the main socialization and work space.

In this sense, a study that analyzed domestic abuse suffered by PwD and investigated the prevalence and risk factors in South Korea revealed that men with disabilities who lived in rural areas were at a higher risk of abuse than those living in cities. It also found that men and women with disabilities had more experiences of discrimination, greater awareness about discrimination, less external support and less satisfaction with the number of friends, aspects that were associated with a higher probability of undergoing experiences of abuse<sup>(14)</sup>.

Domestic violence represents a phenomenon that not only disturbs the victim's social and mental health but also of the entire family group. No single type of violence is established in most of the cases, but an abusive relationship profile. The effects of domestic violence go beyond the social and psychological domains, also manifesting themselves in the form of somatic diseases. In the specific case of PwD, there is diverse evidence that violence can cause global harms to health that are more severe than those resulting from their individual health conditions<sup>(15)</sup>.

Among the participants of the current study that reported having been victims of situations of violence, 63% did not seek help. This can be related to the rural context itself, where access and accessibility to the health, security and social assistance services end up being restricted. Remoteness of the social care and protection collective resources, as well as the significant geographical distances of the urban

centers where these resources are located, favors invisibility and hinders coping with situations of violence<sup>(8)</sup>.

In addition to the difficulty returning to the work activities and a significant reduction in financial earnings, an international multicenter study carried out with PwD after stroke evidenced a trend in these people to distance from their support networks<sup>(16)</sup>. These data are in line with the results of this study, allowing us to consider that the experience of being a PwD is accompanied by loneliness and isolation, which hinders coping with violence.

The participants also mentioned that they did not seek help out of fear, shame and guilt. The feelings of fear and shame are present in society, modulated by cultural, gender and social issues. Regarding fear, it involves feelings, body sensations, psychological harms, propensity to escape or total paralysis regarding actions and attitudes. This can lead to retraction or paralysis regarding attitudes to preserve their own life and/or their loved ones'. In turn, the feeling of shame implies greater passivity towards the situation experienced, as it involves feelings of dishonor, humiliation, demotion towards others, insecurity and people's judgment<sup>(16)</sup>.

Another important element cited by the participants to justify not seeking help is linked to "home issues". This leads us to the nature of the problem in the context of private life and family relationships, which masks violence with naturalization of the home space as a private problem between husband and wife.

A study evidenced that health professionals are often not duly equipped to recognize the signs of violence in the PwD context. This is the result of their lack of knowledge about the concept of gender-based violence and of the social issues involved in disabilities. In view of this, the professionals feel less confident about their capabilities to identify and act when faced with these situations<sup>(17)</sup>. Therefore, it can be considered that the invisibility of violence against PwD living in rural areas is not only the result of their isolation and restriction to the domestic space, but also of failures by society, and by the

health services in particular, to identify these situations and intervene on them.

Some rural contexts have availability of health services, which are sometimes the only alternative for the population. Even so, people face difficulties accessing them due to the distance between their homes and these services, as well as to the absence of transportation means<sup>(18)</sup>. If we consider PwD and their limitations, it is verified that such access often becomes impossible.

Given the results of this study, it is important to consider the impacts caused by violence on the health of PwD. A number of studies compared the psychological consequences of violence among men and women with and without disabilities. The results evidenced that the subjects with disabilities were more likely to present severe distress (anxiety and depression) after an experience of violence than people with no disabilities<sup>(19-20)</sup>. Such being the case, it is confirmed that violence represents an important determinant of the health-disease process, whose repercussions are potentially greater for PwD.

The results of this study clarify a number of nuances of the vulnerabilities inherent to the life of these individuals. Considering the limitations they face in their everyday life, understanding about the care to be provided to them should be a reflection object for Nursing in rural areas. Nursing care can have an emancipatory component if it is able to contribute to the development of autonomy and protagonism in PwD over their own lives<sup>(20-21)</sup>.

In this sense, recognizing the components of the vulnerability of PwD to violence, their life experiences, their family dynamics and the determining factors of their health-disease process provides an opportunity for a theoretical discussion that can qualify care in the rural context. In addition to that, it equips nurses and health teams to plan individualized care centered on the needs of these people who live in these contexts, bringing them closer to the health services. The Nursing care provided to PwD who are victims of violence in rural areas begins by the team welcoming them with

sensitive listening and elaboration of a specific shared project that involves emancipation and achievement of autonomy.

The following is cited as a limitation of this study: the complexity of answering the questionnaire about violence in the home environment and the difficulty the participants had in talking about a controversial and considered intimate problem (which in most cases represents the place where violence is perpetrated). This situation may have prevented some PwD from participating in the study and led to a reduced sample, with the consequent impossibility to generalize the results. In addition to that, it is possible that there was interference in the answers, showing data that do not match the reality. Despite this, it is considered that these findings are of extreme scientific and social relevance for the theme.

The results of this study are important, first and foremost, for the health professionals who provide care to these people in their everyday life. Theoretical instrumentalization about the determinants of the health and disease process (such as the issues involving disabilities and their multiple vulnerabilities to the different types of violence) is fundamental for these professionals to have a careful and sensitive look at these families, enhancing their professional practice. In addition to that, they are important because they contribute with scientific data around a topic still little studied at the national level, with the possibility of converging to the elaboration of public and social policies.

## Conclusion

PwD were mainly victims of physical and psychological violence. Adult and white-skinned men comprised the group that most reported experiences of violence. Most of the people that were victims of violence did not seek help, with fear and shame as the most frequently reported reasons. Violence with its connection with the asymmetric power relations, as well as the recognition of social exclusion and oppression of PwD, is an important element to be studied as



a cross-sectional topic in the field of knowledge production in the health and nursing areas.

It is recommended that the studies on PwD and rurality be deepened, especially in the Brazilian context. More research studies addressing the impacts of violence on the physical, mental and social health of these individuals, as well as qualitative studies that can give voice to the experiences and feelings of these subjects, are necessary to confer visibility to the problem and propose actions in the field of rural health.

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### Collaborations:

1 – conception and planning of the project: Marta Cocco da Costa, Ethel Bastos da Silva, Isabel Cristina dos Santos Colomé and Thaylane Defendi;

2 – analysis and interpretation of data: Marta Cocco da Costa, Ethel Bastos da Silva, Leonardo Bigolin Jantsch, Isabel Cristina dos Santos Colomé and Thaylane Defendi;

3 – writing and/or critical review: Marta Cocco da Costa, Ethel Bastos da Silva, Leonardo Bigolin Jantsch, Isabel Cristina dos Santos Colomé and Thaylane Defendi;

4 – approval of the final version: Marta Cocco da Costa, Ethel Bastos da Silva, Leonardo Bigolin Jantsch, Isabel Cristina dos Santos Colomé and Thaylane Defendi.

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