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Women with mental disorder victim to violence by an intimate partner: an integrative review

Mujeres con trastorno mental víctima de violencia por pareja íntima: revisión integradora

A mulher com transtorno mental vítima de violência por parceiro íntimo: revisão integrativa

ABSTRACT

Aim: To analyze the literature about care provided to women with mental disorders who are victims of intimate partner violence in the Psychosocial Care Network. **Methodology:** Integrative review performed on the MEDLINE, LILACS, SCiELO and BDNF databases by crossing 6 descriptors in 3 languages. **Results:** 10,579 primary productions were identified and 3 articles were included according to inclusion criteria. The lack of protocols and technical disqualification of professionals for this demand was evidenced. **Conclusion:** The promotion of research on this theme will contribute to professional qualification and to overcome the invisibility of women victims of violence with mental disorders.

DESCRIPTORS: Violence against women; Intimate partner violence; Spouse abuse; Mental disorders; Mental health services.

RESUMEN

Objetivo: Analizar en la literatura la atención a mujeres con trastornos mentales víctimas de violencia de pareja en la Red de Atención Psicosocial. **Metodología:** Revisión integrativa realizada en las bases de datos MEDLINE, LILACS, SCiELO y BDNF cruzando 6 descriptores en 3 idiomas. **Resultados:** se identificaron 10.579 producciones primarias y se incluyeron 3 artículos según criterios de inclusión. Se evidenció la falta de protocolos y la descalificación técnica de los profesionales para esta demanda. **Conclusión:** La promoción de la investigación sobre este tema contribuirá a la calificación profesional y a superar la invisibilidad de las mujeres víctimas de violencia con trastorno mental.

DESCRIPTORES: Violencia contra la mujer; Violencia de pareja; Maltrato conyugal; Trastornos mentales; Servicios de salud mental.

RESUMO

Objetivo: Analisar na literatura o atendimento às mulheres portadoras de transtornos mentais vítimas de violência por parceiro íntimo na Rede de Atenção Psicossocial. **Metodologia:** Revisão integrativa realizada nas bases MEDLINE, LILACS, SCiELO e BDNF através do cruzamento de 6 descritores em 3 idiomas. **Resultados:** Foram identificadas 10.579 produções primárias e incluídos 3 artigos segundo critérios de inclusão. Evidenciou-se a inexistência de protocolos e desqualificação técnica dos profissionais para essa demanda. **Conclusão:** O fomento a pesquisas sobre essa temática contribuirá para a qualificação profissional e para superação da invisibilidade das mulheres vítimas de violência com transtorno mental.

DESCRIPTORIOS: Violência contra a mulher; Violência por parceiro íntimo; Maus-tratos conjugais; Transtornos mentais; Serviços de saúde mental.

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INTRODUCTION

Violence against women is devastating for its physical, emotional and psychological impacts on its victims. It is a public health problem that requires investment in research that supports primary, secondary and tertiary prevention policies and actions. Requires strategies for mapping violence, its forms, its agents and proportions for the establishment of protective and assistance measures. ⁽¹⁾

Law No. 10,778 / 2003 established compulsory notification nationwide of cases of violence against women treated in public or private health services. Complementarily, Law 11.340 / 2006, known as the Maria da Penha Law, represented an important advance in expanding the scope for any and all actions or conduct, based on gender, that cause death, damage or suffering, including physical, psychological, sexual violence, patrimonial and moral. ⁽²⁻³⁾

The effectiveness of the right of women victims of violence to health and social protection depends on the efforts of both those who formulate and supervise laws and those who provide direct assistance. Therefore, it is necessary that health professionals who provide initial care to these women, through qualified listening, are able to identify this health problem, wel-

come them in their uniqueness and inform the protection agencies that make up the intersectoral network and their schedules of operation. ⁽⁴⁾

In Brazil, women victims of intimate partner violence (IPV) with mental disor-

ders (Transtornos Mentais - TM) treated at the Psychosocial Care Network (Rede de Atenção Psicossocial - RAPS) are exposed to multiple vulnerabilities and stigmas related to their race, education level and socio-economic level. Thus, the discussion of IPV is necessary to face violence against women as a demand for RAPS in the interdisciplinary and expanded clinic logic. ⁽⁵⁾

The aim of this article is to analyze in the literature the care provided to women with mental disorders who are victims of intimate partner violence in the Psychosocial Care Network.

METHOD

It is an integrative literature review developed according to the steps: problem definition; establishment of inclusion and exclusion criteria; identification of selected studies; analysis of the studies that make up the sample; presentation of the review and synthesis of knowledge. ⁽⁶⁾

The research question outlined according to the PICO strategy ⁽⁷⁾ was: How has RAPS organized itself to care for women with TM who are victims of IPV?

The criteria for inclusion of the studies were: articles that made reference to the care in RAPS for adult women with TM who suffered IPV, published between

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2011 and 2019, in Portuguese, English or Spanish. Articles that addressed violence against children, adolescents, the elderly, secondary studies or letters to the editor, annals of scientific events, theses, dissertations, monographs and duplicate studies were excluded.

The articles were obtained by the paired crossing of the Health Sciences Descriptors: "violence against women", "intimate partner violence", "marital abuse", "mental disorders", "deinstitutionalization" and "mental health services", using the Bo-

olean operator "AND", in Portuguese, English and Spanish, in the databases: Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL), Online Medical Literature Search and Analysis System (MEDLINE).

The analysis of the evidence level of the articles followed the method suggested by Stillwell et al. (8)

RESULTS

The selection process of the articles

that made up the corpus of this integrative review is described in Figure 1, based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)(9).

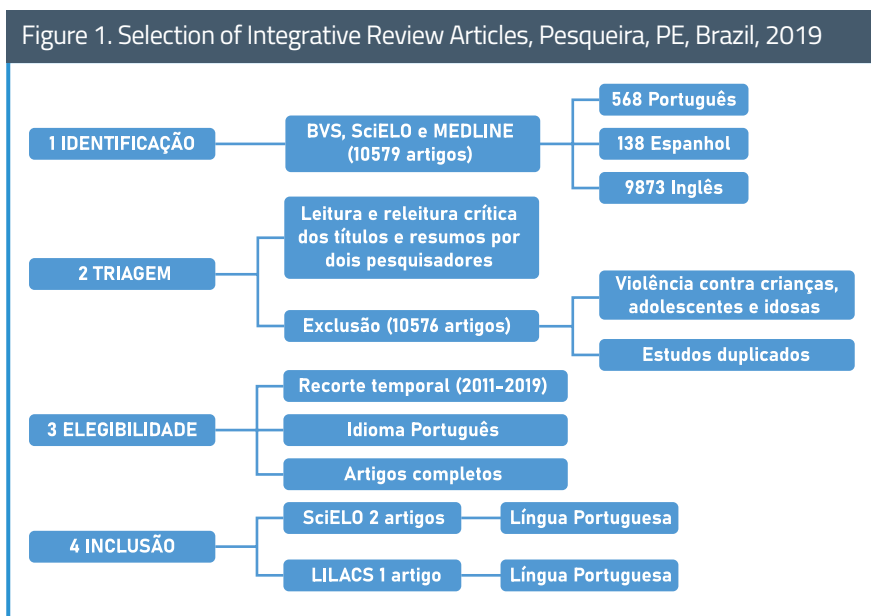
The selected articles come from qualitative research developed in Brazil, with level of evidence VI, published in journals with Qualis CAPES B.

DISCUSSION

The research was conducted by women with academic training in psychology and postgraduate studies at the master and doctoral level, which expresses their attitude of sorority.

The importance of carrying out other studies with diversified research designs and a higher level of evidence is highlighted, considering its power of generalization and its potential to interpret reality. (8) On the other hand, qualitative studies bring with them the potential to "give voice" to invisible social subjects, unveiling the meanings, symbolisms, perceptions, psychic and social representations of the phenomenon under study. (10)

In the critical analysis of the texts, convergences were found on the invisibility of the suffering of women victims of IPV, evidenced by the fact that professionals avoid "touching the subject" to try to avoid the problematization of the situation. The



Source: Adaptation of the Flow Diagram(9)

Chart 1. Characterization of national studies on the care of women with TM who are victims of IPV at RAPS (n = 03), 2019.

ARTIGO	TÍTULO	REVISTA/ANO	OBJETIVO
1	Mulheres, violência e atenção em saúde mental: questões para (re)pensar o acolhimento no cotidiano dos serviços	Avances en Psicología Latinoamericana 2014	Conhecer o acolhimento e atenção direcionados às mulheres com demandas em saúde mental nos serviços especializados para o enfrentamento da violência contra as mulheres e na rede de atenção psicossocial e hospitalar no município de Natal/RN.
2	Não é uma rede que flui - da invisibilidade às possibilidades de novos modos de cuidar: a violência contra as mulheres na saúde mental	Barbarói 2015	Refletir sobre a inserção da violência contra as mulheres no campo da saúde
3	(In)visibilidade da violência contra as mulheres na saúde mental	Psicologia: Teoria e Pesquisa 2017	Realizar um levantamento acerca da percepção, crenças e conhecimentos sobre violência contra as mulheres e políticas públicas em profissionais de saúde mental.

adoption of “indifferent attitudes” revealed that this violence is considered to be a private situation, of a personal and intimate nature. ⁽¹⁰⁻¹²⁾

The three studies identified the lack of knowledge of RAPS technical teams and services to confront violence about the guidelines of the Brazilian psychosocial care model and the legal provisions for protection and assistance to women. ⁽¹⁰⁻¹²⁾

The perception by health professionals of involuntary internment as the only protective measure for women in situations of violence also revealed the process of invalidating suffering, as well as the vulnerability, blame and punishment of the victim for the violence suffered. ⁽¹³⁾ It is configured as symbolic institutional violence that reverberates in the deepening of the suffering of women with TM victimized by IPV. ⁽¹⁰⁻¹²⁾

The disqualification of health professionals for the reception of these women, the identification of violence, the referral and notification of cases, as well as the difficulty in distinguishing between notification and denunciation results in the underreporting of cases. ⁽¹¹⁻¹³⁾ The refusal to incorporate actions to combat violence against women in the demands of RAPS services characterizes the “technological refusal” to offer the user qualified service according to the tools, technologies and recommendations of the health field for gender-based violence. ⁽¹³⁻¹⁴⁾

On the contrary, interventionist practices limited in their ability to meet the needs of women victims of IPV with TM are privileged, such as medication. The centrality of drug intervention in care is configured as a component of the process of medicalization of suffering and naturalization of violence, in which subjective and social issues are disregarded. ⁽¹⁵⁾ This socio-historical phenomenon has an impact on the attribution of TM diagnoses and the increasing consumption of benzodiazepines and antidepressants among women victims of violence. ⁽¹⁶⁾

The multiple vulnerabilities that affect women victims of violence raise the issue of biogitimacy as a tool for the

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conquest, vindication and validation of rights and access to comprehensive care. It is necessary to validate policies and programmatic actions that allow the overcoming of these vulnerabilities as well as the recognition and appreciation of their rights and interests. ⁽¹⁸⁾

The programmatic vulnerabilities that impact the provision of comprehensive health care to these women are characterized by the absence and/or insufficiency of the resources necessary to protect against risks to their integrity and to guarantee their physical, social and mental well-being, which must be provided by the State. ⁽¹⁸⁾

To overcome this vulnerability, it is necessary to review the role of management, planning and evaluation of actions for structuring and strengthening social care and protection networks for women. ⁽¹⁹⁾ Reception must be implemented as an operational guideline in health and psychosocial care services, in addition to ensuring universal accessibility and comprehensive care. ⁽²⁰⁾

Mental health care in the psychosocial care model requires a continuous process of rethinking actions and values, inquiring the professional's perceptions and prejudices towards women victimized by IPV. An academic education aligned with the complexity of the expanded clinic can support the understanding and professional performance in deinstitutionalization devices with enormous power for the construction of new care strategies in the RAPS. ⁽¹⁰⁾ Permanent education is another promising tool in supporting multiprofessional teams in the construction of strategies for identifying and reporting violence and network articulation flows. ⁽²¹⁾

As for the limitations of the study, theses, dissertations and monographs not published in scientific journals were not considered.

CONCLUSION

The present research contributed to identify the scarcity in the literature of works on the assistance to women victims of IPV in RAPS.

The analyzed studies pointed to the professional technical disqualification and difficulties of the actors in the reception, notification and referral of these cases. These programmatic gaps allow the medicalization of suffering, underreporting of cases and the occurrence of institutional and symbolic violence against users. Silences, disinterest, non-validation and/or natura-

lization of violence and suffering, as well as involuntary psychiatric hospitalization are remaining practices of the psychiatric asylum model, justified by the argument of "protecting" the victim.

Ignorance of the laws that support women and establish guidelines for conducting care in situations of violence, coupled with the lack of institutional technical

protocols results in services guided by common sense, in an intuitive way, without a solid theoretical-practical basis.

The training of professionals in the approach of women victims of IPV and other violence is a path of excellence to provoke new perspectives and the construction of new care and networking practices, maximizing their potential. ■

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