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CHARACTERIZATION OF VIOLENCE AGAINST WOMEN EXPERIENCING HOMELESSNESS IN BRAZIL, 2015-2022

CARACTERIZAÇÃO DA VIOLÊNCIA CONTRA MULHERES EM SITUAÇÃO DE RUA NO BRASIL, 2015-2022

CARACTERIZACIÓN DE LA VIOLENCIA CONTRA LAS MUJERES EN SITUACIÓN DE CALLE EN BRASIL, 2015-2022

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Aim: to describe the notifications of violence against women experiencing homelessness in Brazil between 2015 and 2022. Methodology: this is an exploratory study based on data from the Notifiable Diseases Information System. Results: the notifications indicated that women experiencing homelessness suffer multiple forms of physical,

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psychological, and sexual violence, predominantly perpetrated by men, in public spaces, with higher incidence among young women, black or brown, with low education, and fragile emotional bonds. Repeated violence highlights gender, racial, and social inequalities, exposing the structural vulnerability and invisibility of these women, as well as revealing gaps in reporting and health service provision. Conclusion: the findings reinforce the need for intersectional actions that recognize violence as a structural phenomenon, promote protection, support, and autonomy, and improve health services to comprehensively assist women experiencing homelessness.

Descriptors: Ill-Housed Persons. Women. Violence Against Women. Social Vulnerability. Gender-Based Violence.

Objetivo: descrever as notificações de violência contra mulheres em situação de rua no Brasil entre 2015 e 2022. Métodos: trata-se de um estudo exploratório, baseado em dados do Sistema de Informação de Agravos de Notificação. Resultados: as notificações indicaram que mulheres em situação de rua sofrem múltiplas formas de violência física, psicológica e sexual, predominantemente praticadas por homens, em espaços públicos, com maior incidência entre jovens, pretas ou pardas, de baixa escolaridade e com vínculos afetivos frágeis. A violência reiterada evidencia desigualdades de gênero, raciais e sociais, expondo a vulnerabilidade estrutural e a invisibilidade dessas mulheres, além de revelar lacunas na notificação e na atuação dos serviços de saúde. Conclusão: os achados reforçam a necessidade de ações interseccionais que reconheçam a violência como fenômeno estrutural, promovam proteção, acolhimento e autonomia, e qualifiquem os serviços de saúde para atender de forma integral mulheres em situação de rua.

Descritores: Pessoas Mal Alojadas. Mulheres. Violência contra a Mulher. Vulnerabilidade Social. Violência de Gênero.

Objetivo: describir las notificaciones de violencia contra mujeres en situación de calle en Brasil entre 2015 y 2022. Metodología: se trata de un estudio exploratorio, basado en datos del Sistema de Información de Agravios de Notificación. Resultados: las notificaciones indicaron que las mujeres en situación de calle sufren múltiples formas de violencia física, psicológica y sexual, predominantemente perpetradas por hombres, en espacios públicos, con mayor incidencia entre jóvenes, negras o mestizas, de baja escolaridad y con vínculos afectivos frágiles.La violencia reiterada subraya desigualdades de género, raciales y sociales, exponiendo la vulnerabilidad estructural y la invisibilidad de estas mujeres, además de revelar lagunas en la notificación y en la actuación de los servicios de salud. Conclusión: los hallazgos refuerzan la necesidad de acciones interseccionales que reconozcan la violencia como un fenómeno estructural, promuevan protección, acogida y autonomía, y cualifiquen los servicios de salud para atender a las mujeres en situación de calle de manera integral.

Descriptores: Personas con Mala Vivienda. Mujeres. Violencia contra la Mujer. Vulnerabilidad Social. Violencia de Género.

Introduction

People experiencing homelessness make up a heterogeneous group characterized by extreme poverty, fragile or broken family ties, and a lack of conventional housing, living in public spaces or temporary shelters[1]. In 2023, the United Nations (UN) estimated that approximately 150 million people were living in this condition[2]. In Brazil, the number of people experiencing homelessness continues to grow, driven by political, economic, and social crises[3]. According to research by the Institute for Applied Economic Research (IPEA, as per its Portuguese acronym), the Single Registry for Social Programs (CadÚnico, as per its Portuguese acronym) recorded in August 2023 that, out of 96 million people registered, 227,000 were officially homeless[4].

This scenario reflects broader structural processes, as the reconfiguration of capitalism in the new world order has intensified social exclusion, undermining access to fundamental rights such as education, health, work, and housing, which has worsened this vulnerability[5]. This population is characterized by multiple vulnerabilities, processes of marginalization and prejudice, and is often exposed to disrespect and a lack of social recognition[6]. Vulnerability refers to a set of individual and collective aspects that are related to the greater susceptibility of individuals and communities to illness or the occurrence of health hazards and, inseparably, to the lower availability of resources for their protection[7]. Vulnerability situations are analyzed based on three interconnected dimensions: individual, social, and programmatic, which

allow for an integrated understanding of social reality, avoiding a rigid separation between the individual and collective levels. The individual dimension encompasses personal conditions and coping abilities; the social dimension refers to support networks and contexts of exclusion; and the programmatic dimension concerns the effectiveness of public policies and social services. This approach highlights how multiple factors come together to increase or reduce vulnerability[7]. A clear example is violence against women experiencing homelessness, which arises from the convergence of individual weaknesses, social isolation, and failures in state protection, underscoring the need for integrated and multidimensional interventions.

Violence against women can be defined as any act or conduct that causes death, harm, or physical, sexual, psychological, financial, or moral suffering[8]. Despite the overlap between the various manifestations of violence against women, it is possible to classify them, for analytical purposes, into six categories: physical, sexual, psychological/emotional, moral, financial, and general violence[9]. Although certain types of violence are more common, women often face multiple forms of aggression, living in contexts of polyvictimization, which makes it difficult to recognize the violence and to break these cycles of abuse[9].

Women experiencing homelessness face particular vulnerabilities characterized by invisibility, multiple oppressions, and life trajectories shaped by discrimination, domestic violence, sexual abuse, and neglect[10]. Domestic violence is cited as the main reason for leaving home, turning the home itself into a place of risk[11]. These women experience daily violence, often enduring abuse as a means of survival. The search for protection in street gangs can result in relationships characterized by submission and sexual vulnerability[12]. There has been an increase in these cases, with greater recognition of femicide, defined by Law n. º 13,104/2015 as murder motivated by gender reasons, especially in domestic contexts[8,13]. Thus, the importance of strengthening public policies, such as the Maria da Penha Law, and enforcing mandatory notification should be highlighted[14]. The health of these women is compromised by intersectional discrimination, with violence being a factor that intensifies feelings of fear, insecurity, isolation, and low self-esteem[13].

In 2001, the issue of violence was officially addressed in the Brazilian Unified Health System (SUS, as per its Portuguese acronym) with the publication of the National Policy for the Reduction of Morbidity and Mortality from Accidents and Violence. Since 1990, the notification of the cases of violence against children and adolescents has been mandatory; in 2003, this requirement was expanded to include women and elderly citizens. On January 25, 2011, Ordinance GM/MS n. º 104 was published, later revoked by Ordinance GM/MS n. º 1,271, dated June 6, 2014, which established the notification of violence as part of the list of notifiable conditions in all health services, both public and private. In 2014, the notification form included a field for the *reason of the violence*, allowing identification of whether the aggression was related to factors such as homelessness, sexism, homophobia, racism, among others[15].

Given the still limited publications on violence against women experiencing homelessness, it becomes essential to investigate the multiple forms of violence they suffer and their impacts on health. Such an investigation aims to expand understanding of their needs, identify gaps in existing services, and improve the support network. Thus, the current study aims to describe notifications of violence against women experiencing homelessness in Brazil during the period from 2015 to 2022.

Methodology

This is an exploratory study based on secondary data extracted from the Notifiable Diseases Information System (SINAN, as per its Portuguese acronym)[16] in May 2025. Notifications are made by professionals or those responsible for health facilities, both public and private, through the completion of the Individual

Notification Form (INF, as per its Portuguese acronym). The time frame for this research covers 2015 to 2022, considering that, since 2014, the SINAN Notification Form began to include the field for the reason behind violence, allowing the identification of all cases related to homelessness. The year 2015 corresponds to the first year with complete data available, ensuring greater consistency in the analysis, while 2022 marks the most recent public update of the system.

The Notifiable Diseases Information System provides essential data for Epidemiological Surveillance, enabling the monitoring of notifiable diseases and conditions as well as generating indicators that guide health decisions and policies, thus contributing to the improvement of population health. The data used in this study come from publicly available secondary sources and, therefore, did not require approval from the Research Ethics Committee.

In order to analyze data, cases of violence involving women experiencing homelessness were selected, registered under the variable for the *reason of the violence* (field 55) and in the category related to *homelessness* (item 07) of the SINAN Individual Violence Notification Form. Subsequently, a filter was applied for the female gender.

In order to describe the characteristics of the notifications of violence against women experiencing homelessness in Brazil, the following variables were analyzed: age group (0-19 years old, 20-59 years old, and 60 years or older); race/skin color (white and black); pregnant (yes or no); education level (up to 8 years, 9 to 12 years, more than 12 years); marital status (single/widowed/separated, married/stable union); region of residence (South, North, Midwest, Southeast, and Northeast); type of violence (physical, psychological/moral, torture, sexual – sexual harassment or rape –, human trafficking, financial/economic, neglect/abandonment, child labor, legal intervention, other); means of aggression (bodily force/beating, sharp-edged object, blunt object, threat, firearm, other); recurrence of violence (yes or no); likely aggressor (father, mother, stepfather, stepmother; boyfriend, spouse; policeman/law enforcement officer, acquaintance and stranger); alcohol consumption by the likely aggressor (yes or no).

Data were organized and analyzed descriptively with the help of Microsoft® Office Excel 2019, including calculations of absolute and relative frequencies.

Results

There were 20,056 notifications of violence against women experiencing homelessness, according to SINAN, between 2015 and 2022. Most victims were aged between 20 and 59 years old, accounting for 14,800 cases (73.80%). Regarding skin color, 56.30% of the victims self-identified as black or brown (11,298). The most common education level was 9 to 12 years. Concerning marital status, 61.50% were single, widowed, or separated (Table 1).

The distribution by region of residence indicated a higher concentration of notifications in the Southeast (54.30%). The most common form of violence was physical (91.7% – 18,389 cases), followed by psychological/moral (26%) and sexual (7.7%). Recurrence of violence occurred in 22.7% of the cases. The main place of occurrences was on public streets (56%) (Table 1).

The most common method of aggression was bodily force/beating, which occurred in 76.2% of the cases (15,284) (Table 1).

Table 1 – Characteristics of women experiencing homelessness who are victims of violence. Brazil, 2015-2022. (N=20,056)

Variables	n	%
Age group		

Table 1 – Characteristics of women experiencing homelessness who are victims of violence. Brazil, 2015-2022. (N=20,056)

Variables	n	%
0 to 19 years old	4,630	23.10
20 to 59 years old	14,800	73.88
60 years or older	626	3.10
Race/color		
White	6,586	32.80
Black/brown	11,298	56.30
Pregnant		
Yes	840	4.20
No	13,329	66.50
Education		
Up to 8 years	5,301	26.40
9 to 12 years	6,966	34.70
More than 12 years	887	4.40
Marital status		
Single/widowed/separated	12,344	61.50
Married/stable union	4,392	21.90
Region of residence		
South	2,646	13.20
North	1,144	5.70
Midwest	1,076	5.40
Southeast	10,894	54.30
Northeast	4,296	21.40
Type of violence		
Physical violence	18,389	91.70
Psychological/moral	5,196	26.00
Sexual	1,531	7.70
Torture	705	3.50
Human trafficking	14	0.10
Financial/economic	196	1.00
Neglect/abandonment	414	2.10
Child labor	77	0.40
Legal intervention	77	0.40
Recurrence of violence	4,454	22.20
Place of occurrence		
Household	4,041	20.10
Public road	11,231	56.00
Pub or similar	1,825	9.10
Means of aggression		
Bodily force/beating	15,284	76.20
Hanging	797	4.00
Blunt object	1,628	8.10
Sharp-edged object	2,617	13.00
Hot substance/object	118	0.60
Poisoning/intoxication	92	0.50
Firearm	907	4.50

Table 1 – Characteristics of women experiencing homelessness who are victims of violence. Brazil, 2015-2022. (N=20,056)

Variables	n	%
Threat	3,176	15.80

Source: Viva SINAN[16]

Regarding sexual violence, 6.1% of the cases (1,221) were classified as rape and 1.9% (383) as sexual harassment (Table 2).

Table 2 – Characteristics of sexual violence perpetrated against women experiencing homelessness. Brazil, 2015-2022. (N=20,056)

Variables	Yes n (%)	No n (%)
Types of sexual violence		
Sexual harassment	383 (1.90)	1,043 (5.20)
Rape	1,221 (6.10)	260 (1.30)
Child pornography	7 (0.00)	1,398 (7)
Sexual exploitation	106 (0.50)	1,293 (6.40)
Others	63 (0.30)	1,263 (6.30)

Source: Viva SINAN[16]

Most incidents of violence were committed by male individuals (53.80% – 10,790). In 50.50% of the notifications, there was a single perpetrator (10,121 cases). Regarding the characteristics of the perpetrators, most were stranger to the victim (33.20% – 6,658), followed by acquaintances (32.40% – 6,501). In 40.60% of the notifications (8,147), the victims suspected the perpetrators of alcohol consumption (Table 3).

Table 3 – Characteristics of the perpetrators of violence against women experiencing homelessness. Brazil, 2015-2022. (N=20,056)

Variables	n	%
Gender of the likely perpetrator		
Male	10,790	53.80
Female	5,624	28.00
Both genders	1,160	5.80
Number of perpetrators		
One	10,121	50.50
Two or more	7,625	38.00
Relationship with the victim		
Intimate partner	2,571	12.80
Relatives	740	3.70
Acquaintances	6,501	32.40
Strangers	6,658	33.20
Law enforcement officers	378	1.90
Suspected alcohol consumption		
Yes	8,147	40.60
No	6,790	33.90

Source: Viva SINAN[16]

Discussion

Violence, especially against women, impacts morbidity and mortality and is recognized as a public health issue [9]. In order to understand the reality of women experiencing homelessness in relation to violence, the theoretical framework of vulnerability was adopted, considering its three dimensions.

——Women aged 20 to 49 are the most vulnerable in contexts of social exclusion, due to emotional dependence, economic inequality, and lack of support[10]. Emotional dependence, often resulting from unequal or abusive relationships, limits decision-making capacity and increases exposure to violent situations. Economic inequality restricts access to essential resources, such as housing, food, education, and formal employment, deepening material and social precariousness. At the same time, the absence of family and community support networks increases isolation and the difficulty of seeking help, making these women more susceptible to multiple forms of physical, psychological, and sexual violence, as well as exploitation and neglect[9]. Thus, it is observed that the individual and social dimensions of vulnerability are present in the characteristics of these women and directly influence their exposure to violence and their continued presence in this cycle.

Data from the 2025 Atlas of Violence, prepared by the Brazilian Public Security Forum (FBSP, as per its Portuguese acronym) in partnership with the Institute for Applied Economic Research, a rate of 4.3 homicides of black women per 100,000 inhabitants was recorded in 2023, revealing the lethal impact of the intersection between structural racism and patriarchal culture[17]. This data reflects historical and social inequalities that shape the trajectory of black women in Brazil, characterized by the denial of social and historical recognition. The analysis of the interconnected processes of race, gender, and class is fundamental to understanding the increase in their vulnerability and silencing[18]. In cases of homelessness, discrimination worsens even in the institutions that should protect them[19]. The social dimension stands out, highlighted by structural racism, patriarchal culture, and the intersectionality of race, gender, and class, which reveal how social determinants are associated with and amplify vulnerability. The programmatic dimension is also identified, expressed in institutional failures, the absence or inadequacy of public policies, and barriers to accessing services.

Low education level is a factor of social vulnerability, as it hinders access to employment and information about one's own rights[10]. This educational deficit also limits knowledge about protection services and available legal mechanisms, making it difficult for these women to recognize and confront violent situations, indirectly highlighting the influences of the individual and programmatic dimensions. Thus, education is established as a structural determinant that influences social and economic inclusion, reinforces cycles of exclusion and vulnerability, and intensifies gender inequalities, making these women more susceptible to multiple forms of oppression and marginalization.

Marital breakups, often caused by domestic violence, lead to life on the streets[20]. The lack of emotional bonds deepens social isolation and increases exposure to violence, highlighting the importance of relational ties for public protection and shelter policies[13]. When forced to leave the marital home, many women face extreme insecurity, lack of shelter, and deprivation of basic resources. In this situation, they become more susceptible to physical aggression, sexual exploitation, psychological violence, and urban crime, living in structural vulnerability exacerbated by social marginalization and the stigma associated with being homeless. Marital breakups and lack of emotional bonds highlight the individual dimension, while isolation, marginalization, and deprivation of resources reflect the social dimension, and the need for protective public policies points to the programmatic dimension of vulnerability.

Regions with rapid urbanization face different social and structural challenges, including inequality in access to basic services, poor housing

conditions, and greater exposure to violence. This concentration is associated with accelerated urbanization and regional inequalities[21]. In this context, the Southeast Region, due to its higher population density and better-organized health network, records a higher number of notifications, reflecting both more organized surveillance and greater exposure of vulnerable populations to violence. Thus, the presence of efficient notification systems highlights the magnitude of the problem and the need for special attention to vulnerable groups, such as women experiencing homelessness.

Physical violence against women experiencing homelessness is related to factors such as prolonged exposure, hostile environments, and the lack of protection mechanisms, which are often absent or ineffective in these populations[22]. These aggressions form a continuous cycle of victimization, making it difficult to break the cycle of violence[12]. The constant repetition of violent episodes reinforces the structural vulnerability of these women, intensifying social isolation, harming their physical and mental health, and limiting their ability to seek protection or rebuild relationships. In this way, violence does not appear merely as a one-time event, but as a chronic and cumulative phenomenon, deeply rooted in the social and economic inequalities that affect women experiencing homelessness.

The street is an especially violent environment, where physical, psychological, and sexual aggressions occur in a continuous cycle of victimization[12]. Public spaces, by their open and often unprotected nature, expose women experiencing homelessness to constant threats, with no physical or social barriers to ensure their safety. The lack of supervision and adequate infrastructure makes these environments conducive to violence, increasing the risk of multiple and repeated aggressions and highlighting the fragility of protection for these women. Constant violence in unprotected public spaces reveals the social dimension of the vulnerability of women experiencing homelessness, while the lack of supervision and infrastructure points to the programmatic dimension.

The use of physical force operates as a mechanism of control and social exclusion, perpetuating a cycle of oppression and victimization[21]. This form of aggression highlights the structural dimension of violence against women experiencing homelessness, where the body becomes a direct target of power and domination. The prevalence of physical violence causes immediate harm, such as injuries and traumas, and reinforces the marginalization and social vulnerability of these women, limiting their access to resources, support, and social recognition.

The analysis of the records revealed that most acts of violence were committed by known or unknown individuals, with fewer cases involving intimate partners. However, during the COVID-19 pandemic, violence by intimate partners increased due to isolation and the lack of support networks, worsened by emotional and economic dependence[23]. This scenario highlights how emotional bonds, which should represent protection, can become spaces of risk and domination. The relationship of dependency, combined with social isolation, promotes the perpetuation of violence, reinforcing gender inequalities and deepening the vulnerability of women.

Sexual violence stood out among the most reported forms. The difficulty in recognizing different forms of sexual violence, such as rape in intimate relationships and normalized harassment, reinforces this underreporting in the daily lives of these women[19]. On the streets, the normalization of abusive practices and survival relationships make it difficult to identify violence and perpetuate silence. In addition to the need for protection, women experiencing homelessness face aggressions and attempted femicide by partners, especially when trying to break the bond[24], when economic and emotional dependence increases the risks of escalating violence and death, thus highlighting the influence of the three dimensions of vulnerability in these contexts.

Aggressions against women experiencing homelessness reveal how gender-based violence is characterized by deeply rooted social patterns. Patriarchy perpetuates an ideal of masculinity based on strength and emotional control, reinforcing male superiority and female submission[24]. This model influences both the practice of violence and the way it is socially accepted or minimized. Out of fear of sexual violence, many women experiencing homelessness rely on men for protection, thus reinforcing male control[19]. In this dynamic, the need for safety turns into a bond of domination, where male presence appears as a condition for survival. The patriarchal and heteronormative hierarchy sustains structural violence against women[11]. Thus, violence is no longer just an isolated act and appears as an expression of a social organization that legitimizes inequalities and restricts female autonomy.

Structural machismo reinforces this logic of domination, keeping women in submission and vulnerability, manifesting in humiliations, silencing, and emotional overload, which can result in disorders such as depression and anxiety[11]. In Brazil, this patriarchal culture is reproduced daily, supported by beliefs in male superiority and practices that normalize violence[21]. Addressing this scenario requires profound transformations in the social and material relationships that sustain male dominance, historically rooted in private property and class inequalities[19].

Thus, it is observed that the three dimensions of vulnerability – social, individual, and programmatic – are present in the daily reality of women experiencing homelessness, linked to intersectional factors such as gender, class, race, and patriarchal culture, which exposes them to multiple forms of vulnerability and continuous experiences of violence.

Among the limitations of this study, one can highlight the possible underreporting and reliance on secondary data, which are subject to inconsistencies and limit the generalization of the results. For future research, it is recommended to qualitatively investigate the trajectory of the victims, their perception of support systems, and the factors that hinder protection, as well as the impacts of violence on the physical, emotional, and social health of these women, thus deepening the understanding of the intersection between gender, race, and homelessness, in order to illuminate paths for reducing inequalities and promoting rights.

According to the existing gaps, this study contributes in terms of broadening the understanding of violence against women experiencing homelessness, highlighting how the dimensions of vulnerability influence this violence, emphasizing social vulnerability and the multiple factors that hinder access to protection and health services, and providing support for future research on trajectories, impacts, and the promotion of rights.

Conclusion

The analysis of notifications of violence against women experiencing homelessness in Brazil, from 2015 to 2022, highlights the intense structural vulnerability faced by these women, characterized by social inequality, racial discrimination, low education levels, and fragile emotional bonds. The results indicate that young women, black or brown, and with less access to education are more exposed to violence, with physical aggression being the most prevalent, often perpetrated by men in public spaces. These findings reinforce that the violence suffered by women experiencing homelessness is not merely episodic but is deeply rooted in unequal gender relationships, where patriarchy and male domination manifest themselves in a structural and everyday manner.

The recurrence of aggressions, the profile of the perpetrators, and the places where they occur reveal that these women are part of contexts of social invisibility, where gender interacts with factors of socioeconomic and racial vulnerability, thus intensifying the impact of violence. This dynamic highlights how gender inequality not only legitimizes oppression but also affects the survival of women experiencing homelessness, perpetuating cycles of vulnerability, exploitation,

and marginalization. The findings reinforce the need for intersectional actions that recognize violence as a structural phenomenon, promote protection, support, and autonomy, and improve health services to comprehensively assist women experiencing homelessness.

Collaborations:

1 – project conception and planning: Thiago Gomes Gontijo, Laris Ferreira dos Santos, Larissa Eduarda Amaro de Queiroz, Amanda de Paula Fernandes, Bruna de Oliveira Campideli, and Giselle Lima de Freitas;

2 – data analysis and interpretation: Thiago Gomes Gontijo, Laris Ferreira dos Santos, Larissa Eduarda Amaro de Queiroz, Amanda de Paula Fernandes, Bruna de Oliveira Campideli, and Giselle Lima de Freitas;

3 – writing and/or critical review: Thiago Gomes Gontijo, Laris Ferreira dos Santos, Larissa Eduarda Amaro de Queiroz, Amanda de Paula Fernandes, Bruna de Oliveira Campideli, and Giselle Lima de Freitas;

4 – approval of the final version: Thiago Gomes Gontijo, Laris Ferreira dos Santos, Larissa Eduarda Amaro de Queiroz, Amanda de Paula Fernandes, Bruna de Oliveira Campideli, and Giselle Lima de Freitas.

Conflicts of interest

There are no conflicts of interest.

Data Availability Statement

The data supporting the conclusions of this study are available in the Notifiable Diseases Information System (SINAN), accessible at https://datasus.saude.gov.br/sistemas-e-aplicativos/eventos-e-agravos/sinan. These are public domain data obtained from the aforementioned source (https://datasus.saude.gov.br/sistemas-e-aplicativos/eventos-e-agravos/sinan.

References

1. Brasil. Decreto Nº 7.053, de 23 de dezembro de 2009. Institui a Política Nacional para População em Situação de Rua e seu Comitê Intersetorial de Acompanhamento e Monitoramento, e dá outras providências [Internet]. Brasília (DF); 2009 [cited 2024 Sep 30]. Available from: http://www.planalto.gov.br/ccivil_03/_Ato2007-2010/2009/Decreto/D7053.htm

2. Nações Unidas Brasil. 'Abandonadas e descartadas: mais de 150 milhões de crianças vivem nas ruas', alertam especialistas da ONU [Internet]. Brasília (DF); 2015 [cited 2024 Sep 30]. Available from: https://brasil.un.org/pt-br/69139-abandonadas-e-descartadas-mais-de-150-milh%C3%B5es-de-crian%C3%A7as-vivem-nas-ruas-alertam

3. Gontijo TG, Oliveira BCV, Dias ALF, Hino P, Freitas GL, Lana FCF. População em situação de rua: fatores para utilização dos serviços de saúde. Acta Paul Enferm. 2024;37:eAO0000186. DOI: https://doi.org/10.37689/acta-ape/2024AO0000186

4. Natalino MAC. A população em situação de rua nos números do Cadastro Único (Texto para Discussão, n. 2944) [Internet]. Rio de Janeiro: Ipea; 2024 [cited 2024 Sep 30]. Available from: https://repositorio.ipea.gov.br/handle/11058/12642

5. Galán-Sanantonio A, Botija M, Carbonell A. A systematic integrative review of international policies for women experiencing homelessness. Int J Soc Welf. 2025;34(2):e70005. DOI: https://doi.org/10.1111/ijsw.70005

6. Grammatikopoulou M, Gkiouras K, Pepa A, Persynaki A, Taousani E, Milapidou M, et al. Health status of women affected by homelessness: A cluster of in concreto human rights violations and a time for action. Maturitas. 2021;154(Suppl 2):31-45. DOI: https://doi.org/10.1016/j.maturitas.2021.09.007

7. Ayres JR. Vulnerabilidade, Cuidado e integralidade: reconstruções conceituais e desafios atuais para as políticas e práticas de cuidado em HIV/Aids. Saúde debate. 2022;46(esp. 7):196-206. DOI: https://doi.org/10.1590/0103-11042022E714

8. Brasil. Lei Nº 13.104, de 9 de março de 2015. Altera o art. 121 do Decreto-Lei nº 2.848, de 7 de dezembro de 1940 – Código Penal, para prever o feminicídio como circunstância qualificadora do crime de homicídio, e o art. 1º da Lei nº 8.072, de 25 de julho de 1990, para incluir o feminicídio no rol dos crimes hediondos [Internet]. Brasília (DF); 2015 [cited 2024 Sep 30]. Available from:

https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2015/lei/l13104.htm

9. Fernandes SCS, Martins MN, Rocha SAF, Estramiana JLA, Bilbao-Nieva MI, Vione KC, et al. Violência contra a mulher baseada no gênero: uma revisão de escopo. Ciênc saúde coletiva [Internet]. 2025 [cited 2024 Sep 30]. ;30(5):e02142025. Available from: http://cienciaesaudecoletiva.com.br/artigos/violencia-contra-a-mulher-baseada-no-genero-uma-revisao-de-escopo/19512?id=19512

10. Hess C, Abdulla Z, Finzel L, Semkina A, Harris J, Boaz A, et al. A systematic narrative review of the research evidence of the impact of intersectionality on service engagement and help-seeking across different groups of women, trans women, and non-binary individuals experiencing homelessness and housing exclusion. PLoS One. 2025;20(4):e0321300. DOI: https://doi.org/10.1371/journal.pone.0321300

11. Leiro JMT, Gomes NP, Almeida LCG, Andrade ICSA, Virgens IR, Campos LM, et al. Enfrentamento da violência contra a mulher: a atuação de coletivo de mulheres. Rev baiana enferm. 2023;37:e47635. DOI: https://doi.org/10.18471/rbe.v37.47635

12. Richwin IF, Zanello V. "Desde casa, desde berço, desde sempre": violência e mulheres em situação de rua. Estud Fem. 2023;31(1):e77926. DOI: https://doi.org/10.1590/1806-9584-2023v31n177926

13. Vasconcelos NM, Bernal RTI, Souza JB, Bordoni PHC, Stein C, Coll CVN, et al. Subnotificação de violência contra as mulheres: uma análise de duas fontes de dados. Ciênc saúde coletiva. 2024;29(10):e07732023. DOI: https://doi.org/10.1590/1413-812320242910.07732023

14. Alcantara PPT, Carneiro FF, Pessoa VM, Pinto AGA, Machado MFAS. Cuidado integral às mulheres vítimas de violência. Ciênc saúde coletiva. 2024;29(9):e08992023. DOI: https://doi.org/10.1590/1413-81232024299.08992023

15. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Boletim Epidemiológico 14: População em situação de rua e violência – uma análise das notificações no Brasil de 2015 a 2017 [Internet]. Brasília (DF); 2019 [cited 2024 Sep 30]. Available from: https://www.gov.br/saude/pt-br/composicao/saps/equidade/publicacoes/populacao-em-situacao-de-rua/boletim-epidemiologico-14-populacao-em-situacao-de-rua-e-violencia-2013-uma-analise-das-notificacoes-no-brasil-de-2015-a-2017-1/view

16. Brasil. Ministério da Saúde. Departamento de Informática do Sistema Único de Saúde. Violência interpessoal/Autoprovocada – Brasil [Internet]. Brasília (DF); 2025 [cited 2025 May 09]. Available from: http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sinannet/cnv/violebr.def

17. Cerqueira DRC, Bueno S, Lima RS, Lins GOA, Coelho DSC, Moura L, et al. Atlas da violência 2025 [Internet]. Brasília (DF): Instituto de Pesquisa Econômica Aplicada; 2025 [cited em 2025 May 09]. Available from: https://www.ipea.gov.br/atlasviolencia/publicacoes

18. Galvão I. Mapa da violência contra mulheres negras. Rev Dir. 2021;13(2):1-17. DOI: https://doi.org/10.32361/2021130211520

19. Mello AR, Lobo M, Scheer T. Violência doméstica contra as mulheres em situação de rua e a pandemia da covid-19: como garantir o direito de acesso à justiça? Rev CNJ [Internet]. 2023 [cited em 2025 maio 09];7(1):15-28. Available from: https://www.cnj.jus.br/ojs/revista-cnj/article/view/315/247

20. Silva MLB, Bousfield ABS, Giacomozzi AI, Leandro M, Cavaler CM. A violência para mulheres em situação de rua. Psico. 2022;53(1):e37621. DOI: https://doi.org/10.15448/1980-8623.2022.1.37621

21. Oliveira GCM, Martins AC, Pazini DS, Paula EEPD, Nunes LC, Freitas ED. Tipificação e fatores associados à ocorrência de violência em pessoas em situação de rua em um município de Minas Gerais, Brasil. Ciênc saúde coletiva. 2023;28(6):1606-17. DOI: https://doi.org/10.1590/1413-81232023286.13582022

22. Melo CM, Soares MQ, Bevilacqua PD. Violência sexual: avaliação dos casos e da atenção às mulheres em unidades de saúde especializadas e não especializadas. Ciênc saúde coletiva. 2022;27(9):3715-28. DOI: https://doi.org/10.1590/1413-81232022279.07242022

23. Melo GB, Costa AM. Sexual and reproductive rights of homeless women: a scoping review protocol. Online Braz J Nurs. 2022;21(Suppl 1):e6591. DOI: https://doi.org/10.17665/1676-4285.20226591

24. Souza EG, Tavares R, Lopes JG, Magalhães MAN, Melo EM. Atitudes e opiniões de profissionais envolvidos na atenção à mulher em situação de violência em 10 municípios brasileiros. Saúde debate [Internet]. 2023 [cited 2024 Sep 30];42(esp 4):13-29. Available from: https://www.saudeemdebate.org.br/sed/article/view/573

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