

PSYCHOLOGISTS IN THE SPECIALIZED CARE SERVICES FOR WOMEN VICTIMS OF VIOLENCE¹

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ABSTRACT. This study sought to map the presence and performance of psychologists in specialized care services for women victims of violence. This was a descriptive exploratory qualitative study. Data were collected via an online questionnaire completed by 30 psychologists attending in the specialized service network for women victims of violence in the State of Bahia and by means of participant observation transcribed in the researcher's field notebook. The work conditions comprised the high turnover of professionals in services, weak employment contracts and lack of structure suitable for the work affect the chances of referring the victims to other services, denoting the difficulties indicated by the professional in continuing the care, often due to the lack of proper qualification to deal with this context. The main challenges found in this practice encompass the difficulty of professionals to understand the policy. Other obstacles to the well-functioning of the network point to the lack of feedback referral, the interruption of follow-up in other services, the poor quality of equipment and the subsequent victimization of women. These professionals need to get closer to the Women's Movement and reflect on their ethical-political commitment in deconstructing inequalities and guaranteeing rights to users of their services.

Keywords: Violence against women; psychology; professional practice.

PSICÓLOGAS NOS SERVIÇOS ESPECIALIZADOS DE ATENDIMENTO ÀS MULHERES EM SITUAÇÃO DE VIOLÊNCIA

RESUMO. Buscou-se mapear a presença e atuação de psicólogas em serviços especializados no atendimento a mulheres em situação de violência. Foi empregada a abordagem qualitativa exploratória descritiva. Os dados foram coletados via questionário *on-line* respondido por 30 psicólogas que atuam na rede especializada de atendimento a mulheres em situação de violência da Bahia e por meio de observação participante registrada em caderno de campo da pesquisadora. Destacaram-se as condições de trabalho, ressaltando a alta rotatividade de profissionais nos serviços, vínculos empregatícios frágeis e falta de estrutura apropriada para execução do trabalho; afetando as possibilidades de encaminhamento dessas mulheres a outros serviços, denotando as dificuldades pontuadas pelas profissionais em dar prosseguimento aos atendimentos, muitas vezes por falta de qualificação adequada para lidar com este contexto. Os principais desafios encontrados nessa atuação abrangeram a dificuldade de entendimento das profissionais sobre a política. Outros obstáculos de funcionamento da rede apontam para a falta de retorno dos encaminhamentos, a interrupção dos acompanhamentos em outros serviços, a má

¹ Support and funding: Fundação de Amparo à Pesquisa do Estado da Bahia - FAPESB

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qualidade dos equipamentos e a revitimização das mulheres. Estas profissionais necessitam de maior aproximação do Movimento de Mulheres, além da reflexão sobre seu compromisso ético-político na desconstrução de desigualdades e garantias de direitos às usuárias de seus serviços.

Palavras-chave: Violência contra as mulheres; psicologia; prática profissional.

PSICÓLOGAS EN LOS SERVICIOS DE ATENCIÓN ESPECIALIZADOS A LAS MUJERES EN SITUACIÓN DE VIOLENCIA

RESUMEN. Se buscó mapear la presencia y actuación de psicólogas en servicios especializados en la atención a mujeres en situación de violencia. Se utilizó el enfoque cualitativo exploratorio descriptivo. Los datos fueron recolectados por intermedio de un cuestionario en línea respondido por 30 psicólogas que trabajan en la red de atención especializada para mujeres en situaciones de violencia en Bahía y mediante observación participante registrada en el cuaderno de campo del investigador. Se destacaron las condiciones de trabajo, resaltando la alta rotación de profesionales en los servicios, vínculos laborales frágiles y falta de estructura apropiada para la ejecución del trabajo; afectando las posibilidades de encaminamiento de esas mujeres a otros servicios, denotando las dificultades puntuadas por los profesionales en dar prosequimiento a las atenciones, muchas veces por falta de cualificación adecuada para lidiar con este contexto. Los principales desafíos encontrados en esta actuación abarcar la dificultad de entendimiento de los profesionales sobre la política. Otros obstáculos de funcionamiento de la red apuntan a la falta de retorno de los encaminamientos, la interrupción de los acompañamientos en otros servicios, la mala calidad de los equipos y la revitalización de las mujeres. Estas profesionales necesitan una mayor aproximación del Movimiento de Mujeres, además de una reflexión sobre su compromiso ético-político en la desconstrucción de desigualdades y garantías de derechos a las usuarias de sus servicios.

Keywords: Violencia contra las mujeres; psicología; práctica profesional.

Introduction

Violence against women promotes several problems to the life and health of women, which can lead to their death: the rates of femicide in Brazil today reach an average of 13 cases per day (Instituto de Pesquisa Aplicada [IPEA] and Fórum Brasileiro de Segurança Pública [FBSP], 2019). In many contexts, the suffering is so intense that women even commit suicide or self-injurious behavior. Furthermore, the situation of violence affects the whole family and puts its children at risk (Conselho Federal de Psicologia [CFP], 2012b).

Many women are affected every day by violence. According to the 2019 Atlas of violence, 4,936 were murdered only in 2017, the highest number ever recorded since 2007. 39.3% of them were killed inside the home, with a 29.8% increase in the rate of femicide within the home with the use of a firearm (IPEA & FBSP, 2019).

These data are directly related to a patriarchal social structure that constitutes power relations organized hierarchically based on differences between the sexes, and gives men the domain of relationships, naturalizing processes of violence and objectification of women (Lucena et al., 2016). In this context, the gender category permeates all forms of power, the

exclusion of women from social functioning is observed, limiting them to domestic functions and regarding them as of lesser importance. Violence appears as a relevant strategy for maintaining the patriarchal structure (Neves & Nogueira, 2003; Narvaz & Koller, 2007). This evidences the extent to which gender divisions have power relationship effects that produce violence against women in different spheres: domestic, institutional, psychological, physical, moral, patrimonial, racial and sexual. Among these, domestic and intrafamily violence is today an important cause of death for women worldwide, especially in Brazil (IPEA & FBSP, 2019; Lei nº 11.340, 2006).

Within the aforementioned reality, it is observed that innumerable actions, equipment and devices have been created since the 1970s in order to produce public policies to confront violence against women. These policies indicate the creation of specialized equipment and the strengthening of care services for women in situations of violence, to expand coping strategies and actions in this context. Thus, it is necessary to establish and qualify multiprofessional teams, which include psychologists, to carry out these services.

Psychology is called upon to be in this context, proposing to work in the empowerment of these women from the perspective that this phenomenon is linked to the suffering produced by the socially constituted power structures rather than by the pathologization of the female condition. Thus, it seeks to deconstruct stereotyped and discriminatory patterns and propose the creation of an individual and social reality for these women that preserves their rights and their integrity (Neves & Nogueira, 2003).

Women psychologists⁴ have been increasingly demanded in the services of the domestic violence care network, with the most diverse configurations. This has occurred, because although their work is still seen as strictly therapeutic and individual, the woman psychologist acts in the context of violence as a facilitator of subjective changes that promote autonomy and, consequently, possibilities of overcoming and transforming (Secretaria de Política para as Mulheres, 2011).

In this sense, this study sought to map the presence and performance of women psychologists in specialized care services for women victims of violence. This because many questions have arisen regarding the professional practice of psychology in coping with violence against women, such as the theoretical and methodological foundation used, the working conditions, the possibilities of referral, the functioning of the network and the difficulties encountered. It is important that women psychologists understand how to insert themselves in these services, in order to contribute effectively to the strengthening of public policies for the defense of women's rights.

Therefore, their professional performance must be based on strengthening the role of women, recognizing the work of the multiprofessional team (CFP, 2012b), which organizes its practice according to the techniques that instrumentalize each activity and which are specific to their fields of activity (Hanada, D'Oliveira, & Schraiber, 2010).

Method

This was a qualitative, exploratory, frequency descriptive study, in which we used quantitative resources through an online questionnaire and qualitative procedures through participant observation recorded in a field diary. In this article, we presented partial results of the research 'The work of psychology professionals in the policies intended for female victims of gender violence', conducted in 2017 in the State of Bahia. The purpose was to

⁴ The authors chose to use specify the female gender as they found that the majority of the category is composed of women (89%), as well as most of the participants in the present study.

map the presence and performance of psychology professionals in specialized services for women victims of violence in this context, characterizing and recording the experience of women psychologists in this public policy. For this, online questionnaires were distributed to professionals working in these services via e-mail. And 30 professionals were identified who work in different types of specialized care services for women victims of violence across the State of Bahia and linked to the segments of health, assistance, legal and public security. Currently, the Specialized Care Service Network for Women Victims of Violence in the State of Bahia is made up of 65 services, which include: 15 Women's Police Stations (DEAMs); 27 Reference Centers for Assistance to Women; 5 Service Centers for Women; 2 Women's Shelter; 2 Mobile Care Units for Women victims of domestic violence in the countryside, the forest and the waters; 4 domestic violence courts; 2 specialized hospitals; 1 specialized prosecutor's office; 1 specialized advocacy; and 6 Specialized Companies of the Ronda Maria da Penha of the Military Police. These services were identified through contacts with the State Secretariat for Policies for Women and directly with the services. The 30 women psychologists participating in this research are working in 26 of them.

With this population of professionals, there was a record of the performance of women psychologists in specialized care services and in the network. The research participants answered questions about: the characterization of women psychologists (sociodemographic data and formation); working conditions; registration of the practice of women psychologists; and information on the articulation of work with other services.

In addition, it was also possible to permeate this analysis with information collected from participant observation recorded in a field diary during visits of the researcher to reference centers, service centers, specialized advocacy and specialized prosecutors from 6 municipalities. The field diary had the function of densifying the information obtained from the questionnaires, therefore, it is not the object of the analysis itself. It is also worth mentioning that, in order to guarantee research ethics, this project was evaluated by the Research Ethics Committee of the Bahia School of Medicine and Public Health, as part of a broader project and approved under CAAE 60401816.6.0000.5544.

Results

Work of psychologists in care services

Some important questions could be raised from the data collected in this research, which range from the characterization of professionals, considerations about professional formation and practice, challenges found in the relationship with the network and the possibilities of innovative practices.

The sociodemographic characterization of the participants demonstrated the prevalence of women (93.3%); in the race/color/ethnicity criterion, the black category predominated (53.3%), followed by white (43.3%); in terms of religion, the classification is somewhat diffuse, but the highest percentage is of professionals who declared themselves to be Roman Catholics (36.7%), followed by those who declared themselves without religion (33.3%); in terms of age, predominance of young professionals, aged between 21 and 40 years (80%).

As for formation, most have completed undergraduate studies within 5 years (53.3%), attended in private Higher Education Institutions (HEI) (76.7%), 63.3% have specialization, 13.3% have Masters degree, 3.3% have doctorates and 23.3% have other formation

courses. It is also worth mentioning that only 20% of them reported having training in the research topic, consequently, in the area in which they work.

In this sense, it is necessary to reflect that a considerable part of the participating women psychologists started their work in specialized services for the care of women victims of violence, without the proper theoretical and methodological background, acquiring their experiences in this field during their professional practice. Therefore, it is worth pointing out the thematic gap that still exists in universities and emphasizing the importance that discussions about gender and violence against women should have in training in psychology, considering that this category is mostly composed of women and that this issue crosses several fields of performance of psychology (Souza & Faria, 2017).

However, many women psychologists encounter this theme for the first time when they go into practice, and possibly continue to reproduce stereotyped patterns of a discriminatory and pathologizing psychological practice, still hegemonic in psychology, which disregards power relations based on differences in gender which sicken and subordinate women. More than guiding curricular components focused on the theme of gender, it is necessary to think about the formation of the woman psychologist in its integrality cross-sectioned by structural and structuring social aspects that define privileged conditions for some and vulnerabilities for others (CFP, 2012a; Scott, 1995).

In the specific scope of the professional practice of psychology, there is still a difficulty in understanding it in assisting women victims of violence and there are not many published reports or organized materials to guide this practice. Nevertheless, it is necessary that psychologists understand the particularities regarding the situation of violence against women concerning the construction of gender, patriarchy, male chauvinism, social inequalities, race/color/ethnicity, among others, as well as the nuances that affect the subjectivity of women who suffer violence and the peculiarities of each service and sector existing within the policy to combat violence against women (assistance, health, justice and public security). These factors are essential for the performance of women psychologists in this context, as well as for the creation of strategies that can be used to assist women in coping with and overcoming violence (Porto, 2008).

In this sense, a traditional practice of psychology is not adequate, and it is necessary to think about other ways of acting (Porto, 2006). Therefore, the woman psychologist needs to seek to innovate her practices in order to increase the demands of other sectors of society, presenting a heterogeneous character in her interventions (Souza & Faria, 20). Thus, there is a variety of techniques used to develop the woman psychologist's work in specialized services for women. This diversity of practices is due to the fact that violence against women is a very complex social phenomenon, so that only the intervention in the individual psychotherapeutic scope may lead to the mistake of disregarding important social factors involved in this context (Souza & Sousa, 2015)). It is worth pointing out that more than the individual or group or family approach, the concepts underlying the intervention matter. Thinking about a feminist therapeutic practice is fundamental in this aspect, since it is built based on a critique of a patriarchal society, thinking about the power relations arising from gender issues and their impacts on the construction of women's identity and their family relationships. In this way, in addition to focusing on the symptoms resulting from the intrapsychic processes of each woman, it is necessary to help them to identify their capacities and competences for the creation of strategies for coping with and overcoming violence suffered and the construction of their autonomy. Therefore, assuming a feminist psychology, which has been built since the 1970s, is necessary in this context not only in the direct support to these women, but also in the construction of a practice committed to

social changes (Narvaz & Koller, 2007). This cannot be observed in this research, even with the variety of psychological practices identified.

Although a diversity of methods has been pointed out by the responding psychologists, two were highlighted as the most used: individual care and embracement appeared as techniques widely used in daily practice. Embracement was found in the research as an important tool for the performance of psychology in services for women victims of violence. There is an assortment of equipment belonging to this policy with different specificities and functions, which require a qualified initial listening from the psychologist in order to embrace, relieve immediate anxiety and identify the demands, and then think of strategies that can meet the specific context of each woman who seeks the service.

In addition to being a way of ensuring that women have adequate access to the service, this practice also has the function of identifying important issues for women psychologists to think about actions to solve the problems presented, as well as the necessary referral. Depending on how the embracement is configured, it is preponderant for the woman's permanence in the service and her persistence in the routes drawn by the service network and coping with the violence suffered (CFP, 2012b; Krenkel, Moré, & Motta, 2015).

Individual care also appears in the data collected with a relevant role in the work for the users, covering not only the embracement already mentioned, but also, screening and/or initial interviews. Depending on the type of service in which the woman psychologist is inserted, it is possible to provide more individual assistance than just the reception. This practice aims to provide initial support to women and their children, in addition to seeking more information that can assist in more effective referrals to overcome the situation of violation of rights (CFP, 2012b; Silva & Silva, 2017).

However, it is very common for service users, other professionals and sometimes women psychologists themselves to confuse individual care with clinical psychotherapy. It is worth noting that this type of practice must be based on an expanded clinic with a psychosocial approach directed to actions necessary to overcome violence. Therefore, in reception services for women victims of violence, individual care is a psychological practice that goes beyond psychotherapy, thinking about actions integrated with the multidisciplinary team intervention plan and its objectives (CFP, 2012b; Hanada et al., 2010).

Conversation circles also appear in the findings as a widely used technique, as they are configured in a participatory form of information circulation, through the creation of conditions for a reflective dialogue about the issues that cross the reality of women in situations of violence (Afonso & Abade, 2008). In this sense, conversation circles are presented as an important tool to be used by women psychologists in deconstructing patriarchal structures that maintain the conditions of submission and vulnerabilities of women. They create possibilities for the production and resignification of meanings about the experiences of violence experienced, sharing them with each other, which provides a greater understanding of their demands and the possible strategies they can adopt to rebuild their autonomy (Branco & Pan, 2016).

In participant observation, individual care, welcoming and conversation were very common. The services used the conversation circle as a way to reflect on the issues involved in violence against women; spread information about the types of violence, the issues that keep many women in this condition and the service network in the municipality; make room for women to clear up their doubts on this topic and ask for help from the technicians present

there. The conversation circles served as a strategy to present the theme and the team to the community, but also functioned as spaces for welcoming and supporting women.

Although it was observed in the data collected a diversity of activities performed by women psychologists in these services, in general, only those associated with the clinical context are considered to be characteristic of psychological performance. In other spaces where there is no clear delimitation between the role of the woman psychologist and that of other professionals, there is a difficulty in defining the place, the praxis and the possibilities for intervention by the women psychologists. These variations in the activities of professionals in psychology and other areas should point to the possibilities of interdisciplinary work, through the sharing of knowledge from different areas, instead of doubts and uncertainties about the place where Psychology operates (Hanada et al., 2010). In many cases, this performance is ambiguous and contradictory, reflecting the diversity and internal conflicts in psychology itself, which still demands a more explicit definition of its non-clinical practices (Hanada et al., 2010; Souza & Faria, 2017).

The referral and awareness of the network also appear as part of the techniques used by the participating women psychologists. These strategies are a fundamental part of the work to be carried out in the Policy to Combat Violence Against Women. For the real implementation of the policy, it is extremely important that there is an intersectoral articulation, coordinating services from the general network. The referral and awareness of the network appear as preponderant actions, which can be developed by women psychologists, capable of meeting the goals proposed by the policy regarding the restructuring of the lives of these women, as well as the reconstitution of their autonomy and overcoming the situation of violence (Hanada et al., 2010).

In this context of action, it is also necessary to point out the working conditions of women psychologists which directly affect the possibilities of intervention by professionals. These could be verified through some information raised by the findings of this research. It was found that 63.3% women psychologists were hired in the last 3 years (2015, 2016, 2017), which indicates a high turnover of professionals, especially in periods of management change. Employment bonds are fragile: only 26.7% have statutory bonds, hired through public tenders. Most of the other professionals have a temporary contract, even having voluntary professionals or those with no formal ties. Some professionals preferred not to respond regarding the form of hiring, which brings indications of shady or nonexistent selection processes.

These working conditions impair the consolidation of the professionals in the equipment, generating a low qualification, in addition to a consequent discontinuity of the services provided, rupture of the bonds with the users of the services and instability in the developed practices. Therefore, the precariousness of labor relations generates losses not only to the professional, but also to the quality of the services provided, resulting in the low effectiveness of the policy and the continuation of the process of violating the rights of these women.

In addition, it was possible to notice a lack of training for the preparation of women professionals to work in specialized services. Only 23.3% respondent women psychologists did some training for this activity. This is extremely relevant, since a specialized care service indicates the need for theoretical and technical resources that allow understanding the complexity of the demand, so that it is possible to adopt measures with an appropriate methodological basis to cope with the issues presented (CFP, 2012a).

The absence of permanent education processes, as well as training processes, demands a lot of attention, since the promotion of isolated training and the dissemination of

information are not enough to effectively change the quality of care (Vieira & Hasse, 2017). It is important to discuss, on a permanent basis, what content is necessary for the implementation of the policy, in order to avoid the reproduction of conservative practices that hinder the access of these women to the guarantee of their rights and the preservation of their lives (CFP, 2012b).

The composition of the teams in which the responding women psychologists work is also an important factor in the quality of the work performed. The technicians of other areas that appear most composing the teams, in addition to the respondent women psychologists, are: Social Workers, Lawyers and Educators. This because these professionals, including women psychologists, in general, make up the minimum technical teams of the Reference Centers and other assistance services for women victims of violence (Lei nº 11.340, 2006).

In serving women, it is important that both the services and the teams that comprise them are interdisciplinary. Violence against women is a context permeated with complexities and in constant aggravation, it requires the performance of professionals with critical conscience, capable of developing an interprofessional work with an integral view of these women and their realities, proposing more assertive and resolute solutions. Thus, the articulation of professionals within a socio-assistance and intersectoral network, considering an interdisciplinary action with integrated and complementary actions that serves these women in a non-fragmented way, becomes a challenge in a constant construction process that must be overcome (Salgado, 2015). In this sense, it is necessary to overcome divergences in relation to the conception of the problem and the forms of intervention, to avoid deadlocks and to promote an integrated and complementary assistance technology for service users (Hanada et al., 2010).

Articulating these spaces of action, power and action strategies in the execution of public policies, in addition to being quite relevant, calls on women psychologists to occupy spaces that still cause strangeness. The performance of management roles in policies and services has been increasingly present in everyday psychology. In this research, there was a prevalence of women psychologists and social workers coordinating the services.

The presence of many women psychologists and social workers occupying the coordination positions occurs because the highest percentage of services provided by the respondent professionals make up the assistance sector in comparison to the health, justice and public security sectors. However, it is necessary to consider the importance of discussing the role of psychologists as managers in public policies. The debates on this field of action are still very incipient. This demonstrates a certain fragility of psychology in occupying public policy spaces that have a very strong relationship with political spaces of action (Conselho Regional de Psicologia do Rio Grande do Sul [CRPRS], 2012).

In participant observation, it was possible to realize the nuances involved in this role. Not only due to the lack of theoretical and methodological background to support the practice, but also due to the external difficulties of understanding psychology in this function. It is not yet permissible, in many contexts, to separate a clinical practice, embracing or direct monitoring users, from a more matrix-based management role. There is always a tendency of service users, other technicians and even more external social actresses to demand a more clinical performance from the manager woman psychologist.

For many professionals, it is still not possible for the woman psychologist to occupy management functions, since these are political functions of formulation, regulation and control, which are not understood as compatible with the professional performance of women psychologists. However, this is also a space in which psychology must be inserted to intervene, through its knowledge, in the creation of devices that support the

implementation of policies that can guarantee the rights and protection of women victims of violence and prevention of factors that aggravate this context (Benevides, 2005).

Challenges for building the network

Many respondent professionals reported finding difficulties in their relationship with the network. It is noted that there is a difficulty in the flows of care between services, for a number of reasons that generate serious consequences, culminating in the permanence of women in the situation of violence and the death of thousands of them (Vieira & Hasse, 2017; Silva & Silva, 2017).

The obstacles in the functioning of the network found in this research, presented some important factors: the lack of feedback referral, and the interruption in the continuity of follow-up in other services, in addition to the lack of professional qualification and poor quality of equipment, as some of the factors that make it difficult to make referrals. These conditions affect the progress of the network and represent barriers to the effectiveness of policies to confront violence against women. In addition, it was noted during the participant observation that there is a lack of knowledge on the part of many professionals on the topic and policy, as well as their difficulty in building intersectoral processes. Thus, establishing well-defined routines and creating strategies to keep the service flows working is of fundamental importance to maintain the quality of the network work (Vieira & Hasse, 2017).

The low qualification of professionals observed in the survey generates another important factor: the process of revictimizing and blaming women. As a result, users have difficulty in adhering to services, as they understand that, in addition to not being helped, they can be attacked again (Souza & Sousa, 2015). Several women avoid looking for or returning to the devices because they do not feel embraced in their demands, due to the unpreparedness of the professionals who do not perform humanized listening, reproducing disregard, indifference and omission in the face of the reports presented (Tavares, 2015). Many professionals have a simplistic view of the issues involved in the condition of violence against women. In this way, they impair the establishment of bonds and decrease the chances that these women will look for the equipment that can support them, which hinders the strengthening and the (re)construction of their autonomy to overcome the condition of violence (Souza & Sousa, 2015).

This reductionist view is also present in the misconduct of some health professionals, another relevant complicating factor found in the information collected. Health services are often the main gateway for women in situations of violence to the service network. However, this equipment is still very limited to address this issue and the unpreparedness of health professionals is established as one of the main factors. The practice of these professionals is still based on the very biological model, medicalizing violence and disregarding important social factors in the care for these women. Consequently, health care is limited, creating the impossibility of articulating with other sectors that could jointly assist in tackling violence (Hasse & Vieira, 2014).

The limitations of health services also reflect in the care for these women in the mental health area, another information found in this research. The experience of the situation of violence and the difficulties in accessing protection and care has caused psychological illness and has led many women to seek mental health services due to depression, post-traumatic disorder, anxiety, suicide, abuse of psychoactive substances, etc. This equipment thus plays a key role in tackling violence against women. However, there is a difficulty in referring users to these services. It is worth mentioning that many health professionals are

not prepared to understand psychic illness as a result of the social vulnerability experienced by women victims of violence (Pedrosa & Zanello, 2016).

The lack of mandatory notification is another consequence of the improper conduct of health professionals, also presented in the data collected as a limiting factor for the operation of the network. Compulsory notification, in the case of violence against women that is attended to in both public and private health services, is obligatory according to Law 10.778 (2003). For women psychologists, in addition to this law, there is a Technical Note for Professional Guidance in cases of violence against women, launched by the Federal Council of Psychology, which guides the mandatory notification, cases in which external communication should be carried out and situations in which secrecy must be kept (CFP, 2016). Nevertheless, health equipment does not satisfactorily apply notification, as many professionals still do not understand the importance of this action. Low notification makes it difficult to build a database that makes it possible to understand the dimension of violence in each region. This hinders the development of health, prevention and assistance policies. Moreover, it dismantles the network, as it makes it impossible for other services to have access to specific cases and to reach each woman offering assistance for their assistance and protection (Pedrosa & Zanello, 2016; Campos, 2015b).

Many professionals do not know how mandatory notification works and tend to confuse this mechanism with external reporting or communication (Pedrosa & Zanello, 2016). In visits made during participant observation, in situations of training the technicians, this lack of recognition of the function of mandatory notification was evident, as well as the resistance of many professionals to perform this action because they understood that the notification was to expose the victim unnecessarily.

Other factors related to the structuring of services and operating conditions were also reported in the questionnaires. Issues such as the delay in attendance, shortage of professionals, little dissemination and the deterioration of specialized services, the lack of preparation of managers and difficulties with displacements, were the most common problems listed. This demonstrates the need to improve working conditions, the structuring of services and the number of professionals to better meet the demands of women victims of violence and improve the effectiveness of the policy to combat violence against women (Campos, 2015a; Vieira & Hasse, 2017; Silva & Silva, 2017).

The public security sector also appears among the limitations raised, both in the precariousness of its functioning and in the difficulty of dialogue with professionals in this area. It is observed that the number of professionals is scarce and the reception offered is not adequate, with unpreparedness with regard to humanized care and qualified listening (Campos, 2015a). In addition, there is a lack of psychology professionals in the specialized police stations, since the professionals in this area are not part of the minimum team for this equipment (Souza & Faria, 2017). Of the 15 DEAMS in Bahia, only one has a woman psychologist in its technical staff. In some, there is psychological service offered by volunteer professionals or linked to psychologists from other services, sporadically on duty at police stations. Due to the malfunction of public security apparatus, women complain about the lack of guidance on procedural procedures, the lack of resolution and insecurity regarding the possibilities of approaching the aggressor, even in cases of protective measures (Tavares, 2015).

The construction of innovative practices in psychology to cope with violence against women

The woman psychologist work is still associated with a more clinical practice and with little relation to the broader performance in interdisciplinary work and in the implementation of public policies. Therefore, the insertion of these professionals in the context of a still recent public policy and with challenging strategies, takes psychology to a place different from the traditional. This involves professionals in the reflection of important factors about psychological assistance and leads them to the construction of new strategies, techniques, actions, methods and theories that can represent innovative practices, as it transforms their performance, questions their functions and reconstructs them (Hanada et al., 2010).

There are many achievements, limitations and challenges faced in implementing the National Policy to Combat Violence Against Women. Despite the great effort in the creation of specialized services, these are still very few in view of the demand. In addition, there is resistance among women to accept the work performed in these services for a number of issues already mentioned. This represents the complexity of the theme that covers not only women in situations of violence, but also their family, in addition to reflecting on deep social issues, affecting emotional, cultural and economic elements (Souza & Sousa, 2015).

However, it is possible to identify in this study that the performance of women psychologists, in many aspects, is decontextualized from this reality, offering a psychological practice unrelated to the guidelines recommended in the National Policy, the assumptions of the Women's Movement and important social factors that underlie the public policies for women (Porto, 2008). This is reflected in the effectiveness of the National Policy and the National Pact to combat violence against women, which are not properly implanted, in the network's articulations that are still very fragile, in the low adherence of users to psychological care in specialized services and in the number of women who still die from femicide today in Brazil (Souza & Sousa, 2015).

In the daily visits made during participant observation, it was possible to observe the difficulties that many professionals had in understanding and putting into practice the guidelines contained in the National Policy, most of them due to lack of knowledge of what the policy proposes. The relations that women psychologists establish with public policies to combat violence against women appeared to be very shallow, making them, many times, not take responsibility for the work that they should perform because they did not consider it to be part of their professional performance. In this sense, they put the full responsibility for resolving this issue on the State and not consider themselves as part of this solution, even acting in specialized services.

Many strategies used by women psychologists in policies to combat violence against women are actions provided for by the policies for adequate care and overcoming the condition of vulnerability of users. However, in face of a still traditional education and a professional category that has its practice very recently turned to social issues and to acting in public policies, thinking about performance in policies to combat violence against women, means leading women psychologists to break paradigms, beliefs, values and rules, when experiencing impacting social experiences. This makes these professionals to focus on the creation of new realities and (re)build their practices to meet the demands foreseen in the policy, which already constitutes the innovative practices developed by women psychologists. In this sense, it is relevant to discuss not only the capacity of women psychologists who work in specialized care services, but also of those who work in non-

specialized services to think about the role of each in the process of combating violence against women and how to compose work in network (Hanada et al., 2010).

All of this reinforces the sense of innovation in psychological practices to adapt the performance of these professionals to the effectiveness of policies to combat violence against women. Thus, thinking about the innovation of practices, nowadays, is directly related to the studies of technologies and encompasses the reflection on the inclusion of new actors and the concept of network in the interactivity of different connections between subjects and territories, resulting in the generation of new processes. For this context, participation, learning and, therefore, dialogicity are necessary, to break boundaries, cover new crossings, move territories and build new forms of reception and techniques to meet the different types of suffering constructed from socially constituted violence (Bosi et al., 2011).

Thus, the innovative practices highlighted here and developed by women psychologists in policies to combat violence against women must be reflected and (re)built daily to adequately meet the needs of users who seek their services, whether specialized or not. For the construction of a strengthened rationality of praxis, it is important to think about a theoretical methodological foundation based on a Feminist Psychology that proposes new ways of reflecting on power relations and guaranteeing women's rights.

Final considerations

Psychology in the State of Bahia is present in most specialized care services under these policies, but there is still equipment lacking these professionals in its technical staff, despite its recognized importance. It is worth mentioning that there is little coverage of specialized services in the State of Bahia, which also implies the low number of psychology professionals who provide services aimed exclusively at assisting women victims of violence. In this way, it can also be seen that there is a large percentage of professionals in non-specialized care services that receive users in this condition.

There is an urgent need for reflection by women psychologists regarding their position in relation to violence against women, an aspect that should permeate formation in psychology, as well as greater training for professionals working in the field, since formation is still very diverse and precarious in relation to this theme, a fact that can be detected in the characterization of women psychologists in assisting women in situations of violence.

Likewise, it is necessary to encourage the recording of reports of professional experiences on the subject, including successful ones, a closer approach to the women's movement and participation in social control spaces. Moreover, it is important to discuss more about the strategies and difficulties regarding the implementation of the policy and the network.

Finally, it is worth mentioning that the professional practices of psychology are still being constituted in order to effectively meet the implementation of the Policy to Combat Violence Against Women. Therefore, there is a rationality of praxis that needs to be constructed to think about politics and the way in which violence is socially instituted from the territories and contexts of each woman. This makes professional practice, at this juncture, innovative, and denotes that psychology has been organized to meet policy-oriented guidelines.

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Received: Oct. 17, 2018

Approved: Oct. 04, 2019

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