

GENDER VIOLENCE AND WOMEN'S HEALTH: PHYSICAL, PSYCHOLOGICAL AND SOCIAL IMPACTS AND INTERVENTION STRATEGIES IN COMPREHENSIVE CARE



<https://doi.org/10.56238/arev6n4-024>

Submitted on: 11/03/2024

Publication date: 12/03/2024

**Pâmella Suyly Gomes Lopes¹, Fernanda Miguel de Oliveira², Aline Pacheco Eugênio³,
Fernanda Manoel Gomes⁴, Priscilla Bandeira Frota⁵, Bárbara Monique Alves Desidério⁶,
Giovanna Cabral Felipe Bandeira⁷, Emanuele Ariana Bona⁸, Lidianne Souto de Oliveira⁹, Sarah
Caroline Mazeu Branco¹⁰, Sarah Goes Barreto da Silva Moreira¹¹ and Flávio Júnior Barbosa
Figueiredo¹².**

¹ Master's student in Education

UNICID

E-mail: psicologapamellalopes@gmail.com

Orcid: 0009-0001-2831-3207

Lattes: <http://lattes.cnpq.br/7036522693972722>

² Psychology student

Granbery Methodist College

E-mail: fe.miguel.oliveira@hotmail.com

³ Specialist in Mental Health (UFPB)

Federal University of Rio Grande do Norte

Email: allinepacheco@hotmai.com.br

Orcid: <https://orcid.org/0009-0006-7647-866X>

Lattes: <http://lattes.cnpq.br/2373617881467821>

⁴ Specialist in Obstetric Nursing

Cruzeiro do Sul University

E-mail: fernanda_mg@hotmail.com

Lattes: <http://lattes.cnpq.br/1084381306835213>

⁵ Family Health Residency

ICEPI

Orcid: <https://orcid.org/0000-0003-2305-9550>

Lattes: <http://lattes.cnpq.br/1251014539040559>

⁶ Master's student in Collective Health

Federal University of Rio Grande do Norte

Email: barbaramonalves.neuropsi@gmail.com

Orcid: <https://orcid.org/0009-0008-7435-0747>

Lattes: <http://lattes.cnpq.br/6321878965739431>

⁷ Master's student in Law

Federal University of Pará

E-mail: giovannacabral.fb@gmail.com

Orcid: <https://orcid.org/0009-0008-5340-5796>

Lattes: <https://lattes.cnpq.br/6927089633631010>

⁸ Master's student in Business Administration

Atitus Education

Email: manubonasubtil@gmail.com

Orcid: <https://orcid.org/00090006-0532-5228>

Lattes: <http://lattes.cnpq.br/2697799173267238>

⁹ Professional Master's Student in Education, Work and Innovation in Medicine

UFRN - Federal University of Rio Grande do Norte

E-mail: lyhgta@hotmail.com

Lattes: <https://lattes.cnpq.br/3321298419929758>

¹⁰ Master in Digital Artifact Design

CESAR SCHOOL

E-mail: sarah.branco@ufpe.br

Orcid: <https://orcid.org/0000-0001-5511-9234>

Lattes: <http://lattes.cnpq.br/7502631594158567>

¹¹ Dr. in Sciences

UNIRIO

Email: sarahbarretorj@yahoo.com.br

Orcid: 0000-0002-4476-8623

Lattes: <http://lattes.cnpq.br/7498093353799721>

¹² Dr. in Health Sciences

FIPMoc University Center

E-mail: figueiredofjb@gmail.com

Lattes: <http://lattes.cnpq.br/0897191154736049>

Orcid: <https://orcid.org/0000-0003-1452-9573>

ABSTRACT

Gender-based violence is one of the most serious human rights violations, with profound impacts on women's physical, psychological, and social health, in addition to representing a global challenge for health systems and public policies. Objective: to analyze the multidimensional impacts of gender-based violence on women's health and to discuss intervention strategies that promote comprehensive care. Methodology: The research was carried out as a narrative review, covering studies published between 2018 and 2024, consulted in databases such as PubMed, SciELO, and LILACS, using controlled descriptors and keywords. Complete studies, freely available, that directly addressed the proposed theme were considered, excluding abstracts of events and editorials. Results: The impacts of gender-based violence are broad and interconnected. In the physical aspect, they include immediate injuries, such as fractures, bruises and burns, as well as long-term complications, such as chronic pain, cardiovascular diseases, gynecological complications and greater susceptibility to sexually transmitted infections. Psychologically, disorders such as depression, anxiety, and post-traumatic stress disorder stand out, often associated with self-destructive behaviors and difficulty seeking help due to feelings of guilt and shame. Socially, violence perpetuates cycles of exclusion and dependence, undermining the autonomy of victims and increasing economic vulnerability. Children exposed to violence in the home environment are more likely to internalize abusive patterns, perpetuating violent behaviors in future generations. The intervention strategies identified the importance of intersectoral approaches, integrating health, social assistance, education and public safety. The Maria da Penha Law was recognized as an essential milestone in the fight against violence in Brazil, but it faces challenges in its application, such as insufficient resources and limited coordination between services. Educational campaigns, the training of professionals and the inclusion of the theme in school curricula are pointed out as crucial measures to deconstruct cultural patterns that naturalize violence. Conclusion: Gender-based violence requires integrated and sustained responses, which include humanized welcoming, psychological support, promotion of autonomy and cultural transformation. The strengthening of public policies is essential to break the cycle of violence, promote women's comprehensive health, and achieve gender equality.

Keywords: Gender Violence, Women's Health, Social Impacts, Psychological Impacts, Interventions.

INTRODUCTION

Gender-based violence represents one of the most serious human rights violations and constitutes a global public health problem, affecting millions of women in different sociocultural and economic contexts. This phenomenon is marked by the perpetuation of structural inequalities that limit the full exercise of female citizenship, being expressed through acts of physical, sexual, psychological, and economic violence (De Vasconcelos 2020).

The World Health Organization (WHO) highlights that one in three women in the world has suffered some type of violence, revealing the alarming magnitude of this issue (Brazil 2024). In Brazil, rates of gender-based violence remain high, reflecting not only gaps in public policy, but also the impact of deep-rooted patriarchal cultural patterns. In this scenario, it is essential to understand the multidimensional impacts of this problem on women's health and the intervention strategies in comprehensive care (Catoia; Birth; Santos 2020).

The physical impacts are wide-ranging and range from obvious physical injuries, such as fractures, bruises, and burns, to long-term consequences, such as chronic diseases, persistent pain, and gynecological complications (Silva *et al.*, 2023). Women who are victims of violence are also more vulnerable to sexually transmitted infections (STIs) and obstetric complications, which further aggravates their health condition, in addition, it can trigger metabolic and cardiovascular disorders, such as hypertension and diabetes, as a result of chronic stress (Souza; Rezende 2018).

In the psychological sphere, exposed women often suffer from mental disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) the mix of feelings such as fear, shame, and guilt are commonly reported, making it difficult to seek help and perpetuating the cycle of violence. In many cases, violence results in suicide attempts or the development of self-destructive behaviors, such as psychoactive substance abuse, so the emotional overload faced by these women also affects their ability to establish healthy social and professional bonds, aggravating social isolation and economic dependence (Nunes *et al.*, 2019).

The social impacts are equally profound, perpetuating cycles of poverty and exclusion. Women in situations of violence face difficulties in maintaining formal jobs and accessing basic resources, such as education and health, due to the control exercised by their aggressors (Cerqueira; de Moura; Izumino, 2019). In addition, gender-based violence

affects not only women, but also the entire family structure, especially when children are involved, this continuous exposure to violence in the domestic environment contributes to the normalization of violent behaviors in future generations, reinforcing a cycle of abuse that crosses generations (Trebisacce *et al.*, 2020).

In view of this complex scenario, intervention strategies in the comprehensive care of women in situations of gender violence become indispensable. The Maria da Penha Law (Law No. 11,340/2006) represents a legal milestone in Brazil, as it establishes mechanisms for the protection and care of women, but challenges remain regarding the effective implementation of this legislation (Brasil 2006). Comprehensive care requires a multidisciplinary approach that involves health, social assistance, education, and public security professionals, in order to ensure not only immediate reception, but also the promotion of autonomy and empowerment of victims (De Ávila *et al.*, 2018).

In the context of health, primary care plays a fundamental role in identifying cases of violence and offering initial support. Care protocols that include humanized reception, qualified listening and referral to support networks are essential. In addition, it is imperative to train health professionals to recognize signs of violence, even when there is no explicit reporting, and to sensitize them to the importance of a non-judgmental approach. The strengthening of intersectoral networks, such as specialized police stations, shelters, and referral centers, also stands out as a crucial strategy to ensure continuity of care (Gonsalves; Coast; Lima 2021).

Health promotion and the prevention of gender-based violence require educational actions that deconstruct gender stereotypes and promote a culture of respect and equality. Awareness campaigns aimed at the general population and the inclusion of the topic in school curricula are essential measures to transform cultural patterns and prevent new occurrences of violence. In addition, expanding access to mental health services and developing public policies that promote women's economic independence are strategies that strengthen victims' resilience and reduce their vulnerability (Santos; Olive tree; Moraes, 2019).

In short, gender-based violence is a complex phenomenon that profoundly impacts women's physical, psychological, and social health, requiring integrated and intersectoral responses. Facing this problem requires not only protection and welcoming actions, but also the transformation of sociocultural structures that perpetuate inequality and violence

(Couto; De Oliveira; Fernandes 2018). Thus, the main objective of this study is to explore the multifaceted impacts of gender-based violence on women's health.

METHODOLOGY

It is a narrative review that aims to offer a comprehensive and critical view on the subject, allowing the integration of different approaches and scientific findings. This type of review is suitable for identifying gaps in knowledge, proposing reasoned intervention strategies, and understanding the multiple dimensions involved in the problem.

The research was guided by the following question: What are the impacts of gender violence on women's health and what intervention strategies can be adopted to promote comprehensive care? To answer this question, inclusion criteria were established to guide the selection of studies. Articles published in indexed scientific journals, in Portuguese, English and Spanish, between the years 2018 and 2024, that were related to the proposed theme, available free of charge and in full, were considered. On the other hand, duplicate works, studies that did not directly address the topic, and publications such as conference abstracts, editorials, and letters to the editor were excluded.

The databases consulted for the research were PubMed, SciELO, and LILACS, as well as repositories of gray literature, such as theses and dissertations, with the objective of expanding the reach and scope of the data. The search strategy was conducted through the combination of controlled descriptors and keywords in Portuguese and English, using Boolean operators such as *AND*, *OR*. Among the terms used, "Gender Violence", "Women's Health", "Social Impacts", "Psychological Impacts" and "Interventions" stand out. The selection of studies followed a rigorous process. Initially, the titles and abstracts were evaluated to verify adherence to the inclusion criteria. In the next stage, the full texts of the selected articles were read and critically analyzed to confirm their relevance and methodological quality. During data extraction, information such as year of publication, authors, title, objectives, main results and conclusions, as well as relevant methodological aspects, were collected. These data were organized in a systematic way to support the analysis and discussion of the findings.

Data analysis was carried out in a descriptive manner, integrating the results of the selected studies to identify patterns, gaps, and trends related to gender-based violence and its impacts on women's health. This approach allowed us to understand the physical, psychological and social consequences of violence and also to evaluate the effectiveness

of the intervention strategies adopted in comprehensive care. In addition, initiatives and public policies aimed at confronting gender violence and promoting women's health were highlighted, with emphasis on the importance of intersectoral approaches.

Finally, this methodology was based on ethical principles that ensured the integrity and reliability of the data presented. Although the review did not involve primary data collection, the use of reliable sources and critical analysis contributed to ensuring the relevance and scientific rigor of the study. This approach enabled an in-depth analysis of the problem, providing subsidies for the debate and the proposition of actions aimed at promoting gender equality and strengthening health policies aimed at women.

RESULTS AND DISCUSSION

Research in the literature showed that gender violence significantly affects women's health, generating interconnected consequences in the physical, psychological, and social spheres. These impacts are widely documented, reinforcing the need for integrated strategies that consider the complexity of the problem and its interactions with sociocultural and economic factors (Perillo *et al.*, 2023). The significant increase in cases during periods of social isolation, such as that experienced during the COVID-19 pandemic, highlighted weaknesses in the protection and support systems for victims, highlighting the urgency of more robust and adaptive approaches (Barbosa *et al.*, 2021).

With regard to physical effects, women who experience gender-based violence often have serious injuries, such as bruises, fractures, burns, and cuts. These injuries, often treated in a fragmented way, can mask the context of violence, making it difficult for health professionals to identify them (Silva; Assumpção 2018). In addition, Souza's study; Rezende (2018) points out that physical violence has long-term consequences, such as chronic pain and physical dysfunctions that compromise the quality of life of the victims.

Another relevant aspect in the physical field is gynecological complications, including sexually transmitted infections (STIs), unwanted pregnancies and infertility. These problems stem from both sexual violence and the lack of access to sexual and reproductive health services. Women also have a higher prevalence of cardiovascular and metabolic diseases, aggravated by chronic stress associated with violence (Meneghel; Andrade; Hesler 2021).

The psychological impacts of violence are equally alarming and encompass mental disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) (Silva *et al.*, 2020). Many women report feelings of guilt, shame and fear, which not only make it

difficult to seek help, but also perpetuate the cycle of violence. These feelings are often associated with emotional manipulation and control exercised by aggressors, which reinforces psychological dependence (Dantas et al., 2023; Labiak *et al.*, 2023).

Self-destructive behaviors, such as substance abuse and suicide attempts, are commonly observed among victims. These manifestations are a reflection of intense psychological suffering and the perception of the absence of viable alternatives to break the situation of violence (Dantas *et al.*, 2023). In addition, the lack of adequate emotional support contributes to the chronicity of these disorders, increasing women's vulnerability. Socially, victims of violence face isolation and marginalization, which compromises their autonomy and development opportunities, with this many women lose jobs, are removed from support networks and become financially dependent on their aggressors, perpetuating the cycle of power inequality (Soares; Silva; Barros 2018).

The exposure of children to domestic violence is another factor of concern, as it contributes to the perpetuation of abusive behaviors in future generations. Studies show that children who witness acts of violence are more likely to internalize these patterns and reproduce them in their interpersonal relationships, reinforcing the intergenerational impact of gender-based violence (Sani; Carvalho 2018).

The COVID-19 pandemic has further aggravated the situation of women in situations of violence. Social isolation measures, although necessary to contain the spread of the virus, increased contact with aggressors and made it difficult to access support networks, women's police stations, shelters and health services faced operational limitations, while fear of contamination and economic uncertainties exacerbated the psychological suffering of victims. Despite the adversities imposed by the pandemic, some innovative initiatives emerged as a response to the crisis, such as digital tools, such as apps for anonymous reporting and online awareness platforms, proved to be valuable resources to overcome the barriers imposed by isolation (Barbosa *et al.*, 2021). These innovations highlighted the importance of investing in accessible technologies as part of coping strategies.

The strengthening of public policies, such as the Maria da Penha Law, was pointed out as essential for confronting gender violence (Brasil 2006). However, challenges related to its implementation, such as a lack of financial and human resources, continue to limit its effectiveness, and there is a pressing need for continuous training of frontline professionals, including health and public safety agents. Primary health care plays a central role in the early identification of cases of violence and in the reception of victims. Care protocols that

include qualified listening, humanized reception, and referral to support networks were identified as fundamental for the promotion of comprehensive care (d'Oliveira *et al.*, 2020). However, the fragmentation of services and the lack of intersectoral articulation represent obstacles to be overcome.

Educational campaigns and preventive actions have also been widely highlighted in the literature as essential to deconstruct cultural patterns that naturalize violence (d'Oliveira *et al.*, 2020). The inclusion of the topic in school curricula and the promotion of debates on gender equality in public and private spaces are strategies that can promote behavioral changes and prevent new occurrences of violence (Furlin; Borges; Pereira 2023).

Women's economic independence was pointed out as a key factor in breaking the cycle of violence. Public policies that promote income generation and professional training are essential to strengthen the autonomy of victims and reduce their vulnerability. These measures, combined with psychological and social support, can help women rebuild their lives in a safer and more empowered way (Torres Jacome; Gutiérrez; Cruz 2021).

Therefore, the results demonstrate that gender-based violence is a complex issue that requires integrated and comprehensive responses. Only through an intersectoral approach, which includes immediate protection of victims, cultural transformation, and strengthening of public policies, will it be possible to break the cycle of violence and promote women's comprehensive health. These actions must be supported by a collective commitment to building a more just and egalitarian society.

CONCLUSION

Gender-based violence is a serious violation of human rights, with profound and multifaceted impacts on women's physical, psychological, and social health, perpetuating cycles of exclusion, dependence, and inequality. This review showed that physical damage ranges from immediate injuries to chronic complications, while psychological damage encompasses severe disorders such as depression and anxiety. Socially, victims face isolation, loss of autonomy, and marginalization, reflecting the need for intersectoral strategies that integrate health, education, security, and social assistance.

Although public policies, such as the Maria da Penha Law, represent important advances, their application still faces structural challenges, such as insufficient resources and lack of articulation between services. In this context, comprehensive care for victims, with humanized welcoming, psychological support, and promotion of economic autonomy,

should be prioritized, as well as educational actions to transform cultural patterns that naturalize violence.

However, this study had limitations inherent to its design. As this is a narrative review, the analysis was not conducted systematically, which may restrict the generalization of the results. In addition, the temporal and linguistic scope, added to the dependence on secondary data, may have excluded relevant contributions.

Future research can expand knowledge by using systematic reviews, meta-analyses, and longitudinal studies, which can provide more robust evidence and detail the long-term consequences of gender-based violence. It would also be valuable to explore the effectiveness of public policies and community interventions in different socio-cultural contexts. Only with integrated and continuous efforts will it be possible to break the cycle of violence, promote women's well-being and build a more just and egalitarian society.

REFERENCES

1. Catoia, C. D. C., Nascimento, A. A., & Santos, R. de J. (2020). Caso 'Alyne Pimentel': Violência de gênero e interseccionalidades. *Revista Estudos Feministas*, 28(1), e60361. <https://doi.org/10.1590/1806-9584-2020v28n160361>
2. Couto, V. A., de Oliveira, F. A., & Fernandes, L. S. (2018). Intersetorialidade e ações de combate à violência contra a mulher. *Revista Estudos Feministas*, 26(2), jun. <https://doi.org/10.1590/1806-9584-2018v26n245859>
3. De Ávila, T. A. P. (2018). Articulação do trabalho em rede para a proteção à mulher em situação de violência doméstica e familiar. *Composição do CNMP*, p. 141.
4. Furlin, N., Borges, M. S., & Gonçalves, A. L. (2023). Iniciativas das universidades comunitárias da Região Sul do Brasil na prevenção e enfrentamento das violências de gênero contra as mulheres. *Revista Internacional de Educação Superior*, 11, e025029. <https://doi.org/10.20396/riesup.v11i00.8674446>
5. Gonsalves, E., Costa, J. M., & Lima, F. J. (2021). Intersetorialidade e Atenção Básica à Saúde: A atenção a mulheres em situação de violência. *Saúde em Debate*, 45(131), 958-969. <https://doi.org/10.1590/0103-1104202113102>
6. Labiak, F. P. (2023). Violência psicológica contra a mulher: Artefato do patriarcado para gerar submissão. *Open Science Research X*, 1 ed., 2234-2251. <https://doi.org/10.37885/221211548>
7. Nunes, J. F. (2019). Violência contra a mulher: Efeitos psicológicos em mulheres que vivenciaram violência de gênero. Monografia de graduação, Centro Universitário de Brasília, Brasília. Disponível em: <https://repositorio.uniceub.br/jspui/bitstream/prefix/13906/1/21506768.pdf>
8. Perillo, M. M. (2023). Violência psicológica contra mulheres: Impactos, causas e estratégias de prevenção. Monografia de graduação, Pontifícia Universidade Católica de Goiás, Goiânia. Disponível em: <https://repositorio.pucgoias.edu.br/jspui/handle/123456789/6617>
9. Souza, T. M. C., & Rezende, F. F. (2018). Violência contra mulher: Concepções e práticas de profissionais de serviços públicos. *Estudos Interdisciplinares em Psicologia*, 9(2), 21-38. <https://doi.org/10.5433/2236-6407.2018v9n2p21>
10. Santos, C. V. M. dos, Oliveira, J. P., & Moraes, C. R. (2019). Violência contra mulheres e promoção de saúde mental na comunidade. *Revista do NUFEN*, 11(1), 232-245. <https://doi.org/10.26823/RevistadoNUFEN.vol11.no01rex27>
11. Soares, J. D. S. F., Silva, T. A., & Barros, L. M. (2018). Experiências de mulheres em situação de violência em busca de atenção no setor saúde e na rede intersetorial. *Interface - Comunicação, Saúde, Educação*, 22(66), 789-800. <https://doi.org/10.1590/1807-57622016.0835>

12. Trebisacce, C. P., Alvarez, B., & Fernandez, L. S. (2020). Los feminismos entre la política de cifras y la experticia en violencia de género. Biblos. Disponível em: <https://ri.conicet.gov.ar/handle/11336/193426>
13. Torres Jacome, E. Y., Gutiérrez, M. I., & Cruz, S. (2021). Influencia de la violencia de género e intrafamiliar hacia la mujer en el desempeño laboral en Quito 2020. *Revista Eruditus*, 2(3), 9-28. <https://doi.org/10.35290/re.v2n3.2021.451>
14. Brasil, Organização Mundial da Saúde. (2024). Uma em cada 3 mulheres em todo o mundo sofre violência. Disponível em: <https://brasil.un.org/pt-br/115652-oms-uma-em-cada-3-mulheres-em-todo-o-mundo-sofre-viol%C3%Aancia>
15. Cerqueira, D., Matos, C. A., & Lima, P. R. (2019). Participação no mercado de trabalho e violência doméstica contra as mulheres no Brasil. Working Paper, Texto para Discussão, n. 2501. Disponível em: <https://www.econstor.eu/handle/10419/211452>. Acesso em: 24 nov. 2024
16. Silva, P. R. O., & Pereira, F. A. (2022). Os possíveis impactos psicossociais na mulher diante da violência doméstica. *Research, Society and Development*, 11(10), e241111032666. <https://doi.org/10.33448/rsd-v11i10.32666>
17. Dantas, E. S. O., & Santos, M. C. A. (2023). Suicídio de mulheres no Brasil: Necessária discussão sob a perspectiva de gênero. *Ciência & Saúde Coletiva*, 28(5), 1469-1477. <https://doi.org/10.1590/1413-81232023285.1621202>
18. Silva, A. F. C., & Ferreira, J. G. (2020). Violência doméstica contra a mulher: Contexto sociocultural e saúde mental da vítima. *Research, Society and Development*, 9(3), e35932363. <https://doi.org/10.33448/rsd-v9i3.2363>
19. De Miranda Silva, P. C., & Assumpção, A. A. (2018). A relação entre violência psicológica e depressão em mulheres: Revisão narrativa. *Pretextos - Revista da Graduação em Psicologia da PUC Minas*, 3(6), 102-115
20. Barbosa, J. P. M., & Lima, R. A. (2021). Interseccionalidade e violência contra as mulheres em tempos de pandemia de covid-19: Diálogos e possibilidades. *Saúde e Sociedade*, 30(2), e200367. <https://doi.org/10.1590/s0104-12902021200367>
21. Meneghel, S. N., & Oliveira, L. C. (2021). Conversas invisíveis: Assuntos falados, mas não ouvidos em consultas ginecológicas. *Ciência & Saúde Coletiva*, 26(1), 275-284. <https://doi.org/10.1590/1413-81232020261.08012019>
22. Sani, A. I., & Carvalho, C. (2018). Violência doméstica e crianças em risco: Estudo empírico com autos da polícia portuguesa. *Psicologia: Teoria e Pesquisa*, 34(0). <https://doi.org/10.1590/010>