


PUBLIC POLICIES AND THE ROLE OF THE STATE IN PROTECTING THE RIGHTS OF WOMEN IN SITUATIONS OF VIOLENCE

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ABSTRACT

Introduction: Violence against women represents a serious public health problem, manifesting itself in forms such as physical, psychological, sexual, patrimonial and moral aggression. This is a reality that has a profound impact on the physical and mental health of victims, often occurring in domestic environments, where trust should prevail. In Brazil, femicide, defined by Law No. 13,104/2015, reflects the extreme face of this violence, often motivated by discrimination or contempt for the female condition. In addition, the data indicate that factors such as color or race amplify inequalities, with black or brown women facing significantly higher rates of violence. **Objective:** To identify in the literature how the role of the State is configured in guaranteeing the rights of women victims of violence.

Method: This is an integrative review structured as: Identification of the theme and formulation of the guiding question; Search in the literature using inclusion and exclusion criteria; Extraction, summary, and organization of information from the selected studies, including title, references, year/country, methodological design, and outcomes; Critical and detailed analysis of the studies included in the review, ensuring thematic eligibility and suitability for the study's objective; Interpretation of findings/results; Discussion of the results and presentation of the review. The searches took place in May 2024 in the National Institutes of Health (PubMed), Latin American and Caribbean Literature on Health Sciences (LILACS), and in the Scientific Electronic Library Online (SciELO) virtual library. **Results:** The search identified 75 potentially relevant studies in the databases, however 6 articles were analyzed in full, after analysis and exclusion criteria. It is noted that the largest number of publications took place between the years 2014 and 2023, and in 2023 there were 2 publications, showing that the theme is emerging, which denotes greater concern to understand the problem. **Conclusion:** Therefore, Public Policies for the protection of women in Brazil have advanced significantly, however, the challenges include failures in the integration between health and public safety, as well as gaps in the notification and adequate referral of victims. It is therefore suggested that further research focus on the

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effectiveness of public policies in different regions and types of services, in addition to investigating the factors that limit the practical application of laws.

Keywords: Nursing. Public Policies. Violence Against Women.

INTRODUCTION

Violence against women is understood as aggression of the following types: physical, psychological, sexual, patrimonial and moral. It is a public health difficulty, as it shakes the physical totality and mental health of the woman herself. This type of violence, often silent, insinuates itself into the most intimate relationships within the domestic environment, where trust should prevail. It is painful to recognize that, most of the time, the victim knows the aggressor well, someone who should be a safe haven, but who becomes a source of pain and fear.

One in four women in the world is a victim of gender violence and loses one year of potentially healthy life in every five (BRASIL, 2012).

It is possible to highlight the issue from the event of femicide, defined in Law No. 13,104, of 2015, as homicide against women for reasons of the condition of the female sex, domestic or family violence and contempt or discrimination against the condition of being a woman. When comparing the homicide rates between black or brown women and white women, both in the home and outside it, it is noted that the issue of color or race has a significant weight. At home, the rate for black or brown women was 34.8% higher than for white women; outside the home was 121.7% higher. (IBGE, 2024).

Of all forms of violence, especially sexual violence, it is a demand of extreme value and urgency in the public health scenario. In Brazil, this problem is addressed in several policies and regulations, such as the "Technical Standard for the Prevention and Treatment of Injuries Resulting from Sexual Violence Against Women and Adolescents", prepared by the Ministry of Health. (BRAZIL, 2012)

One Research carried out by the Brazilian Forum on Public Security (FBSP), Between 2015 and 2023, at least 10,655 women were victims of femicide in the country. The information shows a worrying increase of 1.4% in the number of femicides between 2022 and 2023, concluding 1,463 victims in the last year alone, which means an average of more than four women murdered daily.

A study carried out at the Women's Police Station in Porto Alegre, Rio Grande do Sul, between 2006 and 2008, brings to light worrying data on the prevalence of physical, psychological and sexual violence. Of the 351 cases handled by the psychology sector of the police station, most of the aggressions occur within the domestic environment, perpetuating a cycle of violence that involves not only the victims, but also their children and families. In addition, the use of alcohol and drugs by the aggressor, together with the

presence of violence in the families of origin, are identified as significant risk factors for the perpetuation of this cycle (GADONI-COSTA; ZUCATTI; DELL'AGLIO, 2011)

Throughout the twentieth century, the struggle for women's rights gained vigor, moving remarkable advances that transformed the social and political scenario. A crucial milestone in this trajectory was the 1934 constitution, which for the first time in the history of Brazil, defined equality between the sexes. This was a decisive step that showed the demands of a society in renewal, where women's voices began to be heard in a more assertive way. From then on, women achieved fundamental privileges, such as the right to participate in elections and eligibility for political positions, in addition to the prohibition of the gender pay gap (BRASIL, 1934).

The need for an interdisciplinary approach and articulation between health, social assistance, and justice services is emphasized, seeking to ensure adequate reception and care for victims. Gender-based violence is constantly associated with structural and cultural inequalities, which last a cycle of oppression and marginalization, especially among women from vulnerable groups, such as black, indigenous, and women in poverty. Such challenges are amplified by the need for preventive actions and confrontation of the physical and psychological consequences of violence, including prophylaxis of sexually transmitted diseases and psychosocial support for victims (BRASIL, 2012)

Policies focused on violence against women are indispensable in advancing gender equality and supporting victims, dealing with essential instruments for social transformation. By identifying gender violence as a public health demand, we make room for a broader and more receptive look, which not only welcomes, but empowers women, favoring their autonomy and well-being.

By consolidating support networks and educational initiatives, it contributes to the construction of a more just and egalitarian society, where all women can be guaranteed to live free from violence and with access to comprehensive care. In this sense, in view of the problem, the following question arises: How is the role of the State configured in guaranteeing the rights of women victims of violence? Thus, the objective of this review was to identify in the literature what initiatives the State has adopted in the face of this phenomenon.

METHOD

It is a structured integrative review, with the objective of gathering and synthesizing the results of scientific publications related to the research question. Integrative review is a research methodology that aims to synthesize and critically analyze relevant studies on a given topic, integrating knowledge from different sources and types of research, such as qualitative and quantitative. This type of review allows for a comprehensive understanding of the current state of knowledge, identifying gaps and guiding future investigations. It is particularly useful in healthcare, where it assists in evidence-based decision-making and the formulation of more effective policies and practices (Sousa et al., 2017).

To carry out this study, the steps provided for in the integrative review were followed: 1) Identification of the theme and formulation of the guiding question; 2) Search in the literature using inclusion and exclusion criteria; 3) Extraction, summary and organization of information from the selected studies, including title, references, year/country, methodological design and outcomes; 4) Critical and detailed analysis of the studies included in the review, ensuring thematic eligibility and adequacy to the objective of the study; 5) Interpretation of findings/results; 6) Discussion of the results and presentation of the review (Mendes; Scott; Galvão, 2019).

The review question was elaborated through the PiCo strategy, which recommends as fundamental elements the mnemonic acronym: P – Population/patient/problem, I – Phenomenon of interest and Co – Context. For the search for evidence, the following elements were defined: P – Violence against women, I – Public Power and Co – Human rights. In view of this, the question adopted for the revision was: How is the role of the state configured in guaranteeing the human rights of women victims of violence?

The searches took place in May 2024 in the National Institutes of Health (PubMed), Latin American and Caribbean Literature on Health Sciences (LILACS), and in the Scientific Electronic Library Online (SciELO) virtual library. The search strategy was built with two controlled health vocabularies, Health Science Descriptors (DeCS), Medical Subject Headings (MeSH), and natural language, together with Boolean operators AND and OR, to obtain a wide spectrum of results in the different databases (Latorraca et al., 2019). Chart 1 presents the structure that will be used in the databases.

Chart 1 – Structuring of the search in the databases. Vitória, ES, Brazil, 2024.

Objective / Problem	How is the role of the state in guaranteeing the human rights of women victims of violence configured?		
	P	I	Co

Extraction	Violence against women	Public power	Human rights
Conversion	Violence Against Women	Public Power	Human Rights
Combination	Violence Against Women	Public Power, state government	Human Rights, Right to Health
Construction	("Violence Against Women ")	("Public Power OR state government ")	("Human Rights" OR "Right to Health")
Use*	("Violence Against Women") AND ("Public Power OR state government") AND ("Human Rights" OR "Right to Health")		

Source: prepared by the authors (2024).

The search strategies developed and used for each electronic database are presented in Chart 2.

Chart 2 – Search strategies for document retrieval. Vitória, ES, Brazil, 2024.

Database	Search strategies	Results
PubMed	(Violence Against Women) AND (Public Power OR state government) AND (Human Rights OR Right to Health)	42
Lilacs		32
Scielo		1

Source: prepared by the authors (2024).

The identified studies were evaluated and discarded through incomplete texts, duplicate titles, paid sites, thesis, systematic review and abstracts for not meeting the theme, of those that had no implication with the objectives of this dissertation, in addition to the LILACS database the articles in the period of 10 years were selected, in order to obtain more updated documents within the theme. Then, the abstracts were read, selecting those that did not meet the inclusion criteria defined in this research. Finally, through the full reading, the studies that dialogued with the objectives of the research undertaken here were selected, so that it culminated in the final sample included in this integrative review.

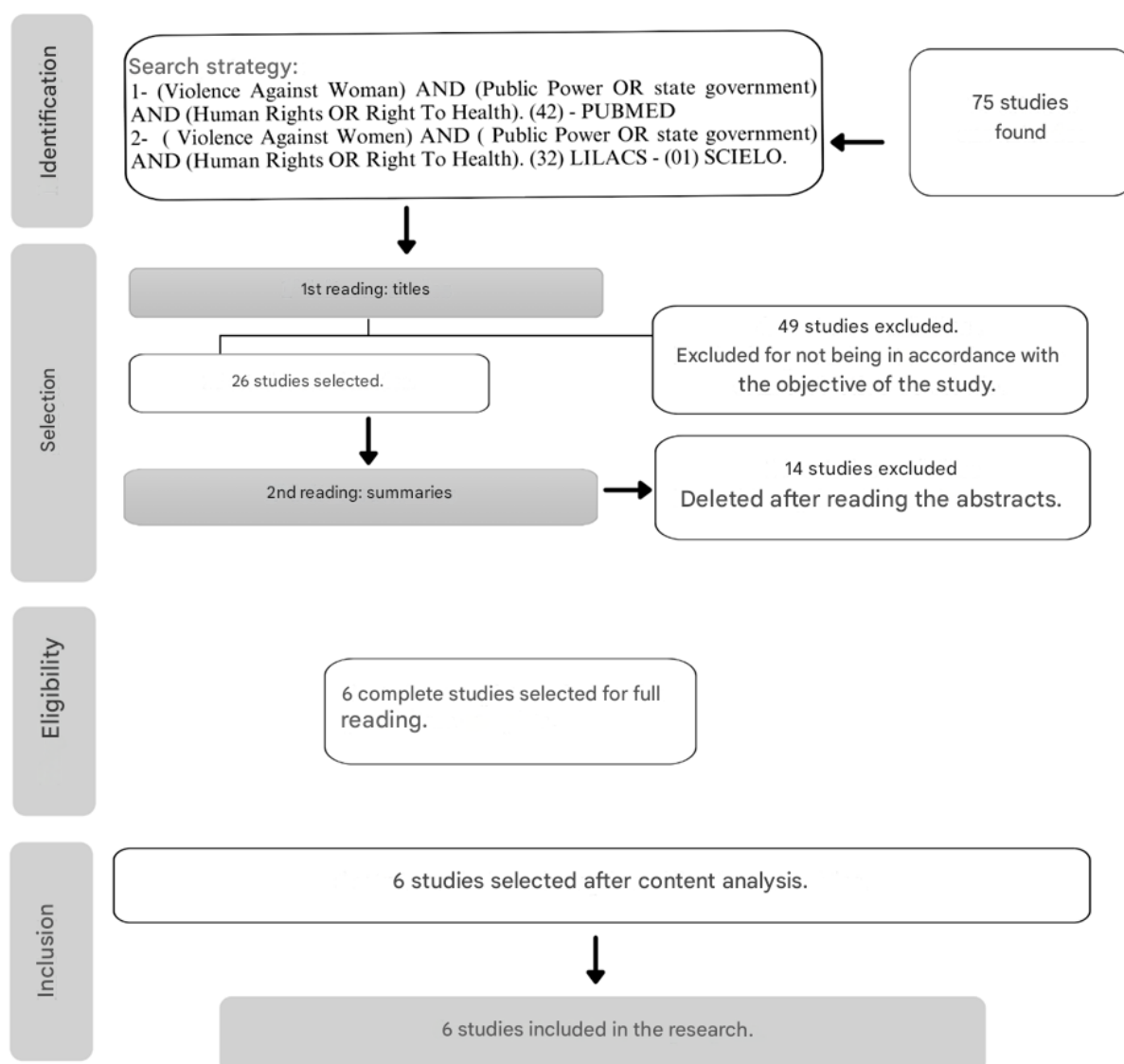
To characterize the articles included in the review, the following information was extracted: title; author/year, place of study, type of study, sample and objectives. To deepen the object of study of this review, information on Violence against women, Public Power and Human Rights were extracted. Such data were systematized through the use of the data collection instrument of this integrative review and presented in the form of tables in the result section.

RESULTS

The search identified 75 potentially relevant studies in the databases, of which 49 were excluded. A total of 75 publications were analyzed by title, and 26 were selected. Subsequently, the abstract was analyzed, and 15 were selected. Afterwards, the full text

was read, and 08 studies were eliminated because they did not fit the objective of the study. Therefore, the final sample was composed of 06 articles. Figure 1 shows the process of searching, deleting, and selecting the studies found.

Figure 1. Selection of studies in the Vitória, ES, Brazil, 2024 databases.



Source: prepared by the authors (2024).

The following table shows a survey of the studies and other relevant information pointed out for the preparation of this review.

Table 3. Description of the main studies found, Vitória, ES, Brazil, 2024.

Autor/Ano	Periódico e Base de Dados	Título do Artigo	Objetivo	Principais resultados
Lucielma Salmito Soares Pinto Ingrid Mayra Pereira de Oliveira Eduardo Salmito Soares Pinto Camila Botelho Campelo Leite Auricélia do Nascimento Melo Maria Castelo Branco Rocha de Deus 2017	Ciência & Saúde Coletiva (SciELO Brasil)	Políticas públicas de proteção à mulher: avaliação do atendimento em saúde de vítimas de violência sexual	Avaliar as políticas públicas, a legislação de proteção à mulher e os atendimentos de saúde às vítimas de violência sexual.	Foram realizados exames físicos, ginecológicos, laboratoriais e coleta de vestígios, com suporte farmacêutico e acompanhamento multiprofissional. Apesar da eficiência no atendimento, identificou-se a necessidade de melhorias em questões como divulgação dos serviços e disponibilização de transporte para as vítimas.
Milhões de Phiri Sibongile Namayawa Bruce Sian Yeuka Palver Sikanyiti Musonda Lemba ¹ Sibongile Namayawa ¹ , Bruce Sian Yeuka ⁴ , Palver Sikanyiti ⁴ , Musonda Lemba 2023	Saúde Pública BMC (PubMed)	Determinantes da violência física conjugal contra as mulheres na Zâmbia: uma análise multinível	Examinar como as características individuais e comunitárias influenciam a violência conjugal contra as mulheres na Zâmbia.	Foram utilizados dados do mais recente Inquérito Demográfico e de Saúde da Zâmbia realizado em 2018. Uma amostra de 7.358 mulheres já casadas com idades entre 15 e 49 anos foi utilizada na análise. Modelos de regressão logística binária multinível de dois níveis foram empregados para examinar a associação entre fatores individuais e de nível contextual e experiência de violência conjugal.
Risso Agostina Disacciaty Vilda Volij, Camila 2023	Evid. actual. práct. ambul.; (LILACS)	La urgencia de dar respuesta sanitaria a la violencia de género / The urgency of providing a health response to gender-based violence A urgência de fornecer uma resposta de saúde à violência baseada no gênero	Abordar as dificuldades do sistema de saúde (a nível institucional e individual) na detecção e assistência às pessoas que o sofrem, e a necessidade de dessensibilização e treinamento de profissionais de saúde.	Identificou uma tendência de não atendimento aos casos de violência seguindo o padrão oficial obrigatório. As razões identificadas incluíram a ignorância destes regulamentos, formação insuficiente, desconfiança nas instituições e negação – ou naturalização – das histórias das mulheres.

<p>Signorelli Marcos Claudio; Taft Angela Pereira; Pedro Paulo Gomes</p> <p>2018</p>	<p>Ciênc. Saúde Colet. (LILAC)</p>	<p>Domestic violence against women, public policies and community health workers in Brazilian Primary Health Care/ Violência doméstica contra mulheres, políticas públicas e agentes comunitários de saúde na Atenção Primária Brasileira</p>	<p>Compreender as relações entre as políticas declaradas a nível federal e a prestação de cuidados de saúde a nível local, através das práticas, comportamentos e atitudes dos profissionais de saúde em relação às mulheres que sofrem VD no contexto dos CSP.</p>	<p>A pesquisa mostrou que muitas mulheres não revelam a violência diretamente aos profissionais de saúde, mas tendem a compartilhar informações com os ACS devido à confiança estabelecida. Em resposta, os ACS desempenham um papel fundamental no encaminhamento das vítimas a serviços de saúde, embora a falta de uma rede de suporte estruturada e de capacitação específica dificulte a efetividade do atendimento.</p>
<p>Kattia Rojas Loria, Teresa Gutiérrez Rosado; Leonor Maria Cantera Espinosa; Leda Maria Marengo Marrochi; Ana Fernández Sanches</p> <p>2014</p>	<p>Rev. saúde pública LILACS</p>	<p>Trends in public health policies addressing violence against women/ Tendencias en salud de políticas y planes en violencia contra las mujeres</p>	<p>Analisar o conteúdo das políticas e planos de ação do sistema público de saúde que abordam a questão da violência contra a mulher.</p>	<p>Foram analisados treze documentos de políticas públicas. Nos contextos de ambos os países. As estratégias das políticas de gênero que abordam a violência contra as mulheres são o intercâmbio cultural e a ação institucional dentro do sistema público de saúde. As ações do setor de saúde são expandidas em planos específicos. As prioridades e a especificidade das ações nos planos de saúde foram as características distintivas entre os dois países.</p>

<p>Dabney P. Evans Corrêas</p> <p>Casey D. Xavier Hall</p> <p>Nancy De Sousa Jasmine D. Wilkins Ellen Dias de Oliveira Chiang Maria A. F. Vertamatti</p> <p>2020</p>	<p>Cad. Saúde Pública (Online) (LILACS)</p>	<p>Women fear the law more than abusers: a study of public trust in health and legal response to violence against women in Santo André, São Paulo State, Brazil / As mulheres têm mais medo da lei que dos agressores: um estudo sobre a confiança pública na saúde e a resposta jurídica à violência contra as mulheres em Santo André, São Paulo, Brasil / Las mujeres temen más la ley que a los agresores: un estudio de la confianza pública en la salud y respuesta legal ante la violencia contra mujeres en Santo André, estado de São Paulo, Brasil</p>	<p>Examinar as percepções das mulheres em relação as leis sobre violência contra mulheres e a confiança delas na resposta dos setores de saúde e direito no Estado de São Paulo, Brasil.</p>	<p>As participantes descreveram uma desconfiança geral no Governo Federal, caracterizada por uma percepção de corrupção e ineficácia. Esta desconfiança parecia estar relacionada com opiniões negativas sobre as leis sobre violência contra as mulheres - incluindo a ineficácia do setor jurídico. Além disso, as participantes expressaram uma satisfação mista com o setor de saúde, questionando sua efetividade no atendimento de casos de violência contra as mulheres.</p>
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Source: prepared by the authors (2024).

It is noted that the largest number of publications took place between the years 2014 and 2023, and in 2023 there were 2 publications, showing that the theme is emerging, which denotes greater concern to understand the problem. One hypothesis is that, given the period of the COVID-19 pandemic, between the years 2020 and 2022, it may have been a factor in the increase in the number of notifications, given social isolation.

The objectives ranged from analyzing public policies and actions developed within this phenomenon. Among the results, there are evaluations of strategies adopted as interventions, the role of agencies that provide care to victims of violence, as well as user satisfaction.

DISCUSSION

The analysis of public policies for the protection of women and health care for victims of sexual violence, as found in the study carried out at the Service of Assistance to Women Victims of Violence (SAMVVIS) in Teresina-PI, shows important advances, but with stimuli to be overcome. The implementation of laws such as the Maria da Penha Law (Law No. 11,340/2006) and Decree No. 7,958/2013 has defined clear guidelines for the care and assistance of these victims. However, the study reveals the existence of gaps, especially in the practice of these guidelines at local points and in the lack of continuous preparation for health professionals (PINTO et al., 2017).

SAMVVIS has played a crucial role in providing humanized care, maintaining the dignity, confidentiality and privacy of victims. This is essential to reduce the emotional exhaustion and trauma experienced by these women. The service performs clinical and gynecological examinations, collection of traces, and provides multidisciplinary support, complying with the established legal requirements (PINTO et al., 2017). However, there are areas that need improvement, such as disseminating information about available services and providing transportation for victims, which are essential to ensure that all victims have access to appropriate care in a timely manner.

Although the current legislation is robust, its social effectiveness depends not only on the existence of public policies, but also on their effective application. (BRAZIL, 2006; BRAZIL, 2003; BRAZIL, 2013; BRAZIL, 2013). The study highlights that, despite periodic training, there are still challenges in raising awareness and preparing professionals who deal directly with victims, especially in less assisted regions (PINTO et al., 2017). For public policies to fully achieve their objectives, a joint effort by all sectors involved is necessary, in addition to the expansion of support networks, especially in areas of difficult access.

There is a positive view regarding the response of the legal and health sectors in the protection of women in Brazil. Although the persistent challenges are recognized, the legislative reforms, especially with the enactment of the Maria da Penha Law, characterize significant advances in the fight against violence against women. This legislation not only reinforces the legal protection of victims, but also marks important progress in the construction of effective public policies. Thus, contrary to some criticisms that question the effectiveness of the measures implemented, these reforms reflect a positive impact and contribute to the strengthening of actions to combat gender violence in the country (Roure, 2009).

The discussion about the effectiveness of policies for the protection of women in Brazil, particularly in the situation of Santo André, shows a generalized distrust in government institutions and in the health and legal sectors. Despite widespread public awareness of laws such as the Maria da Penha Law, many women express skepticism about their actual use and effectiveness. The perception of incapacity of the legal sector is distinguished by reports of impunity, which generates uncertainty that extends to the health sector. Although the SUS offers support to victims of violence, institutional obstacles and stigma among health professionals reduce women's propensity to seek help in this sector, increasing the "culture of silence" (EVANS et al., 2020).

Studies highlight that health managers, influenced by personal values and socio-political contexts, play a crucial role in the implementation of policies aimed at ensuring comprehensive care and the needs of women, promoting the approximation of practices with the principles of human rights (BATISTA et al., 2018). These reflections reinforce the importance of intersectoral policies and continuous training to overcome inequalities and strengthen support networks.

For protection policies to have an effective repercussion, it is necessary that the responses are intersectoral, with coordinated actions between the health, legal and social sectors, focused on humanized and welcoming practices. Interventions that consolidate the training of professionals and integration between services can reduce retraumatization and increase women's safety in the institutional support available. In short, the effectiveness of women's protection policies depends on the ability to overcome these obstacles of trust and carry out actions that go beyond the simple creation of laws, enabling an articulated and effective response to the demands of victims of violence (EVANS et al., 2020)

The conflict over the implementation of policies to combat domestic violence against women in primary health care (PHC) points to a challenging scenario. Despite the established federal guidelines, such as the Maria da Penha Law and the National Policy for Humanization in Health, the ethnographic study conducted in a basic health unit in Brazil highlights important gaps between the formulation of these policies and their practical implementation at the local level. PHC professionals, especially Community Health Agents (CHA), play a crucial role in identifying and monitoring cases of violence. However, they face barriers such as a lack of specific training and a limited institutional support structure, which often determines their ability to respond adequately to victims' needs (SIGNORELLI et al., 2018)

In confronting domestic violence against women, there is a complex scenario, in which positive predisposition and structural challenges coexist. Despite the legal obligation to report cases, professionals often do not have adequate knowledge about the procedures, which contributes to underreporting. In addition, there is a recurring confusion between the concepts of notifying and reporting, reflecting legal and ethical uncertainty. The qualitative analysis of the interviews conducted with health professionals reveals that excessive bureaucracy and lack of specific training are factors that hinder the correct completion of notification forms, compromising the efficiency of the epidemiological surveillance system (FONTANELLA; LEITE, 2019). Overcoming these obstacles requires continuous training, review of bureaucratic processes, and strengthening the articulation between the health and public safety sectors.

It is evident that the CHAs, because they live in the same communities as the victims, build a connection of trust that simplifies the identification of situations of violence. However, this proximity also dictates ethical and safety challenges for professionals, who can become targets of reprisal. In addition, the deprivation of specialized services to care for these women in remote areas worsens vulnerability, requiring CHAs and other PHC professionals to often act as the only available helpline (SIGNORELLI et al., 2018)

The analysis of public health policies to address violence against women shows both advances and diverse challenges in international contexts, especially when comparing Catalonia and Costa Rica. These countries supported policies and sectors of action aimed at promoting gender equality and confronting violence, but point to significant differences in the specificity and implementation of these measures. In both branches, violence against women is recognized as a public health problem, with policies that contain the creation of protocols for the detection, care, and recovery of victims. However, while Catalonia has more detailed and up-to-date protocols, Costa Rica faces adversities in consolidating specific guidelines for the health sector, which impacts the consistency and effectiveness of actions in the country (LORÍA et al., 2014)

Another relevant presence is inter-institutional integration, which is addressed in greater depth in Catalan policies, while in Costa Rica, policy action is limited by the lack of updates to the protocols and the lower specificity of the proposed actions. In addition, while Catalonia judges structural factors, such as economic and property violence, Costa Rica has a less comprehensive approach, making it difficult to fully meet the needs of victims. Thus, the development of effective public policies to address gender-based violence

requires not only a clear conceptual basis, but also a support structure that allows for an intersectoral response that is culturally adapted to local contexts (LORÍA et al., 2014)

It is observed that the literature on the subject still presents a fertile field for further investigations, especially considering the 10-year time frame adopted in this review. In addition, the opportunity to deepen studies that explore the correlation between social isolation during the COVID-19 pandemic and the increase in notifications of cases of violence against women is highlighted. It also identifies the need to examine the strategies implemented during the pandemic period to mitigate such cases, thus contributing to the advancement of public policies and the strengthening of protection networks.

The role of the State in guaranteeing the human rights of women victims of violence is configured through a set of public policies, specific legislation, protection networks and institutional mechanisms that aim to ensure the physical, psychological, social and economic integrity of the victims. This role includes the creation and implementation of laws such as the Maria da Penha Law (Law No. 11,340/2006), which establishes prevention, protection, and punishment measures for cases of domestic violence, and the Femicide Law (Law No. 13,104/2015), which recognizes gender-motivated homicide as a heinous crime.

In addition to the laws, the State must promote the articulation between the sectors of public security, health, social assistance and justice for the creation of an integrated service network. This includes the implementation of Specialized Police Stations for Women's Assistance (DEAMs), Shelter Houses, Reference Centers for Women and health services trained to assist victims of violence in a humanized and integrated way.

Finally, the role of the State goes beyond the response to violence already committed; It includes the promotion of gender equality in order to eliminate the structural causes that perpetuate violence and discrimination. Thus, the State not only protects the human rights of women victims of violence, but also actively works to build a more just and egalitarian society.

CONCLUSION

It is concluded that public policies for the protection of women in Brazil have advanced significantly, especially with the implementation of legislation such as the Maria da Penha Law and Law No. 12,845, which aim at comprehensive and humanized care for victims of sexual violence. Advancing in the fulfillment of essential guidelines of reception,

confidentiality and multiprofessional support, essential to minimize the traumas experienced by the victims.

However, challenges include failures in the integration between health and public safety, as well as gaps in the notification and proper referral of victims. It was observed that not all hospitals in the SUS network are prepared to meet the demands established by the legislation, which compromises the effectiveness of the policies and the scope of the necessary care.

It is therefore suggested that further research focus on the effectiveness of public policies in different regions and types of services, in addition to investigating the factors that limit the practical application of laws. Longitudinal studies that evaluate the impact of humanized care on the recovery of victims are also recommended, as well as the development of continuous training programs for professionals in the area.

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