Original research articles based on limited empirical data

"It is a burden we carry because of each other's stories": Professionals who assist women in situations of violence

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Abstract

Working with cases involving violence against women entails challenges that range from the conditions and structures available to perform the work to personal consequences resulting from constant exposure to gender-based violence. Considering the inherent challenges in working with women in situations of violence and the precariousness of this work, this study aimed to explore the perceived consequences of such work on the personal lives of professionals, understand their motivation to engage in cases of violence against women, and identify the coping strategies used to care for their mental health. Fifteen professionals from the Women's Care Network were interviewed, and the interviews were later analyzed using Thematic Analysis. From these interviews, five themes emerged: consequences of the work; gender-related impacts; reframing of personal histories of violence; the professional role; and structural challenges in public policies. Perceived consequences included impacts on intimate relationships and parenting practices, mood fluctuations, vicarious traumatization, desensitization to violence, intrusion of work into personal life, reframing of the personal history of violence, and the breaking of myths about gender-based violence. The coping strategies identified included reducing exposure to violent content, social distancing, distancing from work, recognizing one's role and successful experiences, participating in social movements, and individual self-care practices. The findings highlight the complex range of factors associated with working conditions in the Women's Care Network, involving individual, relational, social, and political dimensions. Future studies need to prioritize the development and evaluation of health promotion programs, while public policies for this category should also be placed on the State's agenda.

Keywords: gender-based violence, gender, service network, violence against women, worker's health

"É UM FARDO QUE A GENTE CARREGA PELA HISTÓRIA DA OUTRA": PROFISSIONAIS QUE ATENDEM MULHERES EM SITUAÇÃO DE VIOLÊNCIA

Profissionais que Atendem Mulheres em Situação de Violência

Resumo

Trabalhar com violência contra mulheres implica em desafios que vão desde as condições para realização do trabalho até consequências pessoais a partir da exposição constante à violência. Considerando os desafios intrínsecos e a precarização deste trabalho, esse estudo buscou explorar as consequências percebidas do trabalho para a vida pessoal de profissionais, bem como compreender a motivação para atuarem em casos de violência contra mulheres e conhecer as estratégias de enfrentamento utilizadas para cuidado com a saúde mental. Foram entrevistadas 15 profissionais da rede de atendimento e posteriormente as entrevistas foram analisadas por meio de Análise Temática. A partir das entrevistas, cinco temas emergiram: efeitos decorrentes do trabalho; atravessamentos de gênero; ressignificação do histórico pessoal de violência; papel enquanto profissional; e desafios estruturais nas políticas públicas. Consequências percebidas incluíram impactos nas relações íntimas e práticas parentais, oscilação de humor, traumatização vicária, dessensibilização da violência, intrusão do trabalho na vida pessoal, ressignificação do histórico de violência e rompimento de mitos sobre violência de gênero. Já as estratégias encontradas foram a menor exposição a conteúdos violentos, isolamento social, distanciamento do trabalho, reconhecer papel no trabalho e experiencias exitosas, participação em movimentos sociais e prática individuais de autocuidado. Evidencia-se a complexa gama de fatores associados às condições de trabalho na Rede de Atendimento a Mulheres que envolvem fatores individuais, relacionais, sociais e políticos. Estudos futuros necessitam priorizar o desenvolvimento e avaliação de programas para promoção de saúde ao passo que políticas públicas para essa categoria também devem ser agenda por parte do Estado.

Palavras-chave: violência de gênero, gênero, rede de atendimento, violência contra mulher, saúde do trabalhador

"ES UNA CARGA QUE LLEVAMOS POR LAS HISTORIAS DE LAS DEMÁS": PROFESIONALES QUE ACOMPAÑAN A MUJERES EN SITUACIONES DE VIOLENCIA

Profesionales que acompañan mujeres en situaciones de violencia

Resumen

Trabajar con casos de violencia contra las mujeres implica desafíos que van desde las condiciones y estructuras para llevar a cabo el trabajo hasta las consecuencias personales resultantes de la exposición constante a la violencia de género. Considerando los desafíos intrínsecos del trabajo con mujeres en situaciones de violencia y la precariedad de este trabajo, este estudio buscó explorar las consecuencias percibidas del trabajo para la vida personal de los profesionales, así como comprender la motivación para actuar en casos de violencia contra la mujer y conocer las estrategias de afrontamiento utilizadas para cuidar la salud mental. Se entrevistó a 15 profesionales de la red de servicios y las entrevistas fueron posteriormente analizadas mediante Análisis Temático. De las entrevistas surgieron cinco temas: efectos derivados del trabajo; cruces de género; redefinición de la historia personal de violencia; papel como profesional; y desafíos estructurales en las políticas públicas. Las consecuencias percibidas incluyeron impactos en las relaciones íntimas y en las prácticas parentales, oscilaciones del estado de ánimo, traumatización vicaria, desensibilización ante la violencia, intrusión del trabajo en la vida personal, resignificación del historial de violencia y ruptura de mitos sobre la violencia de género. Las estrategias de afrontamiento identificadas fueron la menor exposición a contenidos violentos, el aislamiento social, el distanciamiento del trabajo, el reconocimiento del rol profesional y de experiencias exitosas, la participación en movimientos sociales y las prácticas individuales de autocuidado. Se evidencia la compleja gama de factores asociados a las condiciones laborales en la Red de Atención a Mujeres, que involucran dimensiones individuales, relacionales, sociales y políticas. Los estudios futuros deben priorizar el desarrollo y la evaluación de programas de promoción de la salud, al tiempo que las políticas públicas dirigidas a esta categoría profesional también deben formar parte de la agenda del Estado.

Palabras-clave: violencia de género, género, red de servicios, violencia contra la mujer, salud laboral

Public policies for women are a set of actions at the municipal, state, and federal levels designed to expand access to rights, promote gender equality, support autonomy, and combat violence against women (Brasil, 2013). In the latter case, breaking the cycle of violence and navigating specialized services or non-governmental organizations represent unique and distinct experiences for each woman, although service operation failures tend to follow a recurring pattern. In this context, the concept of Critical Route emerged as part of an initiative by the Pan American Health Organization (PAHO) to understand the phenomenon of gender-based violence better. Its definition is characterized by the trajectory followed by women seeking to break free from violence, encompassing the sequence of decisions made and actions taken during this process (Bruhn & Lara, 2016). According to Ruschel et al. (2022), many women's support services encounter significant challenges, including moral judgments, inadequate infrastructure, bureaucracy, a shortage of professionals, and a lack of information regarding laws and procedural processes.

Among the various obstacles faced by women using specialized services, the scarcity of professional training and development stands out, representing a structural organizational problem that directly affects the quality of service provided. Proposals for educational actions are necessary to ensure professional specialization; however, it should also be noted that factors external to training, such as excessive work demands, fear of the perpetrator of violence and/or reprisals, lack of team integration, and high staff turnover, also play a role (Ruschel et al.; 2022; Santos et al., 2022).

Professionals' conduct is often shaped by stereotyped notions of gender roles, which contribute to a harmful cycle between interpersonal and institutional violence, where negative experiences mutually reinforce one another (Ruschel et al.; 2022). As a result, services are unable to fully realize their potential in interrupting the perpetuation of violence. The effective implementation of public policies for women, as well as quality service provision by professionals, still face many challenges. Professionals working within the Network may face obstacles stemming from a lack of preparation to deal with service users, as well as from the personal impact of systematically working with victims of violence, which can affect their health (Gonsalves & Schraiber, 2021). Occupational health is recognized as one of the social determinants of health. As a fundamental field of public and collective health, it focuses on promoting well-being and preventing harm in the workplace (Brasil, s.d.). It encompasses interdisciplinary principles and practices directed toward promotion, prevention, and surveillance, with the aim of fostering healthier work relationships (Minayo-Gomez & Thedim-Costa, 1997). Accordingly, the health of professionals working in the Network for Combating Violence against Women must be a priority, as their compromised health can negatively affect the quality of care provided to service users (Trippany et al., 2004).

In the case of professionals working with women experiencing violence, a national study identified effects on their marital relationships. Participants reported that working with situations of violence against women made them less tolerant of sexist behaviors from their

partners over time. Jokes, comments, or any other actions reflecting gender inequality began to be reprimanded and taken more seriously by the participants. Meanwhile, other professionals reported that the work helped them develop healthier repertoires for dealing with marital conflicts (Penso et al., 2010).

Another important point is that female professionals often identify with the cases they handle, due to shared experiences of being a woman in society, which stem from the social marker of gender. Consequently, the same psychosocial processes present in the narratives of women with a history of violence also, to some extent, affect the lives of the professionals themselves (Penso et al., 2010). It is emphasized that most professionals working with women experiencing violence are women, reflecting the feminization of work, where social expectations of caring for others influence women's career choices and continuation in these roles (Hirata & Kergoat, 2007).

Considering the inherent challenges of working with women experiencing violence, this study aimed to explore the perceived impacts of this work on professionals' personal lives, understand their motivations for working in cases of violence against women, and examine the coping strategies they use to maintain their mental health.

Method

This is a qualitative and exploratory study. A qualitative design was chosen, as it is recommended in situations where there is no consolidated knowledge on a given topic (Strauss & Corbin, 1990). Exploratory studies, in turn, in addition to aligning with the same objective, make it possible to identify whether or not further studies on the topic are needed (Saunders et al., 2007).

Participants

Study participants were 15 professionals, working in the health, social welfare, justice, and public safety sectors, in public or private services, and providing care to women experiencing violence. Participants were contacted by email from a previous quantitative study and had expressed interest in participating in the qualitative phase of the research. The participants were cisgender women aged 27 to 37. Most identified as white, had postgraduate-level education, were heterosexual, and had a monthly income of two to four minimum wages. Most participants were either tenured or self-employed, predominantly working in the Southeast region and in capital cities. The majority had received training to address cases of violence against women on their own initiative rather than as part of workplace offerings. Five participants worked in the justice sector, three in social welfare, three in health, two in public safety, and two in a sector designated as human rights.

Instruments

(1) Semi-structured interview with questions regarding the perception of challenges and strengths in working with women victims of violence, as well as strategies for professional care and support. The following questions were asked: 1) What has been your experience working with women experiencing violence? 2) Does your work impact your personal life? In what way? 3) What motivates you to work in a service that addresses cases of violence against women? and 4) What strategies do you use to cope with the effects of your work on your life?

(2) Questionnaire on sociodemographic and occupational data (city where the professional works, sector of activity within the network, role performed, type of employment, length of experience in the role, population served, whether they have received training to work with people who are victims of violence, whether the training was offered or sought voluntarily, and whether they participate in supervision or consultation for professional practice).

Data Collection Procedures

The interviews were conducted online via Google Meet by a previously trained researcher. Data collection occurred between December 2022 and March 2023. The interviews had a mean duration of 30 minutes, were audio-recorded, and subsequently transcribed. Online data collection may facilitate participants feeling more comfortable answering questions related to their work, precisely because the research was not conducted in partnership with or within services of the Network for the Protection and Care of Women.

Ethical Procedures

The study received approval from the Research Ethics Committee of Pontifical Catholic University of Rio Grande do Sul, under authorization number 5.144.061 (CAAE: 53647321.9.0000.5336). At the time of data collection, all participants were informed about the nature and purposes of the research, and only those who agreed to the consent form were included. The procedures followed were in accordance with Resolution 510 on research ethics in the Human and Social Sciences (2016).

Data Analysis Procedures

The Thematic Analysis proposed by Braun and Clarke (2019) was adopted for data analysis, following these steps: 1) familiarization with the data, 2) generation of codes, 3) searching for themes, 4) reviewing themes, 5) naming themes, and 6) production of reports. Since this phenomenon is still little explored at the national level, an inductive logic was used for its understanding. The units of analysis were the participants' sentences, analyzed by at least two independent judges. The judges included five cisgender women, one doctoral student and four undergraduate research students. In cases of disagreement, a third judge evaluated the material.

The choice of method was also due to Thematic Analysis allowing a reflective stance toward the research problem, so the present study adopts an interpretative approach to the topic, seeking to identify subjective meanings in the participants' statements.

Results and Discussion

The thematic analysis generated 132 codes, which were grouped according to content similarity. Subsequently, the subthemes were refined to identify overlaps, resulting in seven subthemes. These were organized into five themes (Figure 1).

Figure 1

Flowchart of themes and subthemes identified in the interviews
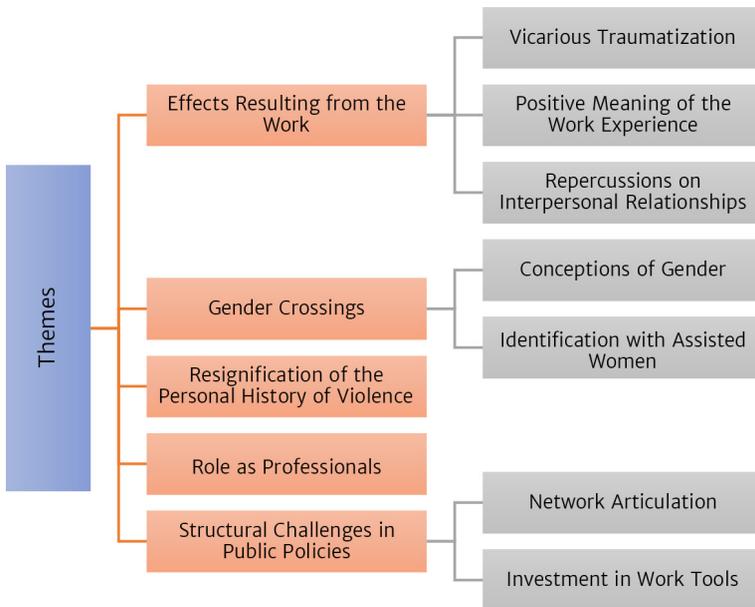
Effects Resulting from the Work

Effects resulting from the work refer to life changes perceived by the professionals after beginning to work with cases of violence against women. Within this theme, three subthemes were defined. The first subtheme concerns a set of experiences reported by participants, referred to as "vicarious traumatization," which relates to cognitive, emotional, and behavioral consequences of vicarious trauma. This is understood as a phenomenon of ill health in individuals who work directly or indirectly with the traumatic experiences of patients and clients. People whose occupational roles involve frequent exposure to another individual's trauma may experience alterations in their beliefs about themselves and the world. Cognitively, they may

present impairments in beliefs about self-esteem, safety, intimacy with others, efficacy, and sense of independence, as well as flashbacks, intrusive thoughts, and confused memory. Affectively, they may have greater difficulty being emotionally responsive to people and situations and face greater problems with emotional regulation (McCann & Pearlman, 1990).

Participants identified cognitive changes after working with women experiencing violence, particularly regarding beliefs about themselves and the world, exemplified in the statement: "But I noticed this in my colleagues, we tend to stop believing in love. We start becoming more rational, detached, and insensitive" (P5 – Police Officer).

This alteration in self and world perception was described by several participants as a kind of constant state of alert: "So I think that when we work with this type of demand and because we are women, I notice that we are always looking for violence within our relationships" (P8 – Psychologist).

As a result of vicarious traumatization, individuals gradually tend to perceive the world as a dangerous place and people as untrustworthy (McCann & Pearlman, 1990), which aligns with the participants' reports. Cognitive changes were also evident through intrusive thoughts about cases of violence, a common experience for those undergoing vicarious traumatization (Wu et al., 2024): "I'm off work and then it just hits me, it comes suddenly" (P3 – Lawyer). Furthermore, a process of desensitization to violence against women was observed: "I am a colder person, that's why people are surprised I cried over a case" (P12 – Psychologist).

A Brazilian study conducted with the aim of also understanding the impacts of working with women in situations of violence similarly found the normalization of violence against women as a consequence (Santos et al., 2022). Daily work with cases of violence against women can lead to a certain desensitization of professionals and emotional distancing from some cases considered of lesser importance and, at times, from the victimized women themselves (Santos et al., 2022). Although to some extent this may be protective for performing the work, excessive desensitization can compromise the assessment of cases, normalize violence, enhance feelings of anger and contempt toward the person assisted (Shepard, 2013), and increase the likelihood of revictimization of women within the Care Network.

Other emotional consequences are also perceived and may appear as exhaustion, feelings of frustration and helplessness, anguish, anxiety, stress, fear, and ambivalence regarding work. Emotional symptoms of vicarious trauma may manifest as intense and prolonged feelings of anxiety, sadness, irritability, insecurity, and greater emotional fluctuation (Trippany et al., 2004): "It's like a burden we carry because of someone else's story" (P10 – Lawyer). This statement is highlighted here and in the article's title, as it is representative of the content reported by all participants.

Greater difficulty in emotional regulation may lead to certain impairments, as mentioned: "I get involved in many fights, arguments, struggles" (P2 – Psychologist). Despite the risks involved and potential harm, conflicts experienced by these professionals combating daily

gender-based violence are related to awareness of social problems and the understanding that they are active agents in the fight for women's rights (Goldblatt et al., 2009).

Consequences linked to heightened emotional reactivity can be particularly damaging in certain Network services, such as for police officers, where difficulties in emotional regulation in response to cases may result in excessive use of force:

> We often feel like resolving things with our own hands. Because you stop believing in the Law. You stop believing in justice. You stop believing in the judiciary. You stop believing in everything. Then, when you apprehend a perpetrator of domestic violence who has raped or beaten several women... (...) You really want to take matters into your own hands. And you need psychological support to get through this, to understand that it is not in your hands... You cannot resolve it yourself (P5 – Police Officer).

This participant's statement suggests that frustration with unresolved cases triggers intense emotional responses. It is known that lower job satisfaction contributes to higher stress levels in military police officers (Santos et al., 2021).

The content of the work itself was also identified as a factor increasing feelings of strain and exhaustion: "Many times, I have left a session in tears, finishing the meeting with the woman and saying: 'I cannot work anymore right now, I need 15 minutes to process what I just heard'" (P2 – Psychologist). The qualified listening of professionals is essential for the proper handling of cases and the construction of bonds with the women assisted; however, the quality of this listening depends on the conditions in which these professionals find themselves. Work logics focused on productivity and the number of cases handled lead to greater exhaustion among professionals and place at risk the attention given to the women who access the services (Carneiro et al., 2021).

The content of the work also seemed to provoke explicit changes in routines adopted by the professionals after beginning work. These changes occur mainly due to the intrusion of work into personal life, that is, how much work, and consequently cases of violence, seem to be constantly present in the professionals' lives even outside their working hours. This intrusion occurs both through concrete and symbolic forms. The intrusion occurs concretely in the case of professionals who need to alter their personal routine to accommodate work. There were several reports of people who took work home, performed excessive overtime, or were surprised by emergency demands while in personal or leisure moments. This experience is illustrated in the participant's statement:

> Even though we work during business hours, nothing happens during business hours, so it is actually not rare that we go beyond working hours. Often it happens that we return home late, or have to leave very early, go over the schedule, there is no schedule. (P6 – Police Clerk).

On the other hand, there is symbolic intrusion, referring to the perception that, as workers in the area of gender and violence, professionals feel responsible for combating machismo and other gender-based violence in various spaces, whether in the family, at the bar with friends, or on social media: "Because it tires me, it wears me out, it feels like I am working twenty-four hours a day. So, this thing about violence against women, machismo and feminism, I am a feminist twenty-four hours a day" (P2 – Psychologist). Working with cases of violence against women can violate boundaries between private and professional life, not only due to technical work often brought home but also due to the profound transformation of the person regarding gender relations in daily life (Goldblatt et al., 2009).

Based on these emotional and cognitive repercussions, participants reported strategies they used. To cope with feelings of helplessness, they reported the need to recognize what works well in their work and understand their role as professionals, and to understand that case outcomes are the result of a process, not a quick resolution: "seeing a woman return to her aggressor is very distressing for me (...) although I can understand it today, I have this perception that this is a process that happens" (P8 – Psychologist). Strategies also included a certain dissociation from work, which many participants called "switching off": "I take a shower, relax, try to think about something else and turn off the switch" (P3 - Lawyer).

Emotional regulation management appeared mainly through what participants called "choosing the battles I will fight," especially when referring to situations that violate their beliefs about gender-based violence and automatically place them in a confrontational stance: "I choose the battles I am going to face, you know?" (P2 - Psychologist). Other strategies included psychotherapy, sharing some situations with family members, spiritual or religious practices, social isolation, and identifying generalizations: "I need to have spiritual support. Otherwise, you will not endure being in public security, working with violence all the time" (P5 – Police Officer) and "We always see the figure of a man committing violence, and it is also about policing yourself so that these thoughts do not dominate you to the point that you say I will not date anyone, I will not go out anymore (...)" (P4 – Social Worker).

Despite the various attempts to manage perceived consequences, one of the most commonly mentioned by participants was avoiding exposure to news and other violent content during personal and leisure moments: "For example, at lunchtime, I avoid watching the news" (P14 - Psychologist); or "I avoid watching news, newspapers, those things, news. For my mental health" (P5 - Police Officer).

Another subtheme concerns the perceived repercussions on interpersonal relationships. Changes in parenting practices were observed among participants who have children. These changes include increased vigilance regarding children and parenting practices with gender awareness. Vigilance can be illustrated by the following statement: "You don't let your daughter go anywhere, you don't leave her alone with anyone, you don't even leave her alone with her father" (P5 – Police Officer). The increase in monitoring of children had already been noted in the literature (Stewart & Witte, 2020). Among professionals working on cases of sexual crimes

against children over the internet, the traumatization resulting from this work significantly influenced increased vigilance behaviors among professionals who were mothers and less so among those who were fathers. People with younger children were also more vulnerable (Stewart & Witte, 2020).

However, the constant routine surrounding cases of violence against women also seems to bring greater awareness among professionals of the role of educating children and adolescents in preventing gender-based violence. Professionals working with people who have experienced trauma, based on their work experience, may also develop better dialogue skills with their children (Pistorius et al., 2008): "I have a 17-year-old daughter, at home we talk a lot about gender-based violence, about feminism, my daughter is super feminist" (P2 – Psychologist).

Constant distrust in intimate relationships also emerged as a frequent experience. This distrust was present both in establishing new romantic relationships and in hypervigilance in already established relationships. This circumstance may trigger increased conflicts and emotional distancing in relationships:

> Inevitably I start having conflicts in my marriage. Because if I see any sign, my husband, that could remind me of what I do at work (...) Then barriers start to form. So, policewomen become colder. They become less sensitive to matters of love, of believing in love. So, we say there that we do not love. (P5 – Police Officer). You always stay alert with the feeling that my God, at any moment something could happen and you end up looking at the smallest details to see if that is a way to manipulate you. (P4 – Social Worker).

Breaking myths about romantic relationships and gender relations is powerful for the development of individuals and the relationships themselves. However, it can also be conducted in a way that generates distancing between members of the relationship (Goldblatt et al., 2009). It is undeniable that all relationships, including intimate ones, involve power inequalities based on the social markers of the people involved, which may include gender, race, age, presence of disability, sexual orientation, among others. Therefore, at some level, micro power relations traverse married life and become another element that interferes with negotiating the roles and needs of the couple. These micro power relations within intimate life operate through actions, discourse, and decision-making, which can generate a violent dynamic, but also conflicts focused on negotiating and balancing the needs of both individuals (Boris, 2012). It is therefore understood that discussing social inequalities within relationships can be conducted assertively.

Isolation or some social distancing was also mentioned as a strategy to cope with perceived work impacts. This distancing occurs through moments of being alone after a workday with high emotional demand or to avoid conflicts. When professionals in this area feel they will not be able to respond adequately to conflict and emotional discomfort, they opt to isolate themselves (Goldblatt et al., 2009): "I need my rest time, an hour when I do not want to talk anymore" (P14 – Psychologist).

Despite the challenges to mental health identified by professionals, positive consequences from work were also mentioned, which constitute an important subtheme of this study. Work can enhance breaking myths and stereotypes about gender-based violence: "in the first week of work, all the barriers I had created fell apart. I saw that it is extremely important work. Delicate, sensitive" (P5 – Police Officer), which includes a new representation of who the women experiencing violence are. A Brazilian study with professionals attending women in CREAS also found that through the cases attended, workers develop greater empathy for the women assisted and identify with them (Incerpe & Cury, 2020).

Greater understanding of relationships from a gender perspective was also understood as a gain for participants: "They have a strong impact on my relationship with my family. In this way, a transformation occurs: you develop more sensitive listening and establish more thoughtful relationships concerning gender issues and violence" (P4 – Social Worker).

The impact on health resulting from work with violence and people who have experienced trauma can be a two-way street, potentially causing both negative and positive changes. In the excerpts above, it is evident that work with women in situations of violence, despite involving significant suffering and challenges, provided new understandings of the world, beliefs about gender, and personal relationships, which are understood as positive developments. This finding may relate to the phenomenon described in the literature as Vicarious Post-Traumatic Growth, which consists of a person experiencing positive psychological growth following trauma, mainly through discoveries of self-realization (Tsirimokou et al., 2022). Consequently, the experience of working in adverse scenarios is also potent in promoting positive changes in beliefs and cognitive schemas.

Working with violence against women, especially in intimate relationships, brings professionals closer to the complexity of gender relations and the intersections of power and oppression in public and private life. It allows for a re-signification of their understanding of the world and of their own relationships (Goldblatt et al., 2009). This transformation also provides a re-signification of work within the care network, as many professionals ended up moving into this scope of work either due to a casual employment opportunity or because they were allocated and required to work there. Work in this niche was often understood, especially in police officers' accounts, as a less relevant area of practice:

> Most of my academy colleagues did not want it because they thought that it was just about listening to women crying, complaining about their husbands. That it has no use. That it is not a useful service, it is just listening to couples' complaints (P5 – Police Officer).

From this change in perspective, professionals reported an increased sense of belonging at work and feelings of gratification. Motivation for work, understood as the internal drive directing behavior toward goals, decisions, and actions at work (Oliveira & Silva, 2021), also underwent changes. These occurred through the understanding of commitment and social

impact implied in this type of work addressing violence against women: "this work is very special, because we see the difference from the first service to the last one. How it impacts the person's life" (P1 – Lawyer).

Gender Intersections

When interviewing professionals who assist women in situations of violence, it is impossible to dissociate personal and professional experiences, referred to under the theme "Gender Intersections." This theme includes perceptions directly linked to structural gender relations in society and the impact on participants from working with women.

In participants' statements, a subtheme titled "Gender Conceptions" was evident at various points. This subtheme refers to experiences reported that, in some way, reproduce stereotyped gender beliefs and roles in the professional lives of participants. This stereotyping occurs both in relation to the women attended and in the reproduction of rigid gender roles within the work environment itself. The first case can be illustrated by the excerpt: "if a guy hits you, you are not going to marry him, right?" (P3 – Lawyer).

This is one among many statements reflecting victim-blaming regarding the violence suffered. The reproduction of rigid beliefs about violence against women also appeared through benevolent sexist comments in which professionals seemed to establish a knowledge-power relationship with the woman attended due to a perceived fragility of the victim: "(..) she is a woman with very fragile self-esteem, a woman who does not trust herself much, and who often needs a response from the outside" (P1 – Lawyer).

Despite understanding gender relations being fundamental knowledge for this type of work, these professionals are also socialized within a patriarchal culture and end up reproducing such stereotypes. Therefore, professionals within the Women's Care Network may also reproduce prejudiced and sexist attitudes that end up re-victimizing women (Incerpe & Cury, 2020). Furthermore, the interviews revealed different perspectives on the phenomenon of violence against women, which may relate both to the different work sectors and the training of professionals. Although professionals from all sectors demonstrated stereotyped notions of gender, the rigidity of these conceptions was more explicit among security and justice professionals, a finding similar to other studies (Grisoski, 2022; Vieira & Hasse, 2017). This difference in conceptions of gender-based violence may be due to the characteristics of each type of work, the epistemology underpinning each profession's knowledge, and the organizational culture of each sector (Vieira & Hasse, 2017).

Gender stereotyping also appeared within the participants' work experiences. Gender-based violence manifested both in task division between women and men within services and in reports that female professionals need to prove themselves more than men: "(...) we need them [male police officers] at the women's police station. We need the male presence, we need them for situations of confrontation. We cannot have only female officers" (P5 – Police Officer) or "We have a tendency to want to work more and better because we are women, and we want to prove

that we work well, so I think we all ended up working excessively" (P11 – Psychologist). Notably, even in workplaces that are part of women's protection policies, task division is expressed systematically and hierarchically based on roles socially attributed to the gender of individuals, as noted by Hirata & Kergoat (2007). This element aligns with the cited authors' observation that even in contexts aiming to question and reconfigure social relations between genders, gender stereotypes can be reproduced, placing women workers in caregiving-related tasks.

The second subtheme, "Identification with Women Attended," was transversal to all interviews conducted. Considering that all participants were women and shared experiences of gender-based violence with the population they serve, when looking at the person attended, they saw themselves reflected in those experiences, either by having experienced similar situations or by the possibility of being victimized at some point: "What differentiates me from the woman who is currently filing a police report is that I have not been beaten yet" (P10 – Lawyer); "you first start as a woman, seeing the violence in your own life as well, gender-based, which were previously normalized" (P11 – Psychologist).

Given the various intersections of gender relations in the professionals' lives, participation in social movements and the purpose of their work were cited as strategies for self-care and collective care. Political activism is understood as a resource to avoid emotional distancing from women attended and to deal more functionally with feelings of anger (Iliffe & Steed, 2000): "Participating in social movements also strengthens you, right, so you have strength, so you are there every day well, to properly look after these people and when these paranoias come" (P4 – Social Worker).

Re-Signification of Personal History of Violence Through Work

An equally relevant theme was identified from the perspective that work with women in situations of violence was also shaped by their personal experiences of violence. "Re-Signification of Personal History of Violence Through Work" appeared both as motivation to continue working in the field and as a positive work-related consequence perceived by the participants:

> I also think that this is one of the reasons that makes me want so much to work in prevention. Because if, at the time I suffered violence, prevention had been addressed, perhaps I would not have been a victim (...) But being able to prevent it is as if I were doing something for myself. (P9 – Psychologist)
> So I think that is what motivates me every day, knowing that I have been on the other side, that I was a victim of violence, but I survived. (P10 – Lawyer).

Participants reported a history of violence in their family of origin, as witnesses to parental violent relationships, as direct victims of maltreatment during childhood and adolescence, and in past intimate relationships. Several participants indicated that the motivation to continue working in such a challenging field is driven by their own experience with violence. "I think the biggest

impact at the beginning was forgiving myself for having done this [staying in the violent relationship]" (P1 – Lawyer).

Assisting women in situations of violence seems to have a dual function for these professionals. There is a sense of feeling useful in protecting women, but also of repairing their own personal history of violence. These findings align with Bell (2003), who also identified that professionals who had experienced traumatic events in the past used work as a means of resolving personal issues.

To protect themselves from counterproductive contamination biases and avoid imposing their personal experiences on the cases attended, professionals indicated that some monitoring is necessary:

> We need to be aware so as not to confuse our history with that of another person. To also avoid distorted interpretations. The person starts telling a story and I already want to raise some hypotheses, but based on my experience (...). (P9 – Psychologist)

Role as Professionals

The way participants understood the core of their professional work permeated all interviews and responses during questioning, giving rise to the theme "Role as Professionals." The representation professionals assign to their professional activity served as a guide for their actions in and out of work and also influenced the perceived impact of work and motivation for practice. For many participants, confronting gender-based violence extended beyond the workplace, linking to a personal value:

> (...) When you care, when you advocate for the cause... I was already a feminist, I was already an activist, coming from a family where my mother, my grandmother were people who always worked on this cause, so when you care, I think it impacts you. (P4 – Social Worker).

Promoting social transformation in gender inequalities emerged as a strong motivation for professionals' engagement in this field. Acting formally to confront violence against women was understood as a catalyst for changing social paradigms that re-victimize women: "When I started encountering successful cases (...), where a woman was able to identify it (the violence), she managed to see, she is managing to reorganize herself, she is allowing herself other things, other possibilities, I think that motivates me a lot" (P14 – Psychologist).

Other participants, however, indicated that they did not initially have motivation to work with gender-based violence and that their entry into this field occurred due to job opportunities or situational circumstances: "I was obligated to come to work at the women's police station" (P5 – Police Officer). This indicates that not all professionals working within the network of services for women in situations of violence identify with the agenda or meaning of the work.

In some accounts, motivation for the work seemed to emerge from a notion of working with women as something compassionate. Accordingly, these participants, in a non-explicit way, appeared to understand their role in cases of violence against women as a savior role: "I liked helping people. I liked saving victims. I have already saved victims of unlawful confinement. Children, children with pets inside the police vehicle" (P5 – Police Officer); "(…) We can save a person's life, you know, because sometimes I look at it from this extreme perspective, in the sense of actually saving a person's life" (P14 - Psychologist).

Adopting a helper-oriented identity is related to making this work meaningful, which can help reduce stress levels (Bell, 2003). At the same time, the notion of the professional as responsible for ending the violence or "saving" the women attended may increase feelings of pressure and job dissatisfaction, as well as the risk of the professional taking a controlling role over the woman and not respecting her decisions.

Considering the reverberations of the meaning participants give to their work, as well as their understanding of their professional role, strategies were identified to manage expectations and engagement with work tasks. These strategies ranged from identifying fusions between different social roles, managing and tolerating frustrations and feelings of powerlessness, and recognizing possibilities and limitations of the professional practice:

> I think it is fundamental to understand what belongs to the other and what is mine, the life of the other and what is my life, trying to make these analyses, these understandings so that I do not become fused with these women's processes (P8 – Psychologist)
>
> (…) With therapy, for my personal issues, so that work does not become an issue for me, even though it is impossible to dissociate 100%" (P6 – Police Clerk).

Structural Challenges in Public Policies

The final theme present in all responses related to "Structural Challenges in Public Policies," as it is impossible to dissociate individual health impacts from the social, historical, and political context in which this workforce is inserted. This axis was divided into two subthemes: "Network Coordination" and "Investment in Work Tools."

The difficulty of coordination between services and policies within the Women's Care and Protection Network was highlighted by several participants. The lack of financial investment was mentioned multiple times, which is contrary to the National Plan of Public Policies for Women (Brazil, 2013). Participants referred to a lack of services: "Because we knew there would be no shelter vacancy if that woman and her family needed it, we knew that if they needed a benefit, they would be on a waiting list of I don't know how many thousand people (…)" (P4 – Social Worker). They also reported psychosocial and territorial barriers as limiting women's access to services. This exposes gaps at municipal, state, and federal government levels in providing equal access to rights for women:

> Many times women cannot even file a complaint, right, they cannot access anything guaranteed by the Maria da Penha Law because they live in territories controlled by drug trafficking. (...) So they cannot report it because they know that if the police arrive and intervene, their lives are over from that point on. (P4 – Social Worker).

Likewise, fragmentation of services and the isolation of the Network from non-specialized services for violence against women were observed. Similar results were found in Santos et al. (2022), who identified deficits in referral and counter-referral flows of services. In this study, the following statement exemplifies this: "Because in the municipality where I work, there is an understanding that services that are not specialized should not be prepared to address these demands" (P9 – Psychologist).

Intersectoral barriers interfere with the quality of care for the woman attended (Santos et al., 2022). When the Network flow fails, professionals perceive harm to the conduct of care (Carneiro et al., 2021). In this study, participants identified problems in network coordination due to lack of financial investment in the mechanisms and services prescribed by public policies, psychosocial contexts that hinder women's access to their rights, and the isolation of services that are not specialized but are considered part of the protection and care network.

It is emphasized that for their full implementation, public policies for women require specific responsible bodies at the municipal, state, and federal levels. However, the reality in Brazil is that in many municipalities and states, services and women's policy bodies are allocated within departments or secretariats of other areas. In municipalities, this structure hinders the optimal distribution of resources, impairs social participation, and mainly obstructs access to these policies in smaller municipalities. State governments, in turn, would be responsible for coordination with municipalities and for providing financial and technical support (Martins & Conteratto, 2020).

Gaps in the coordination between public policies also emerged when participants mentioned the government's role in dismantling public policies for women, which directly affected their working conditions. The reduction in investments was understood as a result of the normalization of violence against women by the Bolsonaro government, such that investment in these public policies was not a priority:

> Violence against women intensified for two reasons: first because of a highly violent government that we just had, and still have, which incites a lot of violence, first for that reason, as if violence became institutionalized, we could be violent, right? And I think that legitimizes violent men, it gives power to people to be violent, I think that increased. (P2 – Psychologist)
> Challenging, because coincidentally it was the last four years we had under the Bolsonaro government, with a policy of extermination of women, a policy of extermination of policies for women, it is an encouragement to violence. A validation of male violence, a validation of oppression, and a general legalization for men (...) I had a great challenge working in this historical period of total dismantling not only of policies for women,

but of social welfare policies (…) We see a loss of budget, of funding, and these professionals having to find strategies wherever possible. (P4 – Social Worker).

The phenomenon of violence needs to be understood and investigated in interaction with social and historical contexts. After the 2018 elections, then-president Jair Bolsonaro carried out drastic cuts in budget allocations for the ministry responsible for managing women's policies. Throughout his administration, there was a 94% decrease in investment designated for combating violence against women compared with the previous administration (Martello, 2022). In 2022, the lowest budget allocation for addressing violence in a decade occurred (Fórum Brasileiro de Segurança Pública e Datafolha, 2023). This fact even violated the law stipulating that 5% of expenditures from the National Public Security Fund should be directed to policies for women's protection, which that year totaled only 0.2% of expenditures (Instituto Sou da Paz, 2023).

Furthermore, political actions by ultra-conservative movements intensified, choosing gender equality as a theme to be combated. Conservative and religious organizations gained prominence in recent years in Brazil in an attempt to mitigate gender discussions in public spaces. They base themselves on the ideology that rethinking social norms would be harmful and contrary to the natural order of social positions between women and men. With the rise of neoliberal and conservative governments and agendas, the discourse becomes a political strategy and naturalizes gender violence (Mantovani & Areosa, 2022).

It is therefore highlighted that public policies for women end up depending on management interests and are not necessarily a transversal government policy, remaining even vulnerable to setbacks of previously achieved rights (Peixoto et al., 2023). Therefore, it is impossible to understand the working conditions and consequent health impacts on professionals attending women in situations of violence without encompassing the macrosocial scenario that permeates these relationships.

Relationships with colleagues occupied an ambivalent position in participants' reports. It was identified as harmful when colleagues did not share common values regarding gender-based violence and especially when they reproduced institutional violence: "I work here because I like it a lot, but most of my colleagues are not like that, and it is very frustrating (…)" (P6 – Police Clerk). From another perspective, it was highlighted as a support resource to cope with institutional and social adversities at work: "I like to think that I am in the collective, much more than working alone" (P2 - Psychologist).

The final subtheme emphasized the need for "Investment in Work Tools," indicating technical strategies deemed necessary not only to improve work with women but also as support resources for professionals to deal with the adversities of their work. Supervision, ongoing training, and spaces for peer exchanges were cited as important tools for emotional and technical support regarding the cases attended:

> To be able to work, to provide quality in our work, I think permanent training is essential for those who work in this area, ongoing education, which municipalities should offer to employees, right, always providing training, all the time (...). (P4 – Social Worker).
>
> So I think the exchanges that arise, I think it is very interesting, I think groups like this, conversation circles, exchanges, would be very constructive for our own mental health, for understanding others' processes and even for creating interventions based on others' experiences (...). (P8 – Psychologist).

The demand for greater technical training was also found in the study by Carneiro et al. (2021). The level of instrumentalization was perceived as an essential factor affecting the type of care women receive in services. Continuing education on gender-based violence should be encouraged and promoted by service management (Carneiro et al., 2021). Supervision, in turn, can also be a protective factor against the development of anxiety and vicarious traumatization (Tsirimokou et al., 2022).

The need for more training to qualify work is reflected even in the labor characteristics of participants in the study, in which 66% had some type of training to work with violence against women, but stated that the initiative came from personal pursuit rather than the employing institutions. Sharing among professionals is also highlighted as a fundamental strategy to mitigate training deficits and support effective action in cases of gender-based violence (Incerpe & Cury, 2020).

Finally, several participants mentioned the need for greater institutional support and management of services to promote healthier work environments. Lack of support was related to the absence of formal resources for mental health within institutions, as well as difficulties in emotional expression, vulnerability, and support within teams and among colleagues:

> I am not speaking ill of my institution, but there are no policies within public security institutions to preserve or take care of the psychological health of police officers. There are none. You have to look for it yourself. You have to find a remedy yourself. (P5 – Police Officer).

For effective preventive health responses for professionals working with trauma, it is recommended that organizations provide continuing education for workers, improve communication between management and staff, promote supportive environments among colleagues, invest in safe and well-equipped workplaces, and increase supervision for cases. It is also essential that they recognize occupational risks to which their workers are exposed and address this topic openly and without stigmatization. Based on this, services should structure resources for the health care of professionals (Santos et al., 2022; Sutton et al., 2022; Tsirimokou et al., 2022).

Final Considerations

This study explored the effects of working with women in situations of violence as perceived by professionals, also seeking to understand the motivation for this work and the mental health support resources utilized. The themes identified in this study provided greater understanding of the personal consequences for workers in the Women's Care Network. The main effects of the work included negative changes related to vicarious traumatization, alterations in interpersonal relationships, particularly increased vigilance regarding children and intimate relationships, as well as the attribution of positive meaning arising from the work experience.

Based on professional involvement with cases of violence against women, the professionals were influenced by various gender-related issues reflected in both their personal and professional lives. Equally important was the identification of the workers with the women served due to psychosocial processes common to the experience of being a woman in society. In this way, the work is also perceived as an opportunity to reframe their personal history of violence. The understanding of their role as professionals and the place of work in the participants' lives permeated all the findings. The same applied to challenges experienced within public policies, based on multiple reports of difficulties in network coordination and the need for greater investment in work tools.

Although the present study included professionals from diverse sectors, greater convergence than divergence was observed regarding experiences in working with women. From the participants' reports, the complex range of individual, relational, social, and political factors associated with working conditions in the Women's Care Network and their impact on the personal lives of workers becomes evident. These professionals recognize the difficulties and gaps in service provision while simultaneously lacking sufficient attention to occupational health and dignified working conditions. As a limitation, it is noted that the primary analysis of the study was based on the gender marker, without delving into intersections with class and race; future studies should examine these intersections in workers' experiences. It is also understood that the results cannot be generalized due to the small number of participants. Future research should prioritize the development and evaluation of programs to promote health for this population. Furthermore, public policies directed toward these workers should also be an agenda for state investment. Finally, it is essential that these workers are informed about the risks to which they are exposed and that management and institutions develop effective preventive health measures.

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