

IMPACT OF GENDER VIOLENCE ON MENTAL HEALTH, AZUAY-CAÑAR

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ABSTRACT

Introduction: Gender-based violence affects 30% of the global female population and undoubtedly has serious consequences on the mental health of those who experience it. Women present symptoms of post-traumatic stress, anxiety, fear, devaluation, low self-esteem, fear, and feelings of inadequacy, which can lead to the development of mental illnesses such as depression and suicide attempts.

Objective: To identify the impact of gender violence on mental health (depression, anxiety, stress, self-esteem and co-presence) in the provinces of Azuay and Cañar.

Materials and methods: Quantitative, descriptive, cross-sectional study with a sample of 610 participants attending a specialized institution for the care of women who experience violence, selected intentionally, by non-probabilistic sampling, with a confidence interval of 95%. The main results for the severity of violence show that 48.2% (294) suffer from severe/severe physical violence, 30.8% (188) experience moderate sexual violence and 14.3% (87) severe/severe sexual violence. Mild psychological violence shows a percentage of 30.8% (188); concerning the prevalence of psychological consequences are moderate depression 47.4%, mild 23.8%, severe 13%; anxiety with moderate severity 40.7%, mild severity 40.5%, moderate to severe severity 18.9%, moderate perceived stress 46.4%, severe stress 29%, low self-esteem 94.1%.

Conclusions: The study evidences the serious impact of gender violence on women's mental health, with a statistical and theoretical association of the study variables.

Keywords: Violence, gender, psychological consequences

RESUMEN

Introducción: La violencia de género afecta a un 30% de la población femenina global y sin duda provoca graves consecuencia en la salud mental de quienes la viven. Las mujeres presentan síntomas de estrés postraumático, ansiedad, temor, desvalorización, baja autoestima, miedo, sentimientos de incapacidad lo que puede llevar a desarrollar enfermedades mentales como depresión e intento de suicidio.

Objetivo: Identificar el impacto de la violencia de género en la salud mental (depresión, ansiedad, estrés, autoestima y presencia conjunta) en las provincias del Azuay y Cañar.

Materiales y métodos: Estudio cuantitativo, descriptivo de corte transversal con una muestra de 610 participantes que acuden a una institución especializada de atención a mujeres que viven violencia, seleccionadas intencionalmente, mediante muestreo no probabilístico, con intervalo de confianza del 95%. Los principales resultados en relación a la severidad de violencia se muestra que el 48,2% (294) padecen de violencia física severa/grave, el 30,8% (188) viven violencia sexual moderada y el 14,3% (87) violencia sexual severa/grave. La violencia psicológica leve muestra un porcentaje de 30,8% (188); referente a la prevalencia de consecuencias psicológicas son depresión moderada 47,4%, ligera 23,8%, severa 13%; ansiedad con severidad moderada 40,7%, severidad leve 40,5%, severidad moderada a grave 18,9%, estrés percibido moderado 46,4%, estrés grave 29%, baja autoestima 94,1%.

Conclusiones: El estudio evidencia el grave impacto de la violencia de género sobre la salud mental de las mujeres, existiendo una asociación estadística y teórica de las variables del estudio.

Palabras claves: Violencia, género, consecuencias psicológicas.

INTRODUCTION

Violence against women is recognized worldwide as a social pandemic, affecting 30% of the global female population, in all social classes and educational levels; a serious public health problem for all women who experience intimate partner violence (1).

Gender violence produces serious impacts on the physical and mental health of the victims in the short, medium and long term, due to the deterioration of their social, labor, emotional and low self-esteem functioning, representing a high economic cost for the treatment of the victims. As a consequence, women may feel unable to work, present deterioration in work performance, which leads them to lose their job and therefore their salary, stop participating in daily activities, lose their capacity for personal, family and social self-care, and lose their capacity for personal, family and social self-care (2).

This form of violence evidences the serious impact on the mental health of women exposed to any type of violence, according to the American Psychological Association, defined as an emotional response to a terrible event that interferes with the ability to develop, because they experience devastating psychological and emotional consequences that can be present in the victims for many years, robbing them of the possibility of a

full life (3).

The serious impact on mental health is evidenced in the generation of post-traumatic stress symptoms in the victims, such as fear, anxiety, devaluation, low self-esteem, fear, feelings of inadequacy, dependence on the aggressor, a biological condition that diminishes the coping mechanisms or resilience to face stressful situations as well as their ability to adapt to situations of risk and danger to the environment, This lack of resilience can lead women to develop mental illnesses such as depression and suicide attempts. Likewise, aggressors who commit violence against women are individuals who have also been exposed to post-traumatic stress situations and have decreased or impossible coping mechanisms, generating violent behaviors and signs of maladaptation (4).

There are a series of psychological sequelae or consequences that are repeated in women who experience violence such as phobias, homicides, maternal mortality associated with conditions such as chronic pain syndrome, consumption of toxic substances, compulsive behaviors, and gastrointestinal disorders. These somatization symptoms are also manifested in reproductive health in indicators such as sexual dysfunction, unwanted pregnancies, complicated pregnancies, sexually transmitted diseases, HIV - AIDS, pelvic inflammatory disease, and so on (5).

The effect of gender violence on the mental health of women who experience it is a process that develops progressively and can take different forms, sequelae or psychological consequences that are repeated, the most prevalent of which are sadness, helplessness, anger, mood swings, and other psychological consequences (6).

In addition, gender violence triggers depression, post-traumatic stress disorder, anxiety, insomnia, eating disorders and suicidal ideation; in 2013 an analysis of mental health indicators concluded that women who have suffered intimate partner violence are almost twice as likely to suffer from depression and drinking problems; this mental health problem in women who experience violence is significantly associated with psychological violence and alcoholism of the aggressor (7).

There are several predisposing factors for the generation of violence against women, such as the perception of violence defined as a method to subdue and exercise control over women's lives, men with alcoholism problems, a violent family environment, and forms of child-rearing in the family environment, the existence of social norms that privilege men's rights and attribute a superior status to men, giving women an inferior or undervalued status, in addition to women's reduced access to paid jobs and decision-making positions, creating social inequalities between men and women, promoted by various state, public and private scenarios (8).

Other risk factors associated with violence are the low educational level of the aggressor, low income, poor job opportunities, lack of social rights, lack of public policies, family maladjustment and a patriarchal culture that encourages sexist and macho behaviors that exacerbate the presence of gender violence and trigger the psychological consequences, preventing the satisfaction of basic human needs (9).

A comparative study conducted on 169 women on the Psychological profile of victims of gender violence,

credibility and sentences, conducted in Barcelona - Spain in 2018, shows that the psychological consequences in women who suffer violence are greater than in women who do not suffer violence so in women, with gender violence, the average depression is 46.86 and those who do not have is 37.62, with a p-value of 0.02; anxiety disorder with a mean of 66.07 in women who experienced violence and 60.44 in women without gender violence with a p-value of 0.61; somatization of signs and symptoms with a mean of 46.24 in women who experienced violence compared to a mean of 44.60 without violence with a p-value of 0.22, post-traumatic stress with a mean of 57 compared to non-violence with a mean of 52.65 with a p-value of 0.13 (10).

Another study conducted in Spain in 2019 on Impact of Gender Violence aimed to determine the economic and social cost of violence, the results show that violence produces serious sequelae in the mental health of women such as: sadness, impotence, rage in 68% of women victims of physical violence, on the other hand in women who suffered sexual violence, sadness and anguish in 90% together with impotence and fear, emotional lability or affective instability in 70% of cases; in addition to other mental health problems such as anxiety - anguish 66.2% associated with physical violence and 67.5% with sexual violence, somatization of stress associated with physical violence such as muscle pain 66.2% and 68.3% linked to sexual violence, permanent fatigue 32.7% in the case of physical violence, 35.9% in sexual violence; insomnia present in 62.1% of women who experienced physical violence, 64% in women with sexual violence; loss of self-esteem associated with sadness 51% in physical violence and 53% in sexual violence; it also refers that the mental health problem most frequently associated with cases of gender violence is post-traumatic stress disorder, although it does not specify the percentages of this problem (11)

The risk factors analyzed enhance female subordination in society and their increasing vulnerability in a macho society. In Mexico, Martínez et al. (2019) studied how the approach to gender violence is carried out by mental health professionals, showing that in Mexico women older than fifteen years have been victims of at least one incident of violence, which determined a higher risk of generating psychological consequences such as depression, suicide attempts, post-traumatic stress disorder, anxiety, psychosomatic sleep disorders and eating disorders. This study shows the association between gender violence and severe mental illness, as it concludes that three out of four women with a severe mental illness suffered violence in the family and intimate partner environment (12).

In another study carried out in the city of Buenos Aires, Argentina in 2019 entitled Impact of gender-based violence on women's health, the aim was to identify how gender-based violence causes damage to women's health to contribute to decision-making in the field of public policy. The results show the impact of violence on women's mental health as perceived by the health personnel who attended the victims, with seven indicators of mental health disorders standing out: depression in 93%, suicide attempts in 90%, sleep disorders in 64%, a situation corroborated by the abused women who expressed that violence produced serious disorders in their mental health, as they reported feeling low self-esteem, fear, fear, anxiety, phobias, attention and memory disorders, signs that accompany depression, anxiety and stress (13).

The research conducted by Chérrez and Ochoa (2017) called "Psychological Consequences and Personality

Traits in Women Victims of Violence" in the city of Cuenca aimed to describe the relationship between the variables of type of violence, personality traits, relationship times and psychological consequences in a sample of 44 women, of which, 30 had suffered psychological violence, followed by 14 women who had suffered physical and psychological violence, the results show that the main psychological consequences of violence are: anxiety disorder in 51.7% of the cases studied, post-traumatic stress disorder in 35.7%, low self-esteem and suicidal risk in 28.6% and inability to cope, hopelessness and loneliness in 14.3% (14).

Materials and methods

For the study design and sample selection, a cross-sectional quantitative study was conducted with the participation of 610 women living with gender violence in the provinces of Azuay and Cañar. The participating women were selected employing a non-probabilistic intentional sampling from the specialized violence care centers, estimating 95% confidence criteria for a prevalence of 56.7% (16), 51.4% (17), 53% (18) and 52.8% (19) of depression, with a precision of +/- 5.5%. This sample size allowed detecting differences in the prevalence of psychological consequences of up to 15%, assuming a maximum second-species risk (beta) of 20%. The replacement rate was 20%.

Each participating user was asked to sign an informed consent form, after a detailed explanation of the research to be carried out, and had to meet the inclusion criteria: Ecuadorian women over 18 years of age who attend the specialized care center, who experience gender violence of any type and severity.

Instrument

All the women participants were administered five individually validated questionnaires, the first one consisting of the type and severity of violence, the second one of Hamilton's depression test, the third one of the same author's anxiety test, the fourth one of the perceived stress scale, and finally, the Rossemberg's self-esteem test.

Statistical analysis

The variables were coded in an Excel workbook for each of the variables of the questionnaires corresponding to Type and severity of violence, Depression, Anxiety, Perceived stress and Self-esteem. The database was imported into SPSS software for analysis. Five SPSS format files are presented, each with a total of 610 records; each variable is labeled according to the questionnaire and coded according to the response category. For the presentation of results, descriptive statistics of frequency and percentage with a confidence index of 95% were performed.

RESULTS

The table shows the type and severity of violence in 610 valid records. Physical violence is included (IC95% 2.09-2.24) 48.2% (294) suffer from severe/severe physical violence, while 23.9% (146) have moderate physical violence. On the other hand, sexual violence is included (95%CI 1.26-1.42) where 30.8% (188) experience moderate sexual violence, but also 14.3% (87) have severe/severe sexual violence.

Finally, Psychological violence is between (IC95% 2.07-2.21) 30 % (180) present mild psychological violence, similar percentage 30.8% (188) live moderate psychological violence and in lower percentage 14.3% (87) have severe/severe psychological violence (Table 1).

Distribution of women experiencing violence according to type and severity of violence

TYPE AND SEVERITY OF VIOLENCE				
Variable	Category	n	%	IC95%
Physical violence				2.09-2.24
(N=610)	None	24	3.9	
	Mild physical violence	146	23.9	
	Moderate physical violence	146	23.9	
	Severe/severe physical violence	294	48.2	
Sexual violence				1.26-1.42
(N=610)	None	152	24.9	
	Mild sexual violence	183	30	
	Moderate sexual violence	188	30.8	
	Severe/severe sexual violence	87	14.3	
Psychological violence				2.07-2.21
(N=610)	None	152	24.9	
	Mild psychological violence	183	30	
	Moderate psychological violence	188	30.8	
	Severe/severe psychological violence	87	14.3	

Source: Database

The following table presents the results of the frequency distribution of "Depression" where it is shown that it is comprised in (IC95% 2.50-2.65), in which 47.4% (289) have "Moderate depression", 23.8% (145) "Light depression" and also 13% (79) have "Severe depression" (Table 2). Distribution of Intensity of "Depression" in Women Experiencing Gender-Based Violence.

Intensity of depression				
Variable	Category	n	%	IC95%
Depression				2.50-2.65
	No depression	97	15.9	
	Mild depression	145	23.8	
	Moderate depression	289	47.4	
	Severe depression	79	13	

Source: Database

This table presents the results of the intensity distribution of "Anxiety" where it is shown that it is comprised in (IC95% 1.72-1.84) which 40.7% (248) have "Mild to moderate anxiety severity", 40.5% (247) "Mild anxiety severity" and 18.9% (115) have "Moderate to severe anxiety" (Table 3).

Distribution of Intensity of "Anxiety" in Women who experience gender-based violence

Anxiety Intensity				
Variable	Category	n	%	IC95%
Anxiety				1.72-1.84
	Mild severity of anxiety	247	40.5	
	Mild to moderate anxiety severity	248	40.7	
	Moderate to severe anxiety	115	18.9	

Source: Database

The table presents the results of the intensity distribution of "Perceived Stress" where it is shown that it is comprised in (IC95% 2.99-3.10) which 46.4% (283) have "Moderate Stress", 29% (177) "Severe Stress" and 24.6% (150) have a "Mild Stress" (Table 4).

Distribution of Intensity of "Perceived Stress" in Women Experiencing Gender Violence

Intensity of Perceived Stress				
Variable	Category	n	%	IC95%
Stress				2.99-3.10
	Mild stress	150	24.6	
	Moderate stress	283	46.4	
	Severe stress	177	29	

Source: Database

The following table presents the results of the distribution of degrees of "Rosenberg's Self-esteem" where it is shown that it is comprised in (IC95% 1.04-1.08) which 94.1% 574 have "Low Self-esteem", 5.6% (34

"Medium Self-esteem" and 2 (0.3%) have "High Self-esteem".

Distribution of "Rosenberg Self-Esteem" scores in women who experience gender-based violence

Grades of Self-Esteem				
Variable	Category	N	%	IC95%
Self-esteem				1.04-1.08
	Low self-esteem	574	94.1	
	Medium self-esteem	34	5.6	
	High self-esteem	2	0.3	

Source: Database

DISCUSSION

Violence is one of the most evident global problems in society, with serious implications for the mental health of women, the result of a patriarchal culture and unequal relationships that place the victim in a vertical dimension, the man makes the decisions and the woman obeys them. This construct causes symptoms of anguish, sadness, hopelessness, insomnia, low self-esteem and the loss of rights. In the short, medium and long term, this reality of violence generates traumatic situations that can lead women to feel unable to work, lose their wages, stop performing their daily activities, and become affectively and economically dependent on their aggressor, which prevents their independence and freedom for their self-care and that of their children (20).

In a study conducted in Ecuador in 2014, most of the female population that participated in this research have experienced violence: 6 out of 10 women aged 15 years and older (60.6%) reported having experienced one or more forms of physical, psychological, sexual or patrimonial gender violence, women are exposed regardless of class, educational level, the most frequent form of violence is psychological or emotional, as 53.9% of women over 15 years have experienced violence which produces serious impacts on physical and mental health (21).

Regarding the categories and severity of violence found in the research, physical violence is included (IC95% 2.09-2.24) where 48.2% (294) suffer from severe/severe physical violence; Sexual violence is comprised (CI95% 1.26-1.42) where 30.8% (188) live moderate sexual violence, but also 14.3% (87) have severe/severe sexual violence and 30.8% (188) live moderate psychological violence and in a lower percentage 14.3% (87) have severe psychological violence and in a lower percentage, 14.3% (87) have moderate psychological violence. It is necessary to emphasize that in most cases women have been victims of the three types of violence, which aggravates and increases the impact on their mental health due to functional deterioration, loss of capacity, loss of response - reaction and maladaptation: response - reaction and functional low adaptability to stressful situations.

These findings coincide with the prevalence of gender violence as a social problem and violation of rights visualized and evidenced in the research conducted in Cotacachi Canton, Imbabura Province entitled "Type

and Severity of Domestic Violence in Indigenous Women, Ecuador in 2018" which also indicates the prevalence of this problem, the type of violence that predominates is psychological violence with 38%, social 18%, physical 16%, sexual 14%, patrimonial 2% (15); psychological violence shows the highest percentage and differs in the percentages and the type of violence that predominates being physical violence the one that predominates in the study with 48.2%, coinciding with the prevalence rate of psychological violence that corresponds to 38%, however in the present investigation it occupies the second place along with sexual violence that has the same percentage.

Among the impacts on the mental health of women who experience violence found in this study conducted in the provinces of Azuay and Cañar, one of the consequences of violence on mental health is "Depression", which is shown that it is included in (IC95% 2.50-2.65), in which 47.4% (289) have "Moderate depression", 23.8% (145) "Mild depression" and 13% (79) have "Severe depression". The results found to coincide with the findings presented in research conducted in Mexico, by Martínez et al. (2019), who studied the "Approach to gender violence by health professionals" (22), revealing that 66.1% of women older than fifteen years have been victims of violence, which determines a higher risk to generate psychological conditions such as depression, suicide attempt, post-traumatic stress, anxiety, psychosomatic sleep disorders and eating habits; This study shows the association between gender violence and severe mental illness, as it concludes that three out of four women with a severe mental illness suffered violence in the family and intimate partner environment.

In another study conducted by Martínez (2019), entitled "Effects of Gender Violence on Victims (23), its results show a high prevalence of psychological consequences such as depression 47.6%, data equal to that found in the present investigation (47.4%), with the difference of the reference study, the present investigation incorporates the degrees of depression as mild, moderate or severe, to measure quantitatively with greater precision which significantly raises the prevalence rate of this mental health problem, being the contribution of the present study.

Regarding the second psychological consequence investigated as anxiety are comprised in (IC95% 1.72-1.84) 81.2% (495), presenting mild and moderate severity and 18.9% (115) have "Moderate to severe anxiety" synthesizing that all 610 participating women present anxiety because of the violence experienced, coinciding with the mental health problem found in the research conducted by Chérrez (2017), entitled "Psychological Consequences and Personality Traits in Women Victims of Violence (14) results show that one of the main psychological consequences of violence is an anxiety disorder with 51.7% of the cases studied differing only in the percentage of presentation being much higher in the present research. However, this reference study also found other signs such as inability to cope, hopelessness and loneliness in 14.3%. Another study by Lara Caba, Evelyn entitled "Depression and anxiety disorder in women victims of violence" (24), In Argentina. Of the group experiencing violence, 85.7% presented anxiety and tension, corroborating the data of the research conducted where all the women experiencing violence presented anxiety.

There is a coincidence with a comparative study conducted on the psychological profile of victims of gender

violence, credibility and sentences (10), conducted in Barcelona-Spain in 2018, which shows that the psychological consequences in women who experience violence are greater than in women who do not suffer violence, thus in women with gender violence, the anxiety disorder has a mean of 66.07 in women violated with a p-value of 0.61. However, the present study used several indicators of analysis such as mild, moderate and severe which increases the prevalence rate, being the contribution of the research. These findings show the association of gender violence with severe mental health consequences, a clear violation of their human rights.

Another psychological consequence evaluated in the research is perceived stress which is comprised in (IC95% 2. 99-3.10), in which 46.4% (283) have "Moderate stress" and 29 % (177) "Severe stress" data presented by the participating women and living violence, comparing with the data found in a study conducted in Spain in 2019 on "Impact of Gender Violence in Spain" (25), whose results show that violence produces serious sequelae in the mental health of women such as anguish in 66.2% as a consequence of the somatization of stress. It also refers that the mental health problem most frequently associated with cases of gender violence is post-traumatic stress disorder although it does not specify percentages on this problem, however, there is a theoretical coincidence.

Also, in a study carried out in Uruguay on stress and domestic violence (18), in which the same Perceived Stress questionnaire - PSS - was applied, it was found that 30.5% experienced between 5 and 10 stressful life events; 10.2% more than 10. From the categorization made, five of the items selected by the adult women refer to relationship/relationship difficulties, two to economic/labor difficulties and one to difficulties due to general problems/unresolved issues. In the score on perceived lack of control, 45% answered "quite often and very often" while "sometimes" reached 30%; the score on feelings of control reached 11% in "never and rarely" while "sometimes" reached 33%.

Referring to the self-esteem of women living with violence and who participated in the research, the data are comprised in (IC95% 1.04-1.08) which 94.1% (574) have "Low self-esteem", 5.6% (34) "Medium self-esteem", highlighting that only two women who participated in the study present high self-esteem, comparing with a study Gender violence and self-esteem of women in the Huanja -Huaraz population center (19), 2017 where 52.8% present low self-esteem and 43.6% medium self-esteem data that are very similar to those of the research developed. As can be seen, the mental health problems in women who experienced gender violence are presented together, since they are interrelated with each other and make visible a latent problem that causes damage to mental health and allows understanding of the magnitude and complexity of the problem, which will guide decision-making in the field of public policy, legal, to create appropriate strategies to eradicate violence on the one hand and the other hand prevent it in social spaces that are not yet present.

CONCLUSIONS

From the present investigation, it is possible to conclude that gender violence affects all social strata, is present in different areas of life and does not distinguish between different ages. It can be seen that physical violence predominates over psychological violence; however, it should be emphasized that any type of violence has

serious consequences on the mental health of the women who experience it.

One of the main consequences is the stress perceived by this group of women, which leads to various difficulties in carrying out daily activities since stress exceeds the women's level of resistance and symptoms begin to appear as a result of the somatization of stress due to the violence experienced.

Self-esteem is the appreciation of the self, being a transcendental factor at the moment of immersing ourselves in today's world and developing as empowered women willing to break with the patriarchal structure in which we live. In women who experience gender violence, self-esteem begins to decline, which can generate an affective dependence on the aggressor related to a personal devaluation, coming to believe that she cannot face life alone.

It is vitally important to generate support networks for women who experience violence since it is a problem that runs deep in our society and from which it is very difficult to escape without the necessary help. Public policies are important, but not enough when it comes to empowering women who have suffered violence for many years, therefore, society is indebted to achieving a comprehensive reparation to the victim.

The impact on the mental health of women is so great that it can produce sequels or traces that will remain for a long time in the victims causing a reduction in their quality of life, with serious side effects for the family, the community and the economy.

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