

INTIMATE PARTNER VIOLENCE: EXPERIENCES OF WOMEN FOLLOWING THE GRANTING OF EMERGENCY PROTECTIVE MEASURES

VIOLÊNCIA POR PARCEIRO ÍNTIMO: EXPERIÊNCIAS DE MULHERES APÓS DEFERIMENTO DA MEDIDA PROTETIVA DE URGÊNCIA

VIOLENCIA POR PAREJA ÍNTIMA: EXPERIENCIAS DE MUJERES TRAS EL OTORGAMIENTO DE LA MEDIDA PROTECTORA DE URGENCIA

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Objective: to explore the experiences of women following their report of intimate partner violence and the granting of an emergency protective measure. **Method:** qualitative study conducted with 10 women assisted by the Ronda Maria da Penha (RMP). Data were collected between March and June 2023 through individual interviews and a focus group, and were analyzed using Bardin's Content Analysis and a gender-based theoretical framework. **Results:** the thematic categories indicate that violence persists even after the granting of an emergency protective measure (EPM). Concurrently, signs of life reorganization were observed, including women returning to education and assuming exclusive financial responsibility for their children. Despite these initiatives, participants continued to assume caregiving responsibilities toward the perpetrator of violence. **Final Considerations:** the persistence of violence underscores the urgency of integrated actions aimed at protecting, empowering, and supporting women in rebuilding their lives.

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Objetivo: conhecer as experiências de mulheres após a denúncia de violência pelo parceiro íntimo e a concessão da medida protetiva de urgência. Método: pesquisa qualitativa, realizada com 10 mulheres assistidas pela Ronda Maria da Penha. Os dados, coletados no período de março a junho de 2023 através de entrevistas individuais e um grupo focal, foram categorizados com base na Análise de Conteúdo de Bardin e analisados a partir do referencial de gênero. Resultados: as categorias temáticas indicam que a violência persiste mesmo após a concessão da medida protetiva de urgência. Paralelamente, observam-se movimentos de reorganização da vida, como o retorno aos estudos e a assunção da responsabilidade pelo sustento dos filhos. Apesar dessas iniciativas, as mulheres continuam assumindo o cuidado do autor da violência. Considerações finais: a continuidade da violência evidencia a urgência de ações integradas para proteção, empoderamento e reconstrução das vidas das mulheres.

Descritores: Mulheres. Violência de gênero. Violência doméstica. Violência por parceiro íntimo. Enfrentamento.

Objetivo: conocer las experiencias de mujeres tras la denuncia de violencia por pareja íntima y el otorgamiento de la medida protectora de urgencia. Método: investigación cualitativa, realizada con 10 mujeres asistidas por la Ronda Maria da Penha. Los datos, recolectados entre marzo y junio de 2023 mediante entrevistas individuales y un grupo focal, fueron categorizados con base en el Análisis de Contenido de Bardin y analizados desde el referencial de género. Resultados: las categorías temáticas indican que la violencia persiste incluso después del otorgamiento de la medida protectora de urgencia. Paralelamente, se observan movimientos de reorganización de la vida, como el retorno a los estudios y la asunción de la responsabilidad por el sustento de los hijos. A pesar de estas iniciativas, las mujeres continúan asumiendo el cuidado del autor de la violencia. Consideraciones finales: la continuidad de la violencia evidencia la urgencia de acciones integradas para la protección, el empoderamiento y la reconstrucción de las vidas de las mujeres.

Palabras clave: Mujeres. Violencia de género. Violencia doméstica. Violencia por pareja íntima. Afrontamiento.

Introduction

Intimate partner violence (IPV) is a structural phenomenon that affects the lives of thousands of women, regardless of social class, race, age, or ethnicity. In light of the multiple harms resulting from this form of violence, including femicide as its most extreme expression, the establishment of a protective network capable of ensuring support, care, and safety is essential. In this context, emergency protective measures (EPMs) represent fundamental strategies for preserving the physical integrity and lives of women at risk.

In the European Union, estimates indicate that approximately 22% of women have experienced physical or sexual violence by an intimate partner⁽¹⁾. In Brazil, according to the National Map of Gender Violence, 25,458,500 people experienced domestic or family violence in 2023, with 51% of cases perpetrated by a husband or partner, 15% by a former intimate partner, and 6% by a boyfriend⁽²⁾. The Brazilian Public Security Yearbook also reports that in 2024, 555,001 EPMs were granted, underscoring the magnitude of IPV in the country⁽³⁾.

As a legal instrument, Law No. 11.340/2006⁽⁴⁾ is the document that guides, in Brazil, the prevention of and response to domestic and family violence against women, encompassing IPV. Among the measures provided by this law, EPMs are particularly noteworthy; they are granted following a complaint to ensure the immediate safety of women at risk, preventing the recurrence of aggression and safeguarding their physical, psychological, and social protection. These measures include removing the perpetrator from the shared residence, prohibiting the perpetrator from approaching or contacting the woman and her family members, and restricting the perpetrator's access to certain locations, under the supervision of the Ronda Maria da Penha (a specialized community policing and security program in Brazil designed to protect women who are victims of domestic and family violence – RMP).

Consistent with the provisions of the law, a Brazilian study reveals that women experiencing IPV view reporting and the EPM as mechanisms

to guarantee immediate protection for themselves and their children. This expectation is grounded in the belief that the justice system, through the granting of the EPM, will function as an effective barrier against further male violence⁽⁵⁾. However, the effectiveness of this mechanism has limitations, as reflected in recurring reports of non-compliance with protective measures, a situation reinforced by the fact that 4.2% of femicide victims in 2024 had an active protective measure in place at the time of death⁽³⁾.

Considering these data, evidence indicates that the granting of an EPM in Brazil does not end violent experiences in intimate relationships, as women's safety and well-being remain unstable, exposing gaps in efforts to address the phenomenon. Although the literature and available indicators already acknowledge that, for many women, violence persists even after reporting and the granting of the EPM, gaps remain in understanding how women experience the post-reporting period while under the protection of the EPM. These situations reinforce the need for the present study, which aims to explore the experiences of women following their report of IPV and the granting of the EPM.

Methodology

This qualitative, exploratory study was conducted with women assisted by the RMP in a municipality in the north-central region of Bahia, Brazil. To ensure methodological rigor, the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines were followed, covering aspects related to the research team, participants, and data collection and analysis procedures.

The study included women aged 18 years or older who were receiving follow-up care through the RMP due to IPV. Women considered emotionally unstable were excluded, a condition assessed by a psychologist affiliated with the Women's Reference Center (CRM), a network service located in the same physical structure as the RMP. The sample size was determined by theoretical saturation, based on the recurrence of

core meanings related to women's experiences during the post-reporting period, with no new elements emerging that were relevant to understanding the phenomenon under investigation, resulting in a total of 10 participants.

Prior to data collection, the researchers spent one month familiarizing themselves with the service setting, a process that facilitated rapport with the women assisted and established a relational environment conducive to the quality of the information collected. Data were collected between March and June 2023 through individual interviews and a focus group. The triangulation of techniques was relevant, as interviews allowed access to intimate and sensitive experiences, while the focus group enabled the collective construction of meaning regarding the post-reporting period, enhancing interpretive depth. Women who participated in the interviews were subsequently invited and referred to participate in the focus group.

The interviews, conducted in a private room at the CRM, were guided by a semi-structured instrument organized into two parts: the first consisted of closed questions investigating the sociodemographic characteristics of the participants, and the second contained guiding questions on the experiences of women following the reporting of IPV and the granting of the EPM. The interviews were conducted by nursing students who had been previously trained in qualitative data collection on experiences of intimate partner violence.

The focus group was facilitated by a faculty member from a graduate program in care sciences and a doctoral student, lasting an average of two hours, with eight women participating. This phase of data collection took place at a municipal school located in the city center and was conducted with the support of an inductively structured guide, beginning with general questions and progressively advancing to central questions related to the study's subject matter, which facilitated the gradual construction of participants' narratives. Both the interviews and the focus group were audio-recorded with the

participants' consent, and to preserve anonymity, the women were identified by the initial M followed by Arabic numerals representing the order of participation in the interview phase (M1, M2, ...). Since the participants took part in both collection phases, this identification was maintained consistently, without distinction between interviews and focus group.

The empirical material collected was fully transcribed using Microsoft Word and subjected to Content Analysis as proposed by Bardin⁽⁶⁾. The analysis was conducted manually, following the stages of ⁽¹⁾ pre-analysis, ⁽²⁾ material exploration and thematic categorization or coding, and ⁽³⁾ processing of results, inferences, and interpretation. In the pre-analysis phase, a floating reading of the transcribed material was performed, along with organization of the corpus and definition of the units of analysis. Subsequently, in the material exploration phase, coding and thematic categorization were carried out based on the identification of units of meaning, which were grouped according to semantic similarity. During the processing of results, which involved inferences and interpretation, the data were analyzed in light of the theoretical framework proposed by Joan Scott⁽⁷⁻⁸⁾, who conceptualizes gender as an analytical category constitutive of social relations and relations of power, guiding the interpretation of women's experiences in the context of intimate partner violence and the enforcement of EPMs.

The study complied with the ethical guidelines established in Resolution No. 466/12 of the National Research Ethics Commission (CONEP). The project to which this study is linked was approved by the Research Ethics Committee under Opinion No. 5.987.370 and CAAE 50088120.8.0000.5531. To ensure respect for ethical principles, all phases of the research were conducted in accordance with the principles of non-maleficence, beneficence, autonomy, and justice. Furthermore, given the sensitivity of the subject under investigation, psychological support through the CRM was made available to participants whenever needed during the study.

Results

Ten women with an EPM resulting from IPV participated in the study. Participants ranged in age from 27 to 57 years, with a mean of 43 years. Most self-identified as Black, practiced Christian religions, with a higher frequency of Evangelical denominations, and were not in an intimate relationship. All participants reported having children and, for the most part, did not own their homes, had completed at least secondary education, were employed, were financially independent, and earned a monthly income of one minimum wage.

The experiences of women following the reporting of IPV and the granting of the EPM are presented across the following thematic categories: Conjugal violence continues even after separation and the granting of the EPM; Women assume exclusive financial responsibility for their children after separation; Women following separation adopt strategies to return to education and/or achieve financial independence; and Women assume care of the perpetrator of violence even with the EPM in effect following conjugal violence.

Conjugal violence continues even after separation and the granting of the EPM

This category revealed that conjugal separation and the granting of the EPM do not necessarily represent a rupture of the dynamics of violence, which reconfigure and persist through verbal aggression, stalking, threats, and the use of children as a strategy to emotionally destabilize the women. These actions, understood as masculine strategies of control and/or punishment, affect the women's lives, causing fear and compromising their freedom and their affective and social relationships.

Even separated, I cannot live my life. When he runs into me on the street, he calls me every name in the book, and I feel so ashamed that I walk with my head down! I also cannot have anyone in my life because people already know him, they know about his disorder, and because of his violence, they are afraid to get involved with me (M1).

Everything got worse after the separation and the protective measure because he started stalking me and attempted to kill me several times. After the death threat, I even moved to another city, but since he is a police officer, he requested a transfer and would show up at my workplace in a patrol car to threaten me with a weapon to come back. Today he destabilizes me by using my son, and this causes me so much fear that I do not let him play with other children out of fear that he will fall, and his father will put photos in the case file alleging abuse (M6).

Women assume exclusive financial responsibility for their children after separation

The findings indicated that conjugal separation is not accompanied by the sharing of financial responsibility by the father, and that the women assume full responsibility for their child(ren)'s care. This disengagement contributes to women facing, on their own, the responsibility for ensuring their children's basic needs and well-being.

It has been seven months since we separated and he has never given me a cent, he does not help with anything, he gives nothing to my daughter. So I have to make ends meet on my own, paying for everything from rent to her schooling (M4).

It has been about three years since he left and abandoned me, pregnant and alone, to support the children who are also his. When he left, he only said he would never come back, but I know he comes secretly to the city and stays at his mother's house (M5).

Women following separation adopt strategies to return to education and/or achieve financial independence

The narratives indicated that, for many women, separation represented a turning point that propelled them to resume educational, professional, and/or financial projects that had been interrupted by conjugal violence. This process was directed toward recovering feminine autonomy and self-esteem, enabling them to overcome some of the harm resulting from the violence perpetrated by the intimate partner.

As soon as I got married, he forbade me from studying and working. It is only now, after we separated, that I will be able to finish my studies. I am in the second year of high school education and I will finish, God willing (M8).

I am recovering from the financial losses he caused me, and I have even realized one of my dreams, which was to buy my own transportation with the money from my work (M9).

Women assume care of the perpetrator of violence even with the EPM in effect following conjugal violence

The results revealed that, even after separation and the granting of the EPM, some women continue to assume responsibilities related to the physical and/or material care of the perpetrator of aggression. This continuation of caregiving occurs due to family pressures that reinforce feminine responsibility and/or feelings of compassion and solidarity in the face of the vulnerability or illness of the former intimate partner.

Even though he is the person who destroyed my life, I continue to care for him! I do this because he is an alcoholic, he drinks and falls in the middle of the street. This moves me, I feel sorry for him, and that is why I help! When he gets sick, he calls me and I also help; and when he needs medicine or clothes, I tell him to charge it to my account (M1).

I separated from this ex-husband of mine over 20 years ago, and now, when he became ill, my children threw the old man onto my shoulders. He spent a month and fifteen days in the ICU and since he left there I was forced to take care of him (M10).

Discussion

Considering Joan Scott's gender framework, the findings demonstrate that women's experiences during the post-reporting period are shaped by historically constructed power relations that organize social expectations, caregiving responsibilities, and forms of control even after legal intervention. Although the granting of the EPM constitutes a legal guarantee and is socially recognized as a milestone of protection and rupture from violent conjugal life, in practice this mechanism proves insufficient to interrupt the violence.

Non-compliance with protective measures is also reflected in empirical data, as illustrated by

a national study conducted in 2023, indicating that 48% of women covered by an EPM reported that the aggressor had violated the order⁽²⁾. This persistence of IPV among women with an EPM, analyzed in light of the gender theory proposed by Scott⁽⁸⁾, is strongly influenced by the perception of gender as a permanent and constitutive element of social relations, serving as a primary means of signifying power relations between the sexes. Therefore, even in the presence of legal protective measures, masculine practices that seek to reassert gender hierarchy and male control over women persist, challenging judicial decisions.

This masculine behavior illustrates how gender structures hierarchical relations in which men position themselves as holders of power, naturalizing violence as a mechanism of social and symbolic control⁽⁷⁻⁸⁾. These findings also help explain why separation constitutes a period of heightened vulnerability for women experiencing violence in intimate relationships. The literature recognizes that it is during this period that men's control and threats against women intensify, resulting in the most severe episodes of violence and the majority of femicide cases⁽⁹⁾.

Data from the Brazilian Public Security Yearbook⁽³⁾ indicate that in 2024 more than 1,400 femicide cases were recorded in the country, of which approximately 80% were committed by intimate partners or former intimate partners. A study conducted in Finland, highlighting the risk of femicide following separation, details that this is a period of heightened risk to women's lives, beginning six to twelve months before divorce, which is generally requested by the woman, and stabilizing only one to two years after the end of the conjugal relationship^(3,10).

Although Law No. 11.340/2006 and the instruments it provides, such as the protective measure, represent important components in addressing IPV in Brazil, the findings of this and other studies reinforce evidence that the effectiveness of its implementation is compromised. Regarding men's non-compliance with EPMs, the State's failure to ensure women's protection is associated with limitations in socio-educational

actions that encourage perpetrators of violence to reflect on their relational practices, the lack of coordination among the justice, public security, and social assistance systems, and insufficient police staffing to monitor protective measures⁽⁹⁾.

In this context, the establishment of Specialized Women's Service Police Stations (DEAMs), Women's Reference Centers (CRM), and Men's Reeducation Centers (CRH), combined with increases in the police units monitoring EPMs, are also fundamental actions for ensuring the dignity, support, and safety of women. Only through a qualified network is it possible to neutralize the experience of conjugal violence and, consequently, the feelings of fear and insecurity that affect women's daily lives, including their social interactions and ability to form new affective bonds, as reported by the participants of this study.

With respect to educational actions targeting men, these are crucial given that the persistence of subtle and/or explicit forms of conjugal violence after separation reflects men's attempts to maintain power over women and to punish them for reporting and/or ending the relationship. However, considering that a significant portion of men subject to EPMs are legally required to attend re-education programs, the persistence of IPV indicates that some initiatives have not kept pace with the complexity of the dynamics of the phenomenon⁽¹¹⁻¹²⁾. In light of this, it is necessary to expand and improve these socio-educational activities, enabling men to reflect on their current relational practices with former intimate partners, the behaviors they wish to reproduce in future intimate relationships, and their financial, educational, and affective responsibilities toward children from relationships marked by violence.

This need is reinforced by the findings of this study, which show that, following the end of the conjugal relationship, women reported that men withdrew from their paternal responsibilities. This should not be understood as a phenomenon inherent to the separation process involving an EPM, but rather as the result of historical gender constructions that, over time, have exempted men from daily caregiving and active fatherhood

while attributing to women, through naturalized norms, maternal and domestic functions⁽⁸⁾.

Accordingly, men's withdrawal does not represent a new scenario in women's lives; it merely reinforces a pre-existing logic in which care work is naturalized as exclusively feminine. As a consequence, this perpetuates gender inequalities and social norms that exempt men from roles historically assigned to the private sphere, intensifying the difficulties women face in the process of leaving a violent relationship and the need for immediate support from a social network.

The need for women to assume sole financial responsibility for their children frequently arises in a context in which their autonomy, professional development, and financial independence were undermined by the violent practices of the former partner throughout the conjugal relationship, a finding also noted in international studies⁽¹³⁻¹⁴⁾. As a result, an intimate relationship marked by violence, by eroding women's education, professional qualification, and financial independence, limits their participation in society, particularly in spaces of education and employment, which directly affects their capacity to provide for their children's material needs. Faced with this condition of economic vulnerability, immediately following the conjugal separation, women are unable to financially support their children on their own.

Furthermore, although conjugal separation does not terminate the obligation to support, raise, and educate children, with both parents responsible for contributing proportionally to their available resources, delays in child support proceedings remain common. From a gender perspective, these delays are not merely administrative or legal shortcomings, but also a mechanism that reproduces historically constructed inequalities, effectively shifting, with the State's acquiescence, immediate and de facto exclusive financial responsibility for children onto women.

In this context, women's burden is intensified, as they often assume alone the financial, material, and emotional demands of childcare.

With regard to financial obligations, the literature highlights the absence of guaranteed immediate enforcement of this right, with recurrent cases of delays, insufficiently determined amounts, or complete non-payment by men⁽¹⁵⁾. This gap between legal provision and its effective implementation leaves women overburdened with both financial responsibility and daily childcare, underscoring the persistence of asymmetrical gender relations and generating a continuous fear of being unable, on their own, to meet their children's basic needs⁽¹⁶⁾. Beyond the legal sphere, particularly for economically vulnerable women, access to social policies such as childcare services, income transfer programs, and community support networks plays a significant role in mitigating this overburden.

Alongside the burden of childcare, the results of this study indicate that conjugal separation marked by violence represents a period in which women seek to resume educational, professional, and financial projects as a strategy for overcoming adversity and restructuring their lives. This reconstruction process is associated with the recovery of autonomy and self-esteem, facilitating the overcoming of emotional and material harm resulting from the abusive relationship. The pursuit of qualification, the continuation of studies, and entry into the labor market emerge as central strategies for achieving financial independence, improving living conditions for their children, and strengthening women's empowerment.

The importance of specific public policies that support, in a differentiated manner, women's schooling, professional qualification, and financial independence following the reporting of IPV and the granting of the EPM is also noteworthy. At the national level, state and local initiatives have sought to reduce the economic vulnerability of these women, such as the Empodera project, linked to the Integrated Violence Prevention and Reduction Program (PREVio) of the Ceará State Government, which provides financial support to foster the productive integration and professional autonomy of women experiencing violence⁽¹⁷⁾.

Similarly, at the national level, the Casa da Mulher Brasileira (Women's House of Brazil – CMB) stands out as a public resource integrated into the National Policy to Address Violence against Women. This institution operates as a specialized service center that, in addition to providing legal and police services, psychosocial support, and transportation, also offers actions aimed at economic autonomy, with a view to integrating women into the labor market, generating income, and promoting financial independence⁽¹⁸⁾. It is also suggested that established national initiatives, such as the Youth and Adult Education program (EJA) and the National Program for Access to Technical Education and Employment (Pronatec), prioritize women experiencing IPV by ensuring facilitated access to, continuity in, and completion of educational stages.

In contrast to various state-level initiatives in the country, including those mentioned above, it is important to recognize that support for women experiencing IPV remains marked by gaps, including insufficient service coverage. A case in point is the Casa da Mulher Brasileira, which is present in only 11 of the country's 5,570 municipalities. By contrast, internationally, countries such as Spain and Canada stand out for having implemented, since 2004, integrated policies for employability and capacity-building for women with a history of violence, and are considered more advanced than Brazil in the institutionalization of strategies for socioeconomic empowerment. In Spain, Organic Law 1/2004 established the Socio-occupational Integration Program, which offers training, employability support, and financial autonomy measures, promoting women's break from financial dependence on perpetrators of violence⁽¹⁹⁻²¹⁾.

In the Canadian context, the federal agency Women and Gender Equality Canada leads national gender equality policies aimed at the economic and social integration of women. Furthermore, at the provincial level, the Government of Ontario implements the Ontario Stands initiative, which coordinates professional training, psychological support, career guidance,

and community partnerships to strengthen employability and ensure stability for women survivors of violence⁽²⁰⁻²¹⁾. These examples underscore the importance of integrated, intersectoral policies that combine immediate protection with investment in rebuilding autonomy and promoting the socioeconomic empowerment of women, offering relevant models for interventions in the Brazilian context. However, it must be recognized that the path toward financial independence for women with a history of IPV is marked by significant obstacles, and State support through integrated policies that simultaneously address professional training, employability, childcare provision, scholarships, and psychosocial follow-up is essential.

Law No. 14.452/2023, which provides measures to stimulate employment, and Law No. 14.611/2023, which ensures pay equity between genders, represent regulatory advances that require effective implementation and coordination alongside specific policies for women experiencing violence⁽²²⁻²³⁾. As social welfare policies, investment in education and employment not only expands women's possibilities for emancipation but also strengthens their subjective and social resources. Returning to education and pursuing financial independence have highly relevant positive repercussions, including strengthening self-esteem, increasing autonomy, and expanding the capacity to break cycles of dependence and violence, including in future relationships.

In addition, such experiences favor critical reflection on the gender patterns and power dynamics that have historically assigned to women the exclusive position of caregiver. Reflecting on this issue is essential to enable the reconstruction of life trajectories with greater freedom and awareness of rights and responsibilities, including those to be shared, such as childcare⁽¹⁵⁻¹⁶⁾. Furthermore, in a process of female autonomy, reflections must also encompass the gender aspects that impel women to assume primarily socially predetermined roles. Understanding gender conceptions makes it possible to question the naturalization of the

caregiver role, including in the context of violent relationships⁽⁸⁾.

Regarding this last point, the results of this study identify that, even though the participants had experienced situations of IPV, in some contexts, they felt compelled to assume the care of the former partner. This responsibility is evidenced particularly in contexts of male vulnerability, such as illness or involvement with alcohol and/or other drugs, which can be understood, in light of Scott, as an expression of the historical and social construction that attributes to women, as a matter of course, the responsibility for caregiving, whether in the family, conjugal, or community sphere⁽⁸⁾. In addition to reinforcing traditional gender norms, paradoxically, this responsibility protects the perpetrator of violence and weakens the woman.

In a judicial separation process requiring an EPM, assuming the role of caregiver of the perpetrator of violence represents not only an overburden of care but also an imminent risk to women's physical and mental integrity. Maintaining contact with the perpetrator, particularly in contexts of abusive alcohol and/or drug use, compromises the effectiveness of protective actions and increases the likelihood of new episodes of violence⁽²⁴⁾.

Beyond that, the repercussions of women's responsibility for caring for the perpetrator also encompass social, financial, and health dimensions. With respect to the latter, the processes of physical and mental illness arising from the physical and emotional burden of caregiving and the continuation of the cycle of violence are highlighted⁽²⁵⁾. In the social sphere, due to gender influence, when they refuse to assume the caregiver role, women are criticized for not fulfilling a socially expected role; when they accept this role, they are equally criticized for remaining connected to the man who perpetrated violence against them⁽²⁴⁾. In the financial sphere, the repercussions relate to the costs of care, which may include providing resources for housing, medication, clothing, and food. This situation compromises economic reconstruction,

increases vulnerability, and weakens women's process of overcoming violence⁽¹⁵⁾.

Faced with this reality, it is essential that, alongside protective measures, other measures be implemented to promote among women reflections on the social constructions of gender, so that they understand they are not obligated to perform the role of permanent caregivers, particularly in relation to the perpetrators of violence. This process must also stimulate the strengthening of self-care, breaking with the logic that others' well-being must prevail over their own needs. In this context, participation in social technologies, such as reflective groups and other methodological instruments, represents powerful possibilities for sharing experiences and deconstructing traditional gender norms. Such strategies must be coordinated with other social welfare policies that enable women not only to break free from IPV, but also to resume personal projects^(8,15-16,25).

Finally, the findings of this study reinforce that separation and the granting of the EPM do not necessarily signify a rupture of the dynamics of violence, which remain shaped by gender norms that structure unequal power relations. Although legally effective, the EPM is socially undermined by gender norms that perpetuate women's responsibility for caregiving, including care of the perpetrator of violence, thereby challenging the limits of exclusively legal strategies in addressing intimate partner violence.

In this way, an articulated network involving security, justice, health, social assistance, and education is an indispensable condition for ensuring not only the effective exit from a situation of violence but also the overcoming of the resulting social, economic, and subjective harm. At the same time, it is equally necessary that perpetrators of violence be held legally accountable for their parental obligations toward their children and be included in social re-education policies and follow-up programs to prevent the continuation of violent practices toward former intimate partners.

As a limitation of the study, the exclusion of women considered emotionally unstable at the time of data collection can be highlighted, as this may have restricted the diversity of experiences and the inclusion of accounts marked by greater psychological distress. However, this criterion was adopted as an ethical safeguard to protect participants and does not undermine the findings, which remain relevant to understanding the experiences of women in the post-reporting period while under the protection of the EPM.

Final Considerations

The findings of this study reaffirm that the granting of the EPM, although fundamental, does not constitute an isolated mechanism for ending conjugal violence, as it is shaped by socially constructed gender relations. The narratives showed that, following reporting and separation, violence perpetrated by former intimate partners persists, manifesting as verbal abuse, stalking, threats, and attempts to destabilize women, often involving their children. In this context, responsibility for childcare and financial support continues to fall predominantly on women; in some cases, driven by compassion or family pressure, women also assume responsibilities related to the care of the very perpetrator of the violence.

Despite the impacts and challenges faced, the moment of conjugal separation also represents an opportunity to resume educational, professional, and financial projects, strengthening women's autonomy, self-esteem, and independence. For this reconstruction process to be effective, the implementation of integrated actions providing continuous support is essential, in order to reduce the harms caused by violence and promote the protection, empowerment, and rebuilding of women's lives. This care must be ensured by a protective network composed of both basic and specialized services capable of providing psychological support, fostering economic and educational autonomy, redistributing parental responsibilities, and implementing strategies for violence prevention.

In the field of health, part of these actions can be led by Primary Health Care (PHC), which occupies a strategic position in the early identification of situations of violence, in the follow-up of women, and in coordination with specialized services. PHC, by promoting intersectoral support networks, contributes to comprehensive care encompassing physical, emotional, and social dimensions, and facilitates the development of preventive and educational strategies within local communities, ensuring that the effects of violence are reduced and that the protection and autonomy of women with EPMs are effectively strengthened.

Authorship criteria:

1 – conception and project design: Milca Ramaiane da Silva Carvalho; Armando Souza Oliveira Filho and Matheus Mendes Reis.

2 – data analysis and interpretation: Milca Ramaiane da Silva Carvalho; Gilvânia Patrícia do Nascimento Paixão; Armando Souza Oliveira Filho and Matheus Mendes Reis.

3 – writing and/or critical review: Armando Souza Oliveira Filho; Matheus Mendes Reis; Amanda Tainá Lima da Silva; Gilvânia Patrícia do Nascimento Paixão and Milca Ramaiane da Silva Carvalho.

4 – approval of the final version: Armando Souza Oliveira Filho; Matheus Mendes Reis; Amanda Tainá Lima da Silva; Gilvânia Patrícia do Nascimento Paixão and Milca Ramaiane da Silva Carvalho.

Conflicts of interest

There are no conflicts of interest.

Data availability

The derived data supporting the results of this study are available upon reasonable request to the corresponding author MRSC.

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