

The relevance of specialized attention to support women victims of violence

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Abstract. One in every five Brazilian women has already suffered some domestic violence perpetrated by a man (Maria da Penha Institute, 2018). Globally, one in every two women has been a victim of violence (European Council, 2023). The following article aims to clarify the cycle of violence against women, safe means of assistance, and the importance of the existence of these services for support and safety, given the significant number of cases related to this issue due to the constant increase in reports. Moreover, it has been observed that handling these cases requires care for the safety, not only of the victim but also of the professional, highlighting the difficulty and suffering experienced by women victims and how these cases must be rigorously handled.

Keywords. Violence; Woman; Protection; Law; Cycle of violence;

1. Introduction

Violence, according to the World Report on Violence and Health released by the WHO in 2002, is conceptualized as the 'intentional use of physical force or power, whether actual or threatened, against oneself, another person, or a group or community, resulting in or having a high likelihood of resulting in injury, death, psychological harm, developmental impairment, or deprivation.'

The manifestations of violence can be approved or disapproved, lawful or unlawful, following social norms that are upheld through usage, custom, tradition, and legal frameworks of society. Violence signifies, depending on locations, times, and circumstances, very distinct realities. There are tolerated forms of violence and some forms of violence that are condemned (Minayo, 2006).

During the Colonial period in the history of Brazil, physical and psychological abuses by husbands towards women were allowed under the pretext of correcting mistakes. Women had the social role of domestic caregivers, dedicating themselves to serving their husbands and children while obeying the orders of the head of the household (Alves and Diniz, 2005). Furthermore, the birth of the country and the beginning of its settlement resulted from rape by Portuguese navigators with indigenous people and enslaved women (Dias and Gambini, 1999). Rooted in cultural norms, women were socialized to accept submission and the use of violence as a means of correcting their mistakes. Notably, more traditional families often reported domestic violence as normal (Meneghel et al., 2011), making it, at times, tolerated by patriarchal society. As a result, violence against women occurs regardless of economic situation, educational level, ethnicity, or geography, as it is intrinsic to patriarchal and misogynistic societies (Sagot, 2000).

Thus, it cannot be considered a private matter but rather a public problem with responsibilities to be assumed by the government.

The law protecting women against domestic and family violence in Brazil, known as the Maria da Penha Law (Law No. 11,340), was enacted on August 7, 2006, following the case of a woman with the same name, born in Ceará and a pharmacist, who suffered abuse from her husband, including two attempted murders that left her paralyzed in 1983, in addition to the violence inflicted on their three daughters. After the victim's complaints, the case was referred to the Inter-American Commission on Human Rights of the Organization of American States (OAS), which pressured Brazil to reformulate laws and policies to protect women. Article 2 of the law stipulates that "every woman, regardless of class, race, ethnicity, sexual orientation, income, culture, educational level, age, and religion, enjoys the fundamental rights inherent in the human person, with opportunities and facilities to live without violence, preserve her physical and mental health, and her moral, intellectual, and social development."

The Maria da Penha Law established specialized courts for domestic and family violence against women, with the aim of expeditiously addressing civil and criminal cases in the same court. The law also prohibits the use of conciliation in cases of this type of violence. Another provision introduced was emergency protective measures to safeguard the victim in cases of assault, harassment, and threats. Furthermore, crimes involving physical injuries are investigated and prosecuted, even if the victim refuses to file a complaint or testify. The assaulted woman is entitled to assistance in various sectors, including psychological, social, medical, and legal support.

As outlined in Chapter II, Article 7, paragraphs I, II, III, IV, and V, there are five types of violence that can be inflicted upon women. They are as follows:

1. Physical violence (assault, injury with objects, weapon-related injuries, torture).
2. Psychological violence (threats, manipulation, isolation, surveillance, stalking, exploitation, blackmail, distorting and omitting facts).
3. Moral violence (accusing of uncommitted acts, passing judgment on conduct, making false criticisms, exposing intimate life, belittling, humiliating, devaluing, insults).
4. Sexual violence (rape, preventing the use of contraceptives, limiting or nullifying sexual and reproductive rights, forcing acts causing revulsion or discomfort).
5. Economic violence (controlling money, failing to pay alimony, theft, damage, extortion, fraud, causing damage to personal belongings, preventing from working, destroying documents).

These forms of violence can be perpetrated by any individual and do not require the person to be male, a spouse, or residing in the same household.

The Unified Health System (Sistema Único de Saúde - SUS) of Brazil, consists of a set of agencies and agents that act in an integrated manner with the goal of promoting, protecting, recovering, and rehabilitating the health of individuals and the community. It goes beyond medical care, encompassing sanitary, nutritional, and social care as well, including the prevention of violence.

In Brazil, one of the institutions established for government care in cases of violence is the CREAS. The Specialized Reference Center for Social Assistance (CREAS) is integrated as a unit of Medium Complexity Special Social Protection within the Unified Social Assistance System (SUAS). SUAS began its construction and implementation on October 15, 2004 (CFP, 2013), stemming from the consolidation of the National Social Assistance Policy (PNAS), which aims to focus on families, their territory, and experiences. It prioritizes those in vulnerable, fragile situations with victimization, aiming through the preventive nature of social protection, to strengthen social bonds to enhance quality of life and the realization of human rights and citizenship (CFP, 2009). Additionally, it seeks to empower users, build resilience and sustainability, promote agency, provide access to opportunities and training, offer service support, and create conditions for social interaction, all in line with their capacity, dignity, personal and social goals (CFP, 2012).

Special Social Protection is divided into High and Medium Complexity. The analyzed service falls under Medium Complexity due to the nature and exacerbation of personal and social risks. It offers

specialized services, programs, and projects that require technical and operational structures, with defined competencies aimed at serving families and individuals at risk of rights violations (National Secretariat for Social Assistance, 2011). The work of SUAS (Unified Social Assistance System) and the implementation of PNAS (National Social Assistance Policy) are made possible through the Protection Network, which is an articulation among health, social assistance, education, and public safety services. It takes into consideration that the phenomenon of violence is broad and that a single service is not capable of addressing it alone. Thus, this collaboration shares objectives cooperatively to ensure social rights (Municipal Secretariat for Social Assistance, 2010).

As part of this Protection Network, the CREAS service aims to guide, protect, and monitor individuals and families in situations of risk and cases of rights violations. Through psychosocial support, it aims to restore physical, mental, and social integrity, strengthen support networks, combat prejudices, prevent abandonment, neglect, and institutionalization. The service addresses cases of domestic violence, sexual abuse and exploitation, homelessness, compliance with open socio-educational measures, child labor, contingencies of the elderly and people with disabilities in situations of dependence with removal from family and community life, discrimination based on sexual orientation and/or race/ethnicity, neglect and abandonment, human trafficking, and non-compliance with conditional assistance due to any situation of risk and violence (National Secretariat for Social Assistance, 2013).

Other services that provide this linked protection include Women's Assistance Centers in Situations of Violence (Women's Assistance Reference Centers, Women's Assistance Nuclei in Situations of Violence, Integrated Women's Centers), Shelters, Temporary Shelter Houses (Transit Houses), Specialized Women's Police Stations (Women's Police Stations or Sections), Women's Units in Public Defenders' Offices, Specialized Prosecutor's Offices, Special Domestic and Family Violence Courts, Women's Assistance Hotline - Call 180, Women's Ombudsman, Healthcare services focused on treating cases of sexual and domestic violence, Humanized Assistance Centers at airports (human trafficking), and Women's Assistance Nuclei in migrant support services.

In the European Union, there are no specific laws to combat violence against women, but the topic is addressed in various domains, such as judicial cooperation in criminal matters, gender equality, and asylum policy. In these areas, minimum standards of rights, support, and protection are established. On March 8, 2022, the European Commission introduced a new directive proposal aimed at combating violence against women and domestic violence, with the goal of ensuring a

minimum level of protection throughout the European Union against this type of violence. The "Istanbul Convention," of which the European Union is a part, serves as a reference for international standards in this regard. Furthermore, women's right to live free from violence is supported by international agreements, such as the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the UN Declaration on the Elimination of Violence against Women (1993) (European Union Council, 2023)

The Council of Europe Convention establishes standards that require the availability of support centers for victims of violence against women and domestic violence, ensuring easy access and an adequate number of centers. According to these standards, there should be at least one center for every 200,000 inhabitants. These centers can take various forms, including crisis centers for victims of sexual assault, which typically provide long-term support, and centers for victims of sexual violence, specialized in intermediate medical care, high-quality forensic procedures, and crisis intervention. The latter may be located within hospital facilities for medical examinations and referral of victims to women's support centers. (European Institute for Gender Equality, 2023)

In the United States, for situations of violence against women, there are also no specific laws and services; only the country's general human rights laws combating violence are referenced, which are applied to any individual, regardless of race, gender, sexual orientation, and age. Only a few states have control laws. (European Institute for Gender Equality, 2023)

Therefore, considering the significant disparities in services provided to women victims of violence in different regions of the world, this article aims to analyze the importance of providing these services for safety and violence prevention. It also aims to examine how the construction and breaking of the cycle of violence occur.

2. Research methods

To obtain the results related to the presented objective, the primary method used was a literature search, thus constituting bibliographic research. This research involved curating articles, dissertations, books, and published documents that support the argument and can shed light on the cycle of domestic violence, breaking the cycle of violence, and means of protecting these female victims. The analyzed documents were obtained through searches on the Google Scholar platform, CAPES periodic and government platforms containing data and descriptions of research focus.

They were assessed from a qualitative perspective and selected based on the objective, aiming to understand the cycle of violence, the critical path to

breaking the violence cycle, vulnerabilities within the family unit, service delivery methods, and the importance of having services and laws related to the protection of such means. As well as data trends and other related information. Experience reports of psychology professionals working in the CREAS services were also used.

3. Results and Discussion

When we talk about "violence against women," we are actually referring to patriarchal gender relations and the inequality they establish in areas of coexistence, identity, and sexuality between the sexes. The concept of gender was developed to highlight that most of the differences between the sexes are socially and culturally constructed based on distinct social roles that, within the patriarchal structure, create dynamics of domination and submission. On the other hand, the term "sex" describes the biological characteristics and differences strictly related to anatomy and physiology. (Sousa; Silva, 2019)

The concept of gender encompasses the sociocultural differences that exist between the female and male sexes, which have historically been shaped. This implies that, in patriarchal societies, men are socially constructed as such, often centered around the idea of power, leadership, goal pursuit, work, and participation in the public sphere. In contrast, women are socially defined as women, often taught to care for others, the home, and the family, and expected to yield, obey, and preserve, remaining in the private sphere. (Sousa; Silva, 2019)

Violence against women is a phenomenon stemming from the naturalization of gender inequality, historically constructed as an ideological means to legitimize hierarchy and social classifications (Lucena et al., 2016). According to a 2022 study by the Brazilian Forum of Public Security, approximately 33.4% of Brazilian women aged 16 and older have experienced physical or sexual violence by an intimate partner at some point in their lives. Despite domestic violence manifesting in various forms, the American psychologist and founder of the Institute for Domestic Violence, Lenore E. Walker, in 1979, introduced the theory of the cycle of violence. This theory elucidates the recurring patterns in abusive relationships.

Violence against women is a multifactorial phenomenon that combines personal, situational, relational, macrostructural, and historical factors, resulting in a system of male dominance and control over women (Sagot, 2008).

The cycle comprises three main phases. The first is the tension-building phase, in which the aggressor becomes irritable, using insults, threats, and humiliation against the victim, causing the victim to try to calm the aggressor and avoid further insults. Common feelings during this phase include sadness,

anxiety, guilt, and anguish. Many victims seek justifications for the aggressor's behavior and tend to conceal what is happening. This phase can last for extended periods.

The next phase is characterized by the acute act of violence. In this phase of the cycle, the accumulated tension from the first phase materializes into verbal, physical, psychological, moral, or economic violence. The most common feelings in the victim are paralysis, a lack of reaction, fear, shame, and loneliness. It is typically during this phase that reports are made, and help is sought.

The final phase of the cycle is known as the "honeymoon phase." It is a phase of remorse and affectionate behavior from the aggressor toward the victim. The aggressor tends to become kind, with assurances that the violence will not happen again, as a means of reconciliation after their aggressive behavior. At this point, the victim often feels confused, responsible, and pressured to maintain the relationship, especially in situations where there are more variables involved, such as children, which also increases the possibility of emotional dependence. However, the cycle tends to repeat itself, culminating in new episodes of violence.

Sagot (2008) names the breaking of the cycle of violence as the "Critical Path." This path encompasses the decisions made by women who have been affected by domestic violence and their efforts to improve their situation. The Critical Path begins when a woman decides to disclose the situation of violence. According to the author, these decisions involve a conflict between the factors that drive the breaking of the cycle and those that inhibit it, and breaking the cycle is possible when the motivating factors outweigh the inhibiting ones.

These factors are divided into internal and external; however, Sagot (2000) makes it clear that such factors are inseparable. The internal factors driving the breaking of domestic violence are exemplified as personal processes, feelings, rationalizations, and social representations. External factors include the influences of other women, resources, information, service quality, support networks, and the impact of violence on third parties, such as children. The inhibiting factors, those that keep the woman in the cycle of violence, can be understood as feelings of fear, guilt, shame, and love, which are internal factors. External factors are associated with family pressure, limited resources, ineffective services, and a lack of support networks. However, this conflict between both sets of factors is constant, explaining why breaking the cycle is difficult, as well as why moments of insecurity about the decision to leave may occur even after it has been made.

After the enactment of Law No. 11,340, there was an 86% increase in reports of domestic and family violence. According to data from the Secretary of Public Safety, the state of Paraná, between January

and April 2023, had 75,877 reports related to violence against women, with 24,733 classified as domestic violence. Compared to the same period in 2022, this represents an increase of 9.90%.

In Brazil, services for assisting women victims have developed several methods for care during the intervention to protect both the woman and the professional involved. When a report is received by these services, as it's not possible to determine the extent of the woman's exposure from the notification form, the first step is to contact other network services to see if they are familiar with the victim, the perpetrator, or any other person involved. An attempt is also made to contact the person who made the report to obtain more information, such as whether there are exposed children, the type and level of violence, and if the woman is alone at any point to ensure a safer contact for both parties. Directly approaching the perpetrator, especially without evidence collection, can lead to further episodes of violence against the woman and even jeopardize the safety of the professional in contact.

When telephone contact with the victim is necessary, the service is never identified if the caller's identity is not confirmed because, if it's the perpetrator, it could have consequences for the victim. In cases of in-person interventions, if deemed necessary, the service is not provided at the service's premises until the woman is guaranteed to be in a safe environment for her return. Likewise, during home visits, it is always checked whether the perpetrator is present in the environment.

In some instances, women may not be able to identify actions that can be classified as violent, but they report feeling discomfort and insecurity. In such cases, the professional conducts the intervention, explaining the cycle of violence, signs, and actions that can be framed in these terms. However, the most important aspect of this support is providing empathy and recognizing the suffering experienced by these women.

In cases of violence against women, it is often possible to observe the guilt that affects the victims, and sometimes, they may not want to report the aggressor. Violence against women is a multifactorial phenomenon that combines personal, situational, relational, macrostructural, and historical factors, resulting in a system of male domination and control over women (Sagot, 2008).

Follow-up support for these women continues until a situation is assessed as protected. However, decisions regarding ending the relationship with the partner, requesting protective measures, filing a police report, or providing testimony are decisions made by the woman herself and should be respected. As mentioned earlier, the multitude of factors constantly affects the reality of these women, and breaking free from this cycle is often

breaking free from their reality, which can be painful, difficult, and slow (Rocha, 2007).

4. Conclusions

In conclusion, it can be seen that the services offered in different parts of the world vary significantly, leading to a lack of support for women who are victims of violence. This highlights the importance of seeking humanization, promoting citizenship, and empowering individuals. It's essential to learn to observe the various nuances that underlie violence and how societal influences impact the individual. Through contact with these contexts, the need for a multifaceted approach to these situations and individuals became evident, emphasizing the importance of providing support and listening to victims who are often invisible, disbelieved, blamed, and left unsupported during moments of greater vulnerability.

Furthermore, it is noteworthy that the evolution of certain regions is necessary to improve service, considering the alarming data present worldwide.

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