

UNVEILING THE IMPACTS OF VIOLENCE ON THE MENTAL HEALTH OF WOMEN WITH PHYSICAL DISABILITIES

DESVELANDO OS IMPACTOS DA VIOLÊNCIA NA SAÚDE MENTAL DAS MULHERES COM DEFICIÊNCIA FÍSICA

DESVELANDO LOS IMPACTOS DE LA VIOLENCIA EN LA SALUD MENTAL DE LAS MUJERES CON DISCAPACIDAD FÍSICA

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Objective: to understand the impacts of violence on the mental health of women with physical disabilities. **Method:** descriptive, exploratory research with a qualitative approach, carried out between June and July 2022, with 11 women with physical disabilities attended at Basic Health Units in the municipality of Campina Grande, Paraíba, Brazil. Data were collected through semi-structured interviews and analyzed according to the content analysis technique proposed by Bardin. **Results:** cases of violence negatively influenced the lives of victims with psychological and emotional changes, in addition to the feelings that demonstrated the experience of insecurity, fear, restlessness and vulnerability that women face in their daily lives. **Final considerations:** it is evident that the effects of violence are not restricted to physical damage, but to the repercussions on the mental health of the victims.

Descriptors: People with Disabilities. Violence. Mental Health. Social Vulnerability. Health Vulnerability.

Objetivo: compreender os impactos da violência na saúde mental das mulheres com deficiência física. Método: pesquisa descritiva, exploratória, de abordagem qualitativa, realizada entre junho e julho de 2022, com 11 mulheres com deficiência física atendidas nas Unidades Básicas de Saúde no município de Campina Grande, Paraíba, Brasil.

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Os dados foram coletados por meio de entrevista semiestruturada e analisados segundo a técnica de análise de conteúdo proposta por Bardin. Resultados: os casos de violência influenciaram negativamente na vida das vítimas com alterações no psicológico e emocional, além dos sentimentos que demonstraram a vivência da insegurança, medo, inquietações e vulnerabilidade que as mulheres enfrentam no seu cotidiano. Considerações finais: é evidenciado que os efeitos da violência não se restringem aos danos físicos, e sim às repercussões na saúde mental das vítimas.

Descritores: Pessoas com Deficiência. Violência. Saúde Mental. Vulnerabilidade Social. Vulnerabilidade em Saúde.

Objetivo: comprender los impactos de la violencia en la salud mental de las mujeres con discapacidad física. Método: investigación descriptiva, exploratoria, de enfoque cualitativo, realizada entre junio y julio de 2022, con 11 mujeres con discapacidad física atendidas en las Unidades Básicas de Salud en el municipio de Campina Grande, Paraíba, Brasil. Los datos se recolectaron mediante una entrevista semiestructurada y se analizaron según la técnica de análisis de contenido propuesta por Bardin. Resultados: los casos de violencia influenciaron negativamente en la vida de las víctimas con alteraciones en lo psicológico y emocional, además de los sentimientos que demostraron la vivencia de la inseguridad, miedo, inquietudes y vulnerabilidad que las mujeres enfrentan en su cotidianidad. Consideraciones finales: se evidencia que los efectos de la violencia no se restringen a los daños físicos, sino a las repercusiones en la salud mental de las víctimas.

Descriptores: Personas con Discapacidad. Violencia. Salud Mental. Vulnerabilidad Social. Vulnerabilidad en Salud.

Introduction

Violence against women is an important global public health challenge, being a widely underreported phenomenon. Despite legislative advances, such as the enactment of the Maria da Penha Law in Brazil, the ineffective application of these norms still contributes to the perpetuation of violence and the continuous increase in complaints. In this context, it is crucial to implement comprehensive measures aimed at preventing all forms of violence against women⁽¹⁾.

Among the groups most vulnerable to this type of rape, women with physical disabilities stand out. Studies show that these women are at greater risk of experiencing intimate partner violence and have a higher prevalence of sexual assaults compared to women without disabilities⁽²⁾. This reality generates severe impacts on the well-being, quality of life and mental health of these victims, demanding an effective response from health services⁽³⁾.

In this scenario, it is essential that health professionals are trained to identify signs of violence and provide resolute care, based on welcoming, qualified listening and adequate referral of women in situations of violence⁽⁴⁾. Despite the perceived recognition of the need for public policies aimed at protecting women

with disabilities, there is still a significant gap in scientific production on this subject, especially with regard to the repercussions of violence on the mental health of these women⁽⁵⁾.

Violence against women manifests itself in different ways, being typified by Law number 11.340/2006 as physical, psychological, sexual, patrimonial and moral⁽⁶⁾. Most of the time, these forms of aggression occur simultaneously, generating profound effects on the physical, emotional and social health of the victims. The silence of pain and trauma, often imposed by cultural and economic barriers, favors the emergence of mental disorders, such as depression, anxiety, self-harm, post-traumatic stress and suicidal ideation⁽⁷⁾.

Therefore, the implementation of specific prevention strategies is urgent, including actions that promote awareness, emotional empowerment and support for both these women and their caregivers⁽⁵⁾. However, women with disabilities suffer from additional obstacles in accessing health services, protection and support, including structural, communicational, social and economic barriers⁽⁷⁾.

Such barriers hinder comprehensive care and aggravate the impacts of violence, making it urgent to implement specific strategies that consider the

particularities of this social segment⁽⁸⁾. Therefore, this study aims to understand the impacts of violence on the mental health of women with physical disabilities.

Method

This is a descriptive, exploratory research with a qualitative approach, in which the criteria of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed⁽⁹⁾. This article consists of an excerpt from the project of the Scientific Initiation Program of the State University of Paraíba entitled *Unveiling the experience of violence against women with physical disabilities*, quota 2021-2022.

It is worth noting that the research was carried out during the period of the COVID-19 pandemic, fully respecting the current health recommendations. All stages were conducted in accordance with the guidelines of the health authorities, including physical distancing, mandatory use of masks, frequent cleaning of hands and surfaces in order to preserve the safety of participants and the research team.

The research took place between June and July 2022, focusing on the Basic Health Units (BHUs) that serve women with physical disabilities, registered in the municipality of Campina Grande, Paraíba, Brazil. Eligibility criteria included women with physical disabilities confirmed by the BHU registry, medical report and/or ICD, age equal to or greater than 18 years during data collection, victims of violence, and being linked to the BHU for at least one year. The exclusion criteria involved the presence of intellectual or mental disability associated with physical disability, as recorded in the medical record, in order to ensure the reliability of the study data.

The method for contacting women with physical disabilities first involved a visit to the unit to survey the participants and, later, home visits were carried out, in collaboration with the Community Health Agents (CHA) responsible for the respective micro-area, aiming at an

approximation and link with the woman for data collection. During the data collection process, notes and observation of the women's behavior were made, which allowed interference in the data analysis.

As a data collection procedure, an interview was conducted with a semi-structured script that presented the following guiding questions: Have you ever suffered any violence? How did this episode happen to you? What impacts has violence had on your life? How did you act after the lived experience of violence? The semi-structured individual interview was used to explore the values, attitudes and opinions of the participants on the issues related to the problem under analysis⁽¹⁰⁾.

Eleven women were included according to the criterion of repetition of data from the interviews. Saturation was achieved when the conceptions and meanings attributed by the participants began to be repeated regularly in the interviews⁽¹⁰⁾. The scientific initiation researcher conducted the interviews in the residences of women with disabilities, as she already had experience and training with the public in question. Thus, a portable recorder was used to enable literal transcription and ensure reliability in the presentation of speeches. Each interview lasted a mean of 35 minutes and was conducted in a private environment at the participants' homes.

The analysis of the collected data occurred using the thematic content technique proposed by Laurence Bardin, following the robust structure to understand and interpret the meaning underlying the textual data from the interviews of women with physical disabilities, providing a systematic and transparent approach in the analytical process⁽¹¹⁾.

The thematic analysis seeks to identify the themes that represent significant aspects of the content of the interviews. This approach allows for an in-depth understanding of the phenomena studied, giving scientific rigor to the analysis of data obtained with women with physical disabilities⁽¹¹⁾.

The process consisted of five stages, pre-analysis, exploration of the material (textual corpus), treatment of the results (organization of thematic categories), inference and interpretation, which involved the organization of the categories, naming according to the meaning of the speeches, their hierarchy and interpretation, seeking to understand the meaning of the content analyzed in the international scientific literature and official documents of the Ministry of Health (MH)⁽¹¹⁾.

The solidification of the data found in the thematic content analysis was carried out through the official documents of the Ministry of Health: National Health Policy for Persons with Disabilities, Brazilian Inclusion Law (BIL) n. 13,146, National Policy to Combat Violence against Women, Prevention and treatment of injuries resulting from sexual violence against women and adolescents⁽¹²⁻¹³⁾.

The study was conducted in accordance with the guidelines established in Resolution number 466/2012, of the National Health Council and the Ministry of Health, which govern research involving human beings. It received the approval of the Research Ethics Committee of the State University of Paraíba (REC/UEPB), with Opinion number 5.404.922 and Certificate of Presentation of Ethical Appreciation (CAAE): 58400222.6.0000.5187. In addition, an Informed Consent Form (ICF) was signed with all participants, ensuring confidentiality and non-identification, using the identification "Woman" with the ordinal sequence of data collection.

Results

In view of the results obtained in the speeches, four categories related to the impacts of violence on the mental health of women with physical disabilities emerged: Reflections of violence on the psychological and emotional aspects of women with disabilities; Perception of cases of sexual violence; Portraits of the fragility of women with physical disabilities; Vulnerability of women with physical disabilities on the street.

Category 1 – Reflections of violence in the psychological and emotional

The speeches portrayed how much women perceive that violence impacts their psychological and emotional lives and interferes with their entire lives:

There is no psychological factor that can handle it, imagine dealing with illness and violence. (Woman 2).

Imagine how the psychological and emotional state is; a person is at least left with some fear. (Woman 7).

Violence has a great impact on the psychological. (Woman 10).

[...] they use words that torture the woman in her psychological state. (Woman 11).

They greatly impact the emotional of the woman and the whole life of the woman herself. (Woman 3).

[...] the emotional state is the worst, it is the one that becomes most fragile. (Woman 9).

Violence has a great impact on women's lives in all aspects. (Woman 5).

Category 2 – Perception of cases of sexual violence

In this category, it was observed that cases of sexual violence negatively influenced the lives of victims, as well as the feelings generated in those who know cases of other women in situations of violence.

There are women who absorb more violence and sexual abuse. In this case, I try to talk normal about the case that happened to me, but I wanted to talk more about this sexual abuse that I suffered. (Woman 10)

In life there are always these cases of violence, insults, insults, mistreatment, in discussion, fights. People always say words that hurt, I was once sad. And because of the disability, they enjoy belittling. (Woman 8)

I know a case of the neighbor near here, her husband would not let her leave the house, he would do several acts of violence with her; he would not even let her do the treatment. (Woman 2)

It was a rape, the guy caught her on the force and she had a child. (Woman 1)

And rape, which in reality is not just the sexual act itself, is anything forced into it without consent. (Woman 9)

Imagine the situation, you having surgery and being forced to have sex, just because he wanted to. I wouldn't accept that, it was rape. (Woman 4)

Category 3 – Portraits of the frailty of women with physical disabilities

This category demonstrates the experience of insecurity, fear, restlessness and vulnerability that women face in their daily lives and that have direct implications for their mental health.

I think women with physical disabilities are more likely to experience violence, and it's a subject that is very little dealt with, it's a subject that is little talked about. (Woman 11)

Women with physical disabilities have a higher risk for violence, as they have no way to defend themselves and physical and psychological fragility. People take advantage of the condition of women with physical disabilities. (Woman 4)

I think women with physical disabilities are more at risk of experiencing violence. I only leave the house accompanied, I only left once; I went to the mall. Everyone is afraid of violence, so women soon think they are the weaker sex and still take advantage of the situation. (Woman 5)

I can't say I can fight with someone else. If I remove the crutch I can't do anything else, I have no way to defend myself in any situation; my strength is in the tongue. (Woman 8)

Category 4 – Vulnerability of women with physical disabilities on the street

This category revealed the exposure experienced by women with physical disabilities in external environments, as they feel prone to greater cases of violence and defenseless because they feel vulnerable.

Today, after the amputation, I feel more afraid to go out on the street; I think I can't run, I never go out alone, now it's only accompanied by my father or my mother and sister. (Woman 2).

Sometimes people say: let me help with the wheelchair and we never know who is who, we are insecure. (Woman 5).

I'm afraid of meeting an abuser on the street. (Woman 10).

Many on the street call me a cripple. (Woman 3).

I'm afraid to go out on the street; I don't go out alone now that I have the wheelchair. (Woman 6).

When it is in discussion they call it cripple, but it is on the street, at home I do not accept it. (Woman 8).

She even stopped using the crutches, people cursed in the street; I didn't imagine this happening, which is verbal violence. (Woman 4).

Discussion

In view of the statements about the reflections of violence in the psychological and emotional aspects, the relationship between gender violence and damage to women's mental health can be seen. This situation exposes them to the manifestation of conditions such as depression, anxiety, phobias, post-traumatic disorder, suicide and eating disorders⁽¹⁴⁾. Thus, cases of violence permeate and impact the mental health of victims, in addition to intertwining with the tendency of medicalization in suffering, which, once again, neglects the social issues that impact women in the field of health⁽¹⁵⁾.

The cases of sexual violence in women with physical disabilities, portrayed in Category 2, reflect the data found in the literature on the high occurrence of intimate partner violence⁽¹⁶⁾. Thus, women with disabilities report facing a considerably higher frequency of intimate partner violence throughout their lives, compared to women without disabilities, in addition to being vulnerable to various forms of violence, including physical, sexual, psychological, behavioral and economic abuse⁽¹⁷⁻¹⁹⁾.

In this context, the stigma associated with disability plays a central role, contributing to the exploitation and dehumanization of these women. The representation of women as asexual impacts their sexual relations and experiences of sexual violence, thus increasing the risk and incidence of violence compared to women without disabilities⁽²⁰⁾.

Healthcare workers and rehabilitation centres play a crucial role in detecting cases of violence, and this should be integrated into intimate partner violence prevention plans, which is the most prevalent. In addition, women with disabilities are at greater risk of experiencing various types of violence⁽²¹⁾.

Affordable support services play a crucial role in empowering these women to claim their rights. However, it is vital to recognize that the problem of violence is, at its core, a matter of perpetrating

action, which requires a comprehensive approach that involves the whole of society and health professionals, aiming to protect women with disabilities against violence⁽²²⁻²³⁾.

Family and domestic violence impacts not only the victim, but also her family and the community at large. In addition to impairing mental and physical health, it reduces quality of life and leads to decreased social interaction. It is important to highlight that this violence is often difficult to identify, and many cases are not reported to health professionals or the competent authorities⁽²⁴⁾.

In addition, there are high rates of depression in women with physical disabilities. The proof of their vulnerability is portrayed in categories 3 and 4, related to the following aspects: socioeconomic factors, functional limitations, pain, chronic diseases, poor diet, physical inactivity, smoking, violence, low self-esteem, sexuality problems, stress, environmental barriers and barriers to health care⁽³⁾.

It is proven that any type of violence, whether psychological or physical, increases the risk of depression. Those who suffer both physical and psychological aggression are at greater risk for developing mental health problems, especially depression. In this scenario, mental health professionals must recognize the additional stress caused by violence to provide the necessary care⁽²⁵⁾.

Although in the last ten years there have been advances in studies of violence against women, which have resulted in a deeper understanding of the risk factors associated with violence, there are still crucial questions about how aggressors act in vulnerable groups, especially women with physical disabilities, in addition to the solidification and development of preventive interventions⁽²⁶⁾.

This study presents limitations related to the context in which it was carried out, during the period of the COVID-19 pandemic. Sanitary restrictions and social distancing made it difficult to have face-to-face contact with the participants, which required adaptations in data collection. This factor may have influenced the depth of

the information obtained, as the use of a mask made it difficult to identify the perception of voice and expressions. Despite these limitations, the findings contribute to the understanding of the impacts of violence on the mental health of women with physical disabilities and signal the importance of more inclusive mental health policies. It is suggested that future research be carried out in post-pandemic contexts and with greater diversity of participants.

Final Considerations

In view of the worsening phenomenon of violence against women, especially among those with physical disabilities, significant impacts on mental health are evident, such as depression, anxiety, post-traumatic stress and suicidal ideation. These negative effects reinforce the urgency of implementing preventive strategies that address this public health problem and promote female empowerment as a central axis of coping.

In this sense, it is essential to develop actions that holistically value the mental health of women with physical disabilities, ensuring equity and accessibility to health services, from promotion and prevention to specialized care in cases of violence. Widening the perspective on the physical, emotional and psychological damages experienced by these women is fundamental to guarantee comprehensive, humanized care centered on the specificities of this group.

Collaborations

1 – project design and planning: Renata Ferreira de Araújo, Alexsandro Silva Coura and Isabella Joyce Silva de Almeida Carvalho;

2 – analysis and interpretation of data: Renata Ferreira de Araújo and Isabella Joyce Silva de Almeida Carvalho;

3 – writing and/or critical review: Renata Ferreira de Araújo, Williane Vitória Santos de Lima, Alexsandro Silva Coura, Jamilly da Silva Aragão, Isabella Joyce Silva de Almeida Carvalho and Inácia Sátiro Xavier de França;

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Conflicts of interest

There are no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available in the article itself

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