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Around the table: what is not visible, but is set

RELATO DE EXPERIÊNCIA

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Em torno da mesa: o que não está visível, mas está posto

ABSTRACT

Introduction: The lack of knowledge of health professionals about gender violence, combined with their sexist attitudes are challenges in the health care of women in violent situations. **Objective**: To present the trajectory of medical, nursing, and psychology students from a higher education institution in Minas Gerais, during extension activities in a shelter for women in situations of vulnerability and violence. **Experience Report**: The project named *Ser Mulher* took place in a shelter for women in situations of violence. In all, 5 conversation circles were held in the physical area for meals with the women residing in the host house, emphasizing dialogue and inclusion. Around the table, the women brought questions and reports accompanied by snacks prepared and brought by the academics. The circles had an educational, reflective, and emancipatory potential for women, in addition to providing academics with the opportunity to develop a welcoming and sensitive dynamic for health care. **Conclusion**: It is concluded that the project was effective in bringing knowledge and, consequently, empowerment to women in vulnerable and violent situations.

Keywords: Community Outreach; Food Addiction; Violence Against Women; Dietary Advocacy; User Embracement.

RESUMO

Introdução: A ausência de conhecimentos dos profissionais da saúde sobre a violência de gênero, aliado às suas atitudes sexistas, são desafios na atenção à saúde da mulher em situação de violência. **Objetivo:** Apresentar a trajetória de acadêmicas dos cursos de medicina, enfermagem e psicologia, de uma instituição de ensino superior de Minas Gerais, durante as atividades extensionistas em uma casa de acolhimento para mulheres em situação de vulnerabilidade e violência. **Relato de Experiência:** O projeto nomeado como *Ser Mulher* aconteceu em uma casa de acolhimento para mulheres em situação de violência. Ao todo, foram realizadas 5 rodas de conversas na área física destinada às refeições com as mulheres residentes na casa de acolhimento, prezando pelo diálogo e inclusão. Em torno da mesa, as mulheres traziam dúvidas e relatos acompanhados pelos lanches preparados e trazidos pelas acadêmicas. As rodas tiveram um potencial educativo, reflexivo e de emancipação para as mulheres, além de proporcionar às acadêmicas a oportunidade de desenvolver uma dinâmica acolhedora e sensível para o cuidado em saúde. **Conclusão:** Conclui-se que o projeto foi efetivo em trazer conhecimentos e, consequentemente, empoderamento para as mulheres em situação de em situação de vulnerabilidade e violência.

Palavras-chave: Extensão Comunitária; Dependência Alimentar; Violência contra a Mulher; Direito à Alimentação; Acolhimento.

INTRODUCTION

The lack of knowledge of health professionals about gender violence, combined with their sexist attitudes, are challenges in the health care of women in situations of violence. Sexist attitudes, it is understood as blaming the victim, disbelief in their report, judging their attitudes without considering their context, and not referring them to specialized services.[1]

Given the complexity of the problem involving women in situations of violence, it is to be expected that public policies will be created in various segments, such as health, and investment in training professionals. Only in the metropolitan region of Belo Horizonte/MG, between 2013 and 2018, 116,232 occurrences of domestic and family violence against women were recorded, with the profile of those involved being mostly brown, between 18 and 44 years old, single and presenting as the degree of secondary education.[2] Indeed, exposure to these contexts of violence is related to health problems and low quality of life. Women in situations of violence often seek health services due to injuries, traumas, Sexually Transmitted Infections (STIS), and mental suffering, among other conditions.[1]

In this way, it is necessary to implement instruments that detect and sensitively address violence in primary care nowadays, offering visibility to women, and victims of violence, in addition to promoting qualified and comprehensive care.[3]

In contrast to the above scenario, violence is still naturalized and there is a lack of adequate training for professionals to work in contexts of violence. As a re-

sult, sexist and blaming discourses are perpetuated, as well as the failure to create effective strategies for women's safety and the fight against gender violence.[1]

Furthermore, the approach to domestic violence in health graduation is still limited to specific disciplines; there is no cross-sectional discussion, which affects the student's performance skills in the face of the complexity of the scenario. It is necessary to think of ways of coping that go beyond theoretical knowledge, as students leave graduation with a feeling of inability to deal with situations of violence since they lack practical experiences.[4]

In this context, the interdisciplinary extension project *Ser Mulher* emerged and developed in a shelter for women in situations of violence. Since its inception, the project has enabled knowledge to be built collectively as a way to contribute to the autonomy of the participants. In addition, the exchange of experiences between academics and women enhances the teaching-learning process of extensionists, stimulated by practical experience that reframes theoretical knowledge.[5]

The present work, in this perspective, aims to present the trajectory of academics from the courses of medicine, nursing, and psychology, from a higher education institution in Minas Gerais(IES/MG), during extension activities in a shelter for women in situations of vulnerability and violence.

EXPERIENCE REPORT

Shelters are safe places that welcome women and their children in situations of violence when they have no other place to stay or do not feel safe in their homes.[1] For the safety of all sheltered women, the addresses of the shelters are not disclosed and some protection measures are taken within the space, such as restrictions on who attends the place, and on internet access, among others. Accordingly, *Ser Mulher* Project extension workers attended one of these shelters located in Belo Horizonte.

During the meetings, the house hosted around 53 cis and Tran's women, all of legal age. However, only ten women participated in the project activities.

During the project activities, the extensionists had as their main objectives the listening, reception, and exchange of knowledge in health. For this purpose, the organization of conversation circles was delimited in view of the particularities of the place and the benefits of the practice.

The approach through conversation circles considered the meeting between women and academic ones as a possibility of change, and establishment of an opportunity to exchange knowledge.

For Paulo Freire, this form of dialogue is the path through which people transform themselves and find their meaning in the search for autonomy and meaningful existence. Therefore, the importance and potential of the conversation circle are highlighted as an intervention, learning, and experience-sharing strategy.

In this sense, a democratic space for discussion, learning, and inclusion was created, based on the reflections of the participants about their daily lives, experiences, and perspectives. A welcoming environment was established, which considered the particularities and needs of the group so that the participants could express themselves in trying to overcome their fears and obstacles.

In all, five meetings/conversation rounds were held during the afternoon, with an average duration of one hour each, in the area designated for meals (canteen). The topics addressed were: food, violence against women, STIs, and sex education.

The choice of the place where the conversation circles took place (place for women's meals) was a strategy to establish bonds, attract and gain the trust of this group. During a meeting with the coordinator of the house to organize the project, schedules, to learn about the dynamics of the space and the women, a strong relationship with food was reported due to a history of deprivation, insecurity, and lack of food.

The snack time then became a moment of interaction, reflection, trust and exchange. The academics offered a snack and, "around the table", the dialogue was made possible, the women expressed their doubts, insecurities and reported the daily life of their lives.

The first meeting with the women aimed to make a presentation and establish some agreements, such as the creation of a topic suggestion box that would be allocated at the reception. As a means of attracting the women to the meetings, the extension workers circulated around the place and invited the women to participate just before the start of each day's activities.

It was observed that, around the table and with the offer of snacks acting as an attraction for participating in the conversation circles, it was possible to create a bond more quickly, since the elements that commonly cross the relationship between health professionals and subjects were removed from the scene. There were no tables and chairs with predetermined places, as we see in offices. Neither do people in lab coats, reaffirm a hierarchy or difference.

In this welcoming environment, women felt able to share reports of experiences related to violence, in addition to doubts about STIs, blood donation, and several other health-related issues. This made it possible for the extension workers to welcome, bring information on health and raise awareness about the demands and particularities of the group.

Not only, but also, at each meeting, there was supervision with the extension coordinators where the topics discussed in the circles were discussed, the interventions carried out by the extension agents, and which topics would be interesting for the next meetings, allowed learning to be done.

THEORETICAL REFLECTIONS

It is observed that violence against women is still treated as "normal", as a common event, and even almost impossible to avoid, a discourse that was often used by the women of the house who had been victims of sexual violence when they told their life stories.

Thus, the academics were instructed to reaffirm that, although most women experience different contexts of violence, this should not happen, it is not something "normal" or "unimportant" and, above all, it is not the victim's fault. Faced with the testimonies of the women's group and the dialogues on the normality of violence, the academics had difficulty in how to welcome and approach the issue of sexual violence. Given this scenario, the power to identify and problematize the violence, which they suffered, was perceived as one of the first steps in coping with and in the search for autonomy for women in situations of violence.

In addition, the advisor highlighted the power of saying "I am sorry". As health professionals, self-demand or the expectation of helping as much as possible can generate anguish when there are no solutions that embrace the complexity of the challenges which these women face or have faced.[6] In this case, the importance of welcoming and promoting a space where the person can go when necessary is resumed; that is, she recognizes that there is support and she has someone to communicate her difficulties.

Considering that the traumatic aspect of violence interferes with autonomy, it generates lasting feelings of incapacity and loss of self-worth[11], the creation of Project *Ser Mulher* as a welcoming space demonstrated the importance of the environment and the formation of bonds, dialogue, and love for the promotion of self-esteem and emancipation.[12]

In this way, the snacks placed and shared at the table, allowed a feeling of "being at home", in a safe environment. Indeed, these positive emotions opened dialogues that also resembled a conversation "between friends", in which experiences and emotions could be shared without judgment.

From this perspective, the relationship between a professional and a woman is seen as a possibility of establishing a helping relationship. In this way, the presence, being with the other in their sufferings, takes the lead to the detriment of an active response on what to do in the face of the presented problem. Therefore, by accompanying the subject in the search for autonomy and in the discovery of potential, within himself/herself, for change, not yet explored by these women, there is a possibility of growth, learning, and emancipation.

Taking this perspective, an empathic response, even if it seems "simple", such as "I'm sorry", has the potential to welcome and recognize this suffering, also the difficulties that one faces. Thus, he increasingly feels comfortable expressing himself and communicating his thoughts and feelings, as well as seeking solutions and developing autonomy in the face of situations faced increasing his self-esteem.

Spaces where discussions are promoted can be a tool to establish bonds, based on respect and trust, which promotes comfort for women in similar conditions to seek, through dialogue, to contribute to other partners breaking with violence.[13]

The feeling of belonging to a network, of "not being alone", provides a sharing of weaknesses, as well as strengthening and bringing together potential. Kastrup and Passos reveal that each one's experien-

ces generate the possibility for people to connect through common experiences, which, when shared, create the effect of belonging.[14] In this sense, emancipation is related to this reflection, participation in the development of the other, learning, and in individual and social transformation.

Such considerations go against Paulo Freire's principles of liberating education. At first, the extensionists investigated and understood the reality of those women, their life stories, and the difficulties they experienced, searching for topics of interest and detecting the knowledge, which has already been acquired about the requested topics in the question boxes, in addition to those that arose as doubts in conversation circles. Subsequently, the extensionists proposed a dialogue in the exploration of subjects and a sharing of knowledge, which took place through conversation circles.[7]

Since gender violence is multifactorial and permeated by individual, political, and public issues, it is understood that liberating and critical education promoted a transformation in this context, as far as it focused on and discussed concepts, issues, and problems that are related to the different types of violence.

In addition, sharing knowledge based on this principle also allowed the educator to gain knowledge, represented by the students in the health area in question. The extension provided learning for both sides, of the community-academy relationship, which promotes an improvement in the subjects' quality of life, and increased experiences by breaking down barriers in the classroom limits.[15]

Through an approach of listening and joint creation of knowledge, it was possible to develop skills and knowledge brought by women in vulnerable situations, with the understanding of social issues that permeate gender violence, the associated physical and mental health problems, and about more effective forms of approach, also treatment for this group.

At last, having pointed out the importance of self-esteem and autonomy as a strategy for coping with and protecting against violence, when encouraged to propose themes and discussions, women are invited to an active learning process that would be related to their daily lives and context.

The interdisciplinary proposal of the extensionist project in question mainly promoted the principle and guidelines of the integrality of the Unified Health System (SUS). It represents the construction of a comprehensive care practice that considers the different dimensions in the production of health and disease. A practice that values completeness is guided by the exchange of knowledge between professionals from different areas and the joint development of strategies that meet the specific needs of groups and subjects.

Academic extension, when it promotes interdisciplinary and interprofessional, favors exchanges of experiences and the construction of horizontal relationships between population and academics, empowering subjects and repressing social inequalities.[16]

In this sense, the importance of training professionals in a humanized perspective based on a reflecti-

ve, emancipatory, and political work process is again observed.[17]

FINAL CONSIDERATIONS

It is concluded that the conversation circles had an educational and reflective potential for women in vulnerable situations. On the other hand, it allowed the extension workers to experience bonding and establish a welcoming, responsible, and sensitive dynamic for health care.

Depending on the extensionists' difficulties in how to welcome women who have suffered some type of violence, it is understood that it is necessary to have disciplines in the curriculum of courses in the health area regarding the types of violence suffered by women, with a focus on the development of skills for welcoming, active listening and planning of resolute actions for these women in situations of social vulnerability.

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ALL AUTHORS CONTRIBUTED SIGNIFICANTLY TO THE PRODUCTION OF THE TEXT.

THE AUTHORS DECLARED NO CONFLICT OF INTEREST.