



CONSEQUENCES OF PSYCHOLOGICAL VIOLENCE AGAINST WOMEN PERPETRATED BY INTIMATE PARTNERS: A NARRATIVE REVIEW



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Isabelle Poli Bandeira de Mello¹ and Maria Helena Rodrigues Navas Zamora²

ABSTRACT

Studying psychological violence against women perpetrated by intimate partners is essential, since it is in most cases the first form of violence used and that it happens more frequently in this context. Seeking a preventive view, this article aims to explore what would be the possible consequences of going through psychological violence. It is proposed to think about the consequences of psychological violence from the narrative review, exploring in a non-systematized way what has been presented in the literature as possible consequences of this violence. It is understood that understanding the possible consequences linked to this violence can bring greater awareness to it as a phenomenon that needs attention so that we can make interventions more efficient, aiming to contribute to the construction of public policies and interventions that can contribute to the end of this reality that plagues millions of women in Brazil and around the world.

Keywords: Psychological violence, Intimate partners, Consequences.

¹ Dr. student in Clinical Psychology at the Pontifical Catholic University of Rio de Janeiro

² PhD in Clinical Psychology from the Pontifical Catholic University of Rio de Janeiro

INTRODUCTION

According to the World Health Organization [WHO] (2002), violence can be defined as the intentional use of physical force or power, real or threatened, against oneself, another person or against a group or community, which results or has the possibility of resulting in injury, death, psychological damage, developmental disability or deprivation. Violence against women [VAW] is sustained, according to Heise (1998/2011), among other factors, by the patriarchal structure – a set of material-based social relations with hierarchical relations between men and solidarity among them, which enable them to control women. Patriarchy is the male system of oppression of women (Hartman, 1979), widely institutionalized (Lerner, 2019), including through violence.

Psychological violence is a form of violence against women that can be defined as

causing emotional damage to women that harms them and disturbs their full development or that aims to degrade or control their actions, behaviors, beliefs and decisions, through threat, embarrassment, humiliation, manipulation, isolation, blackmail, ridicule, limitation of the right to come and go or any other means that cause damage to their psychological health and self-determination. (Brazil, 2021)

There is an assumption that physical and sexual violence are inevitably more serious than psychological violence. However, there are losses, which can be irreparable in terms of the emotional development of the woman violated in this way. In general, in most cases, she is young and the episodes can cause marks for the rest of her life (Mühlen, Dewes & Strey, 2011). In a study on gender violence, women report that the worst form of violence they experienced was verbal/psychological, generating marks that are difficult to forget (Dalcin & Souza, 2011), even compared to beatings or deprivation of liberty. Women admit their silent, chronic, compromising psychological health.

This violence, even though it is the most frequent, is the least reported. One of the hypotheses for this low reporting is the fact that it does not have an adequate technical diagnosis, as well as the very science of the woman who suffers this type of violence, which is often a prediction of physical violence (Dias, 2013). Psychological violence is listed in the literature as being the first form of violence used against women (Bastos, 2021; Jiménez et al., 2019; Silva, 2007, Siqueira et al.; 2019). This appears in the literature through the prevalence of isolated, exclusive psychological violence, combined with the fact of its high incidence when concomitantly with other types of violence; it is difficult not to appear before the other forms of violence, continuing throughout the escalation (Silva, 2007).

Psychological violence against women [VPCM] can begin slowly and insidiously, which progresses in intensity and consequence, with public or private humiliation and exposure to situations of embarrassment (Silva, 2007). This type of violence tends to occur

primarily, and lasts throughout the cycle of violence; in addition to this, with the passage of time other forms of violence are incorporated (Silva, 2007). The partner uses this type of aggression with the intention of damaging the woman's image, making her feel worthless and despised. Thus, MVPV assumes a chronic and stabilized feature; it is undertaken upon the woman and constantly ritualized.

This cycle of violence usually begins in a tenuous way. Violent demonstrations begin with small deprivations, provocations, situations of humiliation, intimidation and insults. Such psychological and moral violence evolves systematically, and may lead to other demonstrations of violence, such as physical or sexual. Acute episodes of violence can make the woman want or try to leave the relationship. In view of this, the partner tends to blame her for the situation, while promising changes in behavior, suggesting a transformation of the relationship (Lucena et al., 2016). In view of the potential progressive and escalating nature of violence, it is necessary to focus on exploring the possible consequences of psychological violence.

Furthermore, regardless of the relationship between psychological violence and physical violence arising from its potential escalation, the former must be identified, especially by professionals who work in public services, whether health, security or education. It must be faced as a public health problem, regardless of whether or not physical violence erupts (Silva et al., 2007). Serious health situations associated with psychological distress are often detected, which will be identified throughout the article.

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As this work seeks to focus on psychological violence against women, I dedicate this part specifically to the consequences of psychological violence. This is because there seems to be a scarcity in the literature of injuries related to psychological violence when compared to other typologies or when compared to violence against women in a more general way. This is understood as a problem in this article, since psychological violence seems to be the first form of violence employed (Bastos, 2021; Jiménez et al., 2019; Silva, 2007) initiating the process of escalation that has femicide as its final step.

[...] There is a need for an understanding that psychological violence, if contained, can serve as a strategy to reduce other violence. In the same way, the prevention of psychological violence can be thought of as a strategy for the prevention of violence in general, that is, not only family violence, but also institutional and social violence. (Silva, Coelho, & Caponi, 2007, p. 102)

In addition, psychological violence itself, regardless of whether there is an escalation or not, is already configured as capable of generating many illnesses as pointed out in the

results session. It is worth mentioning that psychological violence is reported in many studies, especially those with self-report, by the victims themselves as the typology that left the most marks and damage (Silva Júnior et. al., 2021). For women, the worst thing about psychological violence is not the violence itself, but mental torture and living with fear and terror. Therefore, this type of violence should be analyzed as a serious public health problem and, as such, deserves space for discussion, expansion of prevention and creation of specific public policies to confront it (Silva, Coelho, & Caponi, 2007, p. 99).

According to Ludermir et. al (2010), emotional abuse during pregnancy may be more important than physical and sexual violence in determining the development of postpartum depression. A population-based study in Japan that isolated the psychological violence variable found that women who experienced only situations of emotional abuse presented: worse self-reported health status, suicide, ideation, difficulty in daily activities, increased use of health services in the last month, and symptoms of distress (Yoshima et al 2009).

In addition, some studies have shown symptoms in various systems, including neurological, cardiovascular, abdominal, and genitourinary systems, as well as psychological (mainly depressive) symptoms (Porcerelli et al., 2006). Decreased self-esteem (Cunha & Pinto, 2014; Rey, 2002). Other possible consequences such as damage to social identity can also be identified in the literature (Coelho, Silva, & Lindner, 2014; Rey, 2002). Follingstad et al. (2009) argue that corroborating studies are needed for the following hypothesis consequences of psychological aggression: guilt/shame, suicidal behavior, substance use and abuse, stress and others.

Psychological violence can be a risk factor for the development of anxiety disorders, depression, post-traumatic stress disorder [PTSD], eating disorders, alcohol and other drug consumption (Zancan & Habigzang, 2018). It can also generate social isolation, shame, guilt, fear of reprisals, distrust, sleep disorders, low self-esteem, suicidal ideations (Echeverria, 2018).

For Jiménez et al. (2019), psychological violence should be considered a priority in prevention, as it has been identified as a direct causal antecedent of physical violence. However, it should be noted that psychological violence in itself is already a form of violence that can generate several negative impacts on women's lives. Therefore, the identification of this is necessary, regardless of other forms of aggression.

The literature seeks to draw attention to a disparity in academic productions related to the construct of psychological violence by stating that "although most existing research has focused on the prevalence and consequences of physical and sexual violence by a partner, women often report that psychological or emotional abuse (henceforth used

interchangeably) can be even more harmful (Follingstad, 2009; Oliveira et al., 2014) and studies have linked psychological abuse alone to many limitations (Ludermir et al., 2010; Porcerelli et al., 2006; Ruiz-Perez & Plazaola-Castano, 2005; Yoshihama, Horrocks, & Kamano, 2009).

It is noteworthy that these findings led to a 2010 Lancet commentary calling for a "radical reassessment of the importance of emotional abuse in women's health" (Jewkes, 2010).

In a systematic review of the literature carried out in one of the articles that composed the master's thesis, it was found that of the 11 (37.93%) articles that listed the consequences and consequences of PCPV, the following were found: depression, not being able to leave the house, memory loss, anxiety disorders, post-traumatic stress disorder, eating disorders, consumption of alcoholic beverages and other drugs. The following were also listed: social isolation, shame, guilt, fear of reprisals, distrust, sleep disorders, low self-esteem, suicidal ideations, stress, difficulty in breaking the cycle of violence and in the ability to solve problems, rejection and lack of self-worth, and increased tendency to submit to situations of abuse in relationships, an increase of almost six times for the occurrence of depressive conditions and their consequences, such as feelings of confusion, insecurity, difficulties in establishing and maintaining romantic relationships, sexual dysfunctions, hostility, use/abuse of psychoactive substances, social phobia and panic attacks. In addition, impaired social role and self-esteem are listed, as well as the use of alcohol as a possible strategy to deal with the situation.

FINAL CONSIDERATIONS

Psychological violence against women has been studied predominantly within the field of violence against women without a focus on it. These are, for the most part, articles that study violence against women, without addressing the typologies or going through the typologies and dedicating small parts of their texts to each of them. With this, it can be seen that when thinking about the consequences, it is easier to find more data on violence against women than on psychological violence against women, which seems to reinforce a point that has been placed in the literature about a lack of research focused exclusively on psychological violence compared to the number of studies focused on physical and sexual violence (Oliveira et al., 2014),

This scarcity of studies, however, does not seem to follow the data that show a prevalence of psychological violence (Silva et al., 2021; Venturin et al., 2021); data that seem to corroborate a consensus in the literature about the escalation of violence with

psychological violence being the first form of violence used against women (Bastos, 2021; Jiménez et al., 2019; Silva, 2007). The potential for escalation of psychological violence, when characterized as the beginning of violence against women, which, in addition to other forms of violence, ends up suffering a process of escalation in which the end point is femicide (Silva et al., 2007) would be enough to pay attention to it. As pointed out by Jiménez et al. (2019), psychological violence should be considered a priority in prevention, as it has been identified as a direct causal antecedent of physical violence.

However, it should be noted that psychological violence in itself is already a form of violence that can generate several negative impacts on women's lives. Therefore, the identification of this is necessary, regardless of other forms of aggression. This article sought to highlight what has been produced in the literature, thus seeking to make an overview of the consequences that suffering PCV, regardless of the escalation, can produce, thus helping in the process of awareness and alerting to the seriousness of this typology, so little explored compared to others, as pointed out in the paragraph above.

This paper defends the need to highlight the importance of psychology in this context, either by preventive action arising from knowledge about the concept, or by repairing damages and intervention after women with such a history suffer this aggression, based on the knowledge of the construct and its impacts discussed in this article.



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