

2.2 SOCIAL ASSISTANCE AND VIOLENCE AGAINST WOMEN IN BRAZIL

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The Brazilian Federal Constitution of 1988 set a new paradigm in relation to the understanding of the Brazilian State on public policy in Social Assistance. According to Article 194 of the Constitutional text, Social Assistance, Health and Pension Systems together compose Social Welfare, that “comprises an integrated whole of actions initiated by the Government and the society, with the purpose of ensuring the rights to health, social security and assistance” (BRAZILIAN FEDERAL CONSTITUTION, 1988, Art. 194).

The sole paragraph expresses that it is incumbent upon Government, as provided by law, to organize social welfare, based on the following objectives: *i*) universality of coverage and service; *ii*) uniformity and equivalence of benefits and services for urban and rural populations; *iii*) selectivity and distributiveness in the provision of benefits and services; *iv*) irreducibility of the value of the benefits; *v*) equitable participation in funding; *vi*) diversity of the financing basis; *vii*) democratic and decentralised character of administration, by means of a quadripartite management, with the participation of workers, employers, retirees, and the Government in the collegiate bodies. (BRAZILIAN FEDERAL CONSTITUTION, 1988, Sole Paragraph of Art. 194)

Before the enactment of the Federal Constitution of 1988, social assistance initiatives were provided by philanthropic institutions, by means of volunteer actions, or by charitable work – many of them connected to religious institutions. However, in the heart of Brazil’s re-democratisation process, in the 1980s, after decades of military dictatorship, social society pressured the National State to recognize social assistance as a fundamental public policy for the expansion and consolidation of rights.

Therefore, what we now know as public policy in social assistance is a result of organisation and mobilisation of Brazilian society to combat poverty and inequality. Social Assistance as a consequence of this movement was recognised by the Constitution of 1988 as “public policy, duty of the State and right of the citizen that needs it” breaking with a previous

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“conservative paradigm and conceptions of its benevolent and charitable character” (BRAZIL, 2011, p. 12).

The regulation of social assistance policy called for by the Constitution came with Law n. 8742 of September 7, 1993, known as the “Organic Social Assistance Law” (LOAS). According to Article 1 of LOAS “Social Assistance, right of citizen and duty of the State, is a non-contributive Social Welfare policy, that provides the social minimum, realised through a group of integrated actions of public and societal initiative, to guarantee the fulfillment of basic needs”. This brings the State to the central role in conducting social assistance policy to guarantee the following objectives (BRAZIL, 1993, Art. 2):

I - Social protection that aims at guaranteeing life, harm reduction and prevention of risks, in special: a) the protection of family, maternity, infancy, adolescence and old age; b) the support to needy children and adolescents; c) the promotion of integration into the labour market, d) the habilitation and rehabilitation of people with disability and the promotion of their integration into community life; and e) the guarantee of 1 (one) minimum salary monthly benefit to people with disability and to the elderly that prove unpossessed of means to provide their own or to have it provided by their family.

Following the enactment of LOAS came the publication of the National Policy of Social Assistance (PNAS, 2004), providing principles and directives to implement the Unified Social Assistance System (SUAS), establishing the following objectives: *i)* the promotion of services, programs, projects and basic social protection benefits and, or, especially to families, individuals and groups in need; *ii)* the contribution to the inclusion and the equity of users and specific groups, expanding access to means and basic and special social assistance services, in urban and rural areas; *iii)* the guarantee that the actions in the realm of social assistance are focussed on family, and guarantee familiar and communitarian interaction.

These objectives shall be materialised by means of services, specific payments, programs, projects and benefits, with priority to territories with higher vulnerability indicators, in scaled levels of protection. For this reason, social assistance policy is organised in basic and special levels of protection, articulated with a network of services.

The social protection aims to (BRAZIL, 2004, p. 33):

(...) prevent risk situations by means of developing the potentialities and acquisitions and strengthening family and community ties. It aims at population living in social vulnerability situations resulting from poverty, deprivation (lack of income, precarious or non-existent access to public services, among others) and, or, weakening of affective bonds – relational

or of social belonging (age, ethnic, gender, or disability discrimination, among others).

According to PNAS (2004), SUAS possesses a decentralised participative model, co-financed by the three government spheres – Federal, State and Municipal – and the Federal District. Actions of SUAS are organised in two types of protection – basic and special – executed by public units by means of the Centres of Reference of Social Assistance (CRAS), the Special Centres of Reference of Social Assistance (CREAS), the Specialised Centres of Reference for Street Population (Centro POP) and by the covenant SUAS network.

The CRAS and CREAS are public units within SUAS for providing the needs of groups, families, and individuals in the context of social vulnerability and risk. The CRAS possesses the following objectives: prevention of family rupture and community bonds; mapping potentialities and strengthening protective function of the family; access to benefits, programs of income transference and social assistance services; and assistance of individuals and social groups that find themselves in contexts of risk and social vulnerability.

The CREAS offers specialised services for the protection and need-fulfillment of individuals and families in situations of threat or serious violation of rights, such as, for example, children, adolescents, youngsters, elderly and women. The rights violations may be physical, psychological or sexual violence, human trafficking, removal from family context as a result of intervention orders; personal or social risks associated with drug use, child labour; ethnic-racial or sexual orientation discrimination.

According to SUAS Census (CENSO SUAS), taken by the Ministry of Social and Agrarian Development (MDSA) in 2016, Brazil had 8240 CRAS, 42% of them in municipalities with up to 20 thousand inhabitants. The data points out to the existence of 2521 units of CREAS in the country.

Considering the vast extension of the national territory and the considerable coverage of CRAS and CREAS, these services are privileged spaces with the biggest population outreach in social assistance policy. For reaching a good part of the Brazilian population, these services can be utilised as strategic to foster action to promote gender equality and the prevention and combating of violence against women. After all, no other public equipment combines this outreach capacity of CRAS and CREAS with a mission to provide for the needs of people in risk or social vulnerability.

Moreover, the objectives and regulatory directives orienting these services' existence are in accordance with Law Maria da Penha (LPM) and with international treaties to which Brazil is signatory. This way, it can be understood that actions to promote gender equality between men and women from a human rights perspective can be organised and executed in the sphere of CRAS and CREAS, even because they act in areas of intersectionality and

amplitude in the territories, allowing for their coverage to deliver a more comprehensive, profound and integrated outlook on social demands already overseen in these territories.

There are risks, however. Due to the fact that Law n. 12345/2011 orients the focus of social protection on family, maternity, adolescence and old age (BRAZIL, 2011), that interpretation may result in actions with exclusive attention on family and maternity issues at the expense of protection of women (GROSSI, GASPAROTTO, DUARTE, BITTECOURT and OLIVEIRA, 2015). It is necessary to remember that CRAS prevails in SUAS structure, being a non-specialised service, bringing a pressing need to establish written national guidelines to orient these services interventions from a gender equality perspective.

It is also necessary to invest and equip CRAS and CREAS following the dictates of the Basic Operational Norm for Human Resources of SUAS (BRAZIL, 2006). The NOB-RH/SUAS establishes the necessity to provide Reference Teams taking into consideration the number of families and individuals referenced in the territory, as well as the type of needs and acquisitions that must be guaranteed to them.

Furthermore, professionals working at CRAS and CREAS must be offered, by the Public Power, continuous training and study in the area of gender and violence against women to act, jointly, with actors in the sphere of primary, secondary, as well as tertiary prevention.

In this sense, primary prevention may develop educational and pedagogical practices to promote gender equality. On secondary prevention or precocious intervention with women victims of violence, immediate assistance can be offered by means of benefits or emergency pays, as well as by cross reference to other policies in the area of Health and Public Security. On the level of tertiary prevention or response, at the point when a violation of rights has already occurred, programs could be built as well as welcoming groups of women, as well as other for the reflection and punishment of the authors of violence, suggesting in this case that these groups should be integrated into the specialised network of services for women.

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