

### Depressive symptoms and quality of life of women in situations of violence

### Sintomas depressivos e qualidade de vida de mulheres em situação de violência

### Síntomas depresivos y calidad de vida de mujeres en situación de violencia

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#### RESUMO

**Objetivo:** Analisar as produções científicas sobre sintomas depressivos e qualidade de vida de mulheres em situação de violência. **Método:** Realizou-se uma revisão bibliográfica utilizando-se a base de dados da MedLine, Scielo, American Psychiatry Association, EvidenceBased Mental Health, American College of Physicians, Agency for Healthcare Research and Quality, National Guideline Clearinghouse e da Organização Mundial da Saúde no período compreendido entre 1985 e 2006. **Resultados:** Foi apresentado e desenvolvidos os estudos ao longo dos anos, os principais sintomas depressivos como recuperar a qualidade da vida das mulheres em situação de violência e a descrição do contexto e dos comportamentos relacionados dos seus companheiros. O presente trabalho buscou contribuir para estudos para a qualidade de vida das mulheres é auxiliar no embasamento de desenvolver e elaboração de estratégias de intervenção efetivas, analisando artigos científicos. **Conclusão:** Apesar de ser uma doença a depressão frequente desenvolvida em uma situação de violência doméstica, há sempre a necessidade de acolhimento dos eventos de violência pelo setor de saúde. Assim, pesquisas primárias neste campo ainda são necessárias para entender melhor a ocorrência e os fatores que contribuem para o desenvolvimento de depressão, bem como as estratégias de qualidade de vida das mulheres.

**Descritores:** Depressão; Qualidade de vida; Mulheres.

#### ABSTRACT

**Objective:** To analyze scientific productions on depressive symptoms and quality of life of women in situations of violence. **Method:** A literature review was conducted using the database of MedLine, Scielo, American Psychiatry Association, EvidenceBased Mental Health, American College of Physicians, Agency for Healthcare Research and Quality, National Guideline Clearinghouse and the World Health Organization between 1985 and 2006. **Results:** Studies have been presented over the years, the main depressive symptoms such as recovering the quality of life of women in the context of violence and the description of the context and related behaviors of their partners. The present work sought to contribute to studies for the quality of life of women is to assist in the basis of developing and developing effective intervention strategies, analysing scientific articles **Conclusion:** Although it is a disease the frequent depression developed in a situation of domestic violence, there is always the need to host the events of violence by the health sector. Thus, primary research in this field is still necessary to better understand the occurrence and factors that contribute to the development of depression, as well as women's quality of life strategies.

**Descriptors:** Depression; Quality of life; Women.

#### RESUMEN

**Objetivo:** Analizar las producciones científicas sobre síntomas depresivos y calidad de vida de mujeres en situación de violencia. **Método:** Se realizó una revisión de la literatura utilizando la base de datos de MedLine, Scielo, American Psychiatry Association, EvidenceBased Mental Health, American College of Physicians, Agency for Healthcare Research and Quality, National Guideline Clearinghouse y la Organización Mundial de la Salud entre 1985 y 2006. **Resultados:** Se han presentado estudios a lo largo de los años, los principales síntomas depresivos como la recuperación de la calidad de vida de las mujeres en el contexto de violencia y la descripción del contexto y comportamientos relacionados de sus parejas. El presente trabajo que se busca contribuir a los estudios para la calidad de vida de las mujeres es ayudar en la base del desarrollo y desarrollo de estrategias de intervención efectivas, analizando artículos científicos. **Conclusión:** Aunque es una enfermedad la depresión frecuente desarrollada en una situación de violencia doméstica, siempre existe la necesidad de albergar los eventos de violencia por parte del sector salud. Por lo tanto, la investigación primaria en este campo sigue siendo necesaria para comprender mejor la ocurrencia y los factores que contribuyen al desarrollo de la depresión, así como las estrategias de calidad de vida de las mujeres.

**Descritores:** Depresión; Calidad de vida; Mujeres.

## Introduction

Violence against women affects all classes and social segments, putting women in situations of abuse on gender differences, where situations of physical and psychological violence are the most common, directly affect the quality of life of women and can lead to symptoms depressants. The impacts on the life of women in situations of violence go beyond social factors, without being linked to the woman's social class, race, ethnicity, age or level of education. Since the formation of society, violence against women continues to be generated within the family, becoming a public health problem, as it does not respect borders or status.<sup>1</sup>

Violence against women is a process that can occur from different causes, in different ways that interfere in women's physical health and primarily in women's mental health. Psychological violence, like other forms of violence against women, causes mental disorders such as depression, making women more susceptible to the development of psychological problems, since the experience of women in situations of violence triggers mental deficits during a cycle of violence and after the interruption of the cycle.<sup>2</sup>

Symptoms of depression are present in most women who suffer domestic violence, as symptoms begin to appear, women should seek psychological care. With the fear and imprisonment that women experience due to aggression. The functions of low reinforcement density, extinction, punishment, reinforcement of distress behavior, and relationships derived from relational frames have been related to the development and maintenance of depressed behaviors.<sup>3</sup> The low reinforcement density is related to the situation in which the reinforcement for not emitting behaviors is greater than the reinforcement for emitting behaviors, which explains the psychomotor retardation, starvation and lack of motivation of the depressed person.<sup>4</sup> Depression is defined from its symptoms, this includes less interest or pleasure in activities, appetite disorders, anxiety, loss of energy, feelings of guilt and suicidal ideation, insomnia, feelings of worthlessness, fatigue, psychomotor retardation and decreased ability to concentrate.<sup>5</sup>

The term depression refers to two cultural universes that are distinct, that of those who diagnose and those who are diagnosed. Some needs and rights of patients need to be respected and taken care of, such as personality, privacy, and they need to have trained professionals who welcome them and make them as comfortable as possible, due to the fragile emotional state of the woman victim of violence.<sup>6</sup> Therefore, , it is necessary to develop projects for victims who are suffering from depression, since most women who suffer domestic violence seek psychological care with symptoms of different disorders, such as depression, post-traumatic stress disorder, increased use of alcohol, anxiety.<sup>7</sup>

Given this context, it is necessary to understand the depth of the problems caused in women victims of violence and how it is extremely

important to identify depressive symptoms in women who are in a cycle of violence, whether physical, psychological, patrimonial or sexual, or who have already disassociated themselves from their aggressor, for a better quality of life.

## **Method**

The methodology used for the elaboration of this work was the bibliographic review. This comprises a survey of all bibliography already published in the form of article publications.

The search was carried out in the following databases: SciELO (Scientific Electronic Library Online) and Web of Science. The descriptors were obtained from DeCS (Health Science Descriptors) and MeSH (Medical Subject Headings) and were: depression, violence, and quality of life.

Articles published in Portuguese (Brazil), available online and in full were included. Those published in English and without relevance to the topic were excluded.

Initially, an exploratory reading of titles and abstracts was carried out to recognize the articles that met the eligibility criteria. Then, the previously selected articles were read in full, which were submitted again to the inclusion and exclusion criteria.

Articles were included that focused, works that dealt with violence in women, symptoms of depression and how to have a good quality of life were selected, which addressed data collection on populations affected by it and were excluded. Then, the authors and the works most commonly cited in the bibliographical survey were chosen, and the elements discussed about depressive symptoms in women were described. Articles or literature reviews, essays, dissertations and monographs on hospitalized women were excluded. Initially, an exploratory reading of the titles and abstracts was carried out to recognize the articles that met the eligibility criteria.

After selecting the final sample, the following variables were extracted from the publications and composed the synoptic table with the objective of informing the symptoms with review: publication, articles, publication journal, language, objective, method, results and conclusions.

After extracting the data, they were entered into a Microsoft Powerpoint spreadsheet, with the variables year of publication, journal webqualis, journal of publication, language analyzed using absolute and relative frequencies. The objective, method, results and conclusions of each study were evaluated through analysis of articles.

## **Results and Discussion**

A total of 42 publications related to the theme were found, which dealt with descriptions of depressive symptoms and quality of life of women in situations of violence, 7 of which were eliminated by the initial reading of the titles because they addressed data collection on hospitalizations of women, when reading the abstracts of the articles

remaining according to inclusion/exclusion criteria, 6 articles were eliminated for not being related to resilience in higher education, 2 for not being directly related to the theme and 1 for not being related to the health area. The remaining 26 articles were read and used in the final text sample.

## **Violence against women**

Violence against women is an issue that has occurred since the beginning of the formation of society, and can be identified in various situations, forms of acts and during everyday social life. Attention is drawn to the fact that violence has only recently become a central problem for humanity, despite being present throughout history. For this reason, it is considered that violence against women is already rooted in society and the fight against violence against women only gained strength a few years ago.<sup>8</sup> Global estimates published by the WHO indicate that approximately one in three women (35%) worldwide have experienced physical and/or sexual violence by a partner or third party in their lifetime.<sup>9</sup>

In 1994, the Convention of Belém do Pará determined that every woman has the right to the recognition, enjoyment, exercise and protection of all human rights and freedoms enshrined in all regional and international instruments relating to human rights. These rights include, among others: the right to have his life, physical, mental and moral integrity respected, the right to personal liberty and security, the right to have the inherent dignity of his person respected and to protect his family and to have equal access to public functions in their country and to participate in public affairs, including decision-making.<sup>10</sup>

The United Nations defines violence against women as "any act of gender-based violence that results in or is likely to result in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether in public or private life. Violence against women can be divided into five types: Physical violence, which is understood as any conduct that offends the integrity or bodily health of women. Psychological violence, which is qualified as any conduct that causes emotional and decrease in women's self-esteem. Sexual violence, which is characterized as any conduct that makes a woman witness, maintain or participate in unwanted sexual intercourse or when a woman is forced to engage in prostitution, have an abortion, use contraceptives against her will or not to use, losing control of its reproduction. Patrimonial violence, which implies any conduct that constitutes retention, subtraction, partial or total destruction of objects belonging to the woman, work instruments, personal documents, goods, values and rights or economic resources, including those destined to satisfy her needs and moral violence, where situations of slander, defamation or injury occur, these types of violence can also occur over the internet.<sup>11</sup>

## **Depressive symptoms in women in situations of violence**

Considered a response to women's depressive symptoms after suffering violence, the most common is the man's violence against the woman, but it can occur when a man attacks another man or a woman against another.<sup>12</sup> Most depressive symptoms presented by women are exhaustion, physical or psychological, apathetic and depersonalized attitudes with demotivating feelings with these symptoms have difficulty dealing with the differences, projects have been developed to inform about the Maria da penha law, which is instruments with the task must be understood with a change in psychological health is self-determination, identifies is solving problems and consolidating dynamics between women to increase confidence and their self-esteem and showing a better quality of life by looking for their rights. For all these reasons, we believe in task diversification with confidence not to omit violence for fear of possible impunity for the aggressor.<sup>12</sup>

It is believed that depressive symptoms are a possible reason for the current lack of motivation among women to approach trauma and seek treatment, explaining the characteristics of the latter that define it, variables that influence its appearance, symptoms and preventive measures. Actions can be taken according to the woman's clinical case, strive to improve resources, protect or resist a situation that leaves a scar without the right to fight for her rights. This broader analysis favors a better understanding of violence, which is as common in male-male relationships as in male-female relationships.<sup>13</sup>

Adapting the organization to the needs of the preventive organization for women does not initiate a depression. At the support group level, insist on not disagreeing with the clinical case, but with your professional relationship with the factor, to face depression, it is violence in all social ties between women at the institutional level, care support procedures should be implemented by all support consisting of a team of specialists trained to maintain confidentiality, efficiency and Disciplinary action is to protect the woman. In turn, the judicial system must play an active role in referring to these programs, since "the demand imposed by the judicial system on perpetrators is important for the initiation of therapeutic intervention".<sup>14</sup>

## **Factors related to the quality of life of women in situations of violence**

Violence against women is characterized by damage to the physical and mental health of the victim and is not only linked to the use of physical force, but also to the idea of submission, culturally impregnated in gender relations, in which men behave as being dominant and the woman an inferior being. With regard to "selective absorption", it reflects on how the concepts used academically to define gender violence, which are accepted in the formulation of policies, say a lot about what, in terms of gender and violence, comes to be accepted and seen as a political agenda. As a result of violence, women are impaired in their social life, repressed and psychologically shaken, other variables can be added, such as reduced quality of life and

compromised feelings of satisfaction with life, body, sex life and interpersonal relationships.<sup>15</sup>

The fact that women, in many situations, remain silent and consent to violence is due to the fact that they are under the dominion of a symbolic violence maintained by the patriarchal culture that is fed by the social order and allowed by the State, not only does society face violence against women in a naturalized way influencing through its institutions, but the family, the State that does not meet the demands of women sufficiently because its policies lack efficient management and concepts that go beyond the gender issue, however, despite not being the only variable, is closely linked to social inequalities in the country. It is stated that the existence of the Maria da Penha Law and the resulting institutional network of protection and coping would not have had an impact on the mortality of women due to aggression.<sup>16</sup>

It is necessary to broaden the debate about violence against women within health services, so that professionals can understand the phenomenon and equip themselves to deal with the consequences of the violence suffered, promoting the visibility of the injuries and dialoguing about gender emancipation and the empowerment of women there is no way to deny the visibility given to the phenomenon, or even the possibility that women in situations of violence have to denounce it, but this could be insufficient to reduce the homicides of women.<sup>16</sup>

### **Therapeutic interventions to control depression and improve quality of life**

In modern society, depression constitutes an important public health problem, which worries the responsible authorities because of its prevalence and the pathological characteristics that the symptoms of this disease acquire. The symptoms compromise the ability of individuals to develop their activities in daily life and cause damage to professional performance and interpersonal relationships and, therefore, to quality of life, depression, therefore, is not a problem of character, lack of will or indolence is a mood pathology that needs to be identified, diagnosed and treated. It should be noted that no concept of violence is universal.<sup>17</sup>

Treatment can be carried out through medical and therapeutic interventions. "the well-being, physical, psychological integrity or freedom and the right to full development of another family member".<sup>18</sup>

Among therapeutic interventions, numerous scientific studies show that physical activity has proven to be an effective adjuvant therapeutic measure for the treatment of depression due to the antidepressant effects of both chronic exercise (long-term exercise program) and acute exercise (a single session), some depression treatment approaches say that body and mind must be in balance to remain healthy. Therefore, eating better and exercising are useful allies against depressive disorders.<sup>18</sup>

In addition to the practice of physical exercises and a healthy diet, the most popular form of treatment for depression continues to

be therapy, with several modes among them, depending a lot on the profile and progress of the disease in the patient, and even on the style of living. approach of the professional with the patient, thus trying to implement the best method. For example: Support groups that are composed of people who suffer from the same illness, in this case depression, participation in these groups can prove to be very beneficial, "the intentional use of physical force or power, real or threatened, against themselves, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."<sup>19</sup> Where people share their stories, nothing beats each other. to identify that knowing that you have the same symptom as someone else, than knowing that someone is going through something similar. Group conversations, in addition to bringing comfort, can bring learning for better treatment.<sup>19</sup>

## **Conclusion**

This study was based on the importance of the quality of life of women in situations of highly complex violence associated with depressive symptoms, putting women at risk for their mental health. Complications are depression, panic syndrome, anxiety and outbreaks such as disorders.

During the study, symptoms associated with depression were analyzed, some diseases associated with violence still need to be studied. quality of life and decrease psychological stress, it is important to give voice to women who need help, such as complaints to the competent bodies for reporting violence against women, to understand how essential good treatment is in this case. When the process is full of difficulties, taking care of the body is occupying it with positive thoughts that leave depression aside for a little while during this treatment is essential for quality of life.

## **Aknowledgment**

This research was not granted to be done.

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**Received: 23/07/2022**  
**Approved: 19/09/2022**