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RESEARCH

VIOLENCE IN WOMEN WITH A DIAGNOSIS OF DEPRESSION

VIOLÊNCIA EM MULHERES COM DIAGNÓSTICO DE DEPRESSÃO

VIOLENCIA EN MUJERES CON DIAGNÓSTICO DE DEPRESIÓN

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ABSTRACT

Objective: to understand the relationship between depression and the history of violence in women. **Method:** this is an exploratory and descriptive study, with a qualitative approach, carried out between January and April 2017, with women diagnosed with depression, followed up at a Comprehensive Health Care Center in the city of João Pessoa, Paraíba, Brazil. Data were collected through interviews, using a semi-structured script. The speeches were processed by the IRaMuTeQ software and analyzed through the content analysis technique, aiming to identify the most relevant topics for the problem investigated. **Results:** twenty-nine participants had a history of violence, with most of the aggressions practiced by intimate partners. The terms most cited by women were: no, fear, husband, suffering, beat, hit, violence and problem. The statements of women showed that the aggressions suffered were the main reason for the development of depression. **Conclusion:** there was a strong relationship between depression and a history of violence in these women. The interviewees suffered aggressions that lasted from childhood to adulthood, related to the phenomenon of transgenerational trauma and directly affecting their mental health.

Keywords: Violence Against Women; Agression; Depression.

RESUMO

Objetivo: *compreender a relação entre a depressão e o histórico de violência em mulheres.* ***Método:*** *trata-se de estudo exploratório e descritivo, com abordagem qualitativa, realizado entre os meses de janeiro e abril de 2017, com mulheres que apresentavam diagnóstico de depressão, sendo acompanhadas em um Centro de Atenção Integral à Saúde na cidade de João Pessoa, Paraíba, Brasil. Os dados foram coletados por meio de entrevistas, utilizando um roteiro semiestruturado. As falas foram processadas pelo software IRaMuTeQ e analisadas por meio da técnica de análise de conteúdo, buscando-se identificar os temas de mais relevância para a problemática investigada.* ***Resultados:*** *entre as participantes, 29 tinham história de violência, sendo a maior parte das agressões praticada por parceiros íntimos. Observou-se que os termos mais citados pelas mulheres foram: não, medo, marido, sofrimento, bater, apanhar, violência e problema. Mediante as falas das mulheres, foi evidenciado que as agressões sofridas foram o principal motivo para o desenvolvimento da depressão.* ***Conclusão:*** *observou-se a existência de uma marcante relação entre depressão e histórico de violência nas mulheres. Foi evidenciado que as entrevistadas sofreram agressões que perduraram desde a infância até a vida adulta, relacionando-se ao fenômeno da transgeracionalidade e afetando diretamente a sua saúde mental.*

Palavras-chave: *Violência contra a Mulher; Agressão; Depressão.*

RESUMEN

Objetivo: *entender la relación entre la depresión y el historial de violencia contra las mujeres.* ***Método:*** *estudio exploratorio descriptivo, de enfoque cualitativo, realizado entre los meses de enero y abril de 2017, con mujeres con diagnóstico de depresión, en seguimiento en un centro de Atención Integral de Salud en la ciudad de João Pessoa, Paraíba, Brasil. Los datos fueron recogidos por medio de entrevistas, con un cuestionario semiestructurado. Las charlas fueron procesadas por el software IRaMuTeQ y analizadas por medio de la técnica de análisis de contenido, buscando identificar los temas de*

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mayor importancia para la problemática investigada. ***Resultados y discusión:*** *entre las participantes, 29 tenían historia de violencia y problema.* ***Conclusión:*** *por las charlas de las agresiones había partido de sus compañeros íntimos. Se observó que las palabras más mencionadas por las mujeres eran: no, miedo, marido, sufrimiento, golpear, recibir golpes, violencia y problema por las charlas de las mujeres se dedujo que existe una fuerte relación entre la depresión y el historial de violencia en las mujeres. Se constató que las mujeres entrevistadas habían sufrido agresiones desde su infancia hasta la vida adulta, que tenían relación con el fenómeno de la transgeracionalidad y que afectaban directamente su salud mental.*

Palabras clave: *Violencia contra la Mujer; Agresión; Depresión.*

INTRODUCTION

The violence against women is shown as a complex phenomenon historically associated with the roles played by men and women in society,[1] referring to culturally established practices that promote and perpetuate inequalities and gender relationships.[2] This type of aggression is not limited to those with predefined socioeconomic characteristics, being a multifactorial event and challenging for the public health.[3]

Even with this reality, the political and social visibility related to the problem is still limited,[4] especially in Brazil, which only in the last 10 years although it has a high rate of homicides, it instituted the law as a measure to combat violence against women.[5,6]

This situation has grown very fast in Brazil, especially in the number of deaths. Between 1980 and 2010, female mortality rates increased by 111%, from 2.3/100,000 to 4.8/100.00.6 Globally, the country ranks fifth in a total of female deaths, losing only to El Salvador, Colombia, Guatemala and Russia.[7]

Violence has significant repercussions on women's lives and health, such as physical injuries and wounds, unwanted pregnancies, sexually transmitted infections, chronic pain, and psychological, sexual, and property damage.[1,8] Mental health is highlighted among these problems, especially the frequent depressive disorders.[9]

A woman who suffers aggression is vulnerable to developing depression triggered by several situations, such as deprivation of liberty, decreased self-esteem, and social isolation.[10] This context causes a high economic and social cost for their lives and for the development health of a country, generating high expenditures for the State to reduce crime rates and optimize public health policies.[9]

Thus, the objective of this research was to understand the relationship between depression and the history of violence in women.

METHOD

This is an exploratory and descriptive study with a qualitative approach, carried out in a *Centro de Atenção Integral Saúde* (CAIS) in the city of *João Pessoa*, *Paraíba*, Brazil, between January and April 2017. Comprising the care network, CAIS aims to address the main problems and health problems of the population at the outpatient level, working in an integrated way to basic care, since the population's access to specialized care occurs through referrals performed by the health units of the family of the municipality.[11] This service carries out about 50 psychological visits a month to women, with depression as the main cause for demand and follow-up.

The selection of the participants had a rigorous reading of the psychological counseling records, seeking to identify the patients who presented the diagnosis of depression, totalizing 32 women. The inclusion criteria were defined as female individuals, 18 years old or older and with depression. Women who had some mental or behavioral disorder associated with depression were excluded from the study. Two individuals refused to participate in the study, resulting in the selection of 30 women.

Data collection was performed through a semistructured interview with questions regarding socio-demographic data and questions to identify violence, based on literature searches aiming at understanding the facets that involve violence against women. The interviews were performed at the appointment schedules, according to the routine of the service, with an average duration of 10 to 15 minutes.

The speeches were transcribed in full, and they were processed through the software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRaMuTeQ). It is a free program of free demand, based on software R., which was developed in 2009 by Pierre Ratinaud.[12] The speeches were analyzed using the content analysis technique, aiming to identify the most relevant themes for the problem investigated.[13]

This research respected all the ethical and legal aspects that involve studies with human beings advocated by resolution 466/12 of the *Conselho Nacional de Saúde*. The project was approved by the *Comitê de Ética em Pesquisa*, under opinion nº 1,854,121. To remain anonymous, the speeches were identified with the letter M in the text, followed by the ordinal number corresponding to the order of the interview (M1, M2… M30). All the participants were clarified about the research and signed the Informed Consent Term.

RESULTS

Thirty women diagnosed with depression between 28 and 45 years old participated in this study. Most of them were married or in a stable union and had completed high school. Twenty-nine of the participants reported a history of violence, and most of the aggressions were practiced by intimate partners.

The set of women's speeches was schematized through the word cloud, exposing the words more frequently to recall

(Figure 1). Also, the content of the speech was divided into two categories: a history of violence and the relationship between depression and a history of violence, and their respective subcategories.

Figure 1 - Word cloud – History of violence in women diagnosed with depression. *João Pessoa*, Brazil, 2017.

Through the analysis of Figure 1, the most cited terms by women were: no, fear, husband, suffering, beat, hit, violence and problem. These words are incorporated in the different statements of the interviewees when discussing the questions to identify the violence suffered.

The word no, which shows a high frequency of repetition, denotes the negativity in their lives, which refers to the loss of interest in previously pleasurable activities, the lack of meaning in their life or even the hope of ending daily suffering, one of the reasons for not denouncing the aggression. Also, they are also hindered to establish external ties to marriage, to exercise a work activity, to study and to perform leisure activities that together with a lack of adequate family support they have social isolation and a decrease in self-esteem and self-care.

History of violence in the context of the life of women with depression

When investigating the history of violence, the interviewees revealed the frequent violence their mothers suffered, varying between physical and psychological aggression, with attempts of homicide. As expressed in the speeches, the women witnessed the aggressions and shared the suffering experienced by the mother:

> *My mother was very beaten by my father, I saw everything, I was in the middle asking not to fight, but I could not do anything* [...] (M1).

> *My parents fought a lot, I watched all their fights* [...] (M2).

> *He did not beat in the front of us, but we listened at night to them fighting. I remember a scene where my father wanted to kill my mother with a knife* [...] (M14).

Some women reported being victims of violence during childhood, with close relatives as their father, mother, and uncles the most frequent aggressors. The reports show physical violence as the main type of aggression suffered, and also there are episodes of psychological and sexual violence and abandonment:

> *I was mistreated by my father when he drank, I had to hide behind the house and wait for him to sleep to enter because if he saw me, he beat me, he wanted to kill me* [...] (M1).

> *When I was a kid, my uncle used to put on a porn movie for me to watch, he started to touch me, my aunt thought it was funny* [...] (M6).

> *My life story is sad, I was born with a problem, my mother rejected me and my father tried to kill me* [...] (M25).

Many women reported having suffered intimate partner violence for several years, in which episodes have had consequences that significantly interfere with their daily lives and their health, as shown in the following statements:

> *My ex-husband used to say that I could never do anything that I could not do. I did not take the driving license, I never drove because of him, he forbade me because he said that I had no capacity, that I was stupid for such a thing. I was badly hurt, physical violence never happened, but his aggressiveness, ignorance, was much worse* (M5).

> *I was mistreated for 10 years, my husband threatened me, beat me, pushed me, kicked me, and once he broke my arm. I still have the sequel because of this, I cannot dry a towel or rub clothes that I feel pain in my fist* (M8).

The relationship between depression, violence and the consequences of the aggressions suffered

Through the analysis of the statements, there were speeches in which the women cited the violence suffered, especially by intimate partners, as the main cause of depression:

> *He hit me with my son on the arm, I got sick, I started to feel depressed, I did not want to eat or take a shower. If my husband had not mistreated me, I was not depressed, because when I got married, I was a very happy person, I worked, I was cheerful, I liked to walk and today everything is over* [...] (M2).

> *All the suffering and humiliation of my ex-husband made me sick, everything I wore he said he was ugly, I became depressed, he continued to reject me, humiliating me* [...] (M24).

> *I became depressed because of the aggression I suffered, he was holding me tight, I began to feel suffocated* [...] (M6).

The participants mentioned the loss of the job, the lack of spirit to carry out the activities, the social isolation, the development of physical and psychic problems, and the absence of expectations with the future and of the depressive episodes among the consequences of the violence suffered:

> *I lost my job, I was being very beaten up by my husband, my body ached, I no longer had the courage to work* [...] (M2).

> *I do not feel like doing anything, I want to be isolated, I do not want to see anyone, I want to cry all day. It's desperation, my life is over, I'm not that woman anymore, I'm done* [...] (M4).

> *I used to study accounting, I used to do business with various companies* [...] *It gives me grief, today I forget, I forget the days of the week, I feel sad. He destroyed me, he destroyed my dreams, I wanted to study, to graduate, to have a home* [...] (M26).

Regarding the demand for health services as a result of the aggression, the interviewees mentioned that they did not denounce the violence suffered, presenting a different version for the event. In other cases, they did not seek the health service, preferring to carry out the treatment at home, as presented in the following statements:

> *I do not go to the hospital, my mother brings me medicine at home* [...] (M1).

> *They took me to the hospital, all broken up, I did not say that I had been beaten, I said it was a fall* [...] (M7).

> *When I sought help at the hospital, my boss told me to say that I was injured so that I would not report it* [...] (M30).

DISCUSSION

The analysis of the speeches showed the existence of a history of violence that begins in childhood, witnessing the constant fights and aggressions between their parents, and they also end up being victims, continuing during the adult phase, suffering violence by the intimate partner.

The aggressions suffered are usually related to acts of punishment and discipline and are strongly related to gender, understood as a relation of power and domination of men, with the consequent submission of women.[8] As a result, this violence can last from childhood to adulthood, passing through each generation and influencing the intra-family scenarios that will still be formed.[14]

A study that analyzed data from 24 Brazilian capitals and the Distrito Federal on emergency care for the victims have identified that during childhood and adolescence, the mother is characterized as the main aggressor; during the adult phase, the partner is the main aggressor; and in old age, their children propagate the violence experienced during childhood.[15] Similar data were identified in a survey in Nigeria,[16] in which children who grow up in a violent family environment are more likely to become male aggressors to women.

Regarding the partner aggressions, many women reported frequent episodes that lasted for long periods and caused innumerable sequels, negatively influencing their health and the performance of daily activities. The vulnerability of women to the violence practiced by their spouses can be potentiated due to factors such as considerable age differences between the couple, non-formalized marital status, co-existence in an environment with precarious social conditions, ingestion of alcoholic beverages or the use of drugs and narcotics by the partner, among others.[7]

Given the context, almost all the interviewees reported the development of depression as a result of the aggression they suffered. Research carried out with adult women with a history of domestic violence and suicide attempt in the city of *Salvador* (BA) showed that the participants related the psychic illness to the aggressions committed by the partner.[17]

There is a high percentage of mental problems in women who have suffered violence, directly interfering with the quality of

life of victims and their families, resulting in morbidity and potential losses in personal, social, affective and economic aspects.[9,18]

Violence and depression have had serious consequences in the lives of the participants, such as the abandonment of work, lack of activity, social isolation, development or aggravation of health problems and lack of expectations with the future.

It is very common for abused women to misuse medications and to have suicidal thoughts, depression, insomnia, nightmares, anxiety, and difficulty making decisions.[9] This situation is usually responsible for productivity impairment, generating high rates of absenteeism at work, resulting in loss of employment.[18]

Emotional abuse can be as harmful as physical abuse. This violence makes the role of women weak in the home, with a number of effects on the health of their children and with an impact on the increase of social violence.[15] In many cases, the savagery involving acts of violence against women requires care in health services, usually in emergency hospitals. However, the reports of some interviewees showed that they prefer not to seek medical attention, while others when they look for it, describe a different version to justify the injuries.

This problem is still characterized as invisible to society since the demand for health services by the victims usually occurs through vague complaints and explained as careless accidents at home.[19] In this sense, health professionals should present the skills to recognize the signs of violence in women who seek or are referred to health services, even when there are no physical sequels that denounce aggression.[20]

The lack of support for women, both by family members and friends and by professionals who provide assistance in specialized services for the reception of people in this situation are also highlighted.[1,19] A study carried out with women who reported violence at a specialized police station identified the lack of support, revictimization and biased attitude by the police officers who cared for the victims.[21]

Research and counseling on violence need to become a routine during the visits to Gynecology and Obstetrics at all levels of health care and the professionals of the service should be able to provide adequate care to the victims, detecting the first signs of violence.[1]

CONCLUSION

This study identified the existence of a strong relationship between depression and the history of violence in the women investigated. The interviews suffered aggressions that lasted from childhood to adulthood, relating to the phenomenon of transgenerational trauma and directly affecting mental health.

This study warns of the silent reality of aggression within the family and the growing importance of guidance on rights and duties in gender relationships, and it should be started during childhood. With this evidence found, it is important to investigate and discuss the problem of violence against women, and it is necessary to develop other studies that contemplate the other stages of life, such as childhood, adolescence, adulthood and old age.

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