



Theater on the scene in the teaching-learning process to approach violence against women: experience report

Teatro em cena no processo ensino-aprendizagem para abordagem da violência contra mulheres: relato de experiência

Teatro enes cenaen el proceso de enseñanza-aprendizaje para abordar la violencia contra las mujeres: relato de experiencia

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ABSTRACT

Objective: Report the construction, organization and presentation of a play with an approach to violence against women. **Method:** This is an experience report about the use of theater in the teaching-learning process to approach violence against women. The activity was developed from April to November 2019, being elaborated in three stages: (1) Construction of the script; (2) Essays and organization and (3) Presentation. Data were analyzed through thematic categorical analysis, presented in a descriptive way, emerging four thematic categories and six subcategories, discussing them according to the relevant literature. **Results:** It highlights the importance of using this educational technology to favor the teaching-learning process, from the construction to the presentation of the play, enabling undergraduates encouragement to creativity, strengthening of social relations, criticality, respect and the capacity for agreement, by providing opportunities for the development of essential skills for professional practice, collective coexistence and transdisciplinary work. **Conclusion and implications for practice:** The experience was considered successful, as it constituted an educational strategy that enabled undergraduates to develop crucial skills for recognizing and assisting to women in situations of violence.

Keywords: Nursing; Medicine in the Arts; Violence Against Women; Teaching; Learning.

RESUMO

Objetivo: relatar a construção, organização e apresentação de peça teatral com abordagem acerca da violência contra mulheres. **Método:** trata-se de relato de experiência acerca da utilização do teatro no processo ensino-aprendizagem para abordagem da violência contra mulheres. A atividade foi desenvolvida nos meses de abril a novembro de 2019, sendo elaborada em três etapas: (1) Construção do roteiro; (2) Ensaios e organização e (3) Apresentação. Os dados foram analisados mediante análise categorial temática e apresentados de forma descritiva, emergindo quatro categorias temáticas e seis subcategorias, discutindo-os conforme a literatura pertinente. **Resultados:** evidencia-se a importância de utilização dessa tecnologia educativa para favorecer o processo ensino-aprendizagem, desde a construção até a apresentação da peça, possibilitando, aos graduandos, estímulo à criatividade, fortalecimento das relações sociais, criticidade, respeito e a capacidade de pactuação ao oportunizar o desenvolvimento de competências imprescindíveis para o exercício profissional, convivência coletiva e trabalho transdisciplinar. **Conclusão e implicações para a prática:** a vivência foi considerada exitosa, pois constitui estratégia educativa que possibilitou, aos graduandos, desenvolvimento de aptidões cruciais para o reconhecimento e a assistência às mulheres em situação de violência.

Palavras-chave: Educação em Enfermagem; Medicina nas Artes; Violência contra a Mulher; Ensino; Aprendizagem.

RESUMEN

Objetivo: relatar la construcción, organización y presentación de una obra de teatro con abordaje de la violencia contra la mujer. **Método:** se trata de un relato de experiencia sobre el uso del teatro en el proceso de enseñanza-aprendizaje para abordar la violencia contra la mujer. La actividad se desarrolló de abril a noviembre de 2019, siendo elaborada en tres etapas: (1) Construcción del guion; (2) Ensayos y organización y (3) Presentación. Los datos fueron analizados a través del análisis categórico temático y presentados de forma descriptiva, surgiendo cuatro categorías temáticas y seis subcategorías, discutiéndolas de acuerdo con la literatura relevante. **Resultados:** se evidencia la importancia del uso de esta tecnología educativa para favorecer el proceso de enseñanza-aprendizaje, desde la construcción hasta la presentación de la obra, capacitando a los estudiantes para estimular la creatividad, fortaleciendo las relaciones sociales, la criticidad, el respeto y la capacidad de acuerdo al brindar oportunidades para el desarrollo de competencias esenciales para el ejercicio profesional, la convivencia colectiva y el trabajo transdisciplinario. **Conclusión e implicaciones para la práctica:** la experiencia se consideró exitosa, ya que constituye una estrategia educativa que permitió, a los estudiantes de grado, desarrollar habilidades cruciales para reconocer y ayudar a las mujeres en situación de violencia.

Palabras clave: Enfermería; Medicina em las Artes; Violencia contra la Mujer; Enseñanza; Aprendizaje.

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INTRODUCTION

Violence against women is understood as any action that includes embarrassment, threats, restraint of freedom, and causes or may cause physical, sexual and/or emotional harm,¹ based on unequal gender relations and sometimes initiated in the home environment where gender relations are hierarchical.²

Although it has a multifactorial etiology, the following factors are associated with violence against women: family history of violence, alcohol use by the spouse, unemployment, low social and economic level of the victim, and the lack of social support. However, the main factors involved are the inequalities caused by traditional gender relations, among which we highlight the power relations of men over women.³

The individuality and subjectivity imbricated in these power relations demonstrate an impasse in the recognition of violence, especially if the types of violence are not clearly recognized in the current legislation. In this context, the Maria da Penha Law arises, which attests to the amplitude and multiplicity of this type of violence, building legal mechanisms to mitigate, repress, and punish violence against women.⁴

Currently, experiencing the pandemic by the new Coronavirus, social isolation is pointed out as an effective measure to prevent its transmission. However, while, for some, it is a protection against the disease, during social isolation, cases of violence against women have increased significantly, being aggravated by the conditions of social vulnerability, the impact on socioeconomic conditions, and the change in the daily routine of the partner(s) who are away from work and spend the day together.⁵

In this context, educational and preventive actions can contribute significantly to changes in this scenario because they are tools that reach people's lives and provide the development of critical thinking, providing subsidies for the adoption of new habits and behaviors.^{6,7}

From this perspective, to address issues inherent to violence against women in educational institutions in an effective and conscious way, educational technologies are an essential strategy. Among these technologies, theater stands out, which transposes the informative and technical character of traditional health education, because it inserts the individual as an active character in the elaboration of relations, interpretations, and construction of meanings.⁸

Theater is the art of performing. The subject matter, the context, and the play become theater the moment they are conveyed by actors. The form of expression through theater makes the subject matter evident, making the human being experience roles and situations, since it is one of the arts with the most direct connection to education. Therefore, teaching through theater stimulates critical sense and objectivity.⁹

The use of theater in teaching about violence against women allows involving individuals, students and teachers in a process of learning and reflection in order to sensitize everyone about the problem. This type of health education seeks to act on everyday issues, transforming people's thinking, with the collective

construction of knowledge, and encouraging them to operate actively in combating and preventing this type of violence.¹⁰

This study presents the development of a play about violence against women, addressing various types of violence, in order to represent perceptions, views and reflections. It also emphasizes the role of women in society, debating and promoting visibility to the theme as a public health problem, since it causes psychological, social, and biological impacts to women,¹¹ but also raises reflections, since the theater shows itself as a useful tool for Nursing as a means of preventing problems, deconstructing and disseminating information about this problem.¹²

Thus, the objective was to report the construction, organization and presentation of a theatrical play about violence against women.

METHOD

This is an experience report on the use of theater in the teaching-learning process to address violence against women.

The proposal for the theatrical play came as a strategy to contribute to the teaching-learning process and dissemination of information about the various types of violence perpetrated against women as an activity linked to the subject Nursing in the Care Process in Women's Health offered in the seventh semester of the undergraduate course in Nursing at the Regional University of Cariri - Advanced Campus of Iguatu.

The experience took place from April to November 2019. A total of 38 students participated in the construction and implementation of the activity under the guidance of the discipline's teacher.

The activity was developed in three stages: (1) Construction of the script: research and reading about the theme, scenario planning, creation of the characters, acts, scenes and lines; (2) Rehearsals and organization; (3) Presentation in May and November, respectively, with an average duration of 45 minutes.

The play was divided into six acts: (1) Presentation of the reality of traditional and modern women; (2) Real story of obstetric violence experienced; (3) Exposition of the types of violence against women; (4) Declamation of a poem about obstetric violence; (5) Musical about obstetric violence; (6) Headlines about violence against women and chanting of the poem "Nobody lets go of anybody's hand", by Dora de Assis, with exhibition of posters.

The results emerged from the experiences of the authors/actors, as well as from the scripts used for the elaboration of the theatrical play. The data was analyzed by thematic categorical analysis, developing in three phases: pre-analysis; exploration of the material and treatment of results/inference/interpretation, presented descriptively, emerging four thematic categories and six subcategories, so that these data was discussed according to the pertinent literature.¹³

RESULTS

Construction of the script

The 38 students regularly enrolled in the course were distributed into six groups with different functions, one group being responsible for the construction of the script. For the

shared construction, we used Google Docs®, which allows us to create, edit and view text documents. To contextualize and ground the planning and construction, a search for studies on violence against women was conducted in the Medical Literature Analyses and Retrieval System Online, Latin American Literature in Health Sciences and Nursing Database.

The plot and the divisions of the acts (six) were defined: (1) Portraying the differences in the lives and thoughts of traditional women and modern women; (2) Real story of obstetric violence; (3) Exhibition of the various forms of violence against women; (4) Poem on obstetric violence; (5) Musical on obstetric violence and (6) Headlines on the various forms of violence against women, singing a song and displaying posters supporting women.

The play was entitled “Woman: from ancient to modern, violence never ceases”, portraying various forms of violence against women such as obstetric, domestic, sexual and homophobia violence.

Rehearsals and organization

The rehearsals took place in the evening shift, in the auditorium of the Regional University of Cariri - Advanced Campus of Iguatu, with all the members, from three weekly rehearsals lasting two hours, in which the script, the lines, the sound effects, the lighting, the organization of the scenery and the costumes for the presentation were reviewed, timing to estimate the duration of the presentation, as well as the organization and proper planning of all propositions of the acts, besides the discipline teacher evaluating the content and suggesting the necessary adjustments.

Presentation of the play

During the presentation, the roles were distributed in order to contemplate: sound effects (one student); lighting (two students); costumes (two students); set organization (all); staging the first act (six students), staging the second act (one student), third act representing various forms of violence against women (17 students), fourth act (one student), fifth act (seven students) and sixth and final act (all).

The play was presented at the VI Nursing Week of the Regional University of Cariri - Advanced Campus of Iguatu, on May 16, 2019, and at the 16 days of activism campaign for the end of violence against women, on November 11, 2019, lasting 45 minutes and with an audience of over 200 people. The presentation had positive feedback evidenced by the expressions and comments of the audience during and after the presentation, being possible to verify the achievement of the expected objectives regarding the dissemination of information and impacting the public about the various types of violence against women.

1. Act One: Presenting the reality of traditional and modern women

This act was composed of three students who made representations of women who lived in traditional times and three representing modernity. The women of traditional times brought discourses of how they should behave, their functions within society (marriage, maternity, and home care), regardless of their desires, with no guarantee of sexual and reproductive

rights, evidencing difficulties experienced by gender inequality. On the other hand, the characters that represented modern women portrayed the advances made regarding sexual and reproductive rights, professional independence, and the constant struggles they went through on a daily basis.

In this scene, the lighting of the auditorium was focused on the stage where the women entered, one at a time, reciting their lines according to the chronological time to which the characters belonged. At the end of the act, they all remained still and the lights were turned off for the beginning of a new scene.

This act aimed to demonstrate the evolution and advances experienced by women in the fight for rights, emphasizing their autonomy and ability to be and be where they want to be.

2. Act Two: A true account of obstetric violence

This story dealt with medical negligence and obstetric violence experienced during the gravidic-puerperal period. The character entered the scene and a spotlight was directed to her. It narrated a desired pregnancy and the repercussions of the negligence of care in the obstetric outcome, once she was oriented to return home with a post-term gestational age.

Upon noticing the absence of fetal movements, the young woman returned to the hospital, where fetal death was verified, and vaginal delivery was induced without the right to the presence of a companion, guaranteed by law since 2005 (Law number 11.108, dated April 7, 2005).¹⁴ Thus, the woman remained in the room alone and in intense pain. It was also reported that, in the moments of evaluation by health professionals, verbal and psychological violence phrases were evident that negatively impacted her future reproductive decision making.

After the birth, the violence persisted, because the puerpera was placed in a room with other women who had given birth peacefully and were happy with their newborns, making the moment difficult, contributing to the occurrence of postpartum depression, evidenced later. This report impacted the audience, since it portrayed situations evidenced daily in the local obstetric care.

The real report of obstetric violence was an act thought with the public perception about the insertion of this violence in the daily care, sometimes invisible and naturalized in professional practices, but that directly impacts the lives of women and their families, culminating in trauma in sexual, reproductive and social life.

The expression “real report” was used in this subsection because it is understood that many women routinely experience similar situations. Thus, the report in question was prepared through the recollection and adaptation of experiences about verbal reports of pregnant and postpartum women during the internships experienced by students in a Center for Normal Childbirth (CNC) and obstetrics in the Center-South Region of Ceará, as well as from readings of scientific articles whose data reported experiences of violence experienced by women.

3. Act Three: Exposition of the types of violence against women

The auditorium lights were turned off and 14 women, characterized according to the violence referred to, entered the auditorium through different places, one at a time, quoting

Theater to address violence against women

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loudly phrases that portrayed obstetric, sexual, domestic, and homophobia violence: “If you keep screaming, it will be bad for your baby. Your baby will be born deaf”; “Then you are raped and don’t know why! After quoting the phrase, the characters would become like living statues, which would be visualized by the audience when the lights came on, strengthening, through the scenes, the identification of forms of violence suffered by women.

This act aimed to promote reflection, impact and draw the public’s attention to the forms of violence experienced by women of different sexual orientations, which occur daily, to reflect on the need to (re)mean social paradigms.

4. Act Four: Poem recitation on obstetric violence

The lights, again, were dimmed and a member of the play recited a poem of her own creation, which talked about the various types of obstetric violence, the many unnecessary procedures performed during parturition, and about interference in the physiology of childbirth, making the cesarean delivery route an incident in obstetric practices. At the end of the poem, the auditorium lighting was turned on to start the musical about obstetric violence.

The fourth act refers to the changes in obstetric care over time and the “cesarean epidemic”, corroborating the medicalization of the female body and the control over their bodies and minds.

5. Act Five: A musical about obstetric violence

The musical act had seven characters, being two health professionals, five pregnant women, a companion of one of the pregnant women, and a receptionist. The scenario represented a hospital for obstetric care.

One of the pregnant women was referred to the hospital accompanied by her husband, with severe pain, considering the possibility of beginning labor. Initially, the pregnant woman went to the reception and was soon informed, in a harsh, unfriendly and unwelcoming manner, that she would have to wait her turn in line, even reporting pain, at the same time that she suffered prejudice for living in a rural area.

In a solicitous manner, the pregnant woman asked if it would take long to be seen, because her pain was intensifying. The other pregnant women present started a musical about the waiting time and the priority of care, emphasizing the importance of the reception with risk classification, according to current national and international obstetric protocols. Next, the receptionist, unable to bear the parturient’s complaints, referred her for medical evaluation, preventing the presence of the companion in the consultation. The doctor, in a disrespectful way, asks the patient to remove her clothes, making her feel embarrassed and acting against the ethical precepts: “Yes, take off your clothes! When you went to ‘do it’, you had to take them off! You don’t need to be embarrassed, we are professionals!”.

In the initial evaluation, two vaginal touches were performed to analyze the dilation of the cervix, even though the pregnant woman reported feeling intense pain during the procedure. Then, the woman puts on her clothes and returns to the reception to wait for the doctors’ decision, reiterating the medicalizing character involved in obstetric care. The medicalization of childbirth and

the female body is described through the scene in which the professionals involved, and not the woman, opt for a cesarean delivery in order to “solve this problem situation” quickly and allow them to perform other activities.

After the announcement of this decision, there was a new musical about the waiting time, the denial of the right to be accompanied, the impossibility of natural waiting due to personal issues of the professionals and the withdrawal of the right of the parturient woman to choose the delivery route, actions contradictory to the recommendations of good obstetric practices.

Then, the woman was taken to the operating room and, once again, the presence of a companion was prevented. During the delivery, she suffered several types of obstetric violence: she was treated with rude words, she said she was feeling pain at the moment of the incision even with the application of anesthesia, but the procedure was continued and the Kristeller maneuver was performed to remove the newborn.

The scene of the birth took place in shadow theater format, using a spotlight on the white curtain, with the auditorium lights off, in order to make the moment creative and close to reality. The musical theater ended with the exit of the characters, who represented postpartum mothers with newborns on their laps, singing an adapted lullaby that talked about the joy of the moment, despite all the suffering experienced.

The musical act aroused criticism and reflection regarding the continuity of obstetric violence even with the changes in paradigms and models of care in the current obstetric context, rights arising from the Stork Network, as a way to sensitize, raise awareness and disseminate information.

6. Sixth act: headlines on violence against women and chanting of the song inspired by Dora de Assis’ poetry with poster exhibition

With the lights off, headlines were read that depicted the types of violence suffered by women. At that moment, all participants gathered in front of the stage, hand in hand, with posters that contained phrases of support and empowerment for women, encouragement of safe practices in obstetric care, social and gender equality, singing the song “Nobody lets go of anybody’s hand” inspired by the poetry of Dora de Assis and ending with the exclamation, “Where it hurts my essence, I will be resistance!”.

The sixth and last act was performed with the intention of demonstrating how much women suffer, are violated and raped in various environments, in various ways, having their bodies controlled by a society that dictates what is right and wrong, weakening their autonomy and empowerment.

Undergraduates’ view on the development of theater

The construction of the script allowed the students to expand their knowledge about violence against women and stimulated their creativity, their understanding of the importance of organization, task division, participation and teamwork for the success of the presentation, contributing to the formation of humanistic, critical and reflective nurses.

During the rehearsals of this play, some personal limitations were identified, but with the help of the group and constant training, these were duly overcome. The skills of each participant were analyzed for better execution and performance in each role, strengthening the importance of teamwork, recognition and appreciation of personal skills to consolidate each act of the play.

The presentation of the play allowed the students to understand the importance of each rehearsal, of each line rehearsed and performed several times, the support of their colleagues vibrating together in each act of the play, as well as to feel the positive impact of the audience with each line and scene performed and also to learn how to deal with improvisation, developing empathy.

Thus, the importance of this moment is reiterated, from the construction to the presentation, enabling undergraduates to develop crucial personal skills (creativity, communication, planning, organization, empathy, critical thinking, respect, and the ability to negotiate) essential to future professional practice.

DISCUSSION

The feminist movement was born in the 18th century, from the perspective of removing women from the space of oppression and exclusion to place them in a position that does not make them inferior to their male equals.¹⁵

Through the scenes presented, which compare the traditional woman to the modern one, it can be evidenced how much the feminist movement contributed to the achievement of women's rights. During the scene, the modern woman is in the public space, studying, working, and with her independence, unlike the traditional woman restricted to the home environment.

In this historical context, violence against women is a social issue that has been discussed for years, but gained notoriety after the advent of feminism. Although, in the last ten years, there has been more exposure and interventions through the cases of murders, aggression, and abuse of women, this reality still constitutes a public health problem.¹⁶

During one of the scenes, the women presented themselves shouting phrases heard in their daily lives, which were about machismo, homophobia and violence, as well as showing physical, psychological, sexual, moral, patrimonial violence and even femicide.

Obstetric violence is characterized as any type of violence that occurs during pregnancy, labor, delivery, and puerperium, and therefore, any act performed by health professionals that takes the form of dehumanized care, abuse of interventionist actions, medicalization, and any type of transformation in the physiological processes of childbirth. It also includes physical, psychological and verbal abuse, causing loss of autonomy and ability to decide freely about their bodies, negatively impacting the quality of life of women.¹⁷

During the dramatization of the birth scene, numerous types of obstetric violence were observed, and even the decision for the cesarean delivery route without the participation of the woman and without clinical and scientific criteria that support this intervention, exposing her to situations of neglect of her

pain, verbal, institutional violence, curtailment of her autonomy and informed choice during labor and delivery, which leads to reflection on the need for educational strategies aimed at the prevention and identification of obstetric violence.

The use of technologies, like the theatrical play, can be an educational strategy to facilitate the teaching-learning process of children and adults, enabling open, accessible and flexible education.¹⁶ The construction of an educational theater play requires sensitivity to make it as close as possible to reality and allow the audience to identify or not with the characters and then reflect on their attitudes.¹⁰

When defining role-playing as a teaching method, the actors involved go through important steps such as: becoming aware of the objectives and purpose of the study, understanding the applicability of the content in their professional life, and seeking the necessary information for the elaboration of the role-play.¹⁸

The problematizing context causes mobilization of potentialities, stimulation of imagination, emotions, and the ability to solve problems through group work. This process improves interpersonal skills and emotional intelligence, contributing to reflective professional practice and personal growth.¹⁶ The development of educational actions provides pertinent guidance, especially in the context of violence against women, in order to anticipate or reduce its occurrence.¹⁹

During the reading of the crimes committed against women and the exhibition of the posters throughout the staging, it was possible to notice positive, negative, as well as negative reactions. The reflection and the discourse of the female images propose creative aspects from the visual point of view and also reach aspects necessary to question violence against women.¹⁵

From this perspective, role-playing as a facilitating strategy in nursing education enables the stimulation of students' creativity, favors improvement in interpersonal relationships, communication and critical thinking by contributing to the perception and development of the sense of collectivity and group work.²⁰

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

The dramatization, as a strategic tool for the construction and personalized transmission of knowledge, enabled the dissemination of oppressions and violence that women suffer constantly, in order to incite discussion and problematization of the theme, with the aim of combating such aggressions and sensitize the audience to a holistic and ethical professional performance in the prevention and promotion of actions to combat violence against women, since most of those present in the environment of the presentation were undergraduate students.

The insertion of students in this scenario contributes to the formation of critical-reflective professionals in order to contribute to the qualification and completeness of care. The experience was considered successful because it provided a favorable space to stimulate creativity, strengthen social relationships, critical thinking, respect, communication, planning, organization, and the ability

to agree, providing the opportunity to develop essential skills for professional practice and collective coexistence.

The study presents, as a limitation, the lack of availability of some participants to be present in all rehearsals, as well as the few financial and structural resources available for the process of construction, organization and presentation of the play with the impossibility of recording and later reproduction, whose records were limited to photographs.

Moreover, it is considered that the proposed activity, although it emphasizes relevant aspects to the discussion on the topic, cannot fully cover the multifaceted phenomenon involved in situations of violence against women. Therefore, it is suggested that further studies be carried out in order to elucidate the various types of violence experienced by women in their daily lives and in health services, in addition to providing opportunities to use theater as an educational strategy that enables discussion and reflections applicable in different contexts of professional training and health promotion.

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REFERENCES

1. Krenkel S, Moré CLOO. Violência contra a mulher, casas-abrigo e redes sociais: revisão sistemática da literatura. *Psicologia*. 2017;37(3):770-83. <http://dx.doi.org/10.1590/1982-3703000192016>.
2. Santos IB, Leite FMC, Amorim MHC, Maciel PMA, Gigante DP. Violência contra a mulher na vida: estudo entre usuárias da Atenção Primária. *Cienc. Saúde Colet*. 2020;25(5):1935-46. <http://dx.doi.org/10.1590/1413-81232020255.19752018>. PMID:32402032.
3. Silva LEL, Oliveira MLC. Características epidemiológicas da violência contra a mulher no Distrito Federal, 2009 a 2012. *Epidemiol Serv Saude*. 2016;25(2):331-42. <http://dx.doi.org/10.5123/S1679-49742016000200012>. PMID:27869951.
4. Costa So N, Kasmirsk C, Soares JSSF, Pinheiro MS, Fioravanti Jr GA. Violência contra a mulher: a percepção dos graduandos de enfermagem. *J Nutr Health [Internet]*. 2019; [citado 2020 out 26];9(1):e199102. Disponível em: <https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/13222>
5. Maciel M, Santos M, Cruz M, Lira M, Almeida J, Souza CAC et al. Violência doméstica (contra a mulher) no Brasil em tempos de pandemia (Covid-19). *Rev Bras Anal Comport*. 2019;15(2):140-6. <http://dx.doi.org/10.18542/rebac.v15i2.8767>.
6. Silva MI, Pelazza BB, Souza JH. Educação e saúde: relato de experiências de ações educativas para saúde em comunidades socialmente vulneráveis. *DiversaPrática [Internet]*. 2016; [citado 2020 nov 10];3(1):17-40. Disponível em: <http://www.seer.ufu.br/index.php/diversapratica/article/view/49615>
7. Castro Jr AR, Oliveira MA, Silva MRF. Promovendo Educação em Saúde com adolescentes: estratégia didática e experiência discente. *Saúde Redes [Internet]*. 2019; [citado 2020 nov 10];2(5):175-84. Disponível em: <http://revista.redeunida.org.br/ojs/index.php/rede-unida/article/view/2278>
8. Santos A, Viana M, Chaves E, Bezerra A, Gonçalves-Júnior J, Tamboril A. Tecnológica educacional baseada em nola pender: promoção da saúde do adolescente. *Rev. Enferm. UFPE Online*. 2018;12(2):582. <http://dx.doi.org/10.5205/1981-8963-v12i2a22609p582-588-2018>.
9. Camargo RAA, Bueno SMV. O teatro na formação do enfermeiro. *Rev Baiana Enferm [Internet]*. 2012; [citado 2020 out 26];26(1):347-62. Disponível em: <https://portalseer.ufba.br/index.php/enfermagem/article/view/6251>
10. Reisdorfer N, Araujo G, Nardino L, Stoffel D, Begnini D. Teatro em sala de espera: estratégia de educação em saúde para falar sobre o HIV. *Rev. Contexto Saude*. 2017;17(33):1. <http://dx.doi.org/10.21527/2176-7114.2017.33.186-192>.
11. Siqueira CB, Bussinguer ECA. As ondas do feminismo e seu impacto no mercado de trabalho da mulher. *Thesis Juris*. 2020;9(1):145-66. <http://dx.doi.org/10.5585/rtj.v9i1.14977>.
12. Couto MCA, Saiane CCS. Dimensões do empoderamento feminino no Brasil: índices e caracterização por atributos locais e individuais e participação no Programa Bolsa Família. *Rev Bras Estud Popul*. 2021;38:1-22. <http://dx.doi.org/10.20947/S0102-3098a0147>.
13. Marconi AM, Lakatos EM. Fundamentos de metodologia científica. 7ª ed. São Paulo: Atlas; 2010.

14. Dixe MACR, Catarino HCBP, Custódio SMR, Tomás CC. Violence in intimate relationships in adolescents: effectiveness of an intervention by peers through forum theater. *Rev Esc Enferm USP*. 2020;54:e03539. <http://dx.doi.org/10.1590/s1980-220x2018033103539>. PMID:32187308.
15. Lei nº 11.108, de 7 de abril de 2005 (BR). Altera a Lei nº 8.080, de 19 de setembro de 1990, para garantir às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde - SUS. *Diário Oficial da União* [periódico na internet], Brasília (DF), 8 abr 2005 [citado 7 jul 2021]. Disponível em: <http://www3.dataprev.gov.br/sislex/paginas/42/2005/11108.htm>
16. Alves GS, Valle AS, Cavaca SD, Pelisson YP. Visualidades no espaço urbano: arte e enfrentamento à violência contra a mulher. *Anagrama*. 2018;12(1):1. <http://dx.doi.org/10.11606/issn.1982-1689.anagrama.2018.145685>.
17. Martins FL, Silva BO, Carvalho FLO, Costa DM, Paris LRP et al. Violência obstétrica: uma expressão nova para um problema histórico. *Saúde Foco*. 2019;(11):413-23.
18. Castro BMC, Monteiro IOP. A dramatização no contexto da história da enfermagem: um relato de experiência. *REAS*. 2019;11(2):1. <http://dx.doi.org/10.25248/reas.e256.2019>.
19. Sousa EKS, Moraes EJS, Amorim FCM, Oliveira ADS, Sousa KHJF, Almeida CAPL. Elaboração e validação de uma tecnologia educacional acerca da violência contra a mulher. *Esc. Anna Nery Rev. Enferm*. 2020;24(4):1. <http://dx.doi.org/10.1590/2177-9465-ean-2019-0314>.
20. Tobase L. A dramatização como estratégia facilitadora no processo ensino aprendizagem dos estudantes de enfermagem. *Rev Paul Enferm* [Internet]. 2018; [citado 2020 out 15];29(1-3):77-99. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-970766>