

NETWORK FOR ASSISTANCE TO WOMEN IN SITUATIONS OF VIOLENCE

REDE DE ATENDIMENTO ÀS MULHERES EM SITUAÇÃO DE VIOLÊNCIA

RED DE ATENCIÓN A MUJERES EN SITUACIÓN DE VIOLENCIA

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ABSTRACT

The study aimed to know the perceptions of professionals of the Network of Care for Women in Situations of Violence of the municipality located in the interior of Ceará. This is an exploratory study with a qualitative approach, conducted with professionals working in the areas of social assistance and health of the municipality. As a data collection technique, focus groups were used, with recording of the meeting for later transcription of the speeches, the data analysis was based on Bardin's content analysis. The results indicated that in both focus groups, most professionals understand that the services in which they work are part of the Assistance Network. As for their understanding of the articulation between the services, obstacles and facilitators were listed, categorized into three levels. There was a need to improve the articulation between network services.

Descriptors: *Domestic Violence; Violence Against Women; Intersectoral Collaboration.*

RESUMO

O estudo teve como objetivo conhecer as percepções dos profissionais da Rede de Atendimento às Mulheres em Situação de Violência do município localizado no interior do Ceará. Trata-se de estudo exploratório com abordagem qualitativa, realizado com profissionais atuantes nas áreas da assistência social e da saúde do município. Como técnica de coleta de dados foi utilizada a realização de grupos focais, com gravação da reunião para posterior transcrição das falas, a análise dos dados se deu por análise de conteúdo de Bardin. Os resultados indicaram que em ambos os grupos focais a maioria dos profissionais compreendem que os serviços nos quais atuam são integrantes da Rede de Atendimento. Quanto às suas compreensões sobre a articulação entre os serviços foram listados os obstáculos e facilitadores, categorizados em três planos. Observou-se a necessidade de aperfeiçoamento da articulação entre os serviços da rede.


Descritores: *Violência Doméstica; Violência Contra a Mulher; Colaboração Intersetorial.*

RESUMEN

El estudio tuvo como objetivo conocer las percepciones de los profesionales de la Red de Atención a Mujeres en Situación de Violencia del municipio ubicado en el interior de Ceará. Se trata de un estudio exploratorio con enfoque cualitativo, realizado con profesionales que trabajan en las áreas de asistencia social y salud del municipio. Como técnica de recolección de datos, se utilizaron grupos focales, con grabación de la reunión para posterior transcripción de los discursos, el análisis de datos se basó en el análisis de contenido de Bardin. Los resultados indicaron que en ambos grupos focales, la mayoría de los profesionales entienden que los servicios en los que actúan son parte de la Red Asistencial. En cuanto a su comprensión de la articulación entre los servicios, se enumeraron obstáculos y facilitadores, categorizados en tres niveles. Era necesario mejorar la articulación entre los servicios de red.

Descriptorios: *Violencia Doméstica; Violencia contra la Mujer; Colaboración Intersectorial.*

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INTRODUCTION

Violence against women, considered a violation of human rights, is a complex and multifactorial phenomenon. According to the Pan American Health Organization - PAHO and the World Health Organization - WHO¹, it is estimated that one in three women in the world have suffered sexual and/or physical violence perpetrated by a partner or third parties during their lifetime.

In Brazil, Federal Law No. 11,340/2006, known as the Maria da Penha Law, was created, which has mechanisms to curb domestic and family violence against women², which, in addition to being repressive, is also care and preventive³. However, there are still high rates of violence against women. Between 2017 and 2018, the state of Ceará is among the three Federation Units that showed an increase of more than 20% in female homicide rates, with 26.4%; and, between 2008 and 2018, the same rate more than doubled, increasing 278.6%⁴.

The pandemic caused by the new coronavirus, COVID-19, has made domestic and family violence against women a cause for alarm for governments, due to factors such as a greater number of daily conflicts, longer time spent together between aggressor and victim, and the feeling of impunity of the aggressor⁵. Due to the complexity of situations of violence against women, there is a need for public policy interventions in an articulated, intersectoral, networked way. In this sense, the document Network to Combat Violence against Women⁶ defines the Network for Assistance to Women in Situations of Violence as one of its components, as it refers to assistance/assistance.

The discussion about violence against women, as well as coping and prevention strategies have been highlighted in academia and scientific production, due to the relevance of this problem⁷. Therefore, the present study aims to identify the perceptions of professionals from public policies of social and health assistance about the Network for Assistance to Women in Situation of Violence in a municipality located in the interior of Ceará, knowing what professionals understand by Network of Assistance to Women in Situations of Violence, and investigating the understanding of professionals about the articulation between the services that integrate the Assistance Network to Women in Situations of Violence in that municipality.

METHODS

The research was carried out through an exploratory study with a qualitative approach, in a medium-sized municipality in the state of Ceará, belonging to the Sertões de Crateús Region, located 354 kilometers from the capital Fortaleza. According to the last Population Census carried out in 2010, by the Brazilian Institute of Geography and Statistics - IBGE⁸, it has a population of 72,812 inhabitants, with an estimate in 2020 of 75,159 inhabitants.

To proceed with the data collection, initially, in May 2021, 31 services that make up the Service Network in the municipality were identified, according to the document Rede de Enfrentamento⁶, distributed in sectors, as shown in the table below:

Table 01. Distribution and quantity of services provided by the Assistance Network for Women in Situations of Violence, which refer to a Medium-sized Municipality, located in the Sertões de Crateús Region.

HEALTH	JUSTICE	PUBLIC SECURITY	SOCIAL ASSISTANCE
<ul style="list-style-type: none"> ● 22 UBS ● 01 Hospital⁹ 	<ul style="list-style-type: none"> ● Public Defender of the State of Ceará¹⁰ ● Public Ministry of the State of Ceará¹¹ 	<ul style="list-style-type: none"> ● Regional Civil Police Station¹² ● 7th Military Police Battalion¹³ 	<ul style="list-style-type: none"> ● 03 CRAS ● 01 CREAS¹⁴

Caption: UBS - Basic Health Unit, CRAS - Reference Center for Social Assistance, CREAS- Specialized Reference Center for Social Assistance.

SOURCE: Ministry of Health; General Public Defender of the State of Ceará; Press Office - Public Ministry of the State of Ceará; PCCE- Secretariat of Public Security and Social Defense- Government of the State of Ceará; PMCE- Secretariat of Public Security and Social Defense- Government of the State of Ceará; and MOPS- Strategic Maps for Citizenship Policies.

Social assistance and health services were included in this study due to their insertion in the territories, seeking to maintain proportionality between the number of services in each area, and those serving urban and rural areas. It is noteworthy that in each CRAS there is a mobile CRAS team, which serves the rural territory. Contact was made with the coordination of health services (UBS) and social assistance (CRAS and CREAS), which indicated the names and contacts of professionals willing to participate. Through the Whatsapp social network, they were informed about the procedures, and confirmed their adherence to the Free and Informed Consent Form - TCLE available in a link on the Google Forms website.

For data collection, the focus group technique was used, with two groups being held in July 2021, the first with health professionals and the second with social assistance professionals, due to the COVID-19 pandemic. It was held through the Google Meet platform, recorded with the consent of the participants. Procedures carried out in both groups: exposition of the achievement objective; presentation of the participants; operating rules; clarification of the role of the moderator; with constant questions in a guiding script, namely: 1) What do you understand by the Assistance Network for Women in Situations of Violence?; and 2) What is your understanding of the articulation between the services that are part of the Assistance Network for Women in Situations of Violence in the municipality (health, justice, public security and social assistance)?

After the meetings, the speeches were transcribed into the Microsoft Word text editor; Bardin's content analysis was carried out, with the following steps: pre-analysis, material exploration, and treatment of obtained results and interpretation¹⁵. To guarantee privacy, the speeches were identified only by codes (P 1, P 2, ..., P 11).

The research project was based on the ethical precepts provided for in resolutions nº 466/2012 and nº 510/2016, of the National Health Council, approved by the Research Ethics Committee of the Ceará's Public Health School (CEP/ESP/CE) in Fortaleza- CE on July 7, 2021, according to Opinion No. 4,833,516.

RESULTS

Eleven professionals participated in the focus groups, 4 health professionals (allocated in 2 UBS in the urban territory and 1 UBS in the rural territory) and 7 social assistance professionals (allocated in 3 CRAS and 1 CREAS). All professionals were female, distributed in the following professional categories: 3 nurses, who work as nurses and unit managers, 1 dentist, 3 psychologists and 4 social workers, with one of the social workers coordinating the service. Among the factors that hindered participation, the high demand for care in the health sector, non-adherence by some professionals, failure of the internet in the service and health reasons stand out.

Two categories related to the results were defined: 1) Understanding of the Assistance Network for Women in Situations of Violence; 2) Understanding of the articulation between the services that are part of the Assistance Network for Women in Situations of Violence in the municipality, stratified in potentiality and challenges.

UNDERSTANDING OF THE ASSISTANCE NETWORK FOR WOMEN IN SITUATIONS OF VIOLENCE

The care focus group highlights the need to improve and expand the network, and aspects of violence against women; while the health focus group highlights the network as broad. In both groups there is also reference to the network as wide, however, they express the need for expansion, for assistance, highlighting access to the labor market and full-time day care; for health, the Family Health Support Center (NASF) or the Multiprofessional Residency in Family and Community Health in the rural area.

It is observed that, in both focus groups, most professionals understand that the services in which they work are part of the Assistance Network, highlighting:

[...] It covers several, several insti, institutional networks, right? That, in which, it is, in the CRAS, right? When the woman seeks this service, she often comes, enters the situation of vulnerability, right? Socioeconomic, right? Yes, it includes psychological care, right? It covers one, one referral to the council, right? [...] (P 6)

UNDERSTANDING OF THE ARTICULATION BETWEEN THE SERVICES OF THE ASSISTANCE NETWORK FOR WOMEN IN SITUATIONS OF VIOLENCE IN THE MUNICIPALITY

We sought to identify the professionals' understanding of the articulation between the services of the city's Assistance Network. The analysis plans of a bibliographical review were used as a guiding axis, where the obstacles and facilitators for network care for women in situations of violence were listed, and categorized into three plans, namely: Interinstitutional Plan (related to articulation between services), Professional Practices Plan and Management Plan.16

1. INTERINSTITUTIONAL PLAN

As facilitators, the participants in the health focus group highlight intersectorality and interdisciplinarity, generally requesting interventions from the social worker from the Family Health Support Center (NASF) or from the Multiprofessional Residency in Family and Community Health, to articulate interventions intersectoral. Care professionals mention intersectorality, however, it was not detailed how they perform interdisciplinary interventions. According to the speeches:

[...] I from health, I notify that situation of violence, because we have a compulsory notification sheet, that is, any health professional must notify a situation of violence, and then I call the social worker, who is my professional, right? Of reference performance, which is the NASF, and then it makes this exchange with the other devices that are of reference. [...] (P 8)

Health professionals cite the contribution of the work of some professionals, such as nurses, social workers and community health agents, in identifying/assisting cases of violence against women, in addition to compulsory notification after identification.

As an obstacle, it was highlighted in the discourse of social assistance professionals, and mentioned in both focus groups, the fragility in the articulation between all services, mainly with justice and public security, therefore, there is a need to improve the articulation between the network services. As reported:

[...] what I think is missing is an articulation between all the devices that we have on the network, right? Because, for example, we know that there is the health sector, right? There's the justice sector, there's social assistance, there's public security. Health has a lot of this relationship with social assistance, we have this relationship much more, you know?[...] But with the other devices, this relationship still needs to be strengthened, it is, to have meetings, to really have, like, a mobilization for us to be able to articulate better as a network. (P 8)

2. PROFESSIONAL PRACTICES PLAN

The assistance professionals highlighted, as an obstacle, the need to train professionals in the network to care for women.

Health professionals highlighted, as an obstacle, and in both groups, professionals claim to perform referrals, however, there is difficulty in obtaining feedback, that is, counter-referral. According to the excerpt:

[...] we refer them to the social service, but beyond that, we end up not having this information, the outcome, how it ends, [...]. (P 10)

3. MANAGEMENT PLAN

The social assistance professionals highlighted, as an obstacle, some aspects of public safety and justice. They defined justice as slow, bureaucratic; access to justice made difficult in the pandemic; there was recognition of justice as agile to grant protective measure, however, there is a demand for women's safety; in addition to the need to improve laws and services in general, despite the recognition of the evolution after the Maria da Penha Law. They also described some difficulties faced by women in common police stations, however, with a female clerk at the police station, as a positive aspect. Among the situations:

[...] The person becomes intimidated, even intimidated in arriving at the police station to report it, when they get there sometimes it's just, it's just the police, it's just the man, and there are a lot of these things too, right? The person already lives with the psychological shaken daily, right? What is she suffering from? [...] (P 4)

Health professionals also highlighted the difficulty of accessing the territory, caused by the non-regular availability of transport, among other factors.

In both focus groups, the professionals address the realities experienced by women in rural areas, identifying greater complexity in articulating the network, women's difficulty in accessing some services, among other factors. As identified in the speeches:

[...] such a training course, for these women, that favors, right? The issue of economic empowerment of this woman, at headquarters it is much easier, it will take it to the rural area, it makes it a little more difficult, right? [...] (P 1)

It is a network, in a way, very broad, it just has to have more availability for the rural area, you know? So, [...] there are residents, there is the NASF within the health unit, but the rural area does not have, it is, there is a lot of this lack of the presence of the NASF, the professionals within the health unit, so their support, it's like that, external, [...] (P 11)

DISCUSSION

The Assistance Network, a component of the Coping Network, performs specialized and non-specialized assistance services for women in situations of violence, being divided into four main sectors (health, justice, public security and social assistance)⁶. It was observed that in both focus groups, most professionals understand that the services in which they work are part of the Assistance Network.

Intersectoriality in the Unified Social Assistance System - SUAS is provided for in the Basic Operational Norm - NOB/SUAS, Resolution No. 130/2005 of the National Social Assistance Council - CNAS, which mentions in its organizational principles the articulation with other public policy systems, among these, the Unified Health System - SUS¹⁷. It is also foreseen in the documents that support public health policy interventions, and implicitly in the Maria da Penha Law. Therefore, this articulation is of fundamental importance for confronting domestic and family violence against women.

It should be noted that the CRAS is a unit of the Social Assistance Policy, of Basic Social Protection, located in areas of risk and social vulnerability, which offers individual and collective assistance, referrals, home visits, among others, to families and individuals. in situations of social vulnerability and risk. The care provided by the team should be interdisciplinary¹⁸. CREAS is also a unit of the Social Assistance policy, Special Social Protection of Medium Complexity, which offers specialized assistance to individuals and families in situations of personal and social risk, due to violation of rights, with family, individual and group assistance, referrals, home visits, legal and social guidance, among others. Interdisciplinary work is the basis

of action in this unit¹⁹. Health professionals detail the execution of interdisciplinarity, this intervention was not detailed in the reports of social assistance professionals, but it is present in the policy regulations.

The UBS are units of the Health Policy, which offer services such as family planning, prenatal care, dental treatment, referrals, among others. It aims to guarantee services close to the population, in the community²⁰.

It is observed that the CRAS are located in the urban territory, but provide assistance in rural areas with the CRAS Volante teams, who travel to this territory; CREAS also serves the population of these territories through the same team; and the UBS are located in urban and rural areas. Factors that facilitate the access of women in situations of violence to Social Assistance and Health policies, and intersectoriality.

As an example of practical experience in network articulation, Iluminar Campinas in the city of Campinas-SP is a public action at the municipal level, aimed at assisting victims of sexual violence. articulate network services. The training of the largest possible number of professionals from various sectors, among the objectives, sought to sensitize them on the subject, and indicate the steps that should be followed in referrals within the network. From the design of the flows, these were disclosed on the city hall's website, in printed material and distributed to the services. It seems to have been a key factor for the success of networking, the construction of flows and their dissemination²¹.

In the organization of a 'network', it is intended that there be articulation between the actions of each of the services, organized in care dynamics that should converge to shared aspects of care, and there should also be interaction and communication between the professionals involved²². Therefore, being an aspect of this network the referral and counter-referral between the referrals, counting on the interaction and communication between the professionals for its reach.

As for situations of violence against women in rural areas, the distance from urban centers and the collective resources for protection and social care located there contribute to the lack of confrontation and visibility of these situations²³.

The study has limitations, such as only two focus group meetings were held with health and social assistance professionals, separately, which may have limited the intersectoral discussion of the theme; only samples of the total quantity of health services and professionals; and the participation of only female professionals. Studies can be carried out to deepen knowledge about the Service Network with the participation of male professionals and policy use.

CONCLUSION

From the observations made, the possibility of contributing to the performance of professionals and managers of network services arises. Identifying the need to improve the articulation between the services of the Assistance Network, indicating the need to build a service flow.

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