ESPAÇO TEMA LIVRE

The invisibility of women caring for women victims of violence

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Abstract: The objective of this study was to describe the working conditions of professionals who work in centers providing assistance to women victims of violence, to investigate the experience of female workers in caring for women victims of violence and to analyze the self-care practices of this professional group at the personal, professional, collective and institutional levels. Data were collected through the application of an interview script to 12 professionals who assist victims of violence against women in different care centers for this public in Aracaju and the interior of Sergipe. The five classes generated by the Descending Hierarchical Classification (DHC), generated by the Iramuteq analysis, pointed out five themes: care for women victims of violence, conflicts, violence and professional practice, authors of practice of aggression, personal self-care and handling obstacles in the work environment. In view of the results found, the strengthening of the public policy system is appointed as one of the pillars that reconfigure this reality.

Keywords: Professionals who assist women victims of violence; Self-care; Battered women; Working conditions; Violence in the workplace.

A invisibilidade das mulheres que cuidam de mulheres vítimas de violência

Resumo: O objetivo deste estudo foi descrever as condições de trabalho dos profissionais que atuam em centros de atendimento a mulheres vítimas de violência, investigar a experiência de trabalhadoras no atendimento a mulheres vítimas de violência e analisar as práticas de autocuidado desse grupo profissional em nos níveis pessoal, profissional, coletivo e institucional. Os dados foram coletados por meio da aplicação de um roteiro de entrevista a 12 profissionais que atendem vítimas de violência contra a mulher em diferentes centros de atendimento a esse público em Aracaju e interior de Sergipe. As cinco classes geradas pela Classificação Hierárquica Descendente (CHD) geradas pela análise Iramuteq, apontaram cinco temas: atendimento à mulher vítima de violência, conflitos, violência e prática profissional, autores da prática de agressão, autocuidado pessoal e manejo de obstáculos no ambiente de trabalho. Diante dos resultados encontrados, o fortalecimento do sistema de políticas públicas é apontado como um dos pilares que reconfiguram essa realidade.

Palavras-chave: Profissionais que atendem mulheres vítimas de violência; Autocuidado; Mulheres agredidas; Condições de trabalho; Violência no local de trabalho.

La invisibilidad de las mujeres que cuidan a las mujeres víctimas de violencia

Resumen: Este estudio tuvo como objetivo describir las condiciones de trabajo de profesionales que actúan en centros de atención a mujeres víctimas de violencia, investigar la experiencia de trabajadoras en el cuidado de mujeres víctimas de violencia y analizar las prácticas de autocuidado de este grupo profesional en los niveles personal, profesional, colectivo e institucional. Los datos fueron recolectados a través de la aplicación de un guión de entrevista a 12 profesionales que atienden a víctimas de violencia contra la mujer en diferentes centros de atención a este público en Aracaju y el interior de Sergipe. Las cinco clases generadas por la Clasificación Jerárquica Descendente (CHD), análisis Iramuteq, señalaron cinco temas: atención a mujeres víctimas de violencia, conflictos, violencia y práctica profesional, autores de práctica de agresión, autocuidado personal y manejo de obstáculos en el trabajo. Dados los resultados encontrados, se apunta al fortalecimiento del sistema de políticas públicas como uno de los pilares que reconfiguran esta realidad.

Palabras clave: Profesionales que asisten a mujeres víctimas de violencia; Autocuidado. Mujeres maltratadas; Las condiciones de trabajo; Violencia en el trabajo.

Introduction

Studies appoint that this care for cases of violence mobilizes a range of emotions (Souza & Cintra, 2018). Among professionals involved in care for cases of violence indicated that respondents perceived their work as exhausting and experienced many doubts, feelings of helplessness, sadness, anxiety, distrust, frustration, discouragement, stress and fear in the cases treated (Frieze et al., 2020; Vieira & Hasse, 2016). One of the emerging psychosocial risks in care for victims of violence is secondary traumatic stress disorder. The American Psychological Association (APA) included this disorder in 1980 and its symptom extend to cognitive, emotional, motor and somatic reactions. These symptoms have been reported by studies carried out with professionals assisting victims of violence in different countries (Choi, 2017; Ogi ska-Bulik et al., 2020). Another risk to the mental health of these workers is the burnout syndrome, a condition characterized by emotional exhaustion, depersonalization and decreased professional effectiveness, as evidenced by the literature (Brady, 2017; Cieslak et al., 2014).

On the other hand, as a preventive resource for these forms of illness at the group and individual levels, self-care emerges to promote the health of the workers, the workforce and prevent the occurrence of violent practices in work relationships. This term is related to everyday practices and decisions made by an individual, family or society to take care of their own health. These actions are skills learned throughout life, constantly and freely performed, aiming to sustain or rescue health and prevent disease. They vary according to the culture and ability to survive (Correa, 2015). The importance of self-care practices in these professional care teams for cases of violence rests in the fact that maintaining self-directed attention is critical to avoid harm by understanding and knowing one's feelings in service delivery and thus preventing the spread of frustrations or sadness, for example, to the public served. The focus of this resource is on relationships, connections and the network of people (Cruells, 2015). Different studies have reported the positive impact of self-care on the mental health of professionals who deal with cases of violence (Cayir et al., 2020; Parsonson & Alquicira, 2019).

In view of the expansion of women victims of violence in Brazil (Okabayashi et al., 2020), the conceptual risks to the health of workers in care centers and the importance of self-care, as a preventive resource in the face of the mental illness of workers in this place, becomes relevant to identify working conditions, evaluate the experience of assisting women victims of violence and the type of self-care practiced by these workers in the country. So, this research presents the following objectives: to describe the working conditions of professionals working in care centers to women victims of violence, to investigate the experience of female workers' care for female victims of violence and to analyze the self-care practices of the professional group at the personal, professional, collective and institutional levels.

Method: Study population

The audience of this qualitative study, selected by convenience sampling, consisted of 12 professionals working in direct care for victims of violence against women, distributed as follows: two social educators, five

social workers, three psychologists and two lawyers, allocated among 1 CREAS (Specialized Social Service Referral Center), 2 CRAMs (Reference Centers for Women's Care) in the interior of Sergipe and the DEAM (Specialized Delegacies for Women's Care) located at the DAGV (Delegacy for Care to Vulnerable Groups) in the city of Aracaju.

Most of the participants is around 35 years old, held an undergraduate degree and two held a Lato Sensu graduate degree in their respective activity areas and had three years of experience on average. Regarding the marital status, eight professionals were married and had children, two were single, one was divorced, and one had a fixed partner, so that most of those surveyed in marital union lived with their husbands and children, while the single and divorced professionals lived at their parents' house.

Evaluation instrument

The instrument used was the interview script, whose thematic axes that guided the questions were: work trajectory, statements about violence, violence and work, health and daily life in the work with violence. Representatives from four care centers to the demands of violence against women interceded to approach the participants of this project in order to map the number of professionals specialized in providing services of this nature and available to participate in this study. After this stage, a date and place were scheduled with the professionals who assist victims of violence against women for the interviews. The study was conducted after the participants had signed the Informed Consent Form (ICF), which contained a brief description of the purposes of this research. In addition, this research was approved by the Ethics Committee of the University Hospital of Aracaju / Federal University of Sergipe / HU-UFS according to opinion CAAE: 82003917.5.0000.5546.

Data Analysis

The results were obtained by using the computer program *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRAMUTEQ) [R interface for Multidimensional Analysis of Texts and Questionnaires]. It is a computerized method that enables different forms of textual analysis, resulting in a comprehensible and clear organization of the written material collected. For this research, we selected the Descending Hierarchical Classification (DHC), which organizes the vocabulary into classes in a tree diagram that explains the relationships between them (Camargo & Justo, 2013).
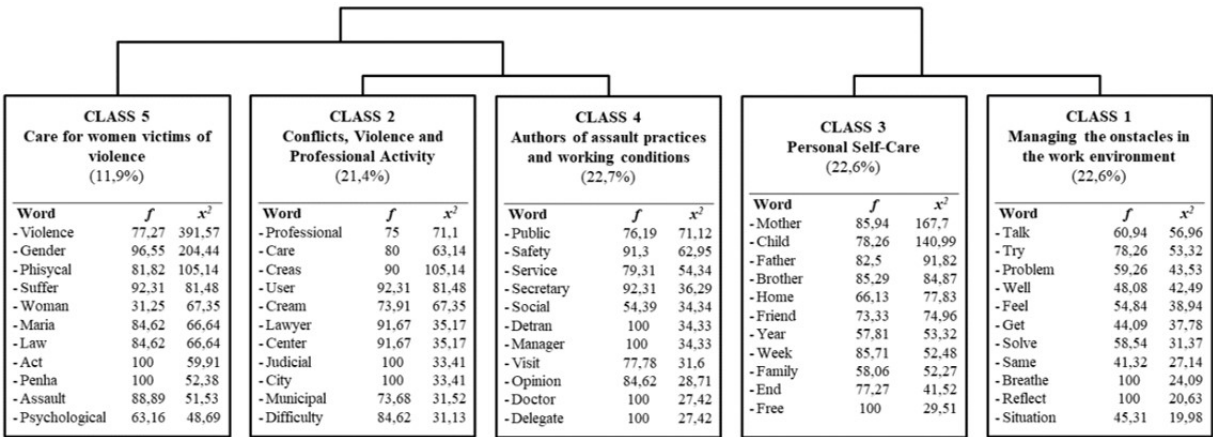
Results

The corpus investigated consisted of 12 ICUs (interviews) and was divided into 1,283 text segments and 4,177 words with a frequency of 10.51 words per answer. The tree diagram elaborated, based on the homogeneity of the text segments (Figure 1), identified five classes of text segments. By exploring the profiles tab generated by the descending hierarchical classification, the lexical contents of each of these classes are identified (Camargo & Justo, 2013).

The most recurring words in each class are described in the tree diagram shown in Figure 1. The first 10 words displayed in each class were chosen. The participants' statements or text segments explained in this analysis were extracted from the Profiles tab so that the context of each class was explained by textual segments characteristic of the investigated reality. At first, the DHC segmented the corpus of five classes into three subcorpora, positioning classes 5, 2 and 4 on one side and classes 1 and 3 on the other. Subsequently, class 5 was separated into classes two and four.

The results and discussion of this study will start with Class 5, called *Care for women victims of violence*, which points to aspects that identify the demand met and the approach to this reality. Next, Class 2 will be discussed, called *Conflicts, Violence and Professional Practice*, followed by Class 4, called *Authors of Assault Practices and Working Conditions*. Proceeding with this construction, the focus of this topic will turn to Class 3, which is called *Personal Self Care*, and finally Class 1, named *Managing Obstacles in the Workplace* will end the debate about the reality of these professionals in the Brazilian context.

Figure 1 - Tree diagram of descending hierarchical classification of the corpus "Work of the Care Professionals for Victims of Violence against Women"

CLASS 5 Care for women victims of violence (11,9%)			CLASS 2 Conflicts, Violence and Professional Activity (21,4%)			CLASS 4 Authors of assault practices and working conditions (22,7%)			CLASS 3 Personal Self-Care (22,6%)			CLASS 1 Managing the onstacles in the work environment (22,6%)		
Word	f	x^2	Word	f	x^2	Word	f	x^2	Word	f	x^2	Word	f	x^2
- Violence	77,27	391,57	- Professional	75	71,1	- Public	76,19	71,12	- Mother	85,94	167,7	- Talk	60,94	56,96
- Gender	96,55	204,44	- Care	80	63,14	- Safety	91,3	62,95	- Child	78,26	140,99	- Try	78,26	53,32
- Phisycal	81,82	105,14	- Creas	90	105,14	- Service	79,31	54,34	- Father	82,5	91,82	- Problem	59,26	43,53
- Suffer	92,31	81,48	- User	92,31	81,48	- Secretary	92,31	36,29	- Brother	85,29	84,87	- Well	48,08	42,49
- Woman	31,25	67,35	- Cream	73,91	67,35	- Social	54,39	34,34	- Home	66,13	77,83	- Feel	54,84	38,94
- Maria	84,62	66,64	- Lawyer	91,67	35,17	- Detran	100	34,33	- Friend	73,33	74,96	- Get	44,09	37,78
- Law	84,62	66,64	- Center	91,67	35,17	- Manager	100	34,33	- Year	57,81	53,32	- Solve	58,54	31,37
- Act	100	59,91	- Judicial	100	33,41	- Visit	77,78	31,6	- Week	85,71	52,48	- Same	41,32	27,14
- Penha	100	52,38	- City	100	33,41	- Opinion	84,62	28,71	- Family	58,06	52,27	- Breathe	100	24,09
- Assault	88,89	51,53	- Municipal	73,68	31,52	- Doctor	100	27,42	- End	77,27	41,52	- Reflect	100	20,63
- Psychological	63,16	48,69	- Difficulty	84,62	31,13	- Delegate	100	27,42	- Free	100	29,51	- Situation	45,31	19,98

Class 5, entitled *Care for women victims of violence*, was the smallest class in the tree diagram and represents 11.9% of the text segments analyzed. According to the text segments, this class is characterized by contents that cover aspects and elements that cross, dynamize and guide the episodes of violence against women, as well as the description of feelings, elements present in the workers' approach of the attended cases. The following excerpts represent this class:

> *"No, there is no equality between men and women. It does not exist in people's minds. And when the other is different from you, you do not respect that difference."* (Participant 9);

> "I take this demand home. Not at work, but at home, I cry, and then I remember my mother, I remember that I could, because like, there are some cases that involve acquaintances and I wanted to take them home, but I cannot." *(Participant 4).*

The lack of self-care practices, whether personal or institutional, will lead to conflicts, the establishment of violent practices in professional relationships and the emergence of obstacles to the work of the research participants within the care centers for victims of violence against women. These elements are contained in Class 2, called *Conflicts, Violence and Professional Activities*, which covers 21.4% of the text segments.

The statements that clarify these findings are presented next:

> *"Then I don't like it because I think it disrupts the professional environment. Perhaps an abuse of power by being in charge of the coordination, thinking that I wanted to override her order and that wasn't it."* (Participant 7);

> *"Because the other management was higher, you know. There was like, how can I say it, there was like, moral harassment, above all they were very deprived of time, instead of seeking solutions for the processes, the cases that come to us." (Participant 8).*

The class 4 emerges with 22.7% of the statements, reporting on the authors of the harassment practices and working conditions that make up the structure of care services to victims of violence against women. As found in class 2, these professionals are subject to a rigid hierarchy driven by personalistic political dynamics. In addition, they are subject to lack of resources and property security in the places where they operate.

The following excerpts represent this class:

"There was one that I cried, that I really cried: it was a boy who received a high function in the security department." (Participant 5);

"You need some things like security right? [...] I just find the physical, the structure [...] bad." (Participant 2);

"The only negative point that I have here in my view is this lack of security, because there is a lot of theft here and we are always apprehensive." (Participant 3).

Evidence of self-care is available in Class 3, entitled *Personal Self-Care*. This class, built with 22.6% of the text segments, considers the support networks, the time available for self-care and the role these women play within their family environments. The following excerpts represent this class:

"I'm a housewife, student, I take care of my father and mother, of my son, then they only complain that I do not take the care to stop to fix my hair, a nail […]." (Participant 3);

"[…] I have no free time. My leisure time today is going out for a walk with my son. I have a 3-year-old son, my husband." (Participant 10).

The Class 1, built with 22.6% of the text segments, was named "*Managing obstacles in the workplace*", which encompasses the ways in which professionals deal with conflicts, the difficulties and other issues related to the relationship between the professionals and meeting the demands received in the work context:

"The biggest problem we have here at DAGV is called reception because, honestly, there are some people here. We're dealing with people who seem to have stopped in time." (Participant 5);

"We really get our hair up. We keep hoping that on the day we work such a situation. The network is fragmented." (Participant 8).

Discussion

This analysis section will discuss the main findings found in each class presented in the results. Throughout the construction of the Class 5, there are elements that allude to the issue of lack of equality between men and women, fertile ground for the emergence of prejudice, which starts from the idea of male superiority, authorizing the imposition and concomitant use of violence by men, especially the partners. In addition, statements are conveyed about the stereotypes constructed about battered women and the users' lack of information about the different forms that violent acts can take. Regarding the phenomenon of violence against women, it is clear that patriarchy orders a hierarchical configuration of the relationship that crosses all social spaces, with a material, embodied scope and a power structure that is based on both an ideology and a practice (Lerner, 2019). Within this logic, the process of naturalization of violence against women manifests itself as the legitimation of the power, possession and control of men over women within a given relationship (Saffioti, 2011). Associated with this cultural aspect, these professionals are in contact with a social reality that both the participants and spectators of violent episodes censor, veil, ground or deny (Ginés & Barbosa, 2010). The approach to the cases of violence causes the women in this research to establish a relationship of rationalization, remembrance of the episodes experienced or even impotence. These clippings indicate the professionals' risks of emotional contagion and concomitant suffering during contact with the cases treated, causing insensitivity or reliving of personal experiences of trauma or violence, aspects denote the health risks for this professional group (Arellanos & Dupuis, 2014; Sprang et al., 2019). In this scenario, self-care emerges as a fundamentally important resource for professional violence care teams, as attention focused on themselves

provides understanding and knowledge of their feelings in the provision of services and, thus, prevents typical actions of institutional violence towards the public (Cruells, 2015).

The quality of the services provided is also affected and this is expressed in the fear of the interviewee below, who appoints the present of violent practices by the institutions, as signaled in the Class 2 sections. These attitudes point to the effects of thematic contamination and strengthen the experience of insecurity by the targets of aggressions, who circulate between interpersonal violence and institutional violence. Thus, the services do not fulfil their purpose of suspending the women's exposure to violence (Villela et al., 2011). Thus, the women are one of the populations that is most exposed to moral harassment in their work environment, giving rise to discriminatory events in this environment (Hirigoyen, 2011; Rosander et al., 2020). In addition to this gender issue, this violent practice is triggered by the abuse of power, which also reports negative impacts on the quality of the professional environment. This reinforces the notes of Sansbury et al. (2015) that the institution should be responsible for managing conflicts within professional teams, so that this point does not affect the performance of care provided to users. Although, there is a distancing and hierarchization within the institutional structure, raising obstacles for the professionals' activities in these places and raising feelings of frustration in the practice of their professional role. This adds more risk of illness to this working population and reinforces the findings of Freitas et al. (2008) that descent harassment is the most commonly found in highly hierarchical structures as well as the most frequent type of care environment for victims of violence, as found by the study by Quiñones et al. (2013).

Regarding the abuse of power by agents occupying the highest positions in the hierarchy, the Class 4 shows the perpetrators of abusive behavior as persons appointed for coordination and secretariat activities in municipal and state agencies. These results described in this class are in line with the Observe (2010, 2011) reports, which, among other considerations, point to the personalistic posture of institutional leaders, insufficient resources and structural deficiencies of the places as obstacles that hinder the flow of care to victims of violence against women. In describing the physical structure and safety of the institutions, the professionals indicated, in excerpts of the interviews, signs of fragility of the physical aspect of the place and lack of property security in their work environments, which indicate signs of precarious working conditions in the places where social welfare services are provided, as discussed by any other researches (Cordeiro & Sato, 2017; Grossi et al., 2015). Within this line of weakness of the public policy system and concomitant dependence on the policy of personal interests in force, this picture adds up to the scarcity of material and human resources, which is consistent with the results presented by Pereira et al. (2016), in which professionals from the SUAS (Unified Social Service System) are also crossed by the aspects presented in this class in their professional practice. These points were stated through indications of insufficiency or lack of material and human resources for the professionals' execution of the activities, damaging the quality of the services rendered. The data point us to the scenario of weakening and precariousness of the public policy system and the removal of the state defended by contemporary capitalism that causes the insufficient supply of resources for professionals to achieve their activities (Gasparotto, 2013). This group of workers is exposed to illness conditions motivated by the dynamics of the institutions they operate in. This is clearly evidenced by Arellanos and Dupuis (2014), who lists the aspects, at the institutional level, that influence the professionals' sickening at care centers, such as: physical conditions of the workplace, the form of decision making and the relationship with the superiors, content and nature of the work and the leadership and communication style the institution adopts.

The Class 3, entitled Personal Self-Care, considers the support networks, the time available for self-care and the role these women play within their family environments. Within the issue of support networks, it is observed that the mother figure occupies an important position for these professionals who represent her as references of well-being, welcome and protection in their personal life. Other components of the family environment also emerged, such as children, father and husband, constituting this role in their personal lives. The family environment is the source of security and support for these professionals, emerging as social support of great importance. Social support is understood as the source of interpersonal relationships that provides feelings of protection and support, generating the feeling of being acknowledged, cared for and accepted, as well as support that offers the conditions for the recipient to cope with daily stress (Campos, 2016). The creation of meaningful social networks is a practice of individual self-care (Ginés & Barbosa, 2010). On the other hand, it is relevant to point out that other actions of individual self-care, such as having a balanced diet, rest, free time and physical activity, individual self-care activities (Gomà-Rodríguez et al.,

2018), are not fully exercised because these women perform different roles within their family environments. This finding becomes more evident for those professionals who perform care activities for elderly parents or childcare, pointing out, as already reported in other studies, how care tasks are predominantly assigned to women (Kantorski et al., 2019; Lemos et al., 2020).

These barriers in the practice of self-care by professionals of care centers for women victims of violence are confirmed in a research that was conducted by Alani and Stroink (2015), which identified discourse on the difficulties of this group to have free time to take care of themselves due to the tasks in the home environment, which consumes a significant part of the time in these women's personal life. The assumption of roles imposed on women within a patriarchal society that determines their insertion in activities and bonds related to the family environment and the care for the loved ones in this group and domestic activities. In this context, it should be noted that both users and professionals in specialized institutions are impregnated by patriarchal norms that outline the role of women (Saffioti, 2011). These results also lead us to these professionals' lack of autonomy and ownership of time as this dimension is denied, privatized and expropriated from them due to the obligations a macho culture imposes on women in general. Among the tasks directed to them are the zeal and attention to domestic activities, the care of family members and other issues related to the private sphere (Castañeda, 2006).

Resuming the debate on work-related issues, the Class 1 encompasses the ways in which professionals deal with conflicts, the difficulties and other issues related to the relationship between the professionals and meeting the demands received in the work context. the lack of institutional attention to the emergence of conflicts within these work environments and the psychological repercussions caused by the approach to cases of violence make this professional group create strategies for voiding and handling of these issues. This scenario points to the lack of self-care involving these professionals at the institutional level, as the identification, analysis and approach of conflicts is one of the consequences of the management entities' taking care of these workers (Arellanos & Dupuis, 2016). Sansbury et al. (2015) reinforce this institutional responsibility, pointing to the need for organizations to quickly address and resolve conflicts, as well as to address the consequences of the violence demands attended at these centers for the professionals' health. These data listed in this class and in others described above differ from the self-care actions advocated by Ginés and Barbosa (2010) at the institutional level, such as: facilitating and maintaining safe working conditions for both service providers and users, expressing and keeping up interest in the quality of relationships between professionals, supporting the construction of spaces for voiding and decompression and fostering consensus decisions for difficult cases. In addition to building mechanisms to deal with conflicts, these professionals also face obstacles for the follow-up of their activities, such as difficulties in articulating the care network, in decision-making, in the lack of professional training and in the outcome of the cases. In some professionals, this generates feelings of frustration, helplessness and anguish.

The fragmentation of the care network for battered users contrasts with one of the axes of the National Pact against Violence against Women (Brasil, 2011), which advocates the expansion and strengthening of care networks for this audience. On the other hand, this finding is also reported in other surveys (Santos, 2015; Vieira & Hasse, 2017) and in the Joint Parliamentary Committee of Inquiry (CPMI) of the National Congress, which took place between March 2012 and July 2013, which, among other observations, diagnosed not only a network diversification but also a more personalized than institutionalized service network (Campos, 2015). This shows that the personalistic dynamics characteristic of this research scenario may be one of the obstacles to the connection between care services for victims of violence and, as a result, the lack of implementation of other actions necessary to assist the users and in a concomitant set of negative feelings of anguish, frustration and impotence for the professionals who provided the welcoming services.

Regarding the lack of professional training one of the interviewees cited, other surveys (Osis et al., 2013; Vieira & Hasse, 2017) point to the same reality, so that this can cause difficulties to identify cases and handle the situations attended. This is another indication of the lack of self-care involving these professionals, as the spaces of supervision, training and sharing of experiences are places for systematic reflection on the actions of professionals without exercising control functions (Cruells, 2015). Based on the discussion presented here, self-care actions are linked to the lifestyle of the person who, in turn, is situated within a structural, social, economic and cultural context of the individuals and social groups so that self-care behaviors should be understood in light of the circumstances and conditions they experience (Arenas-Monreal et al., 2011).

The classes demonstrate how these professionals are subject to severe psychosocial risks due to cultural crossings driven by the chauvinistic, political and economic society, characterized by personalism in the management of institutions and the advancement of prerogatives neoliberal actions and actions brought by state power.

Conclusion

In this research, the professionals described working conditions characterized by the fragility of the physical structure of the workplaces and the lack of material and human resources to perform the work activities. These components are part of a framework of weakening public policies and the distancing of care by the state from social issues within the context of advances in the neoliberal prerogatives typical of contemporary capitalism (Pereira et al., 2016). In addition to the immersion in weak working conditions and harassing and personalistic labor relations, these workers are overcome by feelings such as anguish, powerlessness and frustration, as well as by efforts to take distance from the kind of content they respond to in their experiences of listening to the violent episodes narrated by battered women and in the activation of the components of the care network for these users.

The institutional self-care promoted by maintaining safe working conditions for both users and service providers, due to the interest in the quality of relationships between professionals, the fostering of horizontal and vertical leadership and the support for the construction of spaces for voiding and decompression (Ginés & Barbosa, 2010) is a non-existent aspect in the context under investigation. These workers do not have time available either for self-care to the detriment of the expropriation of this dimension in care for domestic activities and family members, reinforcing the remarks of Castañeda (2006) about the repercussions of a macho culture. The findings presented represent the change of focus to the work experience of professional groups assisting victims of violence, being an activity with high exposure to individual and group illness (Arellanos & Dupuis, 2014). This requires the promotion of preventive actions, represented by self-care at different levels. This constitutes a distant reality in the research scope, either due to the absence of such initiatives by the institution, or to the privatization of the time these workers spend on domestic and private care and care activities.

Given the working conditions, the quality of professional relationships and other difficulties in daily work faced by professionals and presented in this research, it is important to meet the demands of social movements and other organizations to strengthen the public policy system. In the same sense, it is essential to discuss the condition of women in the labor market and the implementation of occupational health programs in this field under investigation that range from the encouragement of personal self-care actions to the institutions' development of initiatives in this area. As a guiding axis for the proposals highlighted, self-care is shown as an element that promotes improvements in working circumstances, preventing the occurrence of bullying and vicarious traumatization caused by the set of subjective experiences the contact with the cases of violence the professionals respond to mobilize (Llanos & Arón, 2004).

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