RESEARCH | PESQUISA

Isolation of women in situation of violence by intimate partner: a social network condition[a]

Isolamento de mulheres em situação de violência pelo parceiro íntimo: uma condição em redes sociais

Aislamiento de mujeres en situación de violencia por el compañero íntimo: una condición en redes sociales

Leônidas de Albuquerque Netto[1]
Maria Aparecida Vasconcelos Moura[1]
Ana Beatriz Azevedo Queiroz[1]
Francièle Maraboti Costa Leite[2]
Giuliana Fernandes e Silva[1]

1. Universidade Federal do Rio de Janeiro. Rio de Janeiro, RJ, Brazil.
2. Universidade Federal do Espírito Santo. Vitória, ES, Brazil.

Abstract

Introduction: Isolation is a form of violence in which the intimate partner seeks to weaken the woman's support network, distancing her from social interaction, prohibiting her to relate to family and friends. **Objective:** To analyze the social isolation of women in situation of violence by their intimate partner. **Methods:** Qualitative and analytical research held at the Specialized Center for Assistance to Women in Rio de Janeiro - Brazil, with twenty women. Individual interviews and content analysis were used. **Results:** Social isolation occurred due to the restriction of freedom by the partner. **Conclusion:** Women showed difficulty to express their needs, sought the Health Units presenting symptoms consequent to the experienced violence. They rarely revealed their problem, leaving to professionals the practice and ability to an attentive listening and a holistic look to identify the situation, providing the necessary help and support to their social networks.

Keywords: Violence Against Women; Spouse Abuse; Qualitative Research; Nursing.

Resumo

Introdução: O isolamento é uma forma de violência em que o parceiro íntimo busca enfraquecer a rede de apoio da mulher, afastando-a do convívio social, proibindo-a de relacionar-se com familiares e amigos. **Objetivo:** Analisar o isolamento social de mulheres em situação de violência pelo parceiro íntimo. **Métodos:** Pesquisa qualitativa, analítica, realizada no Centro Especializado de Atendimento à Mulher do Rio de Janeiro - Brasil, com 20 mulheres. Utilizou-se entrevista individual e análise de conteúdo. **Resultados:** Nos discursos, o isolamento social ocorreu pela restrição da liberdade pelo parceiro, provocando atitudes repressivas ao negar às mulheres o convívio social. **Conclusão:** Diante do isolamento, as mulheres mostraram dificuldades em expressar suas necessidades, procuraram as Unidades de Saúde apresentando sintomas consequentes da violência vivenciada. Raramente revelavam o problema, cabendo aos profissionais a prática e habilidade para escuta atentiva e olhar holístico identificando a situação, possibilitando a ajuda necessária e apoio às suas redes sociais.

Palavras-chave: Violência contra a Mulher; Maus-Tratos Conjugais; Pesquisa Qualitativa; Enfermagem.

Resumen

Introducción: El aislamiento es una forma de violencia en que el compañero busca enflaquecer la red de apoyo de la mujer, alejándola de la convivencia social, prohibiéndola de relacionarse con familiares y amigos. **Objetivo:** Analizar el aislamiento social de mujeres en situación de violencia marital. **Métodos:** Investigación cualitativa, analítica, realizada en el Centro Especializado de Atención a la Mujer en Rio de Janeiro - Brasil, con veinte mujeres. Se utilizó la entrevista individual y análisis de contenido. **Resultados:** En los discursos, el aislamiento social se produjo por la restricción de libertad por el compañero, provocando actitudes represivas. **Conclusión:** Las mujeres mostraron dificultades en expresar sus necesidades, buscaron las Unidades de Salud presentando síntomas consecuentes de la violencia vivenciada. Raramente revelaban el problema, cabiendo a los profesionales la práctica y habilidad para la escucha atenta y mirada holística identificando la situación, posibilitando la ayuda necesaria y apoyo a sus redes sociales.

Palabras clave: Violencia contra la Mujer; Maltrato Marital; Investigación Cualitativa; Enfermería.

Corresponding author:
Leônidas de Albuquerque Netto.
E-mail: leonidasalbuquerque@bol.com.br

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INTRODUCTION

The violence against women is considered a public health problem and violation of human rights, permeated in a physical, psychological, sexual, moral and patrimonial way.[1] Women are part of one of the groups that suffer discrimination to be considered minority and fragile, which is a form of violence emerging from prejudice of a society that violent women.[2] The World Health Organization (WHO) has revealed that between 15% and 71% of more than 1.2 billion women around the world have been victims of physical, sexual or both kinds of abuse, by an intimate partner at some point in their lives.[1]

According to data from the Brazilian Institute of Geography and Statistics ("IBGE", 2010), the female population is 100.5 million. It is estimated that 34.17 million of Brazilian women are in situations of violence. A survey with 2,379 women aged 18 to 60, in São Paulo, pointed out the prevalence of 55.7% of battered women in romantic relationships.[3] The Public Security Institute of Rio de Janeiro issued in 2013, a survey of the Occurrence Records of Police Stations, which found that 4,993 women were victims of rape and 387, victims of attempted rape.[4]

The violence against women has been practiced indiscriminately, especially in the family, whose invisibility is provided by the occurrence in their own private space. Violent relationships, often at the hands of the intimate partner, are structured against the woman's bonds of conviviality in their social network, damaging their relationships with people with whom they maintain emotional ties, such as relatives, friends and neighbors, as for formal institutions in safety, health, social services or education that can provide support.

For this research, the theoretical framework of Lia Sanicola[5] was adopted, which enabled the understanding of relational dynamics in which is inserted the woman who experiences violence. Among them, their relations composed by people in their social life as well as observation of the centers and institutions available on the needs coming from episodes of violence by the intimate partner.

Social networks can be considered as a net of relationships that give each subject identity and sense of belonging. The network structure is formed by the set of perceived links established between people and networks. Those ties, when activated, generate connections that form the network. The structure gives flexibility, transparency, strength, synergy of forces and duplicity to the reality of social network.[5]

The knowledge of the social network, in which the person and the family are inserted, allows the understanding of relational dynamics, becoming subsidies for reflection and establishment of intervention actions towards the clientele. People applying for any kind of help do not experience their problems alone, but always within a social network. This is understood as a set of interpersonal relationships that determine the characteristics of the person, such as the habits, customs, beliefs and values, where one can get from this network emotional support, material, services and information.[5]

The existence of several bonds with family, neighbors and institutions such as church and community associations, are crucial in helping in situations of illness and difficulties. Social networks can be responsible for the support, problems visibility and satisfaction of health needs that escape from State service capacity.[6]

The care in health to women in situations of violence should be thought not as a technical knowledge but as knowledge in order to understand the phenomenon, related to different universes of meaning.[7] The professional action along these women, especially the nurse as an interactive process, needs to be shared with meaning for one who performs (nurse), and the one who receives it (woman). The interaction transcends the ascription to a service, it means, establishing a relationship of familiarity that aims at solving the demands; enabling women encouragement strategies and promoting access to justice and rescue as a subject of rights.[8]

Professionals who work assisting this population need to broaden their view of the problem, turning beyond the treatment of physical trauma and denunciation of the attackers. It is imperative the development and implementation of coordinated confrontation actions, allowing the promotion of economic empowerment, emotional and social development of women.[9]

At this point, the intervention in health consultation is required, and that this moment is perceived as a revealing of the problem of violence experienced by women so that these professionals can intervene and be willing to help them. The nurse can serve as a connector element between the woman and the elements of its social network, which she may use. This network is structured on a personal level, between family, friends, neighbors, co-workers and of free time, among others; or in institutional aspect, either through centers or formal and informal institutions of attention to women in this situation.[5]

The movement that goes from the *individual* dimension to *sharing* is a process that parts from the meeting and from reciprocal recognition among individuals, leading them to acquire a sense of belonging to the network and, at the same time, generates the availability to share a need, taking care of the difficulties created by this need. The latter effect is the consolidation of relations and the strengthening of individual and community identity.[5]

Articulated interventions between network elements for women's health in situations of violence will not be possible if they are in a situation of *isolation*. These conditions are sustained by constant surveillance of intimate partner. The fact that this woman be linked and dependent on that man aggravates further repression. When the partner forbids her to work, study, get out of the house, talk to friends or relatives, this man prevents the positive movement toward *sharing*. At this point, it is up to the aid of a network operator, as specifies Sanicola,[5] the person who helps women to recognize the elements of their social network, and then assist in communication and access to the institutions.

Thinking and acting in network produces questions directed to hierarchical structures, helping to generate power shifts. Many

social agents involved in attending to women, although they may be sensitive to the issue, do not formulate a thinking network. In general, the organization of services is guided by a concept of fragmented care to women. Depending on the direction in which it focuses on the problem, whether police, legal, psychosocial or health, there is a service that aims to deal with the issue, but the action often does not provide the establishment of effective partnerships.[10]

Knowledge and analysis about the factors related to the isolation of women in situation of violence provide an understanding of the relational dynamics, constituting in subsidies for the establishment of rescue possibilities of this female population, of its withdrawal from the depressing isolation in which they are or the departure from the conditions of restriction of freedom. It was established, in this study, as objective to analyze the social isolation of women in situation of violence by intimate partner.

METHODS

Qualitative and analytical research, grounded in the theoretical framework of Sanicola's[5] Social Network, developed in the Specialized Care Center for Women Victim of Domestic Violence ("CEAM") in the municipality of Rio de Janeiro. Among the areas of activity of this institution, it includes vocational training in order to promote the social reintegration of these women, prevention of violence, protection of sexual and reproductive rights, organization for inclusion in community projects and support for health programs. The option for this Center as the setting occurred by its institutional mission to promote women's health, associated with the support of the social network, enabling a specialized attention.

The participants were women who experienced physical, psychological, sexual, patrimonial or moral violence. As a criterion for inclusion, they should have more than 18 years old, have experienced any form of violence, exclusive or overlapping, inflicted by the ex or current intimate partner, regardless of formal marriage or cohabitation. Exclusion criteria refer to those women with psychiatric disorders that would make impossible the answers at the time of the interviews or the interaction with the researcher; as well as women who have experienced violence in a homosexual relationship.

Women were addressed subsequently to consultations with psychologist of the CEAM and informed about the purpose of the research, in addition to the confidentiality of their information. For those who have agreed to participate, an interview was conducted, in which the information was captured in individual approach. The period of data collection took place between September to December of 2014. For the interviews, we used semi-structured instrument, with an average duration of 50 minutes. Among the 60 women attended by the CEAM during the study period, 20 were interviewed, meeting the criterion of theoretical saturation of data.

First, it was investigated the sociodemographic profile of women. In order to understand the meaning that the woman attributes to its network of interpersonal relationships, guiding questions were formulated to identify the social network of research participants. It was requested to women to talk about the people and institutions present in their lives over the period in which they experienced violence. In the interviews, questions to elucidate information about their relationships with the social network were asked.

The statements were recorded by a digital media with the consent of participants and the interviews were transcribed. At a later time, it was given special attention to the most significant expressions present in the statements, in order to grasp the general meaning of these expressions of social isolation of women in situations of violence. Thus, it was possible to understand the characteristics of the isolation experienced by women and enforced by intimate partners.

Later, with the transcribed interviews, a comprehensive reading of the testimonies through an improved analysis was performed. The information was interpreted through the method of content analysis, using the concepts of Laurence Bardin, by seeking the meeting of the ideas of the testimonials to the formation of the analysis cores.[11]

The criteria of content analysis organization followed the pre-analysis moments, material exploration and processing of results with inference and interpretation.[11] The emerging category of analysis was called *The determining social isolation in violence against women: a network situation*. This was composed of a Registration Unit group (RUs) extracted from 20 analyzed interviews, characterizing the isolation caused by violence in which the participants were at the time of the interview.

The presentation of the results took place in the form of the most significant testimonies to the category of analysis, followed by the discursive descriptions associated with the theoretical framework of social network. The women were identified by alphanumeric codes with the initial "E", in growing numbers (E1, E2, E3), according to the order of interviews.

The study was approved by the Research Ethics Committee of Anna Nery School of Nursing and the São Francisco de Assis Healthcare Institute at the Universidade Federal do Rio de Janeiro, with the opinion No 774,804/2014, ensured compliance with the standards for research with human beings, in accordance with Resolution No. 466/2012 of the National Health Council and Ministry of Health.[12] To participate in the survey, it was mandatory the acceptance of participants signing an Informed Consent Form.

RESULTS

Regarding the sociodemographic profile, nine (45%) women were between 45 and 55 years of age, 12 (60%) declared themselves white, and 14 (70%) had an educational level from medium to high. Among the 11 women who worked, received one to four minimum wages and living in neighborhoods close to the CEAM, in Rio de Janeiro. Regarding the relationship with an intimate partner, 16 of them already had separated, although some of the partners still would use threats and intimidation to coerce them.

Twelve participating women had one to three children with the aggressor intimate partner. Those young children, usually from early childhood to adolescence, were the ones that experienced the most aggressive episodes with the mothers, while the young children or adults helped more in the emotional perspective, encouraging these women to search for assistance institutions or security in the social network.

Among the 20 analysis subjects (interviews), there were 304 (100%) Units of Registration. Of these, 42 (13.8%) were related to the isolation situation, caused by the violence against women, in which the participants of the research were at the time of the interview.

In the women's discourse, social isolation occurs in different ways, either by imposition of restriction of freedom by the own intimate partner, or the development of a depressive condition because of that man's repressive attitudes. This depression is represented and expressed by these women when, facing all manifestations of violence, they deprive themselves of contact with family members, relatives and friends. Isolation has as main reason the shame and the fear of further violent behavior by the partner.

> *All violence was making me sad and anguished. I couldn't smile anymore, my self-esteem was way down, I was isolating myself inside my own self (E1, age 27, single).*
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> *I don't have any friends, I don't have anyone. When he [intimate partner] beat me, I did not tell anything to anyone. He did not like that I would see my family. He thought I was a property of his (E2, age 49, widow).*
>
> *We are ashamed to say we were attacked. I was depressed because I didn't want to see anyone. It's like I'm at a place full of people, but I feel alone. I didn't want anyone to know [about the violence] (E4, age 42, divorced).*
>
> *Living all of this [violence] disrupts too much, because you get that thing in your mind disturbing you, and then you end up hiding. I isolate myself. When the violence began I didn't search for help, it were years of aggression until I searched for someone to help me (E8, age 53, married).*

When these women in situations of isolation caused by the partner's violence distance themselves from relatives, friends or neighbors, and also have associated financial dependence of the partner and low socioeconomic status, they will have even more difficulty in accessing any assistance institutions in health, police or legal.

> *I wouldn't even go to my parents' house, who would imagine to the women's police station to report him [intimate partner], I didn't even have the money for transportation. I didn't know the CEAM existed. I only took an attitude a long later (E9, age 30, single).*
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> *I had to put him [intimate partner] in court to pay for my daughter's child support, but, sometimes, he doesn't pay, then I cannot count on his money (E6, age 25, married).*
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> *My concern was my daughters. The only one who worked was my husband, if I had left the house with my daughters, what would we live of? I had nothing. After I started working that I left home (E15, age 43, divorced).*
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> *When he [intimate partner] punched me in the face, I came to CEAM, because it is close to home, otherwise I wouldn't come, I have no money (E19, age 29, single).*

During the interviews, when women were asked about the elements of social networking, among relatives and friends present in their life, 12, at first, reported that they simply did not have them. But, when the researcher established a dialogue, they would always remember at least one relative or friend who helped them in some way, on the issue of violence. Therefore, these women, due to their own social isolation, have difficulties requesting support, accessing few people who are around them, in their social network, to ask for help.

> *My family has never seen the violence I suffered, and I didn't tell them. Only my son who knows, because he saw his father beat me, and I can count on my son, only on him. Before I had many friends, but today, they turned away since no one puts up with my ex [intimate partner] (E3, age 49, widow).*
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> *I gave up friends I had when I moved in with him and I also pulled away from my family at the time. I lost control a year ago when it hit me and everything got even worse. Today I live alone, but I go to my sisters' house and stay with them over the weekend, it does me well (E5, age 49, single).*
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> *In my life it's just my daughter and I, she's the one who gives me courage, and we have no one else who can help us. It took me too long to be able to talk on the subject of violence, because we don't even like thinking about it. The more you talk, the more it hurts, so we hide (E16, age 47, divorced).*
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> *He [former intimate partner] was so aggressive that I had no friends. If I were talking to someone, when he arrived he was already ignorant, and my friends would run away. He would put fear, then everyone turned away from me. Today I have only one friend who I consider a lot because she encouraged me to go to the police to report and gave me emotional support (E18, age 45, divorced).*

Any behavior of men over women in order to control their actions are the first attitudes that culminate so that the woman will remain in her individuality, isolating themselves and not sharing their problems and demands with the people in her family life or not, that could come to help them, eventually.

I didn't realize that I was living a violence, because I didn't tell that he [former intimate partner] would attack me. My friends from work would call me to go out, but I wouldn't because I was afraid of him getting angry and attacking me again. (E10, age 47, divorced).

He [husband] never liked going out as a family. When he and I went out to meet with friends, he always left me aside, ignoring me in front of others, as if I were a nothing (E12, age 59, married).

He [intimate partner] forbid me to study and work, restricted me. I couldn't leave the house, I had no friends (E17, age 42, divorced).

Among the 20 women interviewed, six (30%) sought health institutions, such as Emergency Care Units ("UPAs"), Primary Care and Emergency Hospitals. In these places, they revealed their grievances, but did not express the origin of the signs and symptoms consequences of the violence experienced by the intimate partner.

I always went to "UPA" [Emergency Care Unit] with a strong migraine, then they would transcribe me medicine. It always happened after he [intimate partner] assaulted me, but I wouldn't talk about the violence (E13, age 54, divorced).

I'm afraid to tell because I don't know how they [health professionals] will treat me. Many people have prejudice, think we cause the men to beat us (E15, age 42, divorced).

Near the house where I lived with him [intimate partner] there was a private hospital. I paid to go there and treat the syphilis I caught from him, but never spoke of the violence, I didn't feel safe to do so (E16, age 47, divorced).

DISCUSSION

The feeling of guilt, shame, isolation and especially stigma, are major obstacles, especially to the denunciation of violence by intimate partners against women. This stigmatizing experience results from the shame of being recognized by society as battered women and abused by partners and, therefore, are in a position of inferiority and social disadvantage.[13] The lack of recognition of violence as a health problem and its depreciation are influenced by the fear of women to reveal the situation that is lived or felt, and by the fear of being misunderstood or humiliated by others, which leads to a progressive isolation and immobilization.[14]

In the intersubjective relationship of the woman with the partner, there is lack of exchanges of views. Women have the right to work, to eat, to sleep and rest, and to relate to their families, friends and neighbors, and the right to live and enjoy their own freedom, who have been deprived by the threats from the abuser. They express the need for the respect of the partner and desire to rescue their work plans, studies and the relationship with their family, ceasing to be submissive.[15]

Women are afraid to denounce violence because they worry about their livelihood and their children, as well as the partner dependence, also do not have subsidies to get help on their primary or secondary social network. In the primary networks, the bonds established are characterized by relations of kinship, family, friendship and neighborhood, and are founded on reciprocity and trust. The secondary networks are formal or informal institutions, third sector, mixed or market, where there are reciprocal relationships, law or money.[5] Many women remain isolated and helpless, requiring a serious episode of physical violence so that they can recourse to specialized institutions or even sheltering in the house of a relative or friend.

All violence, especially psychological, compromises the mental health of the woman, causing disturbances in their ability to communicate and recognize their resources for the fulfillment of tasks in their lives. According to Maria da Penha Law, Law 11.340/2006, psychological violence is any conduct that causes emotional damage and decreased self-esteem, which would impair her full development or that aims to control her actions, behaviors, beliefs and decisions by threat, humiliation, isolation, abuse, intimidation and exploitation.[16] Social isolation is one of the main manifestations of psychological violence, where the partner intends to, through actions that weaken their support network, pull away the wife from her social life, forbidding her to maintain relationships with family and friends, to work or to study.[17]

The fact that women isolate themselves or remain dependent on their offending partners depends heavily on the social environment factors and especially of the people she meets at the level of social network. These elements of their network can be indifferent, apathetic or insensitive to the vulnerability of women, or can strengthen their bonds by promoting help in their social demands and specifically emotional, materials, services or information.

For some women in this research, the partners did not allow or hindered their contact with relatives and friends, limiting the space of women to the home environment, subjecting them to routine activities, house maintenance and care of children under their full responsibility. This imposition is contrary to the trend of contemporary relations activities of women, which are gaining more and more space in the working market. Since then, household chores and the care of the children need to be shared between men and women in a more egalitarian way.

In this context, the obligation of the family care and housework produces gradual isolation of women, even if taking the place of domesticity in marital dynamics confirm their views on love and relationship with an intimate partner, which does not occur in the daily lives of these couples. Women do not realize that the requirement of the partners, of their exclusive dedication to the home, may represent acts of violence and oppression.[18]

For some women, even after the end of the violent relationship, they continue to receive threats or even physical attacks of intimate ex-partners, which facilitates the shifting to isolation. This behavior can also contribute to the fear of frequent intimidation and shame, in the case of those that still remain in the

relationship with the partner. It encourages women not to speak or to express violence situations lived.

There are different types of violence organized around issues of power and relationships of control, such as intimate terrorism, which involves a coercive control that integrates intimidation, emotional abuse, economic abuse, isolation, minimization, denial, guilt, children use and the assertion of male privilege. All these forms of oppression are ways of terrorizing women in situations of violence.[14]

Even before the isolation provided by domestic violence, many women want to demonstrate for a certain group of people who visit frequently, and from which they cannot avoid contact, a false appearance of harmony in the home. This occurs when relatives visit the couple and their children, situations when, even in the face of perception or suspicion of any form of violence, the woman denies aggressive events in her family, which is not true. Thus, there is aggravation of social isolation on the problems experienced, which cripples the search for support, whether material or emotional, among the members of their social network that could provide primary help.

Among those women who still live in the same household with violent partners, they often prevent contacts considered unwanted for this man. They do not establish any relationship with other people, especially with other men, for fear that it might give rise to new episodes of exacerbated jealousy by the intimate partner, leading to violence. These women take refuge in a silence and isolation which extends to the institutions that could offer some support.[18]

The exacerbated jealousy situations are those that provide any form of violence of men against women. In accordance with a difference in social roles and gender between male and female, often imposed by society, men feel owners of the body and life of their intimate partners. When women are in situations of social and economic vulnerability, along with their children, they are subjugated to the domination of their aggressor partners.

In this context, jealousy is often inserted in a therapeutic context, noting the serious suffering involved in the woman relationship with her intimate partner. It is also considered the negative consequences produced by jealous emotional responses for women living in constant escape or avoidance of what is aversive and present in this relationship. For women who experience violence, jealous emotional behavior exhibited by their partners can be regarded as pathological.[19]

Women victims of violence are in a critical condition, unstable and insecure, in which, if they are able to share their problems with other people, there will be the possibility that the elements of their social network could help them in some way. These can only support them from the moment they know this woman, her conflicts and demands brought in the context of violence, so that they can strengthen the bonds.

In his theory, Sanicola[5] says that subjects, as women in this research, when inserted in social networks and in the face of unforeseen difficulties or critical events, such as violence, can be directed to share their needs. Thus, it is possible to transform a moment of difficulty into an opportunity to consolidate existing links or create new links with either the primary or secondary social network. In this case, social networks make it possible to develop initiatives to address the needs,[5] guiding women in situations of violence to the rescue of their autonomy and achievement of independence.

In the investigation of the factors that affect relational aspects, the theoretical approach of social network establishes resources for the understanding of women's relationships in situations of violence. The action mapping this network and defining the established links is a way of improving the attention to this population, either by health professionals, social services, justice and security, all involved in providing assistance and care to women vulnerable by isolation in the context of violence.

In adverse situations, in social networks, as violence, can be isolation, fragmentation or conflicts, since women are oriented towards individualization and dependence on the need that appears.[5] For many of them, the weak and discontinuous links expressed, mainly, with their relatives, as well as the low density of these networks, in that the elements do not establish links between each other, provides the individualization. This woman has no one to turn to in the social network, taking her needs to hospitals, churches, centers and police stations, composing her social network among formal institutions, where she hopes to obtain help and professional guidance.

Most of the time, the woman in a situation of violence looks for a basic health unit or hospital for medical consultations. These generally occur repeatedly, with gynecological complaints, headache, or even to seek assistance in solving any health problems in the family. From these strategies, they end up revealing her problem with regard to the violence experienced in the home environment.[20]

This situation was present among some women who, by their state of individualization and isolation, could not express their problems and needs. They looked for care in health units, always with complaints, signs and symptoms resulting from the violence they were experiencing. Many times, these women do not reveal the source of the problem, and it is up to health professionals, mainly doctors and nurses, during their consultations, to have precise listening and holistic look to capture these situations and offer help on the needs and give the forwarding that each case requires.

All participants expressed situations of isolation, and some, financial dependence on the intimate partner. Even among the 11 women who work, they receive low pay, which makes these just complement to the home economically, adding to the partner's income, which generally are higher. Thus, still financially dependent on them, especially for the provision of children. This situation leads to the perpetuation of violence and difficult the breaking of the cycle of aggression in the family sphere, being aggravated by the financial dependence.

To provide assistance to women in situation of violence, the nurse should pursue a relationship of empathy. The possibility of resolution of the problem of violence can be achieved after

a period of time, with a view to the chronicity of the abuse lived in the home. Moreover, it is possible to promote the output from a position of isolation (*individual*) of women, in which there is the curtailment of liberty by the partner, making, therefore, them *share*, when they will be able to count on support from their social network.

As a member of the multidisciplinary team, the nurse can develop the process of care, since the nursing diagnosis from the situation of violence until the treatment of injuries to physical and psychological integrity in health. Subsequently, it is important to follow the demands of these women, through other services associated with the network of attention to security, justice and social services, as well as research people who can provide support in social networks, between relatives, friends and neighbors. To this approach, it is essential to investigate the cases of isolation that women in situation of violence are subjected, both personal as professional, which hinders their search for material and emotional support, services or information.

CONCLUSION

Women in intimate partner violence situation presented a sociodemographic profile with vulnerable characteristics, evidenced by the lack of economic resources for their livelihoods, financial dependence on intimate partner, as well as by isolation, fragility or rupture of ties with members of their social network.

According to the speech of women, some elements of the social network have shown themselves as network operators, helping them to get out of the cycle of violence. Among the primary social network, some relatives and friends were the ones that helped women to come out of isolation and dependence towards autonomy and sharing. Among the most searched health institutions by women, are the Emergency Care Units ("UPA"), Primary Care and Emergency Hospitals in order to treat acute consequences of intimate partner violence, although they did not feel safe to reveal the causes of the signs and symptoms consequences of the violent act of their attackers.

The debate on social network isolation of women in situations of violence can be a first step towards a coordinated and resolute intervention of material support, emotional, on services or information. Recognizing its insertion in a dynamic and changing social network with different people and institutions, these women are able to organize their attitudes in decision making, resorting to those elements that are better able to help them towards their problems and fragility.

Some members of the social network, being through the exchange of rights, services, solidarity or money, supported the pursuit of self-esteem and encouragement of women. This help should be solving due to the attention that each case requires, in the individuality of their needs. The rupture of the bond with the intimate partner can be the most effective measure for women to terminate the cycle of violence. However, the problem extends for those who are still financially dependent on the partner.

The reversing of these conditions of individuality and dependency is only possible with the commitment and an ever greater insertion of the social network operators. In the health area, these may be nurses who will work with the integration of resources, acting as coordinators of the hypotheses of solution to the problem of violence. For this, a network should be articulated to rescue this woman from vulnerability. The nurse can accompany this woman with her social network, helping her maintain ties that are favorable to conserving their autonomy, as well as their physical and psychological integrity.

The limitation of the research was the restriction to a single element of the social support network, being necessary to expand to other institutions that assist women in situations of violence. The diversity of study scenarios is essential for the expansion of the discussions on the theme, in Brazil, and development of public health policies.

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