

Violence against women: Public policies and their paths of confrontation in primary care



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ABSTRACT

The discussion about inequalities between men and women, as we know, is not recent, being common the belief, in Western history, that women were inferior in the metaphysical scale that divided human beings and, therefore, men had the right to exercise a public life in their place (MARTINS, 2015).

1 INTRODUCTION

The discussion about inequalities between men and women, as we know, is not recent, being common the belief, in Western history, that women were inferior in the metaphysical scale that divided human beings and, therefore, men had the right to exercise a public life in their place (MARTINS, 2015).

Women were always reserved a place of lesser prominence: their rights and duties were always directed to the rearing of children and the care of the home, therefore, to private life, and, during the century of lights, whoever thought to take possession of the equality established by the French Revolution to climb spaces in public life would be destined for certain death at the guillotine, many women who tried to claim their citizenship rights met this fate (PARKINS, 2000).

According to the Ministry of Health (2016), violence against women can be defined as any act or conduct based on gender that causes death, damage or physical, sexual or psychological suffering to women, both in the public and private spheres. It also points out that it has become a serious public health problem, both in Brazil and in the world, where its impacts are nefarious, compromising not only the physical and mental health, but also the human development of women, becoming one of the main causes of female morbidity and mortality, it is important to remember that any act of aggression against women constitutes a violation of their rights, and that it is up to society to make continuous efforts to prevent and combat this violence effectively.



GADONI-COSTA (2011) points out that violence is a sad reality that can haunt the lives of women of all social classes, sexual orientations, races, education levels, religions, civil status and regions. Unfortunately, it can be inflicted by spouses, ex-spouses, and even individuals who assume parental roles without blood ties to their children or other family members.

In the twentieth century, the period between the 1960s and 1970s was a milestone for movements such as feminists, given that the intense social mobilizations had the effect of broadening the political field in the countries of the Global North, where social contradictions, in the face of the exhaustion of the Fordist model in the central countries, encouraged new social movements that demanded other forms of exercise of power, criticisms of both capitalism and real socialism. The manifestations spread to several countries of the world and meant the emergence of new subjectivities and strategies of political organization (CARDOSO, 2005).

Since the 1980s, domestic violence has become an important agenda of feminist demands in the country, which have called on researchers from different areas to produce scientific studies on the subject. Feminist movements gave visibility to the forms of violence and the contexts in which they were practiced, contributing to the understanding of the phenomenon of violence against women as a public order problem and demanding greater involvement of the State. Thus, due to its social pressure, the recognition of the need to create protection policies for women in situations of violence emerges. (RIBEIRO, 2010).

In the following decades, several national and international conferences and conventions on the subject were held. These events boosted the elaboration of laws that sought to promote women's rights, as well as the regulation of protection and care services, in several countries (SILVEIRA, 2014).

In 1994, at the General Assembly of the Organization of American States, the Inter-American Convention to Prevent, Punish and Eradicate Violence Against Women was presented in the city of Belém do Pará and the following year, the project was promulgated, becoming a world reference document in the fight against violence against women. Brazil approved this legislation in November 1995, however, it began to comply with it only in 2001, after being condemned by the Inter-American Commission on Human Rights for tolerating the violence committed against Maria da Penha (BANDEIRA *et al.*, 2015).

Also according to Bandeira et al. (2015), the country was accused of violating the treaties of the American Convention on Human Rights and the Convention of Belém do Pará, to which it was a signatory. These treaties guarantee that women in situations of violence have the right to defense, while the perpetrator of violence must be investigated by the police and the justice system, which in the case of Maria da Penha Fernandes did not occur.

Since 2002, violence against women has been recognized as a serious public health problem and a form of human rights violation by the World Health Organization (WHO). In 2006, Brazil



enacted Law No. 11,340, popularly known as the Maria da Penha Law, in honor of a real case, in order to prevent and curb all forms of violence against women.

The legislation established networks of assistance and protection for women in situations of domestic and family violence, creating the Courts of Domestic and Family Violence against Women and implementing specialized care by multidisciplinary teams. The Law also provides for actions of awareness and resocialization of perpetrators of violence, essential measures to achieve effective change in the context of intimate relationships permeated by violence, as highlighted by Saffioti (2001), these initiatives were fundamental to ensure the protection and well-being of women and to promote a more just and egalitarian society.

According to studies by Curia et al. (2020), Brazil currently occupies the 156th position in a ranking of 193 countries, classified by the Inter-Parliamentary Union (IPU) according to the percentage of women in national parliaments. In addition, Brazilian parties have difficulty, election after election, to fill the minimum quota of 30% of candidacies by sex, which in practice means not registering the minimum number of female candidates provided for by law.

As an incentive to combat this scenario, the Superior Electoral Court creates the campaign "Equality in Politics", which has as its main objective to stimulate the engagement of women actively in the political life of the country through candidacies for public office and also the campaign More Women in Politics, which aims to increase the candidacy and the consequent election of women in Parliament through PEC 134/2015 (FEDERAL SENATE, 2016).

Violence against women is an affront to human rights and has demanded immediate and effective actions, making it essential to put an end to this problem to achieve the third Social Development Goal (SDG), namely: gender equality and respect for life, physical integrity and the fundamental rights of women. In addition, it is crucial to also meet the SDG of reducing infant mortality, improving maternal health and combating HIV/AIDS, malaria and other diseases (GARCIA, 2011).

The control of violence is a topic of crucial importance for the guarantee of peace and security. Despite its relevance, preventive actions and care for victims are still at insufficient levels. Women, unfortunately, are often victims of violent deaths, either by direct murder or by external causes such as suicide (VAINER, 2000).

Violence against women is a sad reality that affects the whole world and has serious consequences for public health. Victims of aggression can end up suffering severe physical trauma, disabilities, and even death. On the other hand, physiological changes resulting from stressful situations, chemicals, lack of control over fertility, and low autonomy can affect the mental and physical health of women in abusive relationships. Often, affected women have significant rates of unwanted pregnancies, miscarriages, sexual health problems (such as STIs, including HIV) and



psychological disorders (such as depression, anxiety, eating and sleep problems), compared to women who have not been victims of abuse (MARTINS, 2004).

A 2005 WHO study on women's health highlights that violence against women is both a symptom and a cause of gender inequality. Unfortunately, this vicious cycle affects not only women, but also their family members who depend on them. Therefore, it is essential to act on two fronts: primary prevention programs, which address the multiple roots of this violence and consider gender inequality, and changes in legislation and assistance services for women victims of these crimes.

The United Nations has shown great concern about violence against women and girls around the world. On the International Day for the Elimination of Violence against Women, on 25/11/2011, UN Secretary-General Ban Ki-moon called on world leaders to involve young people in the fight against this type of violence, in search of a more just, peaceful and equitable world.

It is important to highlight that this violence takes many forms, such as rape, domestic violence, harassment at work, abuse at school, genital mutilation and sexual violence in armed conflicts, and is predominantly caused by men. Whether in developed or developing countries, the cruelty of this violence should cause indignation in all, in addition, violence and often only the threat is one of the main barriers to the full equality of women (MONTEIRO; ZULAR, 2012).

According to Pimenta (2011), Primary Health Care is one of the main gateways for women who suffer from violence and it is crucial that both the public and private networks take on this emergency challenge, since violence against women is a complex and multifaceted phenomenon that cannot be solved only in the police space, such as police stations, shelter houses or hostels. A professional and attentive look is needed to help these women get out of this situation and have a healthy and safe life.

To think about violence against women is to think that this practice is a cause of mental illness, being considered a public health issue and consequently being a field of action for psychology, since violence, in several cases, can manifest itself in a subliminal, camouflaged, insistent and organized way as in an inherent and unavoidable daily life, where women in such a scenario, often, they find themselves emotionally attached to their partners, which prevents them from identifying the ambivalence in which they find themselves and recognizing their situations as violent (GOMES *et. al.*, 2014).

According to Silva (2005) cited by Eichenberg and Bernardi (2016), the psychologist begins to engage in this new model of mental health care and care, based on desistitucionalization, psychosocial care, interdisciplinarity and minimization of psychic suffering. To provide care to women who experience violence, it is essential to understand the ethical and political implications involved in the work. This is true both for health professionals and for the users themselves. It is essential to count on the collaboration of the entire multidisciplinary team, valuing the crucial participation of community



health agents in the initial reception, in these situations, the work should be based on professional behaviors to ensure the physical and emotional well-being of the victims.

Violence in its various forms is a reflection of gender inequality. From the perspectives presented, we can broaden the definition of gender violence, according to Velázquez (2006), to cover all acts that discriminate, ignore, submit or subordinate women in different aspects of their lives. It is any material or symbolic attack that affects your freedom, security, intimacy and physical and/or moral integrity.

Joan Scott (1995) argues that the category gender is used to describe the social dynamics between the sexes, where the author emphasizes that there is no world exclusive to women or men, but rather an interconnection between both. According to her, any study on women should take into account the influence of men and vice versa.

According to Velázquez (2006), women who suffer violence experience three main feelings: helplessness, constant danger and a feeling of being different from other people. These feelings are the result of pain and powerlessness of not being able to change what has already happened, leaving deep marks on the body, affections and daily life.

In this way the professional of the area of psychology becomes a great ally in the fight against violence against women, with a qualified listening, he welcomes and helps to seek alternatives to solve this situation so delicate, strengthening the self-esteem of women, so that they can make the right decisions in relation to their lives and resolve conflicts peacefully (LISBOA, 2014).

Thus, Souza and Sousa (2015) indicate that the search for empowerment is the way to restart a life free of violence. It is necessary to break with traditional schemes and stereotypical roles, encouraging participation in groups and social activities coming out of economic and emotional dependence, which are derived from a culture sustained in gender inequality.

According to Bock (2002), cited by Eichenberg and Bernardi (2016), the psychologist's performance must be aligned with the social transformation and movement of society, working for a fairer society through his professional practice. Given the political, cultural and professional conditions, the greatest challenge of the psychologist's work in primary care is to carry out an integral and intersectoral work in the health area.

Therefore, a mental health care clinic is necessary, which requires an expanded look at the practice of the psychologist and multidisciplinary team, in order to offer follow-up, establish bonds and ensure continuity of care. It is essential that psychologists are always committed to the search for a more just and humane society (EICHENBERG; BERNARDI, 2016).

According to Porto (2016) the successful work of a psychology professional requires the ability to build empathic relationships and create a welcoming environment and for this, it is necessary to consider the social dimension of the individual, seeking to promote their autonomy and empowerment.



For the past 30 years, the feminist movement has been fighting for gender violence to be recognized by the judiciary. Thanks to the pressure organized by feminist movements, laws and public policies were developed to confront and curb domestic and family violence against women (SOUZA; SOUSA, 2019).

Violence against women is a serious and recurrent problem in Brazilian society. Quantitative data indicate that one in three women has suffered some type of violence in the country. Given this reality, public policies were created to address this issue, including primary health care, which plays a fundamental role in welcoming and referring women who are victims of violence (BITTAR; Kohlsdorf, 2013).

The coping paths in primary care involve the training of health professionals, the creation of care protocols and the articulation with other protection and assistance services. It is necessary that public policies are effective and that there is a commitment on the part of managers and health professionals so that this violence is combated effectively (BEARZI, 2018).

Feminism has been fundamental in the struggle for equality respecting differences and claiming social recognition of gender inequality. In addition, feminism denounces that assumptions considered "natural", such as heterosexuality and motherhood, can generate oppressive and discriminatory practices, causing suffering for those who do not fit the established pattern (VIGANO; LAFFIN, 2019).

It is important to highlight that these achievements are the result of an important political strategy, and it is undeniable that the inclusion of the debate on gender equity in Brazilian public policies is the result of a long-standing social and political process, driven largely by the growing recognition and legitimacy of the feminist movement in the last three decades (PEDROSA, Mariana; ZANELLO, 2017).

The quality and diversity of the knowledge produced on gender relations also contributed to this change, as well as the persistence of women in asserting themselves as political and social subjects. These factors were fundamental for the consolidation of a gender equality agenda in the country, which needs to be continuously improved and strengthened (SOUZA; REZENDE, 2018).

In summary, according to Costa (2023) violence against women is a complex and multifaceted problem that requires a joint effort of the whole society to be faced effectively. The perspectives of coping go through the awareness of the problem, through campaigns and debates, the improvement of protective laws and the implementation of public policies that guarantee the assistance and necessary support to women victims of violence.

According to Amaral (2022) it is essential that police and judicial authorities are trained and sensitized to deal with cases of violence against women and that there are efficient reporting channels that allow women to seek help in case of need. Ultimately, it is essential that society as a whole unite



in the fight against violence against women and in promoting a culture of equality and respect between men and women.



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