







ORIGINAL ARTICLE

CALGARY FAMILY ASSESSMENT MODEL: WOMEN IN SITUATIONS OF VIOLENCE AND REVOCATION OF PROTECTIVE MEASURES*

HIGHLIGHTS

1. Women in situations of violence face challenging coexistence.
2. Socio-economic vulnerability perpetuates intergenerational violence.
3. Promoting interventions that are sensitive to socio-cultural contexts.
4. The Calgary Model promotes women's autonomy.

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ABSTRACT

Objective: To understand the strengths and weaknesses of the families of women in situations of violence who have had their emergency protective measures revoked. **Method:** descriptive research based on the Calgary Family Assessment Model, in the context of a Women's Police Station in a municipality in the interior of São Paulo, Brazil, carried out between September and November 2021, with four families of women who revoked the protective measure. Family structure, development, and functionality data were collected and analyzed according to the Calgary Model. **Results:** the families have similarities that include socio-economic aspects, low schooling, alcohol use, conflicting family relationships, and transgenerational relationships that, due to their fragility, perpetuate the cycle of violence. However, the social benefits, religious support, and family members were strengths. **Conclusion:** The Calgary Family Assessment Model guides nurses in proposing care plans consistent with domestic violence's complexities.

KEYWORDS: Domestic Violence; Family; Women; Family Relations; Nursing.

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INTRODUCTION

Violence against women, as conceptualized by the World Health Organization (WHO), is one of the most serious transgressions of fundamental rights, emerging as a highly relevant public health issue, the consequences of which reverberate widely in the social and economic spheres, nations, and communities¹.

In Brazil, domestic violence against women is one of the most prevalent forms of violence, so much so that since 2006, it has been judicially protected by the Maria da Penha Law, Law No. 11340². In addition, the law provides for implementing emergency protective measures requested by the victim to the police authority, the Public Prosecutor's Office, or the Public Defender's Office and forwarded to the Judiciary. The judge must grant the measures within 48 hours, which includes removing the perpetrator from the home and contact with the victim, under penalty of imprisonment, thus reducing the risks of recurrence of violence and retaliation³.

The release of the 2022 Brazilian Public Security Yearbook, referring to data from 2021⁴, reveals a worrying upward trend in cases of violence, totaling 1341 victims of the most perverse face of violence - femicide. Of this total, 65.6% of the deaths occurred in the home, and in 81.7% of these deaths, the perpetrator was identified as their partner or ex-partner. There was an increase of 0.6% in domestic violence assaults, 3.3% in threats, 4% in the number of police calls, and 13.6% in the granting of Emergency Protective Measures.

Among the Brazilian states with successive increases in these cases are São Paulo, Rio de Janeiro, Pernambuco, and Bahia⁴. The consequences of this type of violence on the health-disease process include trauma, fear, and suffering, as well as a significant impact on the process of production and social reproduction⁵.

It's important to mention that domestic violence manifests itself through cycles made up of four phases: tension, aggression, apologies, and reconciliation. Once the violence has started, the cycles repeat themselves and worsen. The belief that the partner will change and acceptance of the situation of violence are the main factors that lead to maintaining the relationship and the cycle of violence⁵⁻⁶. As a result, even if women are encouraged to file a police report and obtain a protective order, it is not uncommon for many to turn to the police, showing regret and revoking the protective order.

Faced with domestic violence and the recognition of its occurrence within the family context, it is important to understand that the family, regardless of its conformation, must provide care, protection, and affection to foster the development and potential of each member. When an unstable, aggressive home is identified as not maintained by affectionate relationships, its members consider this pattern to be established in family relationships and reproduce such experiences in future relationships⁶⁻⁷.

Considering the family as the first nucleus of social contact for constructing the being and the possibilities of constituting new arrangements with each event it goes through, it is an object of practice in nursing care, teaching, and research. Thus, the Calgary Model of Family Assessment (MCFA) emerges as an important resource for understanding family structure, bonds, and the functionality of individuals, as well as identifying strengths and weaknesses to propose effective interventions⁷⁻¹⁰.

Given the above, the following question arises: what are the weaknesses and potentialities of the families of women in situations of violence who request the revocation of a protective measure, as identified through the use of the Calgary Model? The aim is to understand the strengths and weaknesses of the families of women in situations of violence who have had their emergency protective measures revoked.

METHOD

This research is descriptive and qualitative, seeking to understand social relationships and experiences to implement interventions in the families of women in situations of violence¹¹.

This is an excerpt from a research project entitled "Domestic violence against women: experiences and repercussions of the request to revoke the emergency protective measure", carried out in a medium-sized municipality in the interior of São Paulo, Brazil, which has an estimated population of 242,249 people for the year 2021¹². The scenario for data collection refers to the Judicial Police Central of the Civil Police of the state of São Paulo, Brazil, specifically the Women's Defense Police Station.

The sample for the study was made up of women who went to the Women's Defense Police Station to register a case of domestic violence between September and November 2021 and then returned to revoke the emergency protective measure and were welcomed by the professionals at the police station, who directed them to the researchers. The inclusion criteria were women over 18, in the conditions and period mentioned above, living in the municipality that was the subject of the study. The exclusion criterion was aggressive behavior on the part of a family member or when they posed a risk to the researchers by the instructions of the professionals at the police station.

Four women's families showed interest in participating in the study, while seven refused. After a pilot interview, two trained researchers conducted the interviews. The interviews took place in the women's homes and at the Women's Police Station in the municipality of the study. They were previously scheduled, audio-recorded, and conducted without the perpetrator's presence, only in the presence of children and/or other family members after they had signed an informed consent form. A third researcher then transcribed and validated the interviews.

The assessment, intervention in families, and data analysis took place according to the Calgary Family Assessment Model, which offers three main categories of analysis: the structural category includes the internal composition of the family using the genogram, the external structure, and the context; the development category allows for the assessment of the family life cycle; and finally, the functional assessment category, subdivided into instruments⁸⁻¹⁰. From this assessment, it is possible to identify weaknesses and strengths to draw up a comprehensive care plan.

Genograms are graphic representations of families' family trees, helping to visualize the relationships between members over the generations. They are accompanied by a legend to make it easier to understand the symbols used, provided with the support of *CorelDraw*, a graphic design software developed by Corel Corporation⁸⁻¹⁰.

This study was submitted to the proposed institution's Ethics and Research Committee with Human Beings, opinion number 4.265.994. We have adopted anonymization measures to protect the women's and their families' identities. Each woman was given a fictitious name, and the family members mentioned in the stories were identified by Roman numerals assigned to each family as a whole.

RESULTS

Based on the assessment of the four families using the MCFA, we present a summary of the data obtained and the genogram for each family.

Family I refers to the violent situation of Karina, 52, white, with incomplete primary education, and married for 20 years (Figure 1). From this relationship, she had two children, aged 30 and 24, who are currently married. She was in a stable relationship with Wilson, 49, and lived in her home. He mentioned that he stopped working seven years ago to look after his father, who had suffered a stroke. Therefore, the household income came from the pension Wilson received after the death of his first wife and from his father's continued benefit under the Organic Law on Social Assistance (BPC-Loas).

Karina said that, as a child, she witnessed many fights between her parents due to alcohol abuse. Her situation worsened after the death of her mother, who, at the age of seven, was abandoned by her father and was raised by relatives. At the time of the interview, he was being treated and professionally monitored by the Family Health Unit for depression, on continuous use of the medications Citalopram, Nortriptyline, and Clonazepam; for Systemic Arterial Hypertension and Diabetes *Mellitus*; on exogenous intermediate-acting insulin, Metformin, Losartan, Acetylsalicylic Acid (ASA) and Simvastatin. He received support from the Better at Home Team in caring for his father.-

In this context, the perpetrator has always abused alcoholic beverages and, more recently, began to offend her and break objects in the house. In several episodes, he began to receive care via the Psychosocial Care Center (CAPS) but abandoned it. According to Karina, when Wilson refrains from using alcohol, he helps with the housework and caring for his father, which were the arguments she used to request the revocation of the protective order.

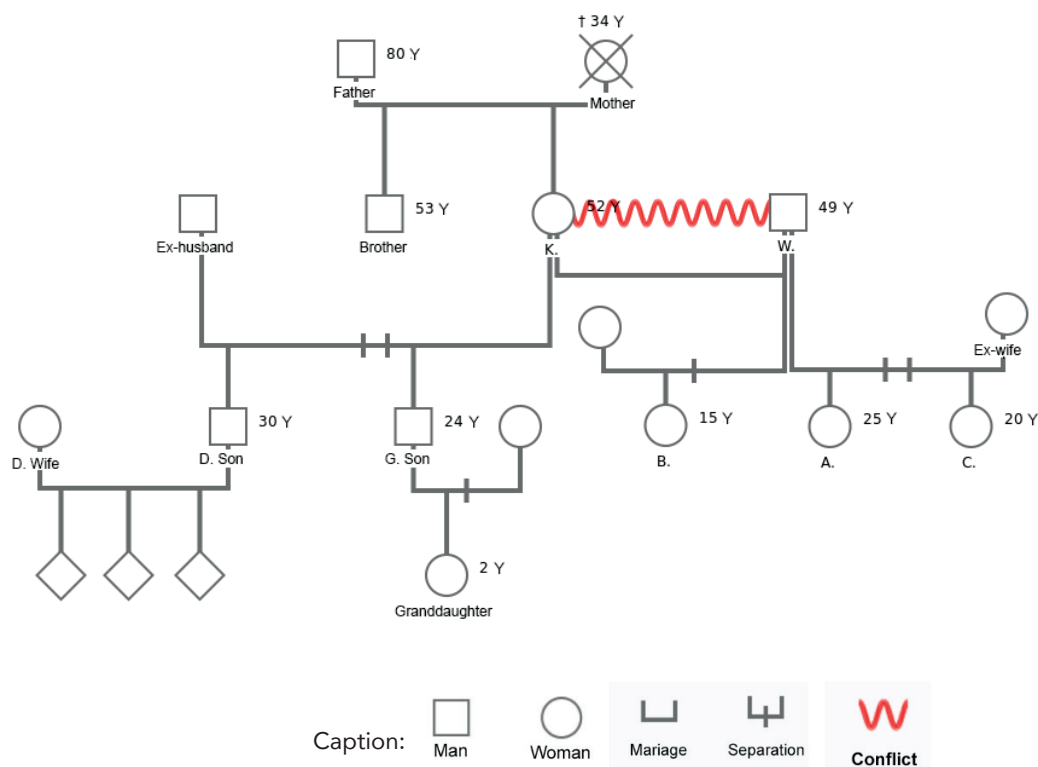


Figure 1 - Genogram of family I. Marília, São Paulo, Brazil, 2023

Source: The authors (2023).

Family II is the violent situation of Fabíola, 36, white, high school graduate, day laborer and freelancer, who denied any religion, although she said she believed in God. She confirmed that she receives aid from the Bolsa Família and lives in a rented house with her three children, aged 13, nine, and seven (Figure 2).

Her 17-year relationship with José, 38, a self-employed carpenter, was marked by fights, verbal aggression, and jealousy, which occurred several times in the presence of her children. On the day that culminated in the police report, she was pushed by her partner, who threatened to hit her in the face, showing clenched fists and verbal aggression by swearing at her. After the complaint and the separation, Fabíola became aware of her ex-partner's constant manipulation of the children and expressed her desire to return home.

The whole situation generated feelings of hatred in Fabíola. He also said that his financial situation had worsened because he had no fixed income and received a basic food basket from acquaintances.-

In the family context, she has a history of conflict with her father (59), who is an alcoholic, so much so that she recalled being beaten by him during her last pregnancy. His relationship with his siblings is good, although he doesn't spend much time with them. He denies any ties to religion or any other social group. He also denies having a relationship with the Health Unit. She revealed that she had revoked the protective order at her ex-partner's request and not to harm him professionally.

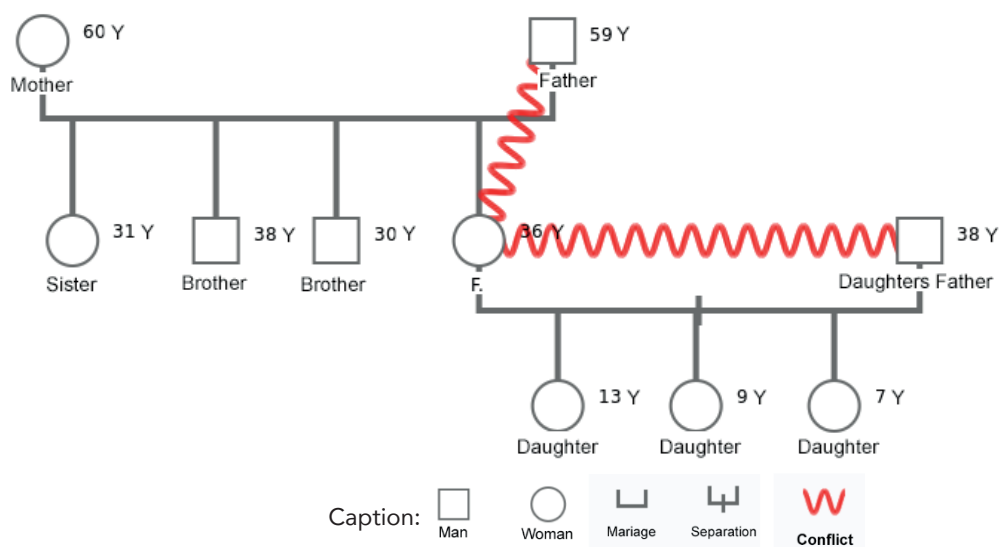


Figure 2 - Genogram of family II. Marília, São Paulo, Brazil, 2023

Source: The authors (2023).

In family III, the situation of violence occurred with Laura, 19, a brown, evangelical high school graduate who has been in a stable union for two years and lives from home. She lives with her two-year-old son and her boyfriend, a professional footballer, who keeps the house in an outbuilding at the back of her mother-in-law's house. In the morning, Laura stays at her parents' house to look after her 11-year-old brother (Figure 3).

His relationship with his parents, mother-in-law, and brother-in-law is harmonious, as he relies on their support daily. In her relationship with her boyfriend, she reports that there have always been fights, although there have been no episodes of aggression so far. On the fateful day, she went out with her boyfriend, who drank alcohol, and when they returned from the party, there was an argument caused by jealousy.

As a result, Laura decided to move in with her parents. When she returned home at her boyfriend's insistence, the argument continued until she was pushed. Her mother-in-law and brother-in-law intervened in the situation, which allowed Laura to hide and call her

father, who took action and motivated her to apply for a protective order.

Three weeks after the episode, they got back together. Because of this, she went to the police station, accompanied by her boyfriend, to withdraw the criminal representation, claiming that such a measure could harm him in his professional development. She also claims to feel more confident in him, motivating her to maintain the relationship.

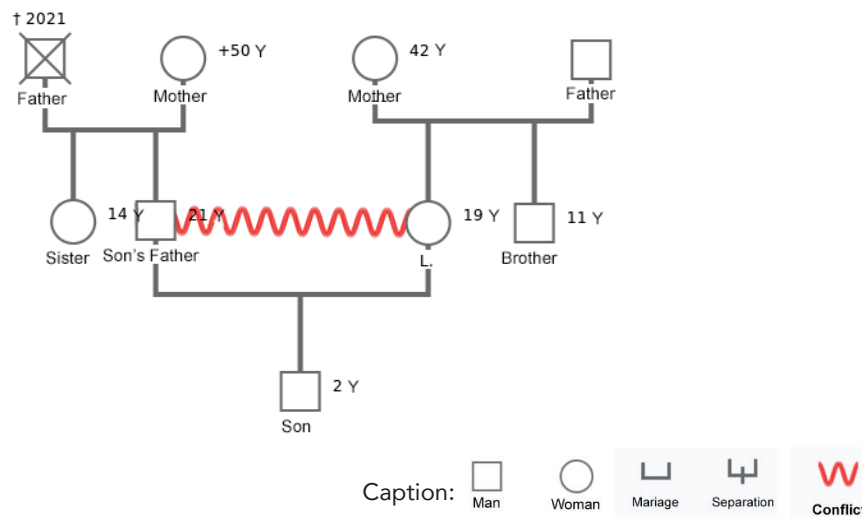


Figure 3 - Genogram of family III. Marília, São Paulo, Brazil, 2023

Source: The authors (2023).

Family IV comprises Otaviana, 30, brown, with incomplete high school education, waxer, and her three children, aged 11, nine, and six, who live in a rented house. His source of income is his work and the help of his children's father (Figure 4). In the family context, he had a difficult childhood and remembers his father's aggressions against his mother and his attempts to abuse his consanguineous sisters, which made him leave home when he was six years old.

On the day of the events, Otaviana had come home late from work, and her husband started insulting her. As a result, an argument broke out, and she was pushed to the ground. Out of fear, she went to her sister's house, where she was encouraged to call the police. Following the episode, her eldest son blamed her for breaking up the family and showing a reduction in his school performance and aggression. She asked for the criminal charges revoked because she needed her ex-partner to look after her children while she worked.

Otaviana also revealed that she loves her ex-partner and that he helps her with the housework and with the children. Despite the anger, disappointment, and fear caused by the situation, he thinks of getting back together, going back to church, and getting on with his life. In this sense, and motivated by these feelings, she asked for the measure to be revoked due to her ex-partner's uninterrupted contact with the children in their home to support her in caring for them due to his work.

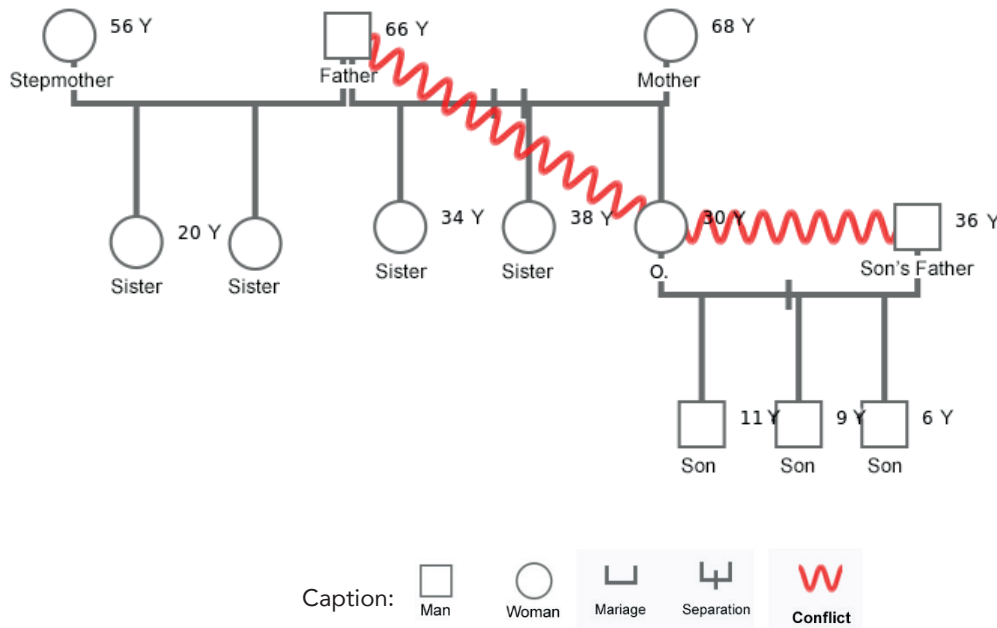


Figure 4 - Family IV genogram. Marília, São Paulo, Brazil, 2023

Source: The authors (2023).

Chart 1 shows the strengths and weaknesses of the four families. The weaknesses include women with low levels of schooling and income who are unemployed or have informal jobs, so they are financially dependent or responsible for supporting the household.

Chart 1 - Strengths, weaknesses, and reasons for requesting the revocation of the protective measure of the families assessed. Marília, São Paulo, Brazil, 2023

Family	Fortresses	Weaknesses	Reason for requesting revocation of the protective measure
I	Family support network; pension received by Wilson and Karina's father's pension; support from the Better at Home program.	She has no employment ties, low income, and low schooling; the perpetrator abuses alcohol; she experienced domestic violence as a child; she cares for her bedridden father (she feels overburdened); she has a medical diagnosis of depression, hypertension, and diabetes, and takes multiple medications.	She believes that when the perpetrator doesn't drink alcohol, he helps with caring for his father and household activities.
II	Social aid	Previous episodes of violence; low income; worsening financial situation after separation; informal work; perpetrator wants to get back together and manipulates the children; verbal aggression witnessed by the children.	The ex-partner's request is not to be harmed professionally.

III	Family support network; interest in working.	Unemployment; financial dependency; partner/perpetrator abuses alcohol; teenage pregnancy.	She claims that the police report could jeopardize her ex-partner's job.
IV	She has her income; Interest in getting back together with the church; the perpetrator helps with household activities and childcare.	Informal employment; low schooling; domestic violence experienced in childhood; alcohol abuse by the perpetrator; children witnessed violence; the child does not accept the separation and blames it.	The son blames her for the separation and shows poor school performance and aggression after his relationship with his father decreased.

Source: The authors (2023).

DISCUSSION

Maintaining the coexistence of a woman in a situation of violence with the perpetrator is a complex situation that poses risks to the physical and mental integrity of all family members. On the other hand, they face many difficulties in breaking the cycle of violence since they are immersed in a context of vulnerability, starting with their life history, which is often marked by violent situations plus unfavorable socio-economic conditions.

Three of these women had experienced violence in their childhood, both from their father against their mother and themselves, as well as a sense of abandonment due to the loss of their mother. There is an association between events of violence and the use of alcoholic beverages. Furthermore, an aggravating factor stands out: the assaults took place in the presence of the children. In family 1, she mentions multiple morbidities for which she uses various medications, while in family III, she mentions that her pregnancies occurred during adolescence.

In terms of strengths, we highlight the support offered by social benefits, religious support, and family members, which are basic aspects of maintaining life.

In this context, the request to revoke the protective order was based on the assumption that a criminal record and subsequent legal proceedings could harm the perpetrator professionally. The children's request to maintain the emotional bond with their father amplifies the justification, whether due to the need for support in household chores or the desire to preserve family ties.

In this context, we can see the social helplessness to which women have been subjected, culminating in violence, so that they are motivated to request a protective measure due to this scenario of low schooling, unemployment, or informal employment, which interferes with the family's interpersonal relationships, making it difficult to handle problematic situations and generating violent reactions¹³.

Preventing violence against women, therefore, involves the need to provide educational qualifications and opportunities for formal employment, with adequate pay and guaranteed labor rights, improving self-esteem and independence. In this context, it is believed that women who fit into these factors are better able to recognize violence and not tolerate it¹⁴⁻¹⁵. Unfavorable socioeconomic conditions also contribute to intergenerational violence, so that the children of these families, in addition to experiencing the violence themselves, are part of a family structure with fewer financial resources and, consequently, fewer educational opportunities¹⁶⁻¹⁷.

Because of this, worries about the well-being of their children and the lack of independent means to support them financially contribute to these women remaining in

the cycle of violent relationships¹⁸. However, there is evidence that the inclusion of women in social programs can contribute to the reduction of domestic violence since the extra income contributes to more autonomy and provides pay equity between the woman and her spouse. Therefore, financial aspects should be part of a family intervention project with economic empowerment and social security to challenge the structural factors that shape the justification and decisions in seeking support for domestic violence¹⁹.

Violence has repercussions on the health conditions of these women, with considerable susceptibility to the development of acute, chronic, and psychosomatic illnesses. In this sense, violence corroborates the exponential increase in public health and safety costs, such as reducing individual productivity¹⁶.

The relationship between domestic violence and alcohol use is widely studied in the literature due to the impact of alcohol on neurotransmitters, resulting in neural alterations that affect body control and behavior, leading to emotional instability and lack of discernment and control of actions. The harmful effects of alcohol on cognitive and physical functions result in decreased self-control and a reduced ability to resolve conflicts non-violently in relationships, increasing the risk of aggression. This risky behavioral pattern requires health interventions to mitigate the impact on families and their living and health conditions^{14, 20-21}.

In the analysis of the families, the historical-social influence is present subjectively in the reports and is closely related to the context of violence. Previous dysfunctional family relationships have been identified as a risk factor for domestic violence²². The family configuration, its structure, the availability of resources, and the interactions between family members play a significant role in determining the potential for violence to occur and continue. In addition, it is important to consider contextual factors, such as parental separation, financial difficulties, and parental psychiatric problems, which also play a role in perpetuating the cycle of violence^{18, 23}.

The emotional vulnerability of individuals, influenced by both genetic and environmental factors, leads to the emergence of aggressive behavior and a propensity for alcohol dependence. Parents who have been exposed to emotional trauma have a reduced ability to offer support to their children²⁴. Living in aggressive homes causes damage to the physical, emotional, and cognitive development of children who experience episodes of domestic violence. In this context, the relationship pattern is based on what the parents have experienced and the child's emotional response to the stress and conflict experienced²⁵.

Support for women victims of domestic violence is backed by Brazilian legislation. However, as observed in this study, they regret registering the incident with the police, arguing that the perpetrator is a great father to their children and the protective measure would make contact between them impossible²⁶.

It is important to note that a victim of domestic violence considers staying in the relationship for various reasons: hope for a change in the partner's behavior, previous investments in the relationship, fear of losing custody of the children, or financial dependence to maintain care for the children. In addition, some consequences of domestic abuse, such as depression and low self-esteem, reduce the chances of leaving the cycle of violence²⁷.

In the context of this study, it can be seen that when a woman who is a victim of domestic violence seeks formal support for her violent situation, she is looking for a new structural context in which to live. Thus, interventions need to correspond to the social, cultural, and economic contexts in which their experiences of violence are embedded¹⁹.

In this sense, the Police Station for the Defense of Women plays a fundamental role in assisting cases of domestic violence. It is, in fact, the main means of intervention in the event of a risk or act of violence. However, it is not always equipped for comprehensive support, which is an emergency protective measure.

According to the Calgary Model, the intervention phase promotes family autonomy through reflection and cognitive, affective, and behavioral decision-making. Therefore, the interventions were based primarily on conflict mediation and the necessary referrals for each family to Primary Health Care (PHC), which, due to its principles, identifies potential risks, better interventions, and case follow-up¹⁶.

The need to develop carefully designed interventions incorporating family dynamics is emphasized. Intervention approaches that focus on the underlying factors and manifestations of violence can be more effective in promoting substantial changes to empower women, boosting their decision-making capacity and assertive actions, enabling them to gain autonomy and break away from harmful patterns of violence²⁸⁻²⁹.

Global initiatives to combat domestic and family violence against women have generated interdisciplinary and intersectoral efforts to preserve the human right to life through initiatives for effective interventions to combat violence, strengthening health responses to this phenomenon³⁰. The Calgary assessment tool makes it possible to expand the possibilities for intervention by identifying the critical nodes for action, helping to fill a scientific and necessary gap, i.e., assessment tools for use in the Primary Care setting.

One of the limitations of the study was the fact that it was conducted exclusively with women who went to the Women's Defense Police Station in the municipality in question to request the revocation of the emergency protective measure since there is a wide range of women who resort to informal support networks.

FINAL CONSIDERATIONS

The Calgary Model shows similarities in the weaknesses identified, referring to low schooling, informal employment or unemployment, alcohol use, and previous episodes of violence. The strengths include the support network of social and family programs.

These findings highlight the need for integrated care plans involving health, judicial, and social services, which promote autonomy in decision-making for these women and their families. Finally, the aim is to contribute to the nursing care process by promoting an interdisciplinary approach centered on the family and vulnerabilities, reflecting the growing need for appropriate tools, such as the Calgary Model, to identify and assess domestic violence against women in PHC, overcoming traditionalism and the fragmentation of care.

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