

GENDER CONCEPTS AND PROFESSIONALS OF THE SOCIAL ASSISTANCE REFERENCE CENTER¹

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ABSTRACT. For a qualified technical performance in public policies, professionals must consider their gender conceptions since they may influence their practices and interfere in the relationship with the users, which can be discriminatory and reinforce social inequalities. Gender refers to the social constructions that regulate subjectivity and sexuality. Unfortunately, gender-based investigations that address social assistance professionals smaller locations are scarce. This study aimed to understand the gender concepts of higher education professionals who work at the Social Assistance Reference Center (known in Brazil as Centro de Referência de Assistência Social- CRAS). A total of 14 professionals from the psychology and social service working in municipalities in the interior of Rio Grande do Sul participated. Semi-structured interviews were carried out, subjected to thematic analysis. The results indicated practices that reinforce the family and the domestic space as women's attributions. In addition to, participants' difficulty in identifying and intervening in situations of violence against women. Therefore, research on technical performance and interventions addressing the gender theme and violence is suggested.

Keywords: Gender; public policy; social intervention

CONCEPÇÕES DE GÊNERO E PROFISSIONAIS DO CENTRO DE REFERÊNCIA DE ASSISTÊNCIA SOCIAL

RESUMO. Para uma atuação técnica qualificada nas políticas públicas é fundamental que as/os profissionais atentem às suas concepções de gênero. Essas influenciam suas práticas e interferem no relacionamento com as/os usuárias/os, podendo ser discriminatórias e reforçar desigualdades sociais. Gênero refere-se às construções sociais que normatizam a subjetividade e a sexualidade. Investigações sobre atuação profissional com viés de gênero na assistência social que abordem localidades menores são escassas. Este estudo objetivou compreender as concepções de gênero de profissionais de nível superior que trabalham no Centro de Referência de Assistência Social. Para isso, foram feitas entrevistas semiestruturadas, submetidas à análise temática, com 14 profissionais da psicologia e do serviço social que atuam em municípios do interior do Rio Grande do Sul. Os resultados indicaram práticas que reforçam a família e o espaço doméstico como atribuições da mulher, e dificuldade das participantes na identificação e intervenção em

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situações de violência contra a mulher. Sugere-se, portanto, que sejam feitas pesquisas sobre a atuação técnica e intervenções abordando a temática de gênero e violência.

Palavras-chave: Gênero; políticas públicas; intervenção social.

CONCEPCIONES DE GÉNERO Y PROFESIONALES DEL CENTRO DE REFERENCIA DE ASISTENCIA SOCIAL

RESUMEN. Para una actuación técnica calificada en las políticas públicas es fundamental que los/as profesionales atiendan a sus concepciones de género. Estas influyen en sus prácticas y interfieren en la relación con los/as usuarios/as, pudiendo incluso ser discriminatorias y reforzar desigualdades sociales. El género se refiere a las construcciones sociales que normalizan la subjetividad y la sexualidad. Son escasas las investigaciones sobre actuación profesional con abordaje de género en la asistencia social de localidades menores. Este trabajo estudia las concepciones de género de profesionales del Centro de Referencia de Asistencia Social. Participaron 14 profesionales de psicología y servicio social, actuantes en pequeños municipios de Río Grande del Sur. Se realizaron entrevistas semiestructuradas, sometidas al análisis temático. Los resultados indicaron prácticas que refuerzan la familia y el espacio doméstico como atribuciones de la mujer, y dificultades de las participantes en identificar e intervenir en situaciones de violencia contra la mujer. Se sugieren investigaciones sobre actuación técnica e intervenciones abordando la temática de género y violencia.

Palabras clave: Género; políticas públicas; intervención social.

Introduction

To improve technical performance within the public policies scope, professionals must be aware of gender and sexual diversity issues. These aspects influence their professional practices and may interfere in their relationship with users and people's engagement with the service. Their actions can reinforce social inequalities or be qualified as discriminatory (Costa et al., 2016; Silveira & Nardi, 2014). Gender refers to the social constructions that regulate what is appropriate concerning subjectivity and sexuality, standardizing behaviors, activities, social expectations, in a certain historical-cultural context. It also alludes to the power relations that exist among people (Scott, 1995).

Research that investigates professional performance with a gender focus is more frequent within the scope of Unified Health System (known in Brazil as Sistema Único de Saúde [SUS]); Costa et al., 2016; Cortez, Machado, Trindade, & Souza, 2016), and is already moving towards contributing to the improvement of technical performance. For example, the study by Gomes and Couto (2014) aimed to analyze the relationships between professionals and people who use health services from a gender perspective, with data collected in four states in the northeast and southeast of Brazil, using the ethnographic method. In the results, it was observed that, although the regional distance and the differences in educational and socioeconomic level between professionals and users, gender's attributions were similar. Thoughts and actions are categorical-based considering

females and males as opposites. Health care, including reproductive health, is reinforced as women attribution, which contributes to the low inclusion of men in primary health services.

Compared to SUS, the organization and implementation of the Unified Social Assistance System (Sistema Único de Assistência Social [SUAS]) is even more recent in Brazil. However, in just over ten years, 98.5% of Brazilian municipalities have implemented at least one Social Assistance Reference Center (CRAS) to compose their service network (Brazil, 2015a). This center serves individuals, families and communities. It aims to prevent risk situations for people in social vulnerability, resulting from deprivations such as lack of income or access to public services, poverty, or the weakening of affective, family and social bonds related to ethnicity, disability, age and gender discrimination, among others. It is understood that it is at the heart of this public policy to combat social inequalities, including those resulting from gender and sexual diversity (Brasil, 2004).

The reference team for the execution of CRAS services is formed by coordination, medium and higher level professionals, who must be at least a Social Worker and a Psychologist. This organization seeks to professionalize the Social Assistance (Known in Brazil as Assistência Social [AS]) policy, ensuring qualified public services (Ferreira, 2011).

Several studies regarding the of Psychology and Social Work in the AS context are being carried out. For example, the insertion and performance of the psychologist were investigated, aiming at analyzing, describing, understanding and/or problematizing his practice at CRAS (Leão, Oliveira, & Carvalho, 2014; Oliveira et al., 2014) and Basic Social Protection (Known in Brazil as Proteção Social Básica; Macêdo et al., 2018). These studies suggest the need to overcome an individualistic and normative psychological practice to achieve a collective and community, interdisciplinary and political performance. They also describe various forms of precariousness, regarding the service, its structure and its financing, as obstacles to professional performance. Interdisciplinary work and the articulation of the socio-assistance and intersectoral network were considered challenges for professionals working in the AS, as they are characterized as sporadic and punctual initiatives. Thus, for CRAS to consolidate itself as a unit that promotes access to social assistance rights, actions that articulate different sectors of the care network in an agile and permanent way are needed, establishing flows and procedures. These studies emphasize the need for the qualification that theoretically and methodologically instrumentalizes workers for social assistance practice.

Others research sought to identify and characterize Social Workers (Nascimento & Justo, 2015) and Psychologists (Pereira & Guareschi, 2016, 2017) concepts concerning the service users. These surveys find out welfare practices embedded in discriminatory and stigmatizing discourses. But, on the other hand, they realized the emergence of innovative practices, which overcome assistance, blaming and attempts to control the user, respecting his/her subjectivity and his/her condition as a subject of rights (Nascimento & Justo, 2015; Pereira & Guareschi, 2016. (Pereira & Guareschi, 2017).

The study by Detoni, Machado and Nardi (2018) aimed to understand how gender is performed through the practices of social assistance policy. From an ethnographic character, this investigation was carried out in a CRAS in Porto Alegre, State of Rio Grande do Sul (RS), using reports from the field diary and interviews with 26 professionals and users of the equipment. Several gender and sexuality markers were identified in CRAS. The practices that occur there reiterate norms and models of femininity and masculinity, maternity and paternity, influencing the users and professionals' subjectivity. It was found that CRAS has been perceived as a space for women, as they are family members of the Family Grant Program (known in Brazil as Programa Bolsa Família - PBF) and must comply

with the program's conditionalities. On the one hand, managing the income from the PBF offers the beneficiaries a certain autonomy, given the precariousness in which they live. On the other hand, it reaffirms women's responsibility for the family's care and 'destiny'. In this way, it is perpetuated as the mother's responsibility to feed, attend school, educate and socialize. She also bears responsibility for the abandonment of children and the elderly, neglect situations, malnutrition, juvenile delinquency, among others. The study also indicated that there is, in common sense, a misconception that men or women cannot access the services of CRAS and PBF without children. Naturalization and justifications for the absence or omission of men in the families using the service are identified.

There is a need to conduct research that addresses small municipalities within the AS scope from a gender perspective. About 20% of the Brazilian population resides in municipalities with up to 20,000 inhabitants; 45% live in rural areas (Brazil, 2004). Some characteristics weaken these locations, such as social isolation, which sometimes causes difficulties for the population to access primary public services. Assistance and/or intersectoral networks can be precarious in these places (Oliveira et al., 2014). High levels of sexual prejudice are related to factors such as: inhabitants of small municipalities, low education, religiosity and lack of prior education on the topic (Costa et al., 2016). Such a scenario is conducive to the perpetuation of sexim high levels of violence against women, and the tolerance and impunity of aggressors (Brasil, 2011).

Considering the scarcity of research in smaller municipalities, under the transversality of gender, as well as the relevance of this theme in public policies and in addressing social inequalities, this work aimed to understand the gender conceptions of higher education professionals who work at CRAS reference teams, in small municipalities in the interior of RS. It also aimed to identify how such conceptions affect their practices concerning people who use the service.

Method

A qualitative, exploratory-descriptive type study was carried out. This research was delimited through a regional division in RS, which established Regional Development Councils (Known in Brazil as *Conselhos Regionais de Desenvolvimento* [COREDEs]). Currently, this State is organized into 28 regional offices, and from these, there is Serra COREDE (Rio Grande do Sul, 2019). This region comprises 32 municipalities, characterized by colonization of European immigrants and an economy based on industry and agriculture. Regarding the size of these municipalities: 22 municipalities are of Small Size I (up to 20 thousand inhabitants), seven municipalities are of Small Size II (between 20 and 50 thousand inhabitants), one municipality is of Medium Size (between 50 and 100 thousand inhabitants), and two municipalities are of Large Size (from 100 to 900 thousand inhabitants), which are Caxias do Sul and Bento Gonçalves cities.

Among the 22 small municipalities, type I, seven do not have CRAS. The remaining 15 municipalities were included in the study, but one of them was excluded since one of the authors works as a psychologist at that location. So, in all 14 municipalities, it is observed that 40% of its population is rural, and in seven locations, the rural population is larger than the urban one. To characterize the region, it is noticed that, in general, the municipal human development indexes exceed the national average, including in terms of income and longevity. As for the percentage of the poor, the national index is 15.2%, and the highest

index in the group of 14 municipalities is 3.95% and the lowest 0.37% (Atlas do Desenvolvimento Humano no Brasil, 2019).

Participants

Fourteen university-level professionals who are part of the CRAS reference team from 14 municipalities participated, eight social workers and six psychologists, aged between 31 and 43. All of them identified themselves as women and Caucasians. In addition, one participant declared to have no religion, 13 said to be Catholic, and of these, eight are practitioners. Regarding marital status, six professionals declared to be single and eight married/in a stable relationship, 11 declared to have one or more children., The participants were identified by numbers, using P1 to P14, to preserve their identity.

Workers have been in this position between five months and 14 years, and 13 hold position as effective civil servants (they participated in a public tender), and one is temporary. As for the weekly workload, four social workers and three psychologists work 20 or 22 hours, a social worker works 30 hours, and three social workers and three psychologists work 40 hours.

Two professionals accumulate technical activities and a CRAS Coordination, and two others carry out concurrent activities in health services in the same municipality. Ten professionals carried out specializations, and all of them participated in training on SUAS, proposed mainly by the federal or state government. Regarding the Gender thematic, five professionals had courses on this theme, eight did not participate, and one did not know how to answer. Nine participants operate in municipalities other than the one in which they reside.

Materials and Instruments

The data collection was carried out using three instruments: (1) Questionnaire for Socioeconomic and Labor Characterization, (2) Semi-structured interview, based on the Pereira and Guareschi study (2016), and (3) Case vignettes that represent demands of CRAS. The interview consisted of the following questions: (1) From your experience, tell me about the people who access CRAS here in the municipality: How are they like? What demands do they bring? Why are they looking for CRAS? (2) Considering the users' demands, how would you characterize the families that access CRAS? (3) How do you evaluate the access and follow-up given to men and women at CRAS? Can you give an example?

The vignettes were used to investigate professional practices that include family monitoring, granting benefits and referrals. They were prepared based on the first author's experience at AS, with representative demands of the service. The first vignette presented the fictional case of João, 26, who seeks CRAS to receive information about the PBF. He has been unemployed for nine months and is in financial difficulties. He is at home taking care of his three-year-old children while his wife, a manicurist, works. He is afraid of leaving his children in the care of his wife because she frequently drinks alcohol. In the second vignette, Maria, 31 years old, also searches the CRAS for information about the PBF. She lives with three children and her husband Adolfo, 38, who works informally. He disagrees that Maria works, nor does she visit her family. Maria's eldest son is Adolfo's stepson, who

does not allow the boy to visit his father and assaulted Maria on some occasions when his father tried to contact him by phone.

Ethical and data collection procedures

The study was approved by the Research Ethics Committee of the Pontifical Catholic University of Rio Grande do Sul (PUCRS) under number 2.461.591 and follows Resolution 510/2016 of the National Health Council.

The sample was selected for convenience. To encourage the interest of possible participants, the survey was disseminated through monthly meetings promoted by a regional collegiate, which holds meetings between the AS managers and professionals to share information and experiences. In addition, the invitation to the participants was made by telephone, through which the interviews were also scheduled. The selection of participants was guided according to the availability of the researcher and the professionals, seeking to ensure the participation of a technician from each municipality, whether social worker or psychologist. Twelve interviews were carried out at CRAS, and two at Health Units. The data collection period was from March to May 2018.

At the time of the interviews, the participants became aware of their rights by reading and signing the Free and Informed Consent Form. Then, authorization for the interview audio recording was requested. Afterward, the Socioeconomic and Labor Characterization questionnaire was delivered and completed. Followed by the interview, with a duration ranging from 45 minutes to 1 hour and 30 minutes. In the end, all the recordings were fully transcribed.

Data analysis procedures

Thematic Analysis methodology was used for data analysis in the proposal of Braun & Clarke (2006). It started with (1) familiarization with the data, followed by (2) thematic content identification. Afterward, (3) the classification and organization of the codes were carried out, arranging them in possible themes, which were (4) submitted for review. The (5) definition and naming of the topics was the next step, ending with the (6) elaboration of the report. Being a study in the Social Psychology scope, the analysis was guided by a gender approach to identify, understand, and problematize how social relations are established and/or hierarchized from the feminine and masculine (Scott, 1995; Gomes & Couto, 2014).

Results and discussion

From the analysis, four main themes emerged, which gave rise to eight sub-themes, shown in Figure 1.

The theme *What is (related to) female and what is (related to) male?* refers to the designation of different characteristics and attributions for women and men by the participants, who consider them to belong to different categories. It also covers possible explanations for such differences, as illustrated in the speech by participant 1:

I imagine it is cultural [...] the search for a doctor, the search for other things, answers, men don't do it [...] We always see women doing everything. [...] for ease since women have to seek answers to their

demands [...] I think there must be things as biological, like our ease of communication, our need for greater communication (P1).

This speech refers to an understanding that there is a natural and dichotomous difference between men and women, placed as opposites in their way of feeling, thinking and acting, with differentiated capacities, sometimes linked to biological sex. Furthermore, referring to culture can also be a way to naturalize the phenomenon of polarization between females and males (Scott, 1995; Gomes & Couto, 2014; Botton, Cunico, Barcinski, & Strey, 2015).

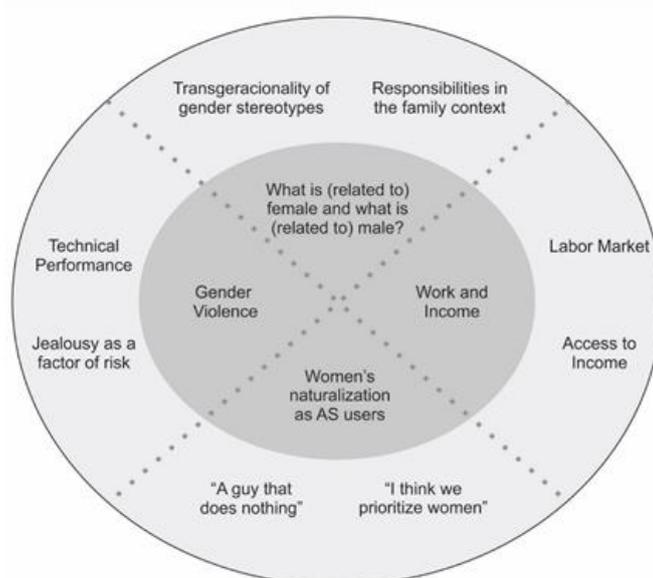


Figure 1. Themes (in center) and subthemes (outer circle). Dotted lines indicate that there is an interrelationship between different themes and subthemes.

Some participants mentioned the transmission of culture and gender conceptions from generation to generation, hence the sub-theme *Transgeracionality of gender stereotypes*. Transgeracionality refers to the transmission process among family generations, perpetuating the family's history and identity (Botton et al., 2015). Such understanding was used predominantly about women:

And with all the prejudice and the way they passed us, that our mothers guided us and that we grew up like that, understanding that some things or at least thinking that they are my responsibility alone. It is hard to break up with that (P11).

It is observed that participant 11 places herself in a position of proximity to users, as women, and questions social expectations, problematizing the functions assigned to her and the difficulty of overcoming them. Although the speech expresses a critical position, it again blames the woman for these teachings, who, traditionally, is responsible for the education of children and, through her, the cultural transmission (Botton et al., 2015; Pereira & Guareschi, 2017).

O subtheme *Responsibilities in the family context* refers to women and men's roles concerning the family group. It involves care, household chores and financial aspects and is also related to expectations regarding motherhood and paternity.

And because of the organization of the house and everything, the mother ends up staying [at home], because then the mother makes the food, the mother cleans the house, the mother organizes the clothes, the mother organizes the children, the mother is usually the one who follows tasks and everything related to school [...] (P13).

This speech indicates a mixture between motherhood and domestic work, showing continuity between women and work, articulated by care. This indicates naturalization, as care is a taught activity, which people of any gender can perform. With this familial logic, it is reiterated that care and domestic tasks are women natural skills and activities, keeping them in unpaid work, difficulting their autonomy and perpetuating inequality (Botton et al., 2015; Detoni et al., 2018).

The participants also addressed changes regarding paternal participation:

We have several situations of fathers who are the ones who come to look for them, they are the ones who are interested, they are the ones who at the school are asking about their children, they are the ones who provided food, care [...] at home (P3).

However, although men's involvement in tasks with children and preparing meals, the same does not occur concerning cleaning and domestic tidiness, remaining the inequality in the division of tasks (Bruschini & Ricoldi, 2009).

We see many more women victims of violence, or with some situation, sometimes as heads of the household, who end up having to manage and meet the family's financial needs, so we have more contact with the woman. So, in the end, she has to support everything by herself (P1).

Exemplified by the speech of participant 1 about family support, the workers mentioned being more frequent the access to CRAS for single-parent families in which the woman without a spouse is responsible for the family support, which is close to the Brazilian reality in general. It is understood that there is a greater social vulnerability of these family groups due to lower income *per capita* (Brasil, 2004; 2015b). There is an understanding that being a good mother can imply providing care and financial support, expanding women's attributions (Pereira & Guareschi, 2017).

This question is related to the theme *Work and income*, which refers to the world of work and finance and its influence on relationships. In the *Labor Market* sub-theme, some participants have an individualized understanding of this issue:

There are several factories here that women could be working with [...] I don't know if it's the husband who doesn't allow it or if they end up getting used to it [...] it's something that is more comfortable that way, and they end up not changing their situation to be different (P14).

Other interviewees understand the labor market from an expanded perspective, indicating structural difficulties for women to access it. For example, "We didn't have the nursery yet, now it will be inaugurated in 15 days" (P13). Other obstacles refer to the lack of job vacancies: "The biggest job offer here [...], formally, is in companies that work with polish, but they hire men. They don't have any vacancies for women" (P10).

In a visible and remunerated way, the participation of women in the labor market is both the primary way of promoting their autonomy and equality and being inserted in the public sphere. On the other hand, the lack of public services that contribute to the care of children, adolescents, the elderly and people with disabilities makes it difficult or prevents women from accessing and remaining in the labor market, also limiting the increase in family income (Bruschini & Ricoldi, 2009; Brasil, 2015b). Moreover, when dealing with these issues from an individualistic perspective, women are blamed for the situation. Therefore, it is up to them to manage and overcome the condition in which they live, a discourse that comes

close to meritocracy and exempts society and the state (Narvaz & Koller, 2006; Detoni et al., 2018).

In the subtheme *Access to income*, it is noted that working does not always guarantee the enjoyment of income or decision-making for women. Some professionals reported the financial power and autonomy to men, reaffirming the patriarchal model: "Often women want to [...] work, and they do not leave, or often women who work in the countryside, in the fields, depend on money from the husband so they can buy their things because they work together" (P4).

This reality is often observed in rural areas since 61.5% of the employed population in the agricultural sector who do not receive remuneration for their work are women (Brasil, 2015b). Moreover, even performing tasks like men, women in the countryside are assigned with subordinate position, in a speech that devalues their work, which is often considered 'a help', justifying lower remuneration (Paulilo, 2013).

The AS policy considers territorialization as a fundamental principle. The territory's characteristics must be considered to understand social risks and vulnerabilities and propose actions to face them (Brasil, 2004). It is noted that the participating professionals may disregard, in their interventions, the specificities of the places where they work. In this scenario, such an aspect can be associated with the scarcity of research that addresses the subjects and the ways of life of the rural population, including in the Psychology field (Marques & Silva, 2018).

Low remuneration, non-enjoyment of income and work overload faced by women conditions were overlooked by the professionals and even naturalized. Neither it was perceived the violence that occurs when women are deprived of work, access and enjoyment of their income. By not taking these conditions as the focus of CRAS interventions, this professional practice reinforces gender inequities, contributing to the maintenance of women's submission and perpetuating marital violence situations.

The participants listed the conflict between working hours and access to CRAS as one of the arguments for the non-participation of men in activities and family monitoring: "We try to talk to the couple, when it is possible [...]. Or because the husband works, or the wife works, this is a rarer case. But as the husband works, sometimes he does not want to lose his job" (P1).

The speech portrays a reality since the opening hours from the center tend to be the same as the working hours, as observed in the study by Cortez et al. (2016). However, such an argument can be used as a justification for not promoting the inclusion of men in family monitoring and other AS activities. The realization of attendance after office hours was mentioned by some participants to overcome this situation and include men in the appointments.

Related to this issue, the theme *Women's naturalization as AS users* indicates that the female public is considered the main demander for the actions of CRAS. The sub-theme 'I think we prioritize women' was named with the speech of a participant who problematizes the direction of the activities of this service for women. This critical positioning is an exception, as most professionals did not reflect on this aspect.

To meet this demand, manual work activities and related to household chores, such as cooking and handicrafts, are often proposed. "The mothers also participate, in this case, in the courses that we offer. [...]. More is related to culinary [...] Then suddenly you make the rug, or the slipper, then you sell, you help to sell" (P4). Such a proposal can reinforce the common sense that CRAS is a service aimed at serving women and that domestic work and the care of children and family members are their responsibility (Detoni et al., 2018).

The principle of centrality in the family in AS policy has received criticism for the way it is being carried out: it considers that there is an ideal family model, founded on the traditional perspective of a heterosexual couple with children, organized based on the sexual division of labor and under a rigid gender standard. The woman occupies the domestic space, being given responsibility and care for the family, contributing to the continuity of patriarchal dictates (Carloto & Mariano, 2010; Detoni et al., 2018). When approaching the CRAS public from this perspective, professionals can reinforce the responsabilization and blame of women concerning the family, whose actions distance themselves from the promotion of gender equity. It can also imply an overload, to the extent that women must be at the disposal of the AS policy, in yet another unpaid commitment (Pereira & Guareschi, 2017).

In addition, the activities carried out in the CRAS scope are usually intended for socialization without proposing professional training. This practice contradicts the proposal to face social inequalities since the access and permanence of women in the labor market, with adequate remuneration, promotes their autonomy. Furthermore, the lack of qualification is reiterated in the way the service is organized due to the poor articulation with labor and professionalization policies (Calvete & Couto, 2009; Brasil, 2015b).

The subtheme 'A guy who does nothing' received this denomination from the speech of a participant, referring to the meanings attributed to the man who participates in CRAS activities and his rare participation. Although the professionals emphasize the importance of men in family monitoring, there is derogatory content about their participation associated with work inactivity. Pereira and Guareschi (2017) study identified similar results, which indicated a male figure devalued by the professionals. Carloto and Mariano (2010) associate such issues with traditional gender roles, whose social expectations are of a male provider, being given him greater weight for not providing his family.

Some professionals reflected on the low participation of men: "I think that it is also our fault to develop more activities or projects that may attract more men" (P7). However, nine participants did not identify the responsibility relevant to the service, and some naturalized this issue: "We also end up not offering much. But also, if I were going to offer it, I don't know if they would come, wouldn't they?" (P14). Studies have identified that primary health services do not have strategies for the inclusion of men, reflecting a history of public policies whose actions focused on women or the mother and children dyad (Gomes & Couto, 2014; Cortez et al., 2016). The same occurs in the AS scope. Therefore, it is necessary to identify that there are challenges faced by the service in proposing actions that promote the participation of men in activities and monitoring, aiming to modify this practice and propose their inclusion.

As for the theme of *Gender violence*, the workers reported attending to such situations frequently. However, some indicated the lack of a Specialized Reference Center for Social Assistance (Known in Brazil as *Centro de Referência Especializado de Assistência Social* [CREAS]), an existing establishment in one of the 14 municipalities in the study, as well as Specialized Police Offices in Assistance to Women (Known in Brazil as *Delegacias Especializadas no Atendimento à Mulher* [DEAMs]) is not available. This situation corroborates with the findings by Oliveira et al. (2014) on the precariousness of the intersectoral network in small locations. Though localities in the interior have the highest homicide rates for women in Brazil (Waiselfisz, 2015).

The subtopic 'Jealousy as a risk factor' refers to an individualized perspective of violence against women, associated with marital difficulties, jealousy and alcoholism. "The cases that come to mind now were all for that, for that reason of jealousy" (P14). This perspective

contributes to the understanding and approaching this form of violence as an isolated situation, both domestic and private, not being understood and faced as a frequent social phenomenon in Brazilian society, which deserves attention from public policies. It is also worth recalling the example of the sub-theme 'Access to income', described above regarding the psychological and patrimonial violence that occurs when women are prevented from working or enjoying income from their labor has not been identified. Thus, it was observed that different forms of violence against women were not perceived, or they were naturalized and even trivialized by professionals. This reality is recurrent and demonstrates the need for awareness, training and professional qualification to face violence before the severe Brazilian scenario (Silveira & Nardi, 2014).

The subtopic 'Technical performance' lists the forms of intervention in these cases. When there are interventions, they occur individually:

We know there are [violence cases], but, for example, until these days, I was talking about a woman in the countryside who has rumors and such about this case. How are we going to get there, huh? It's a very [...] complicated thing, which I don't see how I can get there and talk to this woman (P6).

The phrase 'We know you have it, but [...]' was present in several interviews, suggesting that violence against women seems to be a frequent phenomenon in these municipalities, although veiled. This aspect contributes to these cases being underreported, as there is no formal complaint (Signorelli, Alaud, & Pereira, 2013). The speech also indicates challenges faced by the service either in approaching and implementing interventions and also, in informing and discussing violence in a preventive perspective with the population. Thus, in addition to the lack of services and specialized professionals in this area, impunity and perpetuating situations of violence against women in the domestic sphere are reinforced.

Related to the lack of preparation in dealing with such situations, it is observed that there is an understanding that violence against women would be caused and/or maintained by the victim.

She didn't depend on him financially, either way. So why did she go back with him? Because she has no character. Because she doesn't think about changing everything, she doesn't think about the children she has at home. She doesn't think of starting another life (P5).

In this speech, it is possible to perceive that victim-blaming and moral judgment are part of professionals' views regarding women who were victims of violence. Villela et al. (2011) identified similar results, a posture that can result in the re-victimization of those who seek help. Therefore, it is essential that training and qualification are provided for professionals who work at CRAS, aiming to sensitize them about the seriousness of the violence and the importance of providing appropriate responses to the needs of the attended situation.

It is noteworthy that speech is indicating moral judgment content regarding women in violent situations was brought up by workers who had a less conservative stance concerning gender and who problematized the polarization between women and men throughout the interviews. Thus, a contradiction is perceived between the perspective defended by the professionals and their actions, a result also observed by Gomes and Couto (2014). Such contradiction can be related to other social markers, such as socioeconomic and educational level and race/ethnicity, which are present and influence the relationship between professionals and people using the service. Furthermore, such markers, as well as gender, contribute to the establishment of power relations guided by

hierarchy and subordination, which may result in practices that violate the condition of AS users as a subject of rights (Scott, 1995; Silveira & Nardi, 2014).

Final considerations

The results corroborate the existing studies on CRAS interventions with an individual focus, which reinforce the accountability and blame of the subjects due to their condition (Nascimento & Justo, 2015; Pereira & Guareschi, 2016). Moreover, from a gender perspective, such interventions reinforce the emphasis on women, their space as domestic and their responsibility towards the family, perpetuating traditional roles (Carloto & Mariano, 2010; Pereira & Guareschi, 2017; Detoni et al., 2018).

SUAS was proposed based on the experience of SUS in various aspects, such as its organization in levels of complexity (Ferreira, 2011). In addition, several studies point out the need to adapt health interventions, with practices aimed at the whole family, including men and women (Gomes & Couto, 2014; Cortez et al., 2016). Thus, this experience can also propose a socio-assistance professional performance that considers gender as a relevant aspect, including for the identification and coping with situations of violence.

It is a challenge to carry out studies with a gender focus, either due to the naturalization of such issues or the difficulties related to identifying prejudices. However, this is a way to demonstrate that this debate and efforts to change these conditions are still necessary. The proposal is to bear in mind how much the actions in the AS scope require reflections in the gender perspective as one of the fundamental markers for combating social inequalities.

The goal is not to blame the research participants regarding their practices or disregard the gains that SUAS offers to the population. On the contrary, this study's results contribute to presenting an overview of the professional performance carried out within CRAS scope in small locations, indicating themes that demand awareness and training for social assistance workers. Furthermore, the data found also enable identifying the characteristics of smaller locations and inland areas, including the rural population. In this way, they collaborate to elaborate interventions appropriate to this social reality, possibly like other Brazilian municipalities.

As limitations of this study, the data collection carried out at the participants' workplace can inhibit the professionals' approach to some issues. Opting for a more significant number of interviews or even focus-groups in other spaces could help overcome this limitation. Besides, it is suggested researches that contemplate other cultural realities from a gender perspective and also that can also supply the lack of studies in smaller locations and the rural scope.

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