

Challenges in the weave of the Socio-institutional Network for Welcoming and Caring for Women Victims of Violence

Desafios na tessitura da Rede Socioinstitucional de acolhimento e cuidado às mulheres vítimas de violência

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Abstract

This article analyzes how the socio-institutional network for assisting women victims of violence, provided for in the plans of the three levels of government, materializes in a municipality in the state of Mato Grosso do Sul. This is qualitative research carried out along with services, actors, and actresses of this network using the ethnographic method. For the analysis, the theoretical framework of social networks was applied. From the identification of flows, exchanges, and values that circulate in this network, understanding how these aspects impact the quality and the way support assistance is provided to women was possible. Absences and disarticulations between services were identified, as well as the need to implement participatory management at various levels to meet the real expectations of women. In conclusion, the Social Networks framework contributes to the structuring, planning, and evaluation of Public Policies for gender equity.

Keywords: Social Networks; Socio-Institutional Network; Violence against Women; Gender; Public Policies.

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Resumo

Este artigo analisa como a rede socioinstitucional para atendimento às mulheres vítimas de violência, prevista nos planos dos três níveis de governo, materializa-se em um município do estado de Mato Grosso do Sul. Trata-se de uma pesquisa qualitativa realizada junto aos serviços, atores e atrizes dessa rede utilizando-se do método etnográfico. Para a análise, foi aplicado o referencial teórico de redes sociais. A partir da identificação dos fluxos, das trocas e dos valores que circulam nessa rede, foi possível compreender como esses aspectos impactam a qualidade e o modo como a assistência é prestada às mulheres. Foram identificadas ausências e desarticulações entre os serviços, bem como necessidade de implementação de uma gestão participativa nos vários níveis de cuidado, visando atender as reais expectativas das mulheres. Conclui-se que o referencial de Redes Sociais contribui para estruturação, planejamento e avaliação das Políticas Públicas pela equidade de gênero.

Palavras-chave: Redes Sociais; Rede Socioinstitucional; Violência contra as Mulheres; Gênero; Políticas Públicas.

Introduction

The challenges faced by women's and feminist movements involve a critical examination of the persistent inequality that women have historically encountered, as well as the violence they endure within the context of the unequal and hierarchical dynamics between men and women. Additionally, these movements contend that ideas concerning gender roles are embedded in the construction of relationships, situating them within the societal framework, and unequivocally refuting the notion of biological determinism, which has frequently been used to rationalize various manifestations of female subjugation (Bandeira, 2014; Scott, 2000).

In response to the demands of social movements aiming to address this inequality, Brazil took significant steps in 2003 by establishing the Secretariat for Policies for Women (Secretaria de Políticas para as Mulheres, SPM) and introducing the I and II National Plans for Public Policies for Women (Planos Nacionais de Políticas Públicas, PNPM). This effort was further expanded with the PNPM 2013-2015 (Brazil, 2004, 2007, 2013), all of which aligned with the principles laid out in the Brazilian Federal Constitution of 1988. Such plans not only integrated the rights and guarantees enshrined in the original constitution but also encompassed commitments made through international agreements and treaties to which Brazil is a signatory. This collective initiative represented a significant stride in the ongoing battle for gender equality within the nation.

This article intends to explore how the socio-institutional network (Martins; Fontes, 2008), as envisioned in federal plans with the mandate of guiding initiatives at the state and municipal levels, materialized within the local context. The discussion is drawn from a segment of a doctoral research project in Public Health titled "Analysis of socio-technical and socio-institutional networks of public policies to assist women in situations of domestic violence: symbolic dimensions, actors, and discourses" (Dutra, 2017), conducted between 2016 and 2017, under the approval of CEP Unifesp No. 758.321, of August 20, 2014, and focused on the examination of government plans at federal, state,

and municipal levels for the organization of women's support networks. The specific analysis in this section pertains to a municipality in the countryside of the state of Mato Grosso do Sul.

Methodology

The methodological approach in this investigation is grounded in the discourse surrounding social networks as a fundamental element shaping the analytical model. It recognizes that, be it driven by motives of solidarity, civic engagement, or instrumental goals, the organization within social networks constitutes a strategic action deeply embedded in contemporary society.

A social network is defined as an intricate web of relationships involving various entities, including individuals, institutions, or social movements. The analysis delves into several key aspects, including the number of connections, their characteristics, the frequency and nature of interactions, the dynamics that propel the network, the underlying objectives, and whether these connections are symmetrical or asymmetrical. This multifaceted examination aids in comprehending networks as pivotal instruments for social exchange and interactions between individuals and groups (Marteleto, 2001; Silva; Fialho; Saragoça, 2013; Wasserman; Faust, 1994).

Martins and Fontes (2008) introduce a typology for social networks, which can be categorized as follows: *Sociotechnical Network* - Comprising individuals from highly regulated organizational systems, whether they are in the public or private sector, whose primary responsibility is to strategize and coordinate actions that have a profound impact on the core structures of these systems. They are instrumental in addressing complex social issues, emphasizing the importance of intersectionality and interdisciplinarity in their approach. *Socio-Institutional Network* - Operates at the intersection of government and non-governmental systems. Its dynamics facilitate the establishment of a governance platform at the local, municipal, and district levels. This is a space where the concerns and objectives of various stakeholders find resonance in public policies. With a minimal level of bureaucratic

formalization, it becomes feasible to pinpoint conflicts and address pressing needs, thus shaping the course of public policies in the public realm. The connections established among these individuals serve as the linchpin for integrating components like action and structure, which constitute a dynamic, continuous, and multifaceted flow of material and symbolic exchanges within the tapestry of social life, resulting, at each juncture, in the emergence of new places (structures) and identifications (actions). The *Socio-Human Network* represents a framework where individuals come together through relationships grounded in kinship, friendship, and camaraderie. In it, individuals engage in socialization and establish their position within the group, cultivating a sense of belonging. This network plays a pivotal role in structuring social life, and without it, the abstract concept of an *individual* would cease to exist. Furthermore, direct connections with the other two levels are not established; rather, connectivity occurs only when services are introduced to address the specific needs of a given community (Martins; Fontes, 2008).

In this study, we analyzed the socio-institutional network established to support women facing situations of violence. In this context, the term "network" pertains to the array of services provided by various sectors of public policies to address the needs of these women. With this specific focus, this study was undertaken employing the ethnographic method. Over the course of one year, our involvement included:

- Five meetings of the Municipal Council for Women's Rights (Conselho Municipal de Direitos da Mulher, CMDM);
- Four sessions of the municipal network dedicated to combatting violence against women, comprising representatives from multiple professional backgrounds, such as health services, the Municipal Health Secretariat, Hospital Universitário (HU), the Specialized Police Station for Women's Assistance (Delegacia Especializada de Atendimento à Mulher, Deam), the Social Welfare Department, the State Public Prosecutor's Office, the Public Defender's

Office for Women's Rights (Defensoria Pública dos Direitos da Mulher, CMDM), the Military Police, the Civil Police, the Legal Medical Institute (Instituto Médico Legal, IML), the Special Coordination of Policies for Women, and the Specialized Reference Center for women facing situations of violence;

- Weekly meetings of the Women's Group at the Social Assistance Reference Center (Centro de Referência de Assistência Social, Cras), which convenes women from the area who demand various forms of assistance through this service on a weekly basis.
- Three meetings of the Regional Forum on Obstetric Violence, which brings together representatives of women and hospital services from municipalities in the surrounding area.

All observations from these participations have been meticulously documented in a field notebook. Ten semi-structured interviews were also carried out with professionals within the network, as we analyzed the plans and intended connections between various network components, as well as the established guidelines of intersectoriality, transversality, and intersectionality, which allowed us to discern how these planned strategies manifest in practice.

This analysis allowed us to visualize the dynamics of the network, making it possible to understand the complexity of interactions, the processes used to create and organize spaces, the relationships, their exchanges, and the flows of services that constitute care for women. This comprehensive approach has provided valuable insights into how women are perceived from certain points within the service network. The speeches presented encompass a diverse range of perspectives, at times representing the voices of women, those of service professionals, and, occasionally, the viewpoint of a professional from a different area of the network. Through a thorough analysis of these voices, we have pinpointed the prevailing conceptions that permeate the network. For educational purposes, they were categorized into two distinct dimensions—“Women and the Challenges in Accessing Care” and “The Network from the Perspective of the

Professionals Who Work There.” The two dimensions bring into analysis the challenges and limits of the socio-institutional network. The viewpoints of users, staff, and administrators are interwoven, shedding light on the tangible inadequacies in the pursuit of providing a warm and supportive environment for women who have experienced violence.

These various voices will be presented below in quotation marks. However, we highlight, in some cases, the impossibility of identifying the research participants, out of respect for anonymity and ethical commitment.

Women and the Challenges in Accessing Care

To understand how the socio-institutional network is constituted beyond objective data - structures and actions performed -, we bring here a perspective that emphasizes the complexity of interactions, the processes of elaboration and organization of spaces, the relationships, exchanges and the service flows that deliver assistance to women when they find themselves victims of violence. It is crucial to acknowledge that the constitution of this network, in the case of the socio-institutional network, extends beyond the mere systematization of services and institutions outlined in the Women's Policy Plans. It encompasses a complex web of connections and networks of relationships.

In the following statements, we encounter professionals deeply committed to supporting women. These individuals recognize the imperative to enhance the quality of care provided and express a sense of unease regarding the actual support provided by the services. Both professionals and service users raise concerns about the negligence in the implementation of Public Policies, which engenders distrust and fear among women:

She waited all day for the doctor who was supposed to do the forensic examination after being sexually assaulted on the street. She ultimately gave up filing the complaint because she was hungry and wanted to take a shower and clean herself of all that filth. The network did not take these women's needs into account. (Friend of the victim at a CMDM meeting)

After a long wait for the coroner at the hospital, she was advised to go to the police station, where she was ruthlessly questioned by police officers who were looking for a justification for the attack.
(Friend of the victim at a CMDM meeting)

Exploring the various services within the network dedicated to combating violence against women, attending meetings, and conducting observations and interviews with different actors and actresses, has revealed the presence of diverse perspectives on women, which appear to be influenced by the specific roles and locations of these individuals within the network.

Several professionals have expressed reservations regarding the quality of care women can expect to receive. However, note that these professionals are deeply committed to the well-being of women and adhere to the guidelines established in the PNPM, as evident in the following statements: *“The woman is the one who has to adapt to the network; the services have no protocol and are not organized according to the needs of the users”* (Network social worker). *“Women don’t leave their relationships because they have nowhere to go. They have no real support from the network”* (Network Professional).

These frank statements shed light on the performance of professionals within the network and underscore a significant disconnect with the Plans established at all levels. While the services do exist, they seemingly lack the necessary organization to provide women with the assurance of receiving adequate support and a clear understanding of what to expect when accessing these services.

Women who have experienced sexual violence and were exposed on the street face a similar exposure within the reference hospital when seeking care for victims of such violence. In this scenario, the hospital’s physical environment and the behavior of professionals, including the technical staff at the hospital and the IML responsible for collecting evidence for the investigation, both play a recurring role, often socially reproduced, resulting in the exposure and control of the female body. Within this hospital space, women are subject to the rules and norms of biomedical knowledge and

criminal legislation. They are compelled to remain in the same state they were in when they initially sought help after experiencing sexual violence. This situation persists for as long as the system deems necessary, disregarding the impact of the violence on the women and their dignity. These factors, as described by Baragatti et al. (2019), represent institutional and sociocultural barriers that limit women seeking assistance.

The understanding of the stance of healthcare services concerning this population is further elucidated by Villela and Lago (2007), as they assert that providing care for women who have experienced sexual violence presents a paradox for the health sector. It challenges ingrained practices that have moral, ethical, and religious significance, such as the violation of the female body and the practice of abortion (Villela; Lago, 2007).

A similar treatment is found at police stations. Women are subjected to prolonged periods of waiting, and their bodies are once again exposed, bearing the marks of the violence they endured. Within this institution, another act of violence unfolds, as the police officers, primarily men, when offering assistance, often seek justifications for the violence inflicted on women. These actions are reported by professionals and women who engage with Cras. It is as if the violence is portrayed as a reaction to some perceived inappropriate behavior, placing the blame on the victim. Responsibility is conveyed through verbal expressions or attitudes directed at women across various services, placing them in a new situation characterized by intimidation, suspicion, and humiliation. This represents another form of violence, perpetrated by public agents in the course of their duties, and is characterized as institutional violence (Taquette, 2007).

Upon scrutinizing the testimonies of the individuals comprising the network, we uncovered a second issue: the absence of essential services, the lack of which renders it impossible or significantly obstructs the path out of the cycle of violence. Women frequently opt to remain in or return to an abusive relationship because they do not have the financial, material, and/or emotional support needed to break away from the aggressor. Professionals often express frustration at their inability to provide

women with assistance or at times, even mistakenly asserting that there is a service network in place, despite being aware of its shortcomings. The “gaps” in the network become apparent based on the following statements: *“Women don’t want to talk, and I have nothing else to offer. Women don’t leave their relationships because they have nowhere to go, they come once and often don’t come back”* (Network professional); *“Women withdraw their complaints because they went back [to where they are abused], either for economic reasons or because they worry more about their children than themselves, this is a very common occurrence”* (Service coordinator).

These reports underscore the absence of strategies for implementing policies that support women’s integration into the job market, access to education, and securing housing for themselves and their children. From the statements presented, it is clear why both women and professionals feel insecure and disheartened regarding the available services. There is insufficient support for addressing fundamental life issues, and the victims remain vulnerable to experiencing other forms of violence.

The reports from professionals highlight many contradictions within the services. Management decisions, whether altering or proposing new care procedures for women, often fail to consider the experiences of the professionals, the specific profiles of the women seeking assistance, the circumstances under which they seek help, or the broader policy plans designed for women. This is what we identify in the following statements: *“Women’s routines do not allow them to come to visit the center in the morning, it doesn’t make sense for the Service Center to only open up in the morning”* (Network Professional); *“Even nursing care, which seems humanized, only works from Monday to Friday. Women often give up filing their complaint simply so as not to spend the whole day without showering after sexual violence”* (Professional during a network meeting).

In these fragments, we observe problems experienced in the socio-institutional network that belong to the organizational dimension of care (Cecílio, 2011). While the author’s focus is primarily on the healthcare sector, planning for assistance to women, as recommended, presupposes a coordinated network approach (PNPM, 2013), which should also

consider the various dimensions of care. At the federal level, the provision of care is set as an objective and a means to achieve the goals of the PNPM. This should be realized within the services that constitute the socio-institutional network. It is in this network structure that a technical and social dimension of work is found, which presupposes teamwork, coordination, and communication activities, and a managerial function (Cecílio, 2011).

Hence, it seems imperative that these services are structured to enable the organized delivery of care, with management occupying a central role in orchestrating work processes. This role involves facilitating collaboration between professionals and users in the collective design of mechanisms aimed at achieving objectives, with a dedicated commitment to addressing the users’ needs. These mechanisms encompass tasks such as organizing schedules, developing protocols, planning workflows, and conducting team meetings, among others (Cecílio, 2011).

Grounded in a cooperative process among all relevant stakeholders, effective care management could facilitate the resolution of the various underlying logics that shape and influence the modes of action across diverse areas within the socio-institutional network. One of the considerable challenges lies in addressing power imbalances that hinder open dialogue for defining the most suitable path for organizing care.

Another critical area, according to both professionals and women, is the justice system. The performance of this sector is pivotal for women to feel supported and assisted post-separation, enabling them to navigate their path and manage concrete aspects of their lives, such as asset division, child support, and the distance they wish to keep from the perpetrator. In this context, there is an evident appreciation for the services offered by the Public Defender’s Office, which serves as the entry point into the judicial system.

Participating in these collective spaces with these women and also with professionals from the network, we observed that women, when gaining access to the Defender’s Office, distance themselves from the care provided by other services. This behavior is interpreted by professionals as a devaluation of

their expertise and efforts in addressing violence. They argue that the shortcomings within the network contribute to this devaluation of other services. An alternate analysis suggests that when women separate from their abusers, without the support to help them internalize the implications of their violent relationships, they often find themselves in another relationship with similar characteristics, a recurring pattern. In this context, while the legal system is highly regarded for its role in breaking free from violence, both professionals and women point out that the sector is ill-prepared to operate from a gender perspective. As a result, it inadvertently perpetuates the patterns of dominance that victimize women, as illustrated below: *“During the hearing, the judge kept talking to my ex-husband as if I wasn’t there. He didn’t speak to me and treated him as if he wasn’t a violent person who attacked me”* (Woman during the meeting of Cras women’s group); *“the judge didn’t read the case, he didn’t know anything about my case”* (Woman participating in the women’s group); *“sometimes the woman gives up because there is a lot of delay at the Defender’s Office, the man ends up having privileges... he doesn’t leave the house, doesn’t pay alimony... but maybe this issue goes beyond the defender”* (Network professional).

When examining the history, values, and practices of the Brazilian judiciary, it becomes apparent that, until quite recently, men who killed women were frequently acquitted on the grounds of defending their honor, an argument declared unconstitutional in March 2021. Furthermore, the crime of rape was historically addressed by imposing modest conduct on the female victims of violence (Campos, 2012). The enactment of the Maria da Penha Law (Law 11,340/2006) imposes a responsibility on legal professionals to actively combat violence against women. In a legal realm still influenced by patriarchal perspectives, professionals in this field are confronted with the imperative to acknowledge the existence of unequal power dynamics between men and women.

Another disconcerting facet of gender violence within the region of the researched municipality is violence against native women. Reports from professionals and native female leaders consistently highlight the network’s failure to provide native women with care that aligns with

their cosmology. The descriptions of violence against native women are so distressing that they often disempower network actors and participants, as exemplified below: *“Violence against native women... an unsolved case...”* (Service coordinator); *“they don’t come for care, and when the service professionals go to the village, the chief starts asking questions and getting involved”* (Network Professional); *“In the villages, women are armed with knives, scissors, and pocket knives to defend themselves from attacks. Sometimes, they are found dead on the side of the road as if they had been run over, but in fact, they suffered sexual violence or were killed before the act”* (Female Native leader at the CMDM meeting); *“There was a murder of a woman in the villages, and the woman was buried as a pauper”* (Native woman at the network meeting).

Domestic and international organizations emphasize that, in the context of defending their territories and facing social exclusion, native women living in villages in the area have been subjected to profound and malicious violence, an issue that affects the majority of Native communities in Brazil (IACHR, 2017; UN, 2017; Zimmerman; Viana, 2014). This grim reality must be comprehended within the framework of human rights and through a gender perspective that has a historical connection with the issue of ethnicity (Sacchi, 2014), as underscored by the PNP’s emphasis on the necessity of considering intersectionality in actions aimed at women. However, delving into the worldview of native women presents an analytical challenge. It necessitates a thorough exploration of the multifaceted aspects of gender, focusing on the distinctions among women within their ethnic communities and contemplating the constructs of what is defined as ‘men’ and ‘women.’ This analysis should account for the historical, sociocultural, and political context, as well as the intricate relationship between local/village areas and the broader global context. In the interconnectedness of these realities, native women have vehemently expressed the violation of their rights by the State, which often fails in its responsibilities by not ensuring the demarcation of lands, as mandated by the 1988 Constitution and neglecting to provide the necessary conditions for a dignified life in the villages (Martins, 2021; Sacchi, 2014).

Studies suggest that the discussion on violence, particularly in the context of native communities, should be rooted in the communal experiences of native women within their ethnic and political organizations, an approach that would facilitate the application of Law 11,340/2006 or other rights-based systems within these societies, with the fundamental principle that native women have actual right to decision (Castilho, 2008; IACHR, 2017). There was initially limited discussion on violence against women in the villages in the meetings of the socio-institutional network within the researched municipality. However, efforts have been made to address this issue during the course of this investigation.

Cras plays a pivotal role in providing essential support and addressing the questions raised here. However, according to professionals, it is still not possible to expect a qualified intervention in the face of domestic violence, as noted below: *“The teams are unprepared to carry out work with groups of women with a focus on gender”* (Network professional); *“the staff at Cras is not prepared to deal with violence against women”* (Network professional).

Cras are designed to provide and facilitate a comprehensive set of actions that can enhance and expand the quality of care for women through intersectoral collaboration (Brazil, 2011). However, when following the group work with women at Cras, we observed that the team at this service had not yet fully integrated the discussions surrounding gender equality and the PNPM.

A woman shared her life experience in a neighborhood near Cras: *“I was married, and my husband tied me up, assaulted, and threatened me until I decided to escape. I only managed to break free from him by fleeing, then he took his own life. One day, he withdrew my daughter from school, saying that ‘his daughter’ didn’t need an education. That’s when I realized the situation I was in and that I needed to escape”* (Woman participating in the Cras Women’s Group).

A Cras professional explained that their inability to adequately respond to and monitor cases of domestic violence was primarily due to their overwhelming workload in overseeing government programs, which entail bureaucratic tasks and

a substantial caseload of families in the area. This situation highlights the vulnerability of the service, stemming from insufficient investment in the Unified System of Social Assistance (Serviço Único de Assistência Social, Suas) and other social policies. This fragility is a recurrent theme in various collective activities, including meetings of the CMDM, the Regional Forum on Obstetric Violence, and Service Network meetings.

During the Women’s Group meetings, some participants seemed receptive to the proposed discussions and showed progress in their understanding of gender issues and their ability for self-analysis. They recognized previously unquestioned aspects, as exemplified below: *“Women at a Cras meeting acknowledge their own sexist tendencies, how they sometimes criticize other women themselves, while men who engage in similar behavior aren’t subjected to the same criticism”* (Field Note - Women’s Group); *“Women are often surprised to realize that the work they perform at home should be considered a part of the family’s economy. Many feel embarrassed when their husbands claim to be in charge simply because they contribute financially”* (Field Note - Women’s Group).

It is possible to understand some of these women’s positions when it becomes evident that those stereotypes about women and their needs also exist among professionals themselves. Expressions that downplay complaints and normalize women’s experiences of violence are all too common: *“It’s that usual scenario... the woman is pregnant, her husband drinks, then assaults her.”* (Network Professional); *“They expect our services to give men a wake-up call, to make them reflect and change their behavior”* (Service coordinator); *“There’s an underlying message in the professionals’ statements as if to imply that ‘women are just like that,’ ‘they don’t want to leave,’ ‘they can’t deal with the situation,’ ‘they don’t want psychological support to empower themselves’”* (Service coordinator).

The harm inflicted by these stereotypical attitudes encompasses the marginalization of women and the erosion of their dignity. These stereotypes undervalue women and undermine their aspirations to change their circumstances, effectively legitimizing

violence. This attitude is unfortunately found across the network that serves women and is even more conspicuous and prevalent within the security sector. These behaviors represent acts of violence that jeopardize the likelihood of holding the perpetrators accountable (Cook; Cusak, 2010).

The Network from the Perspective of the Professionals Who Work There

The intricacy of relationships within the socio-institutional network is also evident in the evaluations of its operation, the quality of services provided, and the coordination between the state and municipal levels. In the municipality under study, the Women's Coordination has received support from the municipal administration for several years, and this support was further bolstered by the state agency responsible for coordinating this public policy. This collaborative effort played a pivotal role in strengthening policies designed to benefit women. A significant milestone at that time was the establishment and development of the Casa Abrigo, a shelter for women at risk of harm, along with the hiring of professionals to support the initiative. However, with the absence of a state agreement, the operation went into disarray, as the municipality asserted its inability to sustain these services effectively using its resources exclusively. Professionals express their concerns about the service's functionality: *"It's extremely challenging to operate; there's a lack of infrastructure. The State no longer supports the staff at Casa Abrigo, and, since the facility is in a precarious condition, it is impossible to house women there,"* (Network professional). *"The Reference Center was supposed to operate full-time, but professionals had their hours limited to avoid salary increases"* (Network Professional).

This precariousness is observed in services that should be implementing the National Policy to Combat Violence against Women. Besides the physical infrastructure issues, there is also a shortage of effective staff, resulting in a high turnover among professionals. Consequently, there's a deficiency in adequate training and difficulties in fostering communication within the team and with the women they serve, which weakens their connections with other services in the network.

Frequent turnover of professionals disrupts network cohesion, hindering the establishment of the necessary structure and security for their work (Granovetter, 1973).

Another significant challenge in structuring the network is the difficulty in implementing transversality, one of the core guiding principles of the PNPM. Transversality receives little to no emphasis at state and municipal levels and, even when mentioned, lacks strategies for local implementation, resulting in a lack of consistency in efforts to combat violence.

Based on these data, it is possible to state that the effectiveness of the network is related to the existence of a guiding/coordinating position in the services. The absence of local and state guidance leads to a disruption in support, preventing the establishment of connections among key professionals who play a central role in the organization and strengthening of the network. This is evident in the following statements:

The technical team waits for the coordination of either the Center or the Department of Social Assistance to establish links with services in the capital but does not feel authorized to make contact.
(Network Professional)

There is no contact with the new staff at the State Department of Social Assistance. Everything is very loose. They don't know who is currently running the state coordination. They do not know the work that is carried out in the new state coordination.
(Service Coordinator)

When women arrive, they are welcomed, and that's it. We have nothing else to offer. No psychologist is working at the moment, and, when there is, they say they can only provide 3 appointments and refer the women to other mental health assistance, so they can't get treatment there and won't return either. There aren't any other resources available.
(Network Professional)

The lack of upward coordination in the network and the need to integrate other services are also highlighted: *"The social assistance department*

lacks training for professionals who deal with violence” (Network Professional); *“Management is fragmented between basic and specialized policies”* (Network Professional); *“Not even the Department of Social Assistance sees Women’s policy as a priority”* (Network professional).

While analyzing health care management, Cecílio (2011) reflects on the “systemic dimension of care management”, a concept that could be applied in this context. To establish this dimension, it is imperative to establish formal, regular, and regulated connections between services. When organizing the care provided to women, it is crucial to consider the necessity and responsibility of creating connections between services. This is essential to compose and fortify the networks recommended in the plans, intending to enable women to develop trusting relationships when seeking support and care across various aspects of assistance.

Sharing and collaboratively planning the various stages of the work process, especially in terms of caring for and assisting women, can significantly impact the quality of the care provided. These practices constitute the process of managing and organizing services.

While the Municipal Health Department actively participates in network meetings, other actors and stakeholders perceive that the health sector is not effectively engaged in providing care to women experiencing violence. This is because the services are not organized to comprehensively cater to their needs, as indicated below: *“Women should access all services at the HU, without having to move from service to service”* (Network Professional); *“Women would only be referred by the health care when there was another professional from the health center who used to deal with violence”* (Participant of the meeting of the Regional Forum on Obstetric Violence).

We have observed that services operate based on the dedication and personal interest of the professionals, and it appears that there is little to no adherence to standardized service protocols. Medical professionals and reception staff in the health sector are the only categories responsible for identifying women who may be experiencing violence, as indicated by Dutra and Villela (2013). However, they encounter difficulties in recognizing these

cases. The concern seems to be primarily focused on bureaucratic procedures, with professional sensitivity playing a pivotal role in identifying signs of violence, as expressed in the following comments: *“The nurses believe that it would be more beneficial if doctors paid closer attention. However, in this unit, they are all male and lack sensitivity on this matter; they restrict themselves to basic care”* (Network Professional); *“they believe the ability to perceive violence depends on the individual professional’s profile. It is expected that they would pay attention to this issue, but this isn’t the case, most of the time.”* (Network professional).

Service in the Judicial System is overvalued. Women often rely on it to address critical issues when leaving a violent relationship. However, the slow legal process can hinder women’s autonomy during this period, rendering them homeless and without financial resources, while the aggressor remains in the house with no concern for the welfare of their children.

Some aspects within the network indicate a distancing, both in terms of the Public Defender’s Office and the Court, concerning their relationship with women and the services provided. In certain reports, women say they feel ignored by the judge and that the defender was not present at the hearing. This is illustrated below: *“The judge doesn’t read the cases. Women report that the judge didn’t even know what had happened to them. What do you say to women about this?”* (Service coordinator); *“The Defense is distant from women and services; it wasn’t always like this”* (Network professional).

Numerous deficiencies have been brought to light in the realm of public security, causing mistrust among both network professionals and women in need of accessing these services. The primary public security mechanism for assisting women is the Deam. However, it has become evident that the actions of Deam do not consistently align with the provisions outlined in the National Policy for Combating Violence Against Women. Complaints emanate from various points within the network, and women report actions that perpetuate patriarchal values, resulting in additional blaming of the victim, as exemplified below: *“While they attempt to provide specialized care, there is an acknowledgment that at times, they cannot offer*

adequate assistance” (Delegate at the network meeting); *“The Deam itself does not consistently provide qualified care to women, as professionals struggle to separate their personal beliefs from their professional conduct”* (Network Professional); *“Women experience additional forms of violence when they seek help at the police station. They seem to think the woman is guilty of the violence suffered”* (Service Coordinator).

As per information from the network, the numerous complaints of institutional violence regarding the Deam have already prompted the formal filing of a complaint with the State. The following accounts shed light on the functioning of this aspect within the network: *“The primary criticism against Deam is its lack of sensitivity when dealing with women”* (Network professional); *“There was a woman called stupid by a clerk, after waiting for hours at reception”* (Network professional).

Despite the complaints, no measures have been taken to bring about improvements in the quality of service at the police stations. Network professionals believe this is a highly intricate issue that demands action at multiple levels, as illustrated by the following statements:

The regional delegate said that the priority is to monitor robberies and murders, not domestic violence. When a murder happens, the charge falls to another service, which is not within the area of security or justice. (Service Coordinator)

The police are much better trained and qualified to deal with violence of all types, but they'd rather deal with the thief, the aggressor, instead of the victim. They don't know how to deal with domestic violence, which is different from a robbery or a homicide, as it involves people who have a bond with each other. Public security cannot deal with this level of complexity. There is a need for further capacitation to address this complexity. (Network Professional)

The regional delegate reports that Deam has well-equipped facilities and an appropriate number of clerks available, resulting in a high volume of recorded procedures. During the research, we found that, while the Women's Special Police Office is well structured,

the network's complaints signal the need for actions to enhance the care provided to women without causing further harm. Furthermore, the substantial number of procedures at the police station should be on the discussion agenda. Such high numbers only underscore the urgency of the problem at hand.

Both PNPM and the State Plan explicitly state that one of their primary objectives in the area of Public Security is to provide professional training at Deam, aimed at humanizing their services. The inclusion of this specific goal in the plans implies an awareness of the practices described (Lins, 2018).

During the research period, the Education and Culture sectors were notably absent from network meetings, and actions planned in these areas were not mentioned, despite being outlined in the Plans at all levels.

Final considerations

This article sought to analyze the challenges faced by the socio-institutional network in its efforts to provide support and care for women experiencing violence, with a specific focus on its implementation in a municipality in Mato Grosso do Sul, Brazil.

The interplay between services, the intricacies of social dynamics, and the flow of the network are accentuated and play a critical role in the execution of government plans. However, the networks in the territory are crossed by the values, knowledge, feelings, powers, and knowledge of the actors and actresses who determine how assistance is provided to women. It is worth noting the presence of values that run counter to those advocated in the plans, which, in turn, result in a lack of respect for the rights and dignity of women in need of care. The omission of the Education and Culture sectors from the discussion, despite their inclusion in government plans as essential elements for fostering a culture free from misogyny, is a noteworthy observation.

Another crucial aspect highlighted is the imperative need to bolster network connections and provide strong leadership at specific services or network levels, intending to facilitate seamless communication among care professionals. We recognize the importance of establishing

management roles at strategic points within the network to better organize and systematize the work across various dimensions of care provided to women.

Additionally, the research has unveiled notable gaps and disconnections between services, weaknesses in the allocation and execution of public policies, and the pressing need for implementing participatory management. This would involve the active involvement of women from diverse backgrounds at various levels of care, to meet the real expectations and needs of women experiencing violence. While agreement among all three levels of government is a fundamental component of public policies, it is insufficient to ensure access and the improvement of assistance provided to women through various points in the network.

This research has identified that, despite significant progress in proposing policy plans for women, the scarcity of qualified professionals, the presence of diverse values and knowledge within the network, and the limited material investment underscore a contradiction between the policies advocated by a democratic state and the actual implementation of reception and care for victims of violence. Hence, it is evident that various corporate initiatives and the roles women are to assume within these initiatives are subjects of contention.

Furthermore, we have observed the potential of the theoretical framework of social networks in shaping the formulation, planning, execution, and evaluation of public policies. This framework allows us to identify the relationships among different levels of the network and the connections between individuals within the community, unveiling pathways for strengthening the socio-institutional network.

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Authors' Contribution

Dutra is the author of the thesis, and the article is an excerpt from it. Martins participated in writing and reviewing the article.

Acknowledgment

Support and thanks to the Coordination for the Improvement of Higher Education Personnel (CAPES) for the doctoral scholarship and also for the PROAP/CAPES/UFMG resource for translating the text.

Received: 5/25/2023

Revised: 5/25/2023

Approved: 6/13/2023