

Profile of the violence committed against women assisted at Pousada de Maria lodging

PERFIL DA VIOLÊNCIA CONTRA MULHERES ATENDIDAS NA POUSADA DE MARIA

PERFIL DE LA VIOLENCIA SUFRIDA POR MUJERES ATENDIDAS EN LA POSADA DE MARÍA

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ABSTRACT

This exploratory, retrospective study was performed at the *Pousada de Maria* lodging in Curitiba, Brazil in 2007, with the objective of characterizing the profile of the violence practiced against women staying at *Pousada de Maria* from 1993 to 2007. Data collection was performed by analyzing 886 records of the victims' registration and transcribed to an instrument formulated for the study. The victims were between 18 and 88 years old, with low education; they suffered physical, psychological, sexual and structural violence, mainly by their partners and acquaintances. They lived with violence to maintain their family union and decided to resolve the situation when they had access to social programs and shelters. Violence is a common phenomenon among single women with incomplete primary education; 24.6% suffered physical violence, 24.15% psychological, and 14.22% structural violence. Single women, whether in a common-law relationship or married, should be considered as an at-risk group and worthy subjects of attention by health professionals when planning preventive actions.

KEY WORDS

Domestic violence.
Violence against woman.
Public health.

RESUMO

Pesquisa exploratória, retrospectiva, realizada na Pousada de Maria, em Curitiba, em 2007. Teve como objetivo caracterizar o perfil da violência praticada contra mulheres residentes na Pousada de Maria, durante os anos de 1993 à 2007. Os dados foram obtidos através da análise de 886 fichas de registro das vítimas, transcritos para um instrumento construído para a pesquisa. As vítimas tinham idade entre 18 e 88 anos, baixa escolaridade, e sofreram violência física, psicológica, sexual e estrutural, principalmente pelos companheiros e pessoas conhecidas. Convivem com a violência para manter a união familiar, e rompem com ela na existência de programas sociais e abrigos. A violência é um fenômeno frequente entre mulheres solteiras, com ensino fundamental incompleto: 24,6% delas sofrem violência física, 24,15%, psicológica, 14,22%, violência estrutural. As solteiras, amasiadas e casadas devem ser inseridas como grupo de risco e objeto de atenção, pelos profissionais de saúde no planejamento de ações preventivas.

DESCRIPTORIOS

Violência doméstica.
Violência contra a mulher.
Saúde pública.

RESUMEN

Investigación exploratoria retrospectiva, realizada en la Posada de María en Curitiba, Brasil, en el año 2007, con el fin de caracterizar el perfil de la violencia ejercida contra mujeres que residieron en dicha institución en el período comprendido entre 1993 a 2007. Los datos fueron obtenidos a través del análisis de 886 fichas de registro de las víctimas y transcritos para un instrumento formulado para la investigación. Las víctimas tenían entre 18 y 88 años, bajo índice de escolaridad; fueron víctimas de violencia física, psicológica, sexual y estructural, inflingida principalmente por sus compañeros y personas conocidas. Convivieron con la violencia para mantener la unión familiar, se libraron de ella cuando tuvieron acceso a programas sociales y amparos. La violencia es un fenómeno frecuente entre mujeres solteras con enseñanza primaria incompleta, 24,6% de ellas sufrieron violencia física, 24,15% psicológica, 14,22% violencia estructural. Las mujeres solteras, en concubinato y casadas deben ser insertadas como grupo de riesgo y objeto de atención por parte de los profesionales de la salud, en la planificación de acciones preventivas.

DESCRIPTORIOS

Violencia doméstica.
Violencia contra la mujer.
Salud pública.

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INTRODUCTION

Over the last years, Public Health in Brazil has been incorporating the aspect of violence as an issue of broad complexity, as it is a social phenomenon triggered by multiple factors and affects not only the victims themselves but also their families and the society. Violence is currently present in several settings, either public or private, affecting children, adolescents, men, women, older adults and people with disabilities of various social and economic classes, thus making it a global issue.

The theme of violence against women generates interest and a need for further debate and analysis. This results from the work of researchers over the last decades to report and transform historical conflicts between men and women into democratic relationships⁽¹⁾.

A study performed by the Inter-American Development Bank showed that violence against women is responsible for 25% of work absences worldwide, thus reducing these women's income in 3% to 20%, besides increasing their and their children's chances of falling ill⁽²⁾.

Another current issue is the scarcity of data to precise the rates of domestic violence against women. It is estimated that one out of every four women in the world has been abused by their domestic partner at least once in their lives. In Brazil, every minute one woman is abused inside their own home by people who they are close to. Today, 23% of the female population in Brazil are at risk for domestic violence⁽³⁾.

To better understand this study, it is necessary to have a clear understanding of the concept of domestic violence, intrafamily violence and structural violence, as they are present in the everyday lives of many women but often go on unnoticed, thus characterizing their invisibility and silent character.

In Brazil 1980's, violence became part of the issues addressed in health area studies as it implies psychological, physical behavioral, sexual and/or spiritual harms. Violence against women can occur in several contexts, but the family environment is, without doubt, the most common and relevant⁽⁴⁾.

Intrafamily violence is committed by people from the family that maintains a power relationship over the victim, affecting women, fathers, mothers, children, youth, older people or people with disabilities, regardless of their age. These people can be beaten, humiliated, and offended. Women are the main target and aggressors take advantage over their vulnerability to beat and humiliate them⁽¹⁾.

It is important to emphasize that domestic violence aggressors also include members of the non-parental group living in the same domestic environment; it can be committed by employees, close ones and people who know the

victims, but visit the household sporadically⁽²⁾. Therefore, there is not one cause alone for violence, and many factors may contribute to its occurrence (individual, relational and social), regardless of the gender, age, race, ethnicity, education, culture, socio-economic situation, profession, religion, physical or mental abilities and personality. This means that many individuals may be vulnerable to it at any moment of their lives⁽⁵⁾.

In this context, structural violence is addressed as the distortions, diseases of the society, of an economic system capable of accumulating wealth, but that does not distribute justly among citizens. It is capable of keep essential goods from a great part of the population, who have the right to live with dignity, creating a condition of violence. This specificity can also include the lack of job, housing and health⁽⁶⁾.

To ponder about strategies that aim at reducing and preventing violence against women, it is mandatory to know the profile of that violence. In this sense, the inexistence of data in a supporting network such as the Pousada de Maria lodging motivated the development of the present study, which is justified by the need to learn about the profile of the violence committed against the women living temporarily in that shelter.

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The Pousada de Maria lodging is a shelter home, an official unit of the Social Action Foundation (FAS, abbreviation in Portuguese for *Fundação de Ação Social*) of the Curitiba city administration (Curitiba is the capital of Paraná state). Pousada de Maria cares for women over 18 years of age, accompanied or not of their children of minor age, in a protective and transitory character, to guarantee comprehensive support to women living a situation of personal

risk. The objective of the lodging is to help women return to family and social living, with their life partner or not, rewriting their history with their children, and participating and interacting with the community.

The shelter home was established 13 years ago and from 1993 to 2001 its administration was performed by a social association: Lar Batista Esperança (Batista Esperança Home). As of 2002, the FAS became responsible for coordinating and reorganizing the work. Women victims of violence have access to the Pousada de Maria through the judiciary, the police, Family Court, Municipal Committee for Women's Conditions, Guardianship Council, Regional Health Units and Centers and through the Social Rescue Central. For a woman to be referred to the shelter home it is indispensable that she reports to the police at the Women's Protection Services, filing a formal report. This procedure helps to put Law 11.340 (Law Maria da Penha) into action, which creates mechanisms to restrain and prevent domestic and family violence against women.

Victims at the Pousada are currently assisted by a multi-professional team that consists of a coordinator, social worker, occupational therapist, psychologist, social educa-

tors and an administrative team. When victims need the services of health professionals, they are forwarded to the referral units through the Unique Health System (the Brazilian national public health system: Sistema Único de Saúde). The casa has the capacity to shelter approximately 40 people, because it has an area of 350 m² with a laundry, bathrooms, kitchen, cafeteria, living room, dorms and an administrative area.

OBJECTIVES

General

To characterize the profile of the violence committed against women living at Pousada de Maria from 1993 to 2007.

Specific

To identify the number of women sheltered at Pousada de Maria from 1993 to 2007; To identify the ages of the victims, their level of education, marital status, type of violence they suffered, the use of licit or illicit drugs; to identify the service they seek after being abused; to identify the aggressors; to describe the treatment they received; investigate the victims' time of permanence at the shelter home, the reasons for living with violence or breaking free from it and their life expectations after leaving the shelter home.

LITERATURE REVIEW

The vulgarization of domestic violence has given invisibility to the crime of highest incidence in Brazil. The sequelae of violence are not exclusively restricted to its victims, rather they compromise every family member, especially children, who will have the tendency to repeat the same behaviors lived at home and perpetuate them. Violence can involve physical, psychological, sexual, patrimonial, and moral aspects of victims⁽⁷⁾. Therefore, knowing what violence is and understanding the concepts of its many types is fundamental to recognize it. In this sense, physical violence is understood as any behavior that can offend an individual's integrity or health⁽⁸⁾.

Psychological violence refers to that which is caused by any behavior that generates emotional harms, reduced self-esteem, harms to one's full development or that degrades or controls actions and behaviors, beliefs and decisions, through threats, constraint, humiliation, manipulation, isolation, stalking, insults, intimidation, ridiculing, exploitation and kept from their right of locomotion, or any other means that causes harms to an individual's psychological health and self-determination⁽⁷⁾.

Sexual violence is understood as any behavior forcing one to presence, have or participate in undesired sexual relationship, through intimidation, threats, coercion or us-

ing force, which induce to trade or use one's sexuality, impedes the use of contraceptive methods or forces matrimony, pregnancy, abortion or prostitution, through coercion, blackmailing, bribery or manipulation⁽⁸⁾.

Patrimonial violence refers to each and every behavior that configures retention, subtraction, total or partial destruction of object, work instruments, personal documents, goods, values, rights or economical resources. Moral violence comprises any behavior that configures calumny, abuse or defamation. They are referred to as crimes that protect one's honor, but, when committed because of the family and affective involvement, characterize moral violence⁽⁷⁾.

Any discussion on violence against women will always involve the gender violence issue, hence the term facilitates the perception of the social and economical inequalities existing between men and women. It can be understood as that which is perpetuated against women simply because of their condition of being a woman⁽³⁾, it is committed in specific conditions, in an incoherent manner, marked by the male influence in a relationship of power, men's domination and women's submission⁽⁹⁾. In this sense, violence against women is that which is committed against female individuals with a purpose of intimidation so the aggressor can play a dominating and disciplinary role⁽¹⁾.

With the purpose of changing the behavior or aggressors and reducing the rates of violence against women, in August 7 2006 the Law Maria da Penha was promulgated, which states a series of measures to create victim support networks with the purpose of helping, orienting and strengthening them when making decisions. There is also the possibility of working with aggressors to help them reconstruct a healthy family relationship⁽¹⁰⁾.

METHOD

This explorative, retrospective study was performed at Pousada de Maria in Curitiba, capital of Paraná state, selected for being the referral location for temporarily sheltering abused women who need protection.

The data were obtained by analyzing all the register forms filled out from August 1993 to August 2007. Data collection was performed from June to August 2007, and the information from the forms were transcribed to an instrument formulated for the study that permitted to analyze the information. The following were used as inclusion criteria: all forms containing all notes that addressed the established objectives; all forms filled out from 1993 to 2007. Based on the registers, a careful analysis was performed on the notes taken by the team from the shelter home.

After collecting the data, the information was typed into an Excel spreadsheet and transferred to Epi Info 2000 version 3.4.2.. A descriptive analysis of the results was also performed.

The study was analyzed and approved by the Research Ethics Committee of the Health Sciences Sector at Universidade Federal do Paraná (CAAE: 1083.0.000.091-07). The victims' identification data remained classified.

RESULTS

The total number of forms obtained from 1993 to 2007 was 886, and none were excluded since all were completed accordingly. An average 63 women were assisted per year. This small number of cases assisted over 14 years can be due to underreporting, since a higher incidence has been estimated for violence.

The women's ages ranged between 18 and 88 years, most (54.75%) were in the age group between 19 and 49 years. As for education, most (59.72%) had incomplete elementary education. Regarding their marital status, 47.98% were single and 41.63% were married or living in common-law.

Before they were forwarded to the shelter, 58.8% sought the health service for physical or psychological treatment; 34.2% sought security sectors and another 7% sought other support networks. During their stay at the Pousada, 65% of the population was referred to therapy with a psychologist; 7.5% to hospital treatment, due to the severity of the physical injuries they had suffered; 27.5% to occupational therapy and social educators. All women were evaluated by the social worker from the multi-professional team at the shelter home. The victims stayed lodged at the Pousada,

with their children of minor age, for a period that ranged between one day and one year and three months until they were able to return to their family or social living.

Aggressors were the women's life partners in 71.41% of the cases of violence. Physical aggressions prevailed with 57.97%, followed by psychological violence, with 16.96%.

Women who claimed being single, with partner, predominated as victims of physical violence (24.60%), and were also more exposed to psychological violence (24.15%), as well as structural violence (14.22%).

Physical violence predominated in 30.02% of housekeepers, who were abused by their partners, in their own homes. There were no specific spaces on the form for taking notes on the variable moral and patrimonial violence.

As for drug use, it was found that 80.47% of the population claimed they did not use any licit or illicit drugs. It was important to identify that 11.17% were users of cocaine, marijuana, crack, alcohol or tobacco. At the time of admission to the shelter, 8.25% of the women did not want to make any statements about their using drugs, thus this data was missing in 0.11% of the files.

The following tables make a correlation between socio-demographic characteristics and the type of violence, the reasons why victims lived and broke with that violence. The purpose is to present groups at risk, and provide support for the multi-professional team plan goals and meet the victims' life expectations.

Table 1 - Women, victims of violence, according to their level of education and the type of violence they had suffered - Curitiba - 2007

Education level	Type of aggression							
	Physical violence		Psychological violence		Sexual violence		Structural violence	
	N°	%	N°	%	N°	%	N°	%
Illiterate	17	1.92	10	1.13	3	0.34	4	0.45
Complete elementary	71	8.01	77	8.69	7	0.79	15	1.69
Incomplete elementary	205	23.15	178	20.10	19	2.14	127	14.33
Complete secondary	30	3.39	24	2.71	4	0.45	15	1.69
Incomplete secondary	25	2.82	25	2.82	3	0.34	7	0.79
Complete higher	3	0.34	3	0.34	0	0.0	2	0.22
Incomplete higher	4	0.45	4	0.45	1	0.11	3	0.34
Total	355	40.08	321	36.24	37	4.17	173	19.51

Women with incomplete elementary education (59.7%) had suffered more cases of all types of violence, that is, 23.15% suffered physical violence; 20.10% were victims of

psychological violence; 2.14% suffered sexual violence; 14.33% were victims of structural violence.

Table 2 - Women, victims of violence, according to their marital status and the reasons for living with violence - Curitiba - 2007

Marital status	Reason for living with violence							
	Staying with the family		Financial dependence		Insecurity/fear toward aggressor		Structural violence Lack of shelter/job	
	N°	%	N°	%	N°	%	N°	%
Common-law	124	14.00	47	5.30	46	5.19	5	0.56
Married	78	8.80	35	3.95	29	3.27	5	0.56
Divorced	5	0.56	16	1.81	7	0.79	2	0.23
Single	347	39.17	22	2.48	37	4.19	19	2.14
Widow	17	1.92	1	0.11	0	0.0	0	0.0
Total	571	64.45	121	13.65	119	13.44	31	3.49

The wish to keep their family together with their children was the main reason for their living with violence. Most single women (39.17%) lived with violence to keep their family together. Women who were married or living in common law (22.8%) also lived with their aggressor for the same reason. In the variables, financial dependence, insecurity

and the fear toward the aggressor, most were living in common-law, with 5.3% and 5.9% respectively; 2.14% of single women were victims of structural violence by unemployment and having no place to live. For the variables described on this table, there was missing data in 4.97%.

Table 3 - Women who have suffered violence according to the education level and the reasons for their living with violence - Curitiba - 2007

Education level	Reason for living with violence							
	Staying with the family		Financial dependence		Insecurity/fear toward aggressor		Structural violence Lack of shelter/job	
	N°	%	N°	%	N°	%	N°	%
Illiterate	14	1.58	8	0.90	7	0.79	5	0.56
Complete elementary	125	14.11	22	2.48	20	2.26	4	0.45
Incomplete elementary	401	45.26	62	7.00	69	7.79	16	1.80
Complete secondary	13	1.47	15	1.69	10	1.13	4	0.45
Incomplete secondary	11	1.24	12	1.35	13	1.47	2	0.23
Complete higher	2	0.23	0	0.0	0	0.0	0	0.0
Incomplete higher	5	0.56	2	0.23	0	0.0	0	0.0
Total	571	64.45	121	13.65	119	13.44	31	3.49

Most women with incomplete elementary education (45.26%) lived with violence to keep their family together; 7.00% due to financial dependence; and 7.79% because of insecurity and fear towards the aggressor. Structural vio-

lence was also prevalent (1.8%) in women with this level of education. For the variables described in this table, data was missing in 4.97%.

Table 4 - Women who have suffered violence according to their marital status and the reason for breaking from violence - Curitiba - 2007

Marital status	Reason for breaking from violence							
	Lodging		Family support		Social programs		Job	
	N°	%	N°	%	N°	%	N°	%
Common-law	24	2.71	1	0.11	197	22.23	0	0.0
Married	3	0.34	0	0.0	144	16.25	0	0.0
Divorced	11	1.24	0	0.0	19	2.14	0	0.0
Single	102	11.52	0	0.0	322	36.35	1	0.11
Widow	5	0.56	0	0.0	13	1.47	0	0.0
Total	145	16.37	1	0.11	695	78.44	1	0.11

Results show that for single women (47.87%), the existence of the lodging and social support programs, which, in this contexts, are understood as the lodging itself, other shelters, the services and programs of the Social Action Foundation (FAS), hospitals and other health units, were the main reasons that encouraged them to break from the

violence. Only one woman living in common-law (0.11%) received family support. Social support groups also motivated women who were married or living in common-law (38.48%) to break from violence. For the variables described in this table, data was missing in 4.97%.

Table 5 - Women who had suffered violence according to their marital status and life expectations - Curitiba - 2007

Estado civil	Life expectations							
	Return to family living		Return to living with husband		Return to society		Other expectations	
	Nº	%	Nº	%	Nº	%	Nº	%
Common-law	53	5.98	31	3.50	137	15.46	1	0.11
Married	28	3.16	44	4.97	66	7.45	9	1.02
Divorced	13	1.47	11	1.24	5	0.56	1	0.11
Single	88	9.93	75	8.47	261	29.46	1	0.11
Widow	8	0.90	1	0.11	9	1.02	0	0.0
Total	190	21.44	162	18.29	478	53.95	12	1.35

In terms of life expectations, most women who were single (29.6%), living in common-law (15.46%) and married (7.45%) hoped to return to society with a job and having a home, after leaving the Pousada.

It was observed that 4.97% of the married women wished for a reconciliation with their husbands; and 5.98% of those living in common-law intended to recover family living without their partners. For the variables described in this table, data was missing in 4.97%.

DISCUSSION

Violence against women is a worldwide issue. In the United States, it is the main cause for injuries in women with ages ranging between 15 and 44 years, and those injuries are more common than any injuries caused by traffic accidents, robbery or rape⁽¹¹⁾. The data are in agreement with the findings of the present study, which revealed that 54.75% of victims had ages between 19 and 40 years, and justifies why they should be the focus when planning and implementing preventive actions for this age group.

Most victims first sought health services or psychological support before being referred to Pousada de Maria. Women in a situation of gender violence often sought these health service locations to be heard and comforted. In this sense, it is recommended that these places have skilled teams and an appropriate environment for listening, understanding and helping the victims to face the problem⁽¹²⁾.

Aggressors were husbands or partners in 71.41% of the cases of violence. Physical and psychological aggressions were the most common. These findings differ from previous studies that presented psychological violence as the one with highest incidence, and ranking physical violence second and sexual violence as third⁽¹³⁾.

Women who were divorced or widow had more chances of suffering aggressions than those who were married or single⁽¹⁴⁾. The present study results revealed that single women were most affected by physical, psychological and structural violence, and should be considered a risk group, as well as the object of further studies by health professionals.

In the present study, housekeepers are also considered a group at risk for violence. They were victims mainly of physical violence by their partners in their own homes. Most women with incomplete primary education also suffered physical, psychological, sexual and structural violence. These results reinforce the study data that found that domination and exploitation constituted by gender violence, social classes and ethnic groups are factors that leave scars on women who belong to poor classes, with low educational level, involving especially physical and psychological violence⁽¹²⁾.

The results show that 11.17% of the population consumed alcohol and other drugs. Using these substances can generate emotional stress or a financial burden for the family, raising conflicts among family members⁽¹⁵⁾. These conflicts are usually associated with external or internal factors, directly related with the use of alcohol or drugs, and can cause many sequelae, resentment or regrets⁽¹⁶⁾.

In less favored social classes, violence can be the result of a low educational level associated with a regrettable cultural tradition, unemployment, and drugs use and alcoholism. Even in social classes with greater purchasing power, some of these factors are also the cause of violence. The concept of female fragility originates from a historical elaboration, which placed it in a submissive position toward men, vulnerable to him and to his hostile behaviors⁽¹⁷⁾. In addition to these factors of vulnerability, women can live with domestic violence due to the lack of lodging, family sup-

port, fear toward the aggressor and insecurity that will certainly demand courage to move from the rupture to facing the situation.

In Brazil, as of 1989 structural violence has been noticed in statistics involving external causes, and it comprises the second cause of death in all age groups⁽¹⁸⁾. Women who are cared for at the lodging are classified as victims of structural violence if they were in a situation of having no place to live, and no means of survival, which is the reason why they stayed at the lodging until they could return to society being able to provide for themselves.

It was found that there were no records of moral and patrimonial violence made by the team at the lodging. This fact could be related to its invisibility, because this was not thoroughly addressed before the Maria da Penha law was put into action. It is important to know that the professionals who work in the health service network should be prepared to notice, recognize and make correct registers of these types of violence, so they become visible by means of new studies that are further published.

The results showed that many women, though having been assaulted, still had the intention to return to their partners. This may occur because they do not wish to punish their aggressors, rather, they need help to rescue their home, their dream of happiness they put on their marriage, in having children, a husband, a life filled with love, respect, and harmony⁽⁷⁾. The teams that provide care to the victims should be prepared to understand, implement actions and try to recover these relationships.

The team at Pousada de Maria should seek to meet the needs of the victims whether it means to return to family living with or without their husbands, or to return to society being able to provide for themselves. Furthermore, efforts should be made to establish partnerships with other sectors in society and develop joint actions with the judiciary, public prosecution service, social workers, health system, work and education since they suggest a possibility of making the obtained results effective.

The State should guarantee women's rights by implementing specialized services to provide care to victims of violence, in public or private organization facilities, lodgings, services to provide family guidance and institutions that provide child and adolescent care as means for pro-

tection. They should guarantee the accessibility to rehabilitation and development programs, which would permit women to participate actively of life in society⁽¹⁹⁾.

Women victims often do not wish to simply punish their aggressors, but to recover their family relationship and live without violence, with respect and harmony. If the State was unable to universalize service to help women victims, it is expected that the Maria da Penha Law is used to create the necessary network and effectively dignify women as a whole, meeting their real expectations, especially concerning their wish of having a healthy family, a cure for all evil that currently affect us⁽¹⁰⁾.

CONCLUSIONS

Most women assisted at Pousada de Maria from 1993 to 2007, were single, with low educational level, victims of physical violence mainly committed by their partners.

The wish to keep the family together was one of the main reasons that the women stated as why they lived with violence. The social programs had a strong influence for the women who were able to break with this situation. Nevertheless, the rupture was possible thanks to the social support networks, which referred them to Pousada de Maria. It was also found that the women had an expectation to return to society with a new job and housing after leaving the Pousada.

The data about the profile of the violence committed against women assisted at Pousada de Maria should be used as support to plan health actions and other services in the many areas of society, aiming at meeting the real needs of those victims. Making this profile visible to public authorities, health professionals, security departments, judiciary, and society in general is the first step to prevention.

It is essential to prepare the professionals that provide care to victims of violence by means of continuing education programs, to notice, recognize and know how to intervene in this situation. Recognizing and addressing this situation with responsibility is one of the ways to guarantee women their right to live without violence, guarantee their citizenship and preserve their health. Hence, it is necessary to think about including this theme in the curricula of undergraduate and graduate courses.

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