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Breaking the Cycle of Domestic Violence

Rebecca Bolden

Public Health, Race, and Human Rights – Spring 2010

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Abstract

Domestic violence is a serious problem that affects women all over the globe. It has been found that children who witness domestic violence in their homes are more likely to be involved in a violent relationship later on in life, perpetuating an intergenerational cycle of violence. This project aims to look at services that exist for women who suffer from domestic violence, in order to suggest future prevention strategies to end the cycle of violence. My methodology was interviewing four different organizations that exist in Salvador that support women who have suffered domestic violence as well as work to prevent future violence from occurring. I found that there are serious gaps in terms of the medical services available for women, a need for more culturally appropriate programs, and a need for more organizations for children who witness domestic violence integrated into the network of services that already exist.

Key Terms:

Domestic Violence, Cycle of Violence, Prevention, Race

Introduction

Ivone looked down at her hands and took a deep breath. Then she looked up and met my eyes as she began to tell her story. As she spoke of the physical and emotional injury her (now) ex-husband inflicted on her for years and years, I did not see a victim in front of me, but a strong woman who has survived an epidemic that has existed for centuries. She spoke with bitterness as she showed me the scars on her leg left by her ex-husband's beatings 9 years ago. She spoke with anger as she told me that one of her husband's beatings left her bed-ridden and completely defenseless for a year, yet he continued to beat her. She spoke with hope when, after being left in the street to fend for herself, she heard of a place called Loreta Valadares and after arriving there began to piece together her life again. She spoke with sadness when discussing her children who witnessed their mother's beatings and their attempt to deal with the violence that plagued their lives as children (Ivone, 2010).

I arrived at the UFBA (Universidade Federal da Bahia) Nursing School. Tania had invited me to a meeting, though I wasn't exactly sure what it was regarding. We were led to a small room towards the back of the building and I sat down and took out my notebook, ready to document the experience. Eight women and two men sat around the table, passionately discussing the problem of violence in the city, at some points interrupting each other with thoughts and ideas bubbling out of them uncontrollably. This was the Forum Comunitario de Combate ao Violencia, an influential group of individuals comprising of government members, university directors, and the director of UNICEF among others who create and send proposals to the government to end violence in Salvador and Bahia. This meeting had a quite different feel from my interview with Ivone, yet both situations are vital and necessary components in the struggle to end domestic violence.

Problem Statement, Hypothesis and Goal

Violence is a serious problem for women and families all over the world. It does not discriminate in class, age, or race – any woman can be affected by the plague of domestic violence. Beyond that, it has been found that children who see and/or experience domestic violence in the home are more likely to be involved in an abusive and violent relationship later on in life, creating a cycle of violence that is difficult to escape. It is necessary to implement preventive efforts that stop this cycle of violence before it spirals out of control by improving services that exist to help women and enable them to report situations of violence in an easier fashion, and on a more basic level, educating children and youth about what violence is as well as appropriate methods of dealing with conflict besides violence. Organizations that work with victims of domestic violence are realizing that they do not only exist to support women who have suffered horrific stories like the one described above, but also to educate their communities about the problem of violence and prevent future violence from occurring.

I hypothesize that experiencing domestic violence as a child can make a woman more likely to be involved in intimate partner violence and can make men more likely to be perpetrators of domestic violence. Looking at this from the lens of cyclical and repetitive violence can improve prevention strategies of the problem. My goal is to understand how the cycle of violence works to gain a better understanding of where prevention efforts should be directed and I accomplished this by examining current services and organizations available to women who have suffered domestic violence.

Personal/Professional Motives for choice of Research Topic

I was inspired to choose the research topic of domestic violence for my ISP because of my interest in women's health and human rights. Domestic violence has only recently been

considered a public health issue, though the basic facts surrounding the issue have not changed over the years. Domestic violence has a serious impact on a woman's health, and it is vital that this is recognized and more steps are taken in the health field to prevent violence. For this reason as well as my own personal interest in the fields of public health and social work, I felt that domestic violence would be an interesting topic to examine from a Brazilian perspective. There is a very fascinating cultural context here where strong laws such as Lei Maria da Penha are battling the machista culture that reigns over institutions. I also chose this topic because of the opportunities I will have to continue this research when I go home because of my social work academic connections; I plan to continue the research and compare the Brazilian context with that in the United States.

Significance of research

Domestic violence is an important public health problem in Salvador. Though violence affects all women, it disproportionately occurs in among black and poor populations, which make up the majority of women in Salvador. Because of the demographics of this city, research done on domestic violence is necessary to bring improvements in the public health response to this problem. This study examines services that exist for women and I hope that the findings will elucidate ideas for future prevention campaigns in Brazil to end the cycle of domestic violence. This is important because though domestic violence can affect any person regardless of their race or class, men and women of color in poverty are more likely to experience reoccurring violence in their lives and have a more difficult time breaking out of the cycle.

Context of Research

This research project was conducted in Salvador, the capital of Bahia in the Northeast of Brazil. Salvador is known as the Afro-Brazilian capital, and the city has a very unique culture,

mixing native Brazilian, European, and African cultures together. There are strong machismo and patriarchal sentiments here in Salvador, which makes recognizing women's rights and respecting them that much more difficult. Men are raised in an environment of systemic violence that is justified by saying that violent behavior is a natural biological part of males due to testosterone and their genetic makeup. "Violence doesn't happen only with men, but in the entire animal kingdom. You can see: the male monkey beats the female monkey. It's instinctual of men to beat others" (Lilia Blima Schraiber, 2005, p. 55). This is a quote by a Brazilian man, and probably not an uncommon sentiment among other men. The idea is perpetuated by society; boys are encouraged to play roughly with one another as children while girls are taught to be delicate and stay in the house. "...Violence is handed down and essentially woven into the social fabric" (Osofsky, 1995, p. 6). Naturally as children grow up in environments where this is promoted, it will naturally be assumed that men are stronger and more powerful than women, and therefore more overt in exerting control over women which in some cases results in violence.

Around 86% of the population of Salvador identifies as being Afro-Brazilian, which includes Pretos (Black) and Morenos (Mixed) in its description. Some research has found that African descendants are much more likely to experience domestic violence than women of other races, making it a very pertinent problem here in Salvador. Eve Buzawa claims that this is not due to racial or cultural factors, but rather environmental and socio-demographic factors such as poverty, social dislocation, unemployment, and population density. "Domestic violence in the African American community can be viewed simply as maladaptive behavior in response to societal oppression, racism, and discrimination" (Buzawa, 2007, p. 61). Though this article speaks specifically about African Americans, similar societal racism exists in Salvador and the statement can be applied to Afro-Brazilians, as they are oppressed and discriminated against and

can be found in large part unemployed or in the informal labor market; overall, their lives marked by poverty. Sra. Tania Palma of Loreta Valadares believes that domestic violence is an especially pertinent issue in the Afro-Brazilian community due to racism and inequality in Brazilian society (Palma, 2010). Looking at the issue from the lens of race and gender, we can understand a little bit about why African American and Afro-Brazilian men are more likely to beat their intimate partners. They grow up with the machismo and patriarchal sentiments described above, yet the society does not provide productive ways in which these men can exert their masculinity (Robert Hampton, 2003). “It has been suggested that such men generally adopt various manhood roles (e.g., the tough guy, the hustler, the player, the ‘gangsta,’ etc.) as a means of compensating for their inability to achieve more conventional manhood roles (e.g. the provider, the protector, the self-made man, etc.)” (Robert Hampton, 2003, p. 10) These roles that black men take on to compensate for their lost masculinity promote the idea that they are superior to women and they should dominate their wives and girlfriends (Robert Hampton, 2003). This in turn creates a serious problem for women: “Black women who are abused by their intimate male partners must often choose between survival of their family and survival of themselves as healthy and whole individuals” (Robert Hampton, 2003, p. 17). On the one hand they have feminists telling them to leave their husbands and seek refuge from the domestic violence, and on the other hand there is pressure from their families and communities to stay with their husbands for the well-being and survival of the black family.

It is also important to note the legal context of this research and the effect that the law Lei Maria da Penha n°11.340, enacted August 7, 2006, has had on domestic violence in Brazil. This law provides a specific definition of what domestic and family violence against women is, establishing 5 types of violence: physical, psychological, sexual, patrimonial, and moral. The law

also determines that domestic violence is a crime independent of a woman's sexual orientation and that the woman shall be accompanied by a lawyer for all legal procedures and notified of all legal processes regarding her aggressor, especially when the aggressor's term in prison is finished. The law removed Lei 9.099/95 Juizados Especiais Criminais, which gave judges the power to use discretion in crimes of domestic violence against women which resulted in discriminatory and biased treatment. The law makes pecuniary punishments of the aggressor prohibited, such as paying fines for their crimes of violence. The law also created special judiciary positions for domestic and family violence against women with the civil and criminal competency to deal with cases of violence against women, as well as a special police sector for attending cases of domestic violence against women. The law permits police officers the authority to arrest the aggressor in any case of domestic violence, no matter what type of violence is committed. All state and local police reports must be registered with data from the victims, aggressors, testimonies, and any other relevant documents. Finally, the law requires the judge to apply urgent protective measures for any woman in a violent situation. Some examples of protective measures include suspending or restricting the aggressor's right to use arms and weapons, prohibiting him from going near the victim and her family or contacting the victim and her family, prohibiting him from frequenting any pre-determined locations that would disrupt the physical and psychological integrity of the victim, and suspending or restricting his visitation to minors and dependents (Lei Maria da Penha, 2006).

Methodology of research (site or population selection and sampling strategies)

Because the objective of this project was to find improvements for future prevention strategies of domestic violence, I chose to interview different organizations in Salvador that work to support women and prevent domestic violence in the community. I interviewed a variety of

organizations including: state run Delegacia Especial de Atendimento à Mulher, a police station that only serves women and cases of violence against women; Vara Violencia Domestica e Familiar Contra a Mulher, an organization that assists women with the legal process of domestic violence cases; Coletiva de Mulheres do Calafate, a community-based organization that provides a forum and support network for the women of Calafate; and Centro de Referência Loreta Valadares, a non-profit organization that supports women all across Salvador with counseling and assistance in finding services that she needs, as well as doing violence prevention campaigns around the city. I conducted formal interviews with representatives from each of these organizations. I also had the opportunity to observe a meeting of the Forum Comunitario do Combate à Violencia, a group that sends proposals to the government to prevent violence, and a seminar of Projeto Viver, an organization that assists victims of sexual violence. Finally I conducted an informal interview with a woman, Ivone, who has suffered domestic violence in the past to add to the perspectives of the organizations regarding prevention of violence.

Limitations of Research

My research was greatly limited in terms of who I was able to research. I was hoping to directly interview women who have suffered domestic violence and share their stories and experiences of getting help from different organizations to provide insight into future prevention strategies. However, due to limited time and resources, I was not able to find women to do in-depth interviews and life histories with besides Ivone. Also, I was not able to visit every organization in the network of services available for women due to time constraints, and that would be an important next step in future research.

Ethical considerations

The main ethical consideration I had to take into account for the project is protecting the identity of Ivone who directly experienced domestic violence. Though she willingly and voluntarily told me her story, it included some incredibly personal details and I want to keep her identity private so that none of the information included here can be used against her. Therefore, her name is changed throughout this paper. The rest of the primary research I did was gathering basic information about the organizations I studied and none of the information garnered in these interviews is harmful to the respondents in any way.

Definition of Terms

First and foremost it is important to understand that domestic violence has a wide variety of meanings and definitions and persons that it can involve. It can include intimate partners, parents and children, and siblings among a wide range of combinations. For the purpose of this project, domestic violence was considered to be intimate partner violence – violence committed between two individuals who currently or in the past had an intimate relationship. Also, though it is becoming widely recognized that violence can occur between same-sex couples or with women victimizing male intimate partners, those cases are considered rare in this context here in Salvador and were not addressed in any of my interviews as serious issues. As a result, this paper focuses on violence against women committed by men; however, many of the prevention strategies could be applied to other populations who suffer violence by intimate partners and/or family members.

As said before, Lei Maria da Penha, the leading legal authority of domestic violence in Brazil, defines 5 types of domestic violence: physical, sexual, psychological, patrimonial, and moral. Physical violence is defined by the law as any conduct that harms a person's bodily health

(Lei Maria da Penha, 2006). Sexual violence is considered to be any behavior or act that limits or cancels sexual and reproductive rights. This can be unwanted participation in sexual relations through threats, intimidation, coercion or any other type of force, and/or commercializing or using someone's sexuality in any way without their consent. The law also recognizes a woman's reproductive rights within sexual violence and criminalizes forced marriage, pregnancy, abortion, or prostitution by using coercion, blackmail, or manipulation (Lei Maria da Penha, 2006). Psychological violence is any behavior or act that causes emotional pain and/or diminishes self-esteem. It can also be considered an attempt to control actions, behaviors, beliefs, and decisions through threats, embarrassment, humiliation, manipulation, isolation, constant surveillance, persecution, insults, blackmail, ridicule, and control and limitation of leaving the home (Lei Maria da Penha, 2006). Patrimonial violence is retaining or destroying personal belongings, work instruments, personal documents, goods, valuables, economic rights or resources, and any other necessities (Lei Maria da Penha, 2006). Fischer's article provides an example of this: "Advocates for battered women have long noted that financial abuse and property abuse are forms of emotional abuse inflicted upon women. Abusers frequently restrict women's access to money and destroy their personal property in an effort to gain control over them or keep them in a state of fear" (Karla Fischer, p. 5). Finally, moral violence is any conduct or behavior that slanders, defames, or injures women (Lei Maria da Penha, 2006). This type of violence is particularly difficult to define and persecute, because often even women don't consider it to be violence because it is so ingrained in a woman's daily life to hear sexist comments and insults (Palma, 2010).

Every organization I visited cited that psychological violence is the most common type of violence suffered among women. Vara Violência Domestica e Familiar Contra a Mulher cited

that 100% of women who come to them for assistance suffer psychological violence (Mantelei, 2010). Though the law of Maria da Penha outlines exactly what is considered to be violence against women, legal enforcement is entirely dependent on descriptions of the situation by police, the assailants, the victims, and witnesses and a serious situation of violence can easily be distorted and made to look like something different thanks to societal values of patriarchy and stereotypes of masculinity and femininity (Buzawa, 2007). Domestic violence cases can also be difficult to follow up on because some people believe that psychological, verbal, and economic abuse are too ambiguous to be considered serious enough for criminal sanction (Buzawa, 2007). The women at Calafate also stated that sexual, patrimonial, and moral violence can be difficult to prosecute legally, and therefore are often not considered to be violence, which can affect a woman's mental health and diminish her self-worth (Lila de Carvalhos, 2010). Until women are educated about the law and understand exactly what legally is defined as violence and they feel empowered to use the law to protect themselves against their aggressor, the law will remain ineffective.

It is also important to have some understanding of why violence occurs. While the best way to understand this would be to interview the aggressors themselves, literature on the subject has some insight to offer. First to be considered is that violence is a learned behavior that is socially constructed. Violence is a result of socially conditioning boys to embrace masculine behavior and teaching them that they are dominant beings and should maintain control over their families and wives. "Control...is most visible in the feminist literature, which has argued that partner violence is primarily a problem of men using violence to maintain control over 'their women,' a control to which they feel they are entitled and that is supported by a patriarchal culture" (Michael Johnson, 2000, p. 2). On the other hand, women are conditioned to be the

maternal and emotional caretaker of her partner and family, which can lead her to accept the abuse as a natural part of the relationship. “What fuels this self censorship process is the responsibility the victim feels, both as a woman socialized into believing that making relationships work is her job, and the responsibility added by the abuser, who blames her for the ‘failure’ of the relationship, as evidenced by the occurrence of the abuse” (Karla Fischer, p.13)

Also important to understand is a profile of the women who receive the services of the organizations. Each woman described the women a little differently but with the same general concepts: lower class, young to middle aged, black, unemployed. Sra. Tania Palma describes them as follows:

We have young women, the large majority are young women, between 20-49 years old, the large majority are black women, and ... about 70% are unemployed who don't have a family income, while about 30% do have a family income. You see? So then we have a serious economic question: that the people who don't stop the violence are in a larger cycle because they depend economically on the aggressor. So I think we can say that these risk factors continue the violence for this woman; the risk factors would be: economic dependence, lack of options in where she can live because her family doesn't live nearby, and she doesn't have anybody to help her (Palma, 2010).

Despite this typical profile of women described by Tania, women of all social classes and races can and do suffer from domestic violence. It is important that a social net is placed underneath the profile of women described above so as to protect them from domestic violence. Though society cannot save everyone, there is a responsibility shared by communities to protect one another, such as the setup of the Coletiva de Mulheres in the neighborhood of Calafate.

Services that Exist for Women's Protection

Salvador has an entire network of resources available for women (Rede de Atenção às Mulheres) that include over twenty different institutions and organizations. Some of these

organizations are Superintendência de Políticas para as Mulheres, Centro de Referência Loreta Valadares, Delegacia Especial de Atendimento à Mulher, Casa de Oxum, Centro de Defesa da Criança e do Adolescente, Centro Maria Felipa, Centro Humanitário de Apoio à Mulher, Casa Abrigo Mulher Cidadã, Centro de Referência em Oncologia do Estado, Vara Violência Domestica e Familiar Contra a Mulher, and Projeto Viver among others. This network of resources meets once a month to share information about what each organization and institution is doing, and to make sure everything is operating smoothly when women move between their services (Palma, 2010). Good communication is vital between the network to ensure that women receive the best possible service and care. I visited three of the organizations listed above as well as a community based organization for women in the neighborhood Calafate.

DEAM

The first place I visited was Delegacia Especial de Atendimento à Mulher (DEAM), the first delegacia in Salvador, opened in 1986. A delegacia is a police station created primarily to serve women and cases of violence against women. It was created with the intent of protecting women from corrupt police and recognizing that cases of violence against women, primarily domestic violence, were serious issues that needed to be given distinct attention. As a result, most of the staff at the delegacia is female, though there are a few males who work there as well. There is one other delegacia in Salvador and 13 more in the state of Bahia. DEAM offers psychologists and social workers for women to talk to, as well as legal counsel and investigators for women who want to pursue criminal sanction for their aggressors. They can also arrange for her to go to another organization, such as Casa Abrigo (a safe house for abused women) or Centro de Referência Loreta Valadares, if she wants. DEAM also participates in campaigns around the city and does workshops in schools to teach kids about gender violence.

Despite it being a government-run police station, the delegacia had a very welcoming feel. Women are first received at a triage which is open 24 hours a day, seven days a week, where they are screened for different services; then she goes upstairs to speak with social workers, psychologists, and case investigators. The upstairs part of the building has a waiting area with flowers on tables and paintings on the wall, alongside signs advertising DEAM's services, posters for gender violence awareness, and campaign posters from the Ministry of Health. While I waited in the hallway to speak with someone, it wasn't loud but there was constant background noise, such as footsteps and people chatting with one another – it was comforting to hear casual noises in a police station, it helped make the atmosphere more relaxed. Downstairs they have a small jail cell; I peeked into the room and saw a man's black arms hanging out of the bars. However, the social worker I was with quickly shuffled me out of the jail cell, as she was clearly uncomfortable to be down there.

I was taken to Dra. Cely Carlos da Silva's office to interview her about the delegacia. She seemed to be a very important person who didn't have much time on her hands. As I was asking her questions, she was constantly interrupted in her answers to me, in order to deal with other work going on around her. Though they knew I wasn't an actual client, just a curious foreigner doing a "pesquisa," I was somewhat taken aback by how easily people walked in and out of the offices and interrupted meetings. It gives off the impression that they are incredibly busy at the delegacia and constantly working, yet may not completely respect a woman's privacy in a meeting with a social worker or psychologist. Overall, however, I was impressed with the system of the delegacia; it seemed very organized and as though they were constantly ready to attend to any woman who walked through the doors.

Vara Violencia Domestica e Familiar Contra a Mulher

Vara Violencia Domestica e Familiar Contra a Mulher is an organization that assists women who experience domestic violence with and legal processes the woman may want to pursue against her aggressor. The organization has a judge, a defense team, government member of the Public Ministry, lawyers, social workers, and psychologists all on site to assist women. Vara has existed in Salvador since November 2008, so it is a relatively new addition to the network of services for women in Salvador. Many of the legal processes that they assist women with are based on the protective measures afforded to women that are outlined in Lei Maria da Penha. Besides enforcing the law's protective measures, Vara also conducts home visits for families experiencing or at risk for domestic violence, optional therapy groups for women, court-mandated group sessions for violent men, assisting women in attaining other services at different organizations and institutions, and finally promoting violence awareness in the community. The men's group so far has received positive feedback from the participants, but it is still a very new group and actual results have not been measured as of yet.

At Vara I spoke to Sra. Fernanda Lima Mantelei, a social worker. We spoke in a cramped and plain-looking office, which matched the feel of the rest of the building. There was not much artwork decorating the walls, and it was not as decorated and didn't feel as warm as the delegacia was. Despite this, Vara felt like a very safe place, as guests have to check in and go through many doors and up a staircase to get to the main area of services. I also noticed that they provide an entirely separate room of toys for children to play with while their mothers receive assistance. This is different than the set-up at DEAM and Loreta Valadares where the psychologists and social workers keep toys in their offices that the children play with while the mother talks. Having an entirely separate room makes me wonder if women feel comfortable leaving their

children in a separate room, or if being separated from them in a strange place creates more anxiety in the women.

Centro de Referência Loreta Valadares

Centro de Referência Loreta Valadares is an organization that serves women who have suffered domestic violence. The organization was founded in Salvador in November 2005. They provide psychological and social work assistance for women, and are one of the most well-known links in the network of services. Because Loreta Valadares is so well-known in the community and the city as a resource for women, they promote campaigns and do seminars to educate people about gender and domestic violence. At this point in time, Loreta Valadares only works with women and has no intention of having a men's program for aggressors as a part of their services, however they recognize that prevention efforts need to be directed to everyone, men and women of all ages, classes, and races.

Loreta Valadares has a very warm friendly atmosphere, with lights of light pouring into the front rooms, and couches and chairs arranged around a friendly guard's check-in desk. There is constant attention put on guests, asking if they would like anything to drink, while maintaining complete anonymity and privacy. Women are then led to a bright turquoise room to sit at a long table with a psychologist or social worker. There are toys and books on a shelf behind the table for the woman's children to play with if they are so inclined. I find Loreta Valadares' atmosphere to be very inviting and exudes a sense of safety and trust in every way. Similar sentiments about the place are shared by Ivone, who came to Loreta Valadares for help four years ago and began to build a new life for herself. She still calls the social worker that first assisted her four years ago her "mother," and the two of them have maintained a close relationship over the years (Ivone, 2010). Imagining myself as a woman coming to get help, I

could see myself feeling very comfortable in Loreta Valadares and willing to open myself up and share about my experience because of the feel of the space.

Coletiva de Mulheres do Calafate

The Coletiva de Mulheres is a women's group in the neighborhood of Calafate in Salvador. The group has existed for 17 years in the community, and began with the intent of being a support group for women in the community, not with the intention of directly helping women who suffer domestic violence, but rather to be a space for women to get together and share their lives with each other in a safe space. Today they do educational programs for the community, prevention campaigns for HIV and gender violence, and they also screen and accompany women to get whatever services they may need, such as a delegacia or an organization such as Loreta Valadares.

From first glance, the Coletiva seemed very different from the other places I visited. Lila, one of the coordinators, walked with me through the main road of the community leading me to the building where the Coletiva is housed. I noticed that many people seemed to know who she was and greeted her with a lot of respect. Over the entrance of the building there is a large sign advertising the Coletiva to the community, making me assume that it was a well-known landmark. I walked into the dark green room where women were casually sitting and chatting. We sat down in one corner and began the interview but there weren't enough chairs so one of the participants sat on the floor. There was also a small office with a library off to the side, and another room with a bed for massages that women use as an opportunity to relax and a kitchen in the back.

I would imagine that a woman walking in to receive services would feel overwhelmed by the space at the Coletiva. There is no formal reception of women; in fact, most women don't

come to the actual Coletiva for help, many go directly to the homes of women who work at the Coletiva for help. If a woman needed a space to talk, there is no place for her to speak with anyone besides the massage room. This leads me to the conclusion that the space is used more for community gatherings and not as a source of refuge for women. The hours of operation of the building are 9am – 12noon, 2pm – 6pm, and 7pm – 10pm, which implies that the Coletiva is available for women for a large portion of the day, besides the lunch and dinner hours. However it seems like a lot of what is done with the organization happens outside the actual space and more integrated into the rest of the community. The women and coordinators of the Coletiva were well known by community members as we walked down the main road, and I got the impression that it is a well-established part of the community, despite its appearance.

Effect of Domestic Violence on Women's Health

Unsurprisingly, domestic violence has a very deleterious effect on women's health. As listed above, almost all women who seek help suffer emotional violence and may as a result have mental health problems such as depression and low self-esteem and possibly even post-traumatic stress disorder (Lila de Carvalhos, 2010). Because psychological violence is the most common type of abuse that women suffer, psychologists and social workers in the network of services are prepared to help women deal with the emotional aftermath of domestic violence. Sra. Lima Mantelei said that typically women who come to Vara find the staff's mental health services adequate; however if a woman needs extra mental health care, they can take her to CAPS, which is the mental health sector of the Brazilian public health system (Mantelei, 2010). Women are also very likely to sustain serious injuries from physical violence, especially if the violence occurs over a long period of time. "Physical symptoms such as high blood pressure, ulcers,

chronic back pain, chronic fatigue, and tension headaches may manifest as a result of physical abuse or as a result of the stress produced by the other forms of violence” (Karla Fischer, p. 8). Sexual violence can have serious effects on a woman’s reproductive health, such as STDs, HIV/AIDS, and miscarriages, and this type of sexual violence such as rape or forced abortion can have serious mental health effects. Also, it is found that women involved in situations of domestic violence are more likely to have increased drug and alcohol use, which can both perpetuate situations of violence as well as lead to health problems caused by drugs and alcohol (Buzawa, 2007).

Ivone experienced a very serious case of physical violence; one horrific night her husband assaulted her and her leg was injured to the point of her needing to be hospitalized. After returning home and being confined to her bed, her husband continued to beat her, even though she was completely defenseless, and her already injured leg became infected. Though it has been four years since that particular assault, she is reminded every day of the beating because of the limp in her leg (Ivone, 2010)

Though health problems resulting from physical assaults inside the home or emotional problems resulting from long periods of verbal abuse have serious effects on women’s health, the most dangerous time for women is often when they attempt to leave their homes. “The most dangerous time for a battered woman is when she separates from her partner. Many attacks are precipitated in retaliation for her leaving, some as a part of an escalation of violence following separation. Separation tends to increase, not decrease the violence, and many of the women who are murdered by their partners are killed after separation” (Karla Fischer, p. 23). Also, it is important to note that of women who are not murdered by their partners, the suicide rate in battered women is five times higher than for non-battered women (Buzawa, 2007). Clearly there are severe health consequences for women who suffer domestic violence.

Despite this, health officials do not seem to be fully integrated into the network of services available for women. There are a few resources included in the network of services for women who suffer violence, such as CICAN which specializes in cancer treatment, Projeto Viver which focuses on sexual violence and provides testing for STDs and HIV/AIDs, as well as anti-retroviral therapy for women who have been infected, and IPERBA which specializes in maternal health care (Palma, 2010). Doctors in clinical or hospital settings often have the opportunity to screen for domestic violence to get women the services and support she needs. However this usually doesn't happen due to lack of education and training about domestic violence, fear of what disclosure may mean, lack of time, belief that it is not the physicians role, and difficulty of dealing with woman's feelings (Erickson, 2001). Domestic violence needs to be perceived as a public health problem that not only needs to be addressed by psychologists and social workers, but also doctors and nurses who can effectively support and heal battered women.

Cycle of Violence throughout a Woman's Lifetime

Not only does violence have a significant effect on women's health, but it can also have intergenerational effects. Most women who suffer domestic violence have young children who witness or maybe even are abused by the aggressor themselves. Witnesses and experiencing domestic violence has a very negative effect on children; at a young age they are at risk of developmental delays, immaturity, anxiety, sleep disorders, trouble in school such as truancy, defiant behavior, depression and other psychiatric disorders (Erickson, 2001). Other researchers have found that boys tend to externalize the effects of witnessing domestic violence with aggressive and antisocial behaviors, while girls tend to internalize the effects with shy behavior

and exhibiting fears and inhibitions (Buzawa, 2007). Even though boys and girls often demonstrate different behaviors in response to witnessing domestic violence, both genders are at equal risk of intimate partner violence (Stover, 2005). On the other hand, social workers at Delegacia Especial de Atendimento à Mulher believe that boys are at a higher risk of later partner violence, because they have a make conscious choice to be different from their father (Silva, 2010). If boys aren't given the tools to do this, they may normalize the violence and repeat the behavior later on. Ivone's three children who all witnessed their mother being beaten by their father suffered immense emotional problems and it had a huge effect on their lives. She regretfully told me that her oldest son is currently experimenting with crack cocaine, which she believes is a result of the violence he witnessed growing up (Ivone, 2010). Witnessing domestic violence can also have a harmful effect on children in terms of how well they are being taken care of by their parent. Mother's are attempting to cope with the reality of physical and emotional abuse while continuing her daily life – as a result her priorities in raising her children may change. While she once balanced her attention to her children and their necessities, she now only focuses on their safety (Osofsky, 1995). Also women are likely to bring their children along with them when they seek out services in a delegacia or place like Vara or Loreta Valadares. These particular organizations that I interviewed don't directly provide counseling or services for children, only toys and amusements while their mother is counseled. While some organizations, such as CEDECA, CREAS, and CRADES, which all focus on children and adolescents who grow up witnessing and/or experiencing violence, exist in Salvador's network of services for women, they often only receives these services if their mother has the time and motivation to get their children counseling. Many mothers think that they hide the violence from their children

even though that may not actually be the case; so many kids are slipping through the cracks of surveillance (Ivone, 2010).

As said before, violence is a learned behavior so in that sense it makes sense that children who witness violence as well as children who were abused may normalize the behavior and as a result have a higher likelihood of using violence against others when they get older as a way of conflict resolution. “It is not just that the child sees aggression; it is that he or she is learning about ‘conditions under which aggression may be applied in intimate relationships.’ Thus children may come to view violence as an acceptable way, perhaps the only way, to resolve conflicts and they may learn to rationalize the use of violence – they know nothing else.” (Osofsky, 1995, p. 5) Considering the concept of normalized violence, makes it a little clearer why perhaps women stay with their aggressor and have trouble leaving a violent relationship. This is especially troubling to find with women who were beaten or sexually abused as children, who then find themselves in similar situations later on in life (Jeremy Coid, 2001). It is imperative that services and preventive efforts are geared towards children who witness domestic violence so that the cycle can be stopped at an early stage.

Future Prevention Strategies

Though services already exist to assist victims of and prevent future occurrences of domestic violence, it is important to strategize new preventive efforts in order to improve the services available for women. At the heart of the theoretical background of a prevention campaign are the root causes of the problem, not amelioration of the secondary effects of the problem. It is important that public health preventive efforts prepare specific objectives, identify target populations, understand the cultural context of the population and location, and then measure the impact of the efforts and outcomes. Also it is important that programs are flexible

and adaptable to any changes that come along as well as keep their efforts community-based and involve community members in their work to incorporate and shape efforts to community beliefs, values, and conditions (James Mercy, 1993). Though prevention work can be frustrating and slow to gain results, in the end investing in prevention costs much less than dealing with the problem, in this case of domestic violence, after the fact (James Mercy, 1993). It is much cheaper to implement educational programs in schools to teach kids about gender violence and peaceful conflict resolution than to pay for organizations such as Vara and Loreta Valadares that need to be maintained and staffed, not to mention the cost of keeping the aggressors and perpetrators of domestic violence locked up in jail.

Education

One important component of prevention is education; I found this to be true at all of the organizations I visited. Sra. Lima Mantelei believed that the cycle of violence can be prevented by building self-esteem in women, educating women about the laws that exist to protect them and the network of services available, and educating men on what violence is and what laws exist against it (Mantelei, 2010). The women at the Coletiva of Calafate also believe that education is the place to begin in preventing the cycle of violence (Lila de Carvalhos, 2010). The Coletiva de Mulheres do Calafate have an active agenda of educating their community about domestic violence; they pass along information through word of mouth, flyers, campaigns, seminars, and the wall of graffiti, most of which was done by members of the Coletiva, which portrays images of gender and domestic violence (Lila de Carvalhos, 2010). Sra. Tania Palma sees the issue of education beginning at a somewhat simpler level, in her case, her three sons. She nurtured a household where her husband and sons just as responsible for doing the cooking and cleaning of the home as she, the wife and mother, was. She also created situations of open

dialogue where her sons felt comfortable talking to her about gender issues, masculinity, and why violence occurs (Palma, 2010).

Lei Maria da Penha promotes certain educational endeavors related to domestic violence. It hopes to educate all women of the law and its available services, as well as promote studies, research, statistics, and any other relevant information with the perspective of gender and race/ethnicity concerning the causes, consequences, and frequency of domestic and family violence against women to create systemic data to have unified national data and send out national reports with all of the data (Lei Maria da Penha, 2006). The law also hopes to promote and implement educational campaigns for the prevention of domestic and family violence against women in public schools and general society, as well as implement in school curriculums and in all grades education about human rights, equity of gender and race/ethnicity and the problem of domestic and family violence against women (Lei Maria da Penha, 2006).

Improvement of network of services to support women and children

Domestic violence will only be effectively prevented if there exists a diverse network of services that support women and children affected by violence. There is currently a fairly extensive network that already exists made up of police, social workers, psychologists, lawyers, etc. However, a member of this network, Sra. Tania Palma of Loreta Valadares, informed me that the network would be even more effective than it currently is if there was better communication among the organizations (Palma, 2010). It is very important that any part of a network is connected to the other parts, and in a field where it is already difficult to serve all of the women suffering from domestic violence, duplication of efforts is a waste of time and money.

Lei Maria da Penha also calls for a “celebration” of partnerships and protocols between government institutions, organizations, and NGOs with the aim of eradicating domestic violence (Lei Maria da Penha, 2006). The law also calls for operational integration of judiciary power, the public ministry, and the public defense in the areas of public security, social work, health, education, work, and housing, as well as implementing more police states especially for women, delegacias, around Brazil (Lei Maria da Penha, 2006). Dra. Carlos da Silva spoke of the importance of having a qualified staff within the delegacia who understands that all women need to feel respected and listened to when they arrive. Though she felt that her staff at the delegacia I visited was a qualified and well-trained staff, many of the other delegacias in Bahia and in the rest of Brazil are not effective and at times even corrupt in their services for women (Silva, 2010).

There are some elements of the network that are currently lacking in the network of services, one of which being an organization to assist women with employment. Much of the research done on this subject has found that an abusive partner can directly undermine a women’s employment situation by depriving them of transportation, harassing them at work, beating them before job interviews, and not providing promised child care (Michael Johnson, 2000). Even when aggressors aren’t directly trying to undermine a woman’s job employment, the effect of physical and mental abuse can take a visible toll on anyone experiencing it. Researchers find that men attempt to jeopardize women’s employment to take away her independence and exert control over her. The article examining African Americans and domestic violence has a different suggestion regarding employment; the author thinks the best prevention strategy for this group is to have community based efforts to get men jobs so that they don’t feel as threatened and the need to control women forcibly (Robert Hampton, 2003).

Transportation has found to be another gap in the program. For example, the coordinators at the Coletiva in Calafate have no car or system of transportation, so when a woman arrives and needs to go somewhere across the city, someone from the Coletiva will accompany her on the bus system, sometimes two or three different buses to reach their destination across the city (Lila de Carvalhos, 2010). Transportation is often a determining factor in when and how a woman is able to get help. The network of services needs to be wary of this when they suggest a woman visit different places to receive assistance – it is not always easy for women to take off time from taking care of their children and cooking and cleaning and taking time off of work if applicable and then to get across town to have a meeting with a social worker – it isn't always practical in a woman's mind with everything that is going on. Lei Maria da Penha also calls for better transportation available for victims of domestic violence and her dependents, especially when the violence has created a life-threatening situation and she needs to get to a safe place immediately (Lei Maria da Penha, 2006).

Greater effort in incorporating doctors into the network of services

The effects of domestic violence have serious health consequences for women, yet very few medical services and doctors are incorporated into the network of care for domestic violence victims. Doctors and nurses are in a prime position to do violence screening for women when they come in for medical assistance (Mary Erickson, 2001). “When these women present to services for help with the sequel of childhood abuse as adults, clinicians might not realize that abuse and trauma might currently be taking place or that these women continue to be at high risk of abuse in the future” (Jeremy Coid, 2001, p. 4) If a partnership did exist with a particular clinic or hospital where the staff had education and training on how to handle women who have suffered domestic violence, women could be better treated and supported by doctors and nurses.

The women of Calafate claimed that it would be very useful if they had a partnership with a specific doctor of clinic who they always worked with and who would have background knowledge and training on domestic violence (Lila de Carvalhos, 2010). On the other hand, Tania Palma of Loreta Valadares believes that another solution is to have a national women's health program put into place, where all treatment and medical research is done from a woman's perspective and is primarily focused on women's health (Palma, 2010).

Lei Maria da Penha also believes that steps need to be taken to improve women's health in relation to domestic violence. The law was inspired in part by the Lei Organica da Assistencia Social (Natural Law of Social Work), Sistema Unico de Saude (Universal Health System), and the Sistema Unico de Seguranca Publica (Universal Public Safety System) (Lei Maria da Penha, 2006). The law suggests that measures be put into place to protect and preserve a woman's physical and psychological integrity, which includes but is not limited to emergency contraception, STD and AIDS tests, any other pertinent and necessary testing in the cases of sexual violence, and transportation of the victim to the hospital or health post (Lei Maria da Penha, 2006).

Lack of Services for Children

There is a lack of services available for children of victims who witness domestic violence. Oftentimes mothers will not realize that the violence they are trying to hide is actually being observed and having detrimental effects on their children. Because of this, mothers miss opportunities in which their children would benefit from psychological services; as a result children manifest the violence that they witness and are likely to experience and/or perpetuate violent behavior in the future. The current services available for women have little to no treatment options for children, and even though organizations exist for children to receive

counseling, they would not have the opportunity to go if their mothers did not know there was a problem.

A potential solution for this is to encourage mothers to talk about violence with their children. Ivone encouraged this idea from personal experience, and found that it had some positive outcomes in her children. She was able to open up conversations with them about the machista culture and explain why the violence was occurring, and on a more important level, gave her kids someone to talk about the problem with, whether it is Ivone herself or a counselor (Ivone, 2010). She also said that involving children in the matter encourages women to find a solution much faster because they have a heightened awareness of safety and security for their children (Ivone, 2010). Hopefully if mothers do not hide the experience of domestic violence from their children, at the least kids who witness violence will be more likely to receive counseling services which can help to end the cycle of violence before it is perpetuated across another generation.

Culturally Appropriate Programming

Service providers for women who have suffered domestic violence need to be aware of the multicultural backgrounds women come from. Often services are created based on a generic model that is almost always based on white middle class women. The Koyama article speaks to this issue in domestic violence shelters discriminating against women who don't always fit the model the program is based upon.

The worker proceeds to screen her for services, but before the worker tells the woman that she is welcome to come over and stay at the shelter, her supervisor leaves a note on her desk saying, "DON'T TAKE HER." Puzzled, the worker puts the woman on hold and speaks to the supervisor. "We're seeing all those women of color come in, fail our program, and get kicked out," says the supervisor, "We can't even get Spanish-speaking women to succeed in our program. I think it's a mistake to accept someone who only speaks Arabic." Protest ensues, but in the end the

worker tells the woman, who has been waiting on hold for several minutes, that she may not come to the shelter. No reasons are given; she is just not “appropriate” for the shelter. (Koyama, 2006, p. 208)

Though this situation is not one that I encountered as a problem here in Salvador, the network of domestic violence programs needs to realize that services need to be tailored in a multicultural fashion. At a seminar I went to for Projeto Viver, a dialogue began between a woman in the audience and the director of the program about creating services especially for poor black women in Salvador. The audience member felt very strongly that the movement needs to acknowledge that most of the women served are black women who are unemployed and lower class, while the director was adamant in maintaining that all women, no matter what class or race they are, are affected by domestic violence. While the director is right in that all women are affected, poor black women are disproportionately affected. This tension is one that has existed since the beginning of the women’s movement; white feminists believe that race doesn’t matter because we are all women, while women of color desperately try to explain why their stories of oppression are different and unique to white women’s stories. “African American women are often doubly victimized: first by the assault from their partner or spouse and then by a society that often fails to provide them with the appropriate kinds of support and interventions that would empower women of color to break out of the cycle of violence” (Robert Hampton, 2003, p. 2). It is imperative that future prevention efforts are specific to Afro-Brazilian and Black women because they are often forgotten, despite the fact that they make up the majority of the population here.

It is not just race that needs to be taken into account for cultural appropriateness of services, but also gender. The women of Calafate believe that prevention programs are necessary for both men and women, but they should be conducted separately and each gender should

approach the matter differently in order to be effective (Lila de Carvalho, 2010). As of right now, not many educational and rehabilitative programs exist for men (the only one I encountered in my study was , and it is important that men's programs are created distinctly from women's services. A governmental-run group that will work on rehabilitating and working with aggressors of violence begins next year as an initial start to dealing with the ostracized and thus forgotten population of aggressors (Palma, 2010). The women at the Coletiva are also looking forward to expanding their reach to create a men's soccer team to get men in their community talking about the issues of gender violence (Lila de Carvalho, 2010). Whether considering race, ethnicity, or gender, it is imperative that services for women remain culturally sensitive and relevant to the women they are serving, or the men they are reaching out to.

Indications for further research

My conclusions in the paper are sincere and genuine, though I realize that I am writing from a naïve perspective, as I was only in the field for a few weeks and visited a few of the many organizations that exist. I hope that further research is conducted, as it is an important issue here in Salvador that is gaining more attention as time goes on. Future researchers with more time and resources should look into other organizations of the network of services that I was not able to visit. It is also important to continue this research and include the women's and even the children who witness their parents' violence perspectives. Continuing research and having data from these three lenses will be insightful for further preventive efforts.

Conclusion

Domestic violence is a serious problem, in Salvador and across the rest of the world. This research is a start in beginning to consider new ideas in prevention, though there is much more

research to be done in this area. However, this project is a good start in examining future prevention methods such as creating and promoting education of women, men and communities about laws that exist to protect women, as well as education in positive and peaceful conflict resolution. It is also important to strengthen the network of resources that exists for women, including other organizations where there are gaps such as in medical care for victims of violence, and more attention directed towards children who witness domestic violence between their parents and who are at greater risk of repeating violence later on in life. Finally it is vital that future programs are culturally appropriate for the populations being served – it is imperative that feminists move away from grouping together all women’s experiences as being similar and distinguishing racial and class differences and how those can affect a woman’s experience with domestic violence.

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Appendixes

Interview questions for DEAM

- Há quanto tempo esta delegacia/organização existe?
How long has this delegacia/organization existed?
- Que acontece quando mulheres chegam aqui para ajuda?
What happens when women arrive here for help?
- Aonde as mulheres vão depois daqui para mais ajuda?
Where do women go after here for more help?
- O que vocês fazem quando uma mulher lhe informa sobre um caso de violência?
What do you do when a woman informs you about a case of violence?
- Como vocês lidam com os agressores?
How do you all deal with the aggressors?
- Por favor, descrever as tipas de mulheres que vem aqui para ajuda.
Please describe the types of women that come here for help.
- Vocês têm casos quando a mesma mulher volta à delegacia muitas vezes? O que vocês fazem em esta situação?
Do you have cases when the same woman returns to the delegacia many times? What do you do in this situation?
- Você acha que as delegacias são efetivos para ajudar mulheres fugir de violência domestica?
Do you think that delegacias are effective in helping women flee domestic violence?
- Quais são os recursos vocês precisam para ser mais efetivo?
What resources do you need to be more effective?
- Vocês têm psicólogas e assistentes sociais trabalhando aqui? Você acha que estes serviços ajudam as mulheres?
Do you have psychologists and social workers that work here? Do you think these services help women?
- Eu leí sobre casos de portar-se mal de policiais em delegacias. Você acha que este acontece por quê?
I read about cases of misbehavior of police in delegacias. Why do you think this happens?
- Como a comunidade sabe sobre seus serviços?
How does the community know about your services?

- A delegacia participa em campanhas de violência contra mulheres?
Does the delegacias participate in campaigns for violence against women?
- Quantas delegacias existem em Salvador?
How many delegacias exist in Salvador?

Interview questions for Vara Violencia Domestica e Familiar Contra a Mulher

- Há quanto tempo esta organização existe?
How long has this organization existed?
- Que acontece quando mulheres chegam aqui?
What happens when women come here?
- Por favor, descrever as tipos de mulheres que vem aqui para ajuda.
Please describe the types of women that come here for help.
- Mais ou menos quantas mulheres vêm aqui por semana?
More or less, how many women come here per week?
- Vocês participam em campanhas de violência contra mulheres?
Do you all participate in campaigns for violence against women?
- Você acha que existe um ciclo de violência domestica? Como pode prevenir violência domestica?
Do you think there exists a cycle of violence? How can domestic violence be prevented?
- As mulheres geralmente têm problemas com saude mental quando chegam aqui? Como vocês apoiam as mulheres com problemas de saúde mental?
Do women generally have problems with mental health when they come here? How do you all support the women with mental health problems?
- Geralmente as mulheres vêm com os filhos dela? Vocês têm serviços para ajudar os filhos?
Generally do the women come here with their children? Do you all have services to help the children?
- Quais são outras organizações nesta rede de serviços para mulheres?
What are other organizations in this network of services for women?
- Vocês têm um convenio com um médico/clínica/hospital?
Do you all have a partnership with a doctor/clinic/hospital?
- É mais comum que mulheres sofrem violência física, sexual, ou psicológica?

Is it more common that women suffer physical, sexual, or psychological violence?

- Vocês trabalham com os homens/os agressores? Como são eles? Por que começou a violência?
Do you all work with the men/the aggressors? What are they like? Why do they begin the violence?
- Você acha que é possível a parar toda a violência domestica que existe? Como pode fazer isso?
Do you think it is possible to stop all of the domestic violence that exists? How can this be done?
- Geralmente quanto tempo uma mulher sofre violência antes de pedir ajuda?
Generally how long does a woman suffer violence before asking for help?

Interview Questions for Coletiva de Mulheres do Calafate

- Há quanto tempo este organização existe?
How long has this organization existed?
- O que acontece quando mulheres chegam aqui?
What happens when women come here?
- Por favor, descrever as tipas de mulheres que vem aqui?
Please describe the types of women that come here?
- Vocês têm casos quando a mesma mulher voltar aqui muitas vezes para ajuda?
Do you all have cases when the same woman returns here for help multiple times?
- Mais ou menos quantas mulheres vêm aqui por semana?
More or less how many women come here per week?
- Geralmente, as mulheres trazem os filhos dela aqui?
Generally do women bring their children here?
- Vocês têm serviços para os filhos? Onde existem serviços para garotos que observam violência domestica?
Do you all have services for the children? Where do services exist for kids who observe domestic violence?
- Você acha que mulheres que vem aqui têm problemas de saúde mental, como depressão? Como vocês apoiam elas?
Do you think that women who come here have problems with their mental health, such as depression? How do you all support these women?

- Algumas mulheres vem aqui com ferimentos? O que vocês fazem nestas situações?
Do some women come here with injuries? What do you all do in these situations?
- Você acha que o proceso para uma mulher que tem ferimentos por causa da violência domestica a receber ajuda de SUS é fácil ou difícil?
Do you think that the process for women that have injuries caused by domestic violence to receive help from SUS is easy or difficult?
- Vocês têm um convenio com um médico/clínica/hospital que ajuda vítima de violência domestica especialmente?
Do you all have a partnership with a doctor/clinic/hospital that especially helps victims of domestic violence?
- É mais comum que mulheres sofrem violência física, sexual, psicológica, patrimonial, ou moral?
Is it more common that women suffer physical, sexual, psychological, patrimonial, or moral violence?
- Vocês trabalham com os homens/os agressores? Como são eles?
Do you all work with the men/the aggressors? What are they like?
- Como a comunidade sabe sobre os serviços que vocês têm?
How does the community know about your services?
- Vocês participam em algumas campanhas?
Do you all participate in any campaigns?
- Como pode prevenir o ciclo de violência domestica?
How can the cycle of domestic violence be prevented?
- Você acha que é mais importante que tem programas de prevenção para homens e meninos ou mulheres e meninas?
Do you think it is more important to have prevention programs that target men and boys or women and girls?
- Você acha que é possível a parar tudo a violência domestica que existe?
Do you think it is possible to stop all domestic violence that exists?
- Geralmente há quanto tempo à maioria das mulheres sofre violência domestica antes de pedir ajuda?
Generally how long do the majority of women suffer domestic violence before asking for help?

Interview Questions for Tania Palma, Centro de Referencia Loreta Valadares

- Há quanto tempo o Centro existe aqui em Salvador?
How long has the Center existed here in Salvador?
- O que acontece quando mulheres chegam aqui para ajuda?
What happens when women arrive here for help?
- Por favor, descrever as tipas de mulheres que vêm aqui.
Please describe the types of women that come here.
- É mais comum que mulheres sofrem violência física, psicológica, sexual, patrimonial, ou moral?
Is it more common that women suffer physical, psychological, sexual, patrimonial, or moral violence?
- Como a comunidade sabe sobre os serviços aqui?
How does the community know about the services here?
- O Centro trabalha com os agressores?
Does the Center work with the aggressors?
- Como pode prevenir o ciclo de violência domestica?
How can the cycle of domestic violence be prevented?
- Quais são os efeitos de violência domestica nos filhos duma mulher?
What are the effects of domestic violence on the children of a woman?
- Como pode melhorar o proceso de atendimento de saúde para mulheres que sofrem violência?
How can the process of receiving health care for women who suffer violence be improved?
- Por que violência domestica acontece? É um problema cultural, estrutural, ou do agressor?
Why does domestic violence occur? Is it a problem of culture, infrastructure, or the aggressor?
- Por que violência domestica é um problema de saúde?
Why is domestic violence a health problem?
- Você acha que violência domestica ocurio mais para os afro-brasileiros?
Do you think that domestic violence occurs more for Afro-Brazilians?
- Que você acha sobre a Lei Maria da Penha?
What do you think about Lei Maria da Penha?

- Na rede de serviços para mulheres, que esta faltando?
In the network of services for women, what is lacking?
- Você acha que é possível a parar toda a violência domestica que existe?
Do you think it is possible to stop all of the domestic violence that exists?

Appendix questions

1. *Could you have done this project in the USA? What data or sources were unique to the culture in which you did the project?*

This study was unique in terms of the cultural context of which it was placed. However, the issue domestic violence is worldwide and a similar study of services available for women who have suffered domestic violence in Colorado could easily be done. The study would be somewhat different though in terms of the women who would be studied there. The current study was conducted in Salvador and most of the women served by the organizations I interviewed are lower class and Afro-Brazilian. In Colorado, we have a much smaller black population and more populous Hispanic and Mexican populations, so there would be a cultural difference in the populations of the two different studies.

2. *Could you have done any part of it in the USA? Would the results have been different? How?*

I could have done parts of this project in the United States, though it would depend on where I would do the study in the U.S. I think it would be fascinating to do a comparative study of domestic violence in two cities like Salvador and Baltimore or Atlanta that have large populations of African Americans. However, to do this project in a place like Denver, the results I'm guessing would be different, because prevention services would need to be unique to the cultural context of the population being served.

3. *Did the process of doing the ISP modify your learning style? How was this different from your previous style and approaches to learning?*

Doing the ISP was a difficult but really interesting way of learning. While I have done qualitative and quantitative research classes at my university in the U.S., it was a fun experience to get to do research in a completely new environment. I enjoyed the process of learning by directly asking primary sources and people about their experiences rather than reading about them in a book, and I hope to do more research in the future.

4. *How much of the final monograph is primary data? How much is from secondary sources?*

About 45-50% of the final monography is primary data about about 50-55% of it is secondary data.

5. *What criteria did you use to evaluate your data for inclusion in the final monograph? Or how did you decide to exclude certain data?*

Most of my primary data is included in the final monograph. About a week into the ISP process I came up with four themes to touch upon in my project, and my primary data and interview questions from that point on were easily categorized into each theme. I tried to include something from each interview and observation experience, yet some were much more helpful than others.

6. *How did the “drop-offs” or field exercises contribute to the process and completion of the ISP?*

I really enjoyed my drop-off experience a lot; it was really my first interaction with Brazilians and I was taken aback and pleasantly surprised at how nice everyone was to me, even though I couldn't speak Portuguese. That being said, the only contribution it had to my ISP process in general was feeling confident in asking for directions to orient myself in new neighborhoods.

7. *What part of the PHMFSS most significantly influenced the ISP process?*

I didn't find that much of Methods and Field Study Seminar was very helpful in terms of the ISP process, besides working on the proposal. I think that time could have been better spent preparing for the ISP, like trying to find loopholes in the proposal where potential problems may arise and thinking about scenarios in how students need to be flexible during their ISP. Doing practice scenarios about communicating effectively with your advisor and learning proper and polite vocabulary to use in interviewing would also be helpful. While I will enjoy looking back on my DIES as memories of Salvador, I did not find that technique helpful personally when doing my ISP fieldwork.

8. *What were the principle problems you encountered while doing the ISP? Were you able to resolve these and how?*

The main problem I encountered during the ISP was lack of time. No matter how hard I tried to stay on top of everything and keep my work moving, I just wish I had a little more time to do more research. Other than that, my other problem was finding women to interview; however this was resolved by me adjusting my project to interviewing people who were available. I also had some technological problems at the very end, which was very stressful but luckily resolved in about 24 hours.

9. *Did you experience any time constraints? How could these have been resolved?*

Haha, doesn't everyone? It was a very short amount of time to complete the research; however I feel like I worked with the time constraints as best I could, considering my circumstances. The time restraints could have best been resolved had I chosen this topic sooner (I changed my topic about a week and a half before the ISP period started). If I had chosen this topic towards my arrival to Salvador, I would have been able to complete much of the literature review and theoretic background before the ISP period started, and then could have completely focused on doing interviews and primary research during the ISP period. This also would have helped because I could have warned my advisor in advance the type of primary research I wanted to do so that she could begin the process of finding women for me to interview early on.

10. *Did your original topic change and evolve as you discovered or did not discover new and different resources? Did the resources available modify or determine the topic?*

My original topic was to study the experience of motherhood for women in prison; however I was not able to find a way to complete this project doing primary research. I then changed my topic to domestic violence because I knew that logistically it would be much simpler and that there would be ample opportunities to do primary research. I originally planned to do life histories, however I had trouble finding women to interview. In the meantime I was visiting different institutions about their services for women, and so I decided to change the angle of the project from the women's experiences of domestic violence to the perspectives of the organizations that assist women. So in that regard, my topic even within the theme of domestic violence modified the project quite a bit.

11. *How did you go about finding resources: institutions, interviewees, publications, etc.?*

I had help finding primary resources from my Academic Director Damiana as well as my advisor Tania. Both women suggested various places I should visit that would be interesting places to interview and help me get the meetings set up. Tania also provided me with interesting secondary resources to read to get background knowledge on the subject.

12. *What method(s) did you use? How did you decide to use such method(s)?*

I used interviews as my main methodology because it seemed the most practical in terms of garnering information to reach my goals and objectives. If I had more time, it would be interesting to do volunteer and do participant observations of an organization; especially the Coletiva de Mulheres do Calafate. I would have loved to see what their interactions with women really are like and how the organization is run because at first glance it seemed very disorganized. The only issue with this idea is that there would be more ethical problems, but still an interesting project for a future student.

13. *Comment on your relations with your advisor: indispensable? Occasionally helpful? Not very helpful? At what point was s/he most helpful? Were there cultural differences, which influenced your relationship? A different understanding of educational processes and goals? Was working with the advisor instructional?*

My advisor was amazing! She was so incredibly helpful and I could not have done this project without her. She is incredibly knowledgeable about the subject, yet so patient in making sure I understood everything that was going on around me with the research. Tania also made herself very available to me, and I never hesitated to call her when I had a question about something. We also got along very well and were able to have very meaningful conversations about our cultural differences and our experiences being black women from two very different places.

14. *Did you reach any dead ends? Hypotheses which turned out to be not useful? Interviews or visits that had no application?*

I feel like I did a good job continually checking my data and adjusting my hypothesis as I went along. I returned to Calafate a second time hoping to do some one-on-one interviews with women but ended up not having the opportunity. During my visit there

that day I ended up learning about their community tourism program, which was not at all relevant to my project but interesting nonetheless.

15. *What insights did you gain into the culture as a result of doing the ISP, which you might not otherwise have gained?*

For my project I had many discussions with people about machismo and gender relations in Brazil. Though we had had seminars about this topic and informal discussions about this topic, being able to interview people and really have a formal dialogue about it, as well as learning about machismo in a specific context such as domestic violence, I was able to learn a lot more about it. I found similar results with the topic of race; it was very interesting to examine with my interviewees the issue of why black women are disproportionately affected by domestic violence. Though gender and race are prevalent everywhere, I appreciate the opportunity to learn more about these aspects of culture through the lens of domestic violence.

16. *Did the ISP process assist your adjustment to the culture? Integration?*

I had originally wanted to leave Salvador for my ISP, but in the end I am happy that I stayed here. I think the extra four weeks in the city made me feel even more integrated here, as I used the bus system a lot more during my ISP, and I got to explore new parts of the city that I hadn't encountered before. Though in general it was a stressful time, I did appreciate finally being taken seriously by the people here; people found it much more impressive when I said I was doing research on domestic violence than for me to just say that I was a student. Because people took me more seriously we ended up having more meaningful conversations about the culture which was incredibly interesting for me.

17. *What were the principle lessons you learned from the ISP process?*

I learned a lot about the subject of domestic violence during the ISP but a lot more about myself. For example, after doing this project, I am thrilled at the idea of continuing in the field of social work in the Fall after having the opportunity to interview and talk to so many social workers for the project. Though the subject matter was sad and mentally exhausting, I was so inspired to hear about the work being done in this field and I hope one day to do work equally as inspirational. I also learned that I love doing research though I am excited to return home and continue my research in English. While it was a great experience and very rewarding to do interviews in Portuguese, I think a lot was lost in the language barrier. However, I still loved the experience and hope to do more research in the future.

18. *If you met a future student who wanted to do this same project, what would be your recommendations to her/him?*

If I met a future student who wanted to do a project on domestic violence, I would encourage her/him to get started early on so they can find an interesting angle. I would highly recommend working with my advisor Tania Palma, not only was she incredibly knowledgeable about the subject but she also had a good understanding of what the ISP process is and was able to assist me in the more technical aspects of the project. Tania is also very well known in the community and has some amazing contacts that I wasn't able to take full advantage of. Anyone interested in domestic violence or even women's rights

in general should meet with Tania right away and she can help you find an interesting project.

19. Given what you know now, would you undertake this or a similar project again?

I would definitely undertake this project again in the future. I began the ISP process with the idea of conducting a different project, but decided to change my topic at the last minute because there was miscommunication with my potential advisor about what sort of research I would be conducting. I wish I had chosen this project of domestic violence from the beginning, because I could have gotten started much earlier and been more focused and organized with my research. I learned that in this particular situation where there is a very limited amount of time to conduct research, choosing a topic that the academic director already has strong connections and contacts in is a good idea, and then you can create a project that interests you around what is available.