



THE IMPACT OF DOMESTIC VIOLENCE ON THE MENTAL HEALTH OF WOMEN TREATED AT A PSYCHOSOCIAL CARE CENTER

REFLEXOS DA VIOLÊNCIA DOMÉSTICA NA SAÚDE MENTAL DE MULHERES ATENDIDAS NO CENTRO DE ATENÇÃO PSICOSSOCIAL

Amanda Sângela de Oliveira Silva¹, Elane da Silva Barbosa², Helder Matheus Alves Fernandes^{3*},
Márcia Jaíne Campelo Chaves⁴, Eliane Clares Barbosa⁵, Bruna Karolyne Almeida Silva⁶,
Sandy Souza do Amaral⁷

¹Specialist in Collective Mental Health at Escola de Saúde Pública do Ceará (ESP), Quixeramobim, Ceará, Brazil; ²Faculty member at Universidade Potiguar (UnP), Mossoró, Rio Grande do Norte, Brazil; ³Master's student in the Postgraduate Program in Public Health at Universidade Estadual do Ceará (UECE), Fortaleza, Ceará, Brazil; ⁴Nurse at Hospital Regional do Vale do Jaguaribe (HRVJ), Limoeiro do Norte, Ceará, Brazil; ⁵Master's degree in Psychology and Public Policies at Universidade Federal do Ceará (UFC), Sobral, Ceará, Brazil; ⁶Specialist in Mental Health at Escola de Saúde Pública do Ceará (ESP), Fortaleza, Ceará, Brazil; ⁷Specialist in Family and Community Health at Escola de Saúde Pública do Ceará (ESP), Icapuí, Ceará, Brazil.

***Corresponding author:** Helder Matheus Alves Fernandes – **Email:** helder.fernandes@aluno.uece.br

Received: 05 mar. 2025

Accepted: 23 jun. 2025

Editors-in-Chief: Dr. Leonardo Pestillo de Oliveira and Dr. Mateus Dias Antunes

This is an open-access article distributed under the terms of the Creative Commons Attribution license

(<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



ABSTRACT: The objective is to understand the impacts of domestic and family violence on the mental health of women attended at the Psychosocial Care Center (CAPS) in Interior do Ceará. This is an exploratory-descriptive study, with a qualitative approach, based on semi-structured interviews carried out with four women victims of domestic and family violence treated at CAPS Geral. The predominance of psychological violence among the participants can be identified. In relation to the various impacts of violence, the following stand out: low self-esteem, social isolation, and triggering of mental disorders/situations of psychological suffering or worsening of existing conditions. CAPS appears, in the participants' statements, as a welcoming and supportive space to face the impacts caused by violence. Therefore, there is a need to promote personalized interventions that empower victims and strengthen support networks. Integrated public policies and the continuous training of CAPS professionals are fundamental for effective service.

KEYWORDS: Women. Mental Health. Domestic Violence.

RESUMO: Objetiva-se compreender os impactos da violência doméstica e familiar na saúde mental de mulheres atendidas no Centro de Atenção Psicossocial (CAPS) no interior do Ceará. Trata-se de um estudo de caráter exploratório-descritivo, com abordagem qualitativa, a partir de entrevistas semiestruturadas realizadas com quatro mulheres vítimas de violência doméstica e familiar, atendidas no CAPS Geral. Pode-se identificar o predomínio da violência psicológica dentre as participantes. Em relação aos diversos impactos da violência, destacam-se: baixa autoestima, isolamento social e desencadeamento de transtornos mentais/situações de sofrimento psíquico, ou agravamentos de condições já existentes. O CAPS mostra-se, nas falas das participantes, como espaço de acolhimento e de suporte para o enfrentamento dos impactos ocasionados pela violência. Constata-se, portanto, a necessidade de promover intervenções personalizadas que empoderem as vítimas e fortaleçam redes de apoio. Políticas públicas integradas e a capacitação contínua dos profissionais do CAPS denotam-se fundamentais para um atendimento eficaz.

PALAVRAS-CHAVE: Mulheres; Saúde Mental; Violência Doméstica.

INTRODUCTION

Federal Law No. 11,340 of August 2006, known as the Maria da Penha Law, defines domestic and family violence as any act against women in any action or omission based on gender that causes death, injury, or physical, sexual, psychological, moral, or property damage. The law aims to curb, prevent, and punish such acts, creating measures to protect victims of violence.¹

Between 2020 and 2022, Brazil recorded 819,813 cases of domestic violence, with 617,058 involving women, especially those aged 20 to 29 (185,376 cases). Physical violence was the most frequent, followed by psychological/moral violence and threats. The main perpetrators were spouses, ex-spouses, and boyfriends. In 2022, the state recorded 15,974 reports of violence against women, with 2,063 arrests in flagrante delicto under the Maria da Penha Law. In 2023, the number increased to 24,130 cases, a 24% increase. The Southern Interior region, the focus of the research, accounted for 29% of these reports².

Therefore, in situations of violence when women are victims, it is essential to implement actions and strategies that minimize social judgment and promote a safe space for them to share painful experiences, such as distress, fear, shame, and pain. The approach of professionals should be informative and sensitive, considering the invisibility surrounding violence³.

Considering this occurrence, it is essential to highlight the importance of the role of the resident nurse in Mental Health, who plays a crucial role in caring for women victims of domestic violence, especially in the context of Psychosocial Care Centers (CAPS)⁴.

These centers offer shelter and comprehensive support to people suffering from mental health issues and are essential for the recovery of women who have suffered trauma because of abuse. Nurses provide skilled listening, develop care plans, and coordinate with other professionals to promote the social reintegration of women^{4,5}.

The nurse also connects women to protection and social assistance services, carrying out educational activities and raising awareness about their rights. This role requires sensitivity and commitment to social transformation and gender equality. In addition, they act as community liaison officers, connecting women to protection and social assistance services, and carry out educational activities on rights and resources to break the cycle of violence, with sensitivity and social commitment⁵.

The experience gained as a resident nurse in Collective Mental Health in the interior of Ceará highlighted the impact of domestic violence on the mental health of women treated at the CAPS. Violence, often originating in the home, aggravates psychological and emotional conditions, highlighting the importance of integrated interventions that are sensitive to the context of the victims.

This study aims to understand the impacts of domestic and family violence on the mental health of women treated at CAPS in the interior of the state of Ceará.

METHODS

This is an exploratory-descriptive study with a qualitative approach that seeks to specify and provide a greater understanding of a particular phenomenon⁶.

The study was conducted at the Psychosocial Care Center II (Centro de Atendimento Psicossocial - CAPS II), responsible for treating people suffering from severe psychological distress resulting from serious and persistent mental health problems, located in an urban area in a municipality in the interior of Ceará, in the Central Sertão region. As such, it meets all the demand referred to by the Basic Health

Unit (Unidade Básica de Saúde - UBS), hospitals, and/or spontaneous demand about issues related to mental health.

The name of the city has been kept anonymous, as it is a small municipality in the interior and is therefore referred to in the text as “interior of Ceará.” Preserving anonymity when addressing the effects of domestic violence on the mental health of women treated at CAPS is essential to ensure the safety and well-being of victims. Many women still face stigma, discrimination, and the risk of retaliation when reporting abuse, which can further aggravate their trauma. Anonymity ensures a safe and welcoming environment, allowing victims to feel protected when seeking help while respecting their privacy and dignity. In addition, it contributes to building a space of trust, which is essential for successful psychological treatment and emotional recovery.

Four women who were treated at CAPS participated in this study. They met the following criteria: they were all over 18 years of age; they had received treatment for at least one year; they had attended the health facility at least once a month; they had a history of domestic and family violence; and they were emotionally and cognitively capable of voluntarily participating in the study.

Data collection took place during two meetings in December 2024 through semi-structured interviews. This interview technique involves questions prepared by the researcher and adapted to the study's objective. The questions are open-ended, allowing the interviewee to freely express their thoughts on the topic. The participants answered a sociodemographic questionnaire and participated in an open-ended interview consisting of ten questions, which was recorded on an audio device.

Participants were informed about the study's purpose, confidentiality, and anonymity, as well as their right to withdraw from the research at any time without affecting their treatment. To minimize the risk of embarrassment or emotional distress, a welcoming environment was created with a clean, bright room; essential oil diffusers; and water and tea, as well as tissues, available. The interviewer was trained to establish therapeutic communication and encourage reflection on difficult situations and coping strategies in a welcoming manner.

After the interviews, the participants' statements were faithfully transcribed to ensure the accuracy of the information. The data were analyzed using Minayo's content analysis technique (CAT) in three stages: 1) the exploratory phase, during which the research project was organized; 2) fieldwork, during which empirical knowledge was collected; and 3) analysis of the material, during which the documented interviews were collected and analyzed⁷.

During the analysis phase, there is significant interaction between the researcher and the material because impressions from direct contact with the participants influence the process. Next, categories are constructed by exploring the material to identify significant expressions or words and organizing the content of the statements. Treatment and interpretation of the results involve classifying and aggregating data according to categories, which facilitates discussion of the research results⁸.

This research adheres to the resolutions governing research with human subjects: Resolution 466/12 and Resolution 510/16¹⁰. As such, it has been approved by the Research Ethics Committee of the School of Public Health of Ceará (ESP/CE) under opinion number 7.124.038.

RESULTS

Four women who were treated at CAPS participated in the study. To guarantee their anonymity, they were identified by the letter M followed by a number corresponding to the order in which the interview was conducted. For example, M1 corresponds to Woman 1, and so on. As shown in Table 1, the

women's average age was ± 42 years. This result suggests that domestic violence affects women in their adult years, possibly during periods of stability in their family and professional lives.

Table 1. Characterization of Subjects in Terms of Identification, Age, Marital Status, Number of Children, Education, Occupation, Monthly Family Income, Religion, Race/Color, and Housing Situation in the Interior of Ceará, 2025.

Identification	M1	M2	M3	M4
Age	58 years	51 years	31 years	28 years
Marital status	Divorced	Married	Single	Single
Number of children	02	03	01	00
Education	Elementary education Incomplete	Complete elementary education	High school diploma	High school diploma
Occupation	Housewife	Unemployed	Employee	Unemployed
Monthly family income	Sickness benefits	Family allowance	Minimum wage	No income
Religion	Catholic	Evangelical	Evangelical	No religion
Race/color	Brown	Brown	White	Brown
Housing situation	Own	Own	Rented	Own

Source: Research data, Ceará (2025).

A sociodemographic analysis of the participants revealed diverse living conditions and individual contexts. The women's ages ranged from 28 to 58 years old, with an average age of 42. This suggests that domestic violence affects women in various age groups throughout adulthood. This age distribution demonstrates the scope of the phenomenon and highlights the need for specific interventions tailored to different stages of adulthood.

Regarding marital status, 50% of the participants were single, 25% were married, and 25% were divorced. This data is significant because although domestic violence is often associated with marital relationships, it indicates that the phenomenon affects women outside formal relationships as well.

Regarding the number of children, 50% of the women had two or three children, 25% had one child, and 25% had no children. This aspect is directly related to family dynamics and the overwhelming responsibilities many of these women face, which can contribute to their staying in abusive relationships due to the financial and emotional challenges of motherhood.

The women's educational attainment ranged from incomplete primary education (25%) to complete primary education (25%), to complete secondary education (50%). While most participants had at least a complete elementary school education, which may facilitate access to information and resources, the presence of women with incomplete elementary school educations points to the persistence of educational inequalities that can impact women's empowerment and the search for alternatives to violence.

Regarding occupation, 50% of the women were unemployed, 25% were housewives, and 25% were employed. The absence of an income source is directly related to financial vulnerability, which limits the ability to make independent decisions, including leaving a violent situation.

An analysis of monthly family income revealed that 25% of participants received sickness benefits, 25% depended on the Bolsa Familia program, 25% earned minimum wage, and 25% had no income. Dependence on government assistance reflects these women's economic fragility, which can negatively affect their ability to protect themselves and leave abusive situations.

In terms of religion, 50% of the women were evangelical, 25% were Catholic, and 25% did not profess any religion. Religion can play an important role in how women seek support and deal with violence, whether through religious support networks or beliefs and values associated with overcoming adversity.

In terms of race/color, 75% of the women identified as brown, and 25% identified as white. The overrepresentation of brown women in the group aligns with studies indicating that black and brown women are more likely to experience domestic violence, often exacerbated by structural racism and social marginalization. These factors hinder access to public policies and protection services.

Finally, regarding housing, 75% of women owned their home, while 25% lived in rented accommodations. While owning a home can provide physical stability, it can also hinder the ability to escape an abuser, particularly when women feel emotionally or financially tied to the space, thereby reinforcing the cycle of violence.

These data highlight the complexity of the conditions in which CAPS clients find themselves. They show that factors such as age, marital status, number of children, education, occupation, and economic status are deeply intertwined and contribute to vulnerability to domestic violence.

Based on the analysis of quantitative information, the following two thematic categories were developed: 1) Psychological and emotional impacts of domestic violence on women at CAPS, and 2) Strategies for psychological support provided by CAPS to victims of violence.

PSYCHOLOGICAL AND EMOTIONAL IMPACTS OF DOMESTIC VIOLENCE ON WOMEN AT CAPS

Interviewee M1 reports that her partner "spends money outside the home" and controls the family's finances, which could be considered a form of financial abuse. This type of abuse involves manipulating a partner to control their money and financial capacity, leaving the victim dependent and unable to provide for their basic needs. This behavior is associated with toxic relationships and can seriously affect the victim's mental health¹¹. As M1 mentions:

[...] he would go out drinking. He would be gone for three days. When he came home, his clothes were covered in lipstick. If I complained, he would say he wasn't with a woman; he wasn't with anyone. And he would take the money and spend it all on women. And I didn't know what to do. What was I going to do at home? Because I wasn't eating, it was cold. Then I found a job washing clothes. That's how I supported my son. Occasionally I would take the money and receive goods in exchange. Milk, food, pasta, something for the house. So he spent everything he earned, right? When I asked him for money to buy something, initially he would give it to me, right? Money for groceries. But it was calculated. Whatever was left over, I had to give back to him. My life wasn't easy. I even worked at a garbage dump in Maracanaú. There... It was very hard, you know? Very, very hard. Then that was it. I started to suffer from that thing with my mind. That's when the mental health problems started: anxiety and depression.

People who stay home without knowing what to do and without the financial resources to take care of themselves are often socially and emotionally isolated. Social isolation is a significant risk factor for developing disorders such as depression and anxiety. Feelings of loneliness and being trapped in a situation of suffering can worsen mental health.¹²

M1's statement mentions strategies people use to cope, such as "washing clothes" and "trading money for goods." These are adaptive responses that many people in vulnerable situations develop to survive. They find ways to ensure necessities, such as food, despite limited resources.

Overall, the statement emphasizes the connection between emotional abuse, economic hardship, and the onset of mental health issues, such as anxiety and depression, within a context of prolonged suffering. Psychology has extensively documented these factors, particularly in studies on domestic violence, psychological abuse, and their consequences for victims' mental health.

Souza¹³ discusses how emotional and financial abuse in abusive relationships directly affects the mental health of victims. Financial abuse, as described in the victim's statement, occurs when a person's economic control is manipulated, leaving them without resources for their basic needs. This is a clear example of financial abuse. Additionally, emotional control tactics, such as denying the partner's behavior and blaming the victim, contribute to increased anxiety and depression symptoms.

M2's account below expresses emotional resilience in the face of a difficult situation and highlights the importance of family support and a support network. It reflects the maturation and resilience processes that occur over time, highlighting how close relationships can alleviate emotional pain and promote inner peace.

At first, I was very sad. I cried a lot. My body trembled. Not today. Today, I remember... in a calmer way. So much so that I'm talking to you without... showing any... sadness or anything like that. Because it doesn't affect me anymore. Because I have support at home. So when you have support at home... You don't feel alone. And I'm not alone. To face this situation (Participant M2).

The speech reflects an emotional journey marked by initial pain, resilience, and social support. The account begins with vivid memories of the intensity of the suffering, such as "I cried a lot" and "my flesh trembled," indicating a vulnerable and profound emotional state. However, the individual reports having achieved emotional balance, evident in their ability to discuss the situation without sadness. They attribute this progress to family support, which provides emotional security and a sense of belonging—crucial elements for coping with challenges and avoiding isolation¹⁴.

This theme of overcoming adversity through social support is associated with John Bowlby, the creator of attachment theory¹⁵. According to Bowlby, secure attachment bonds promote emotional stability and help people cope with trauma and loss more effectively. According to Bowlby, when an individual has emotional support from trusted people, such as family members, they are less likely to face difficulties alone and are better able to recover emotionally. Another author, Viktor Frankl, a psychologist¹⁶ and creator of logo therapy, emphasizes the importance of meaning and human connections in enduring and overcoming suffering. He highlights the power of social support in emotional recovery. In this sense, the M3 report stands out:

I started to feel sad; I was afraid to go home. I would rather not live like that anymore. I stayed because of my daughter, who was little. And I was afraid of not being able to provide for her. **Did you think about harming yourself?** I thought about it before I had my daughter. I stayed with him until she was about 3 years old. I lived with him since I was 22; I spent 7 years with him. So, before my daughter, I thought about killing myself just to get out of that situation. But it was just a thought; I never tried anything. Then I separated, but it seems like you miss it, you know, even if it hurts you, it seems like you get used to it. But after I joined the church, he didn't like it either. I had the courage to separate, and that's when I discovered that I needed help, because I was depressed, anxious, afraid of everything, and afraid of losing my daughter. Today I am no longer with him; he doesn't care much about my daughter either. Today I work, I go through some difficulties, but God helps me. (Author's emphasis).

The account describes the struggle against emotional suffering and addresses issues such as depression, anxiety, constant fear, family conflicts, and emotional dependence in harmful situations. Although it describes intense suffering and suicidal thoughts, the daughter becomes a source of

motivation to move forward. The feeling of "getting used to" suffering is common in abusive relationships. Separation and joining the church represent a transformation and the beginning of a journey of self-discovery and healing. Despite the presence of depression and anxiety, the narrative becomes more hopeful through divine assistance and the courage to overcome challenges, reflecting a spiritual belief.

Albert Ellis, a psychotherapist¹⁷, helps us reflect on this statement, especially regarding how irrational beliefs, such as constant fear and feelings of helplessness, can be challenged and replaced with more realistic and constructive thoughts. Ellis discusses how one can overcome psychological suffering by changing the way one thinks. This concept is also observed in the journey of change described in the statement, such as the movement to break free from emotional dependence and seek help.

M4's statement, in turn, conveys deep and constant suffering in a relationship marked by emotional abuse and control by a partner. The partner's behavior—including criticizing clothing, invading privacy, and attempting to isolate the person from friends—are forms of psychological control that seek to diminish the victim's self-confidence and make them feel unworthy of love and respect¹⁸.

I felt terrible, I cried, I was nervous, I got angry when he came to fight with me, and I was sad whenever he discussed my clothes, when he touched my cell phone, and when he forbade me from going out with my friends. I cried a lot when he said that nobody loved me and that I was lucky he still liked me. I think that was what hurt me the most (Participant M4).

Criticizing clothing and invading privacy are attempts at control and devaluation. The person expresses pain mainly when hearing words that diminish their self-worth, such as when the abuser said, "Nobody loves you," a common form of emotional manipulation in abusive relationships.¹⁹

Being forbidden to go out with friends and having one's cell phone searched reflects an attempt to isolate the victim socially. This makes the victim increasingly dependent on the abuser and causes her to lose the ability to recognize herself as an independent person worthy of respect. Constant humiliation can lead to low self-esteem, feelings of guilt, and doubts about self-worth. "What hurts the most," as the person reports, "is being made to believe that no one else would love her," which intensifies her emotional dependence.

This situation is consistent with studies by Diana Russell and Lenore Walker²⁰, in which the victim is constantly belittled, manipulated, and isolated in the cycle of abuse, creating an emotional dependence that is difficult to break. John Gottman⁴⁴ discusses how abusive and humiliating behaviors can affect a person's emotional and mental health, deteriorating the relationship and profoundly affecting self-esteem.

STRATEGIES FOR PSYCHOLOGICAL SUPPORT PROVIDED BY CAPS TO VICTIMS OF VIOLENCE

The Psychosocial Care Center (Centro de Atenção Psicossocial - CAPS) in the interior of the state of Ceará plays a fundamental role in supporting victims of domestic violence by offering coping strategies and psychological counseling. Victims, who often suffer from disorders such as depression, anxiety, and post-traumatic stress, receive personalized care, participate in therapeutic sessions, and join support groups.

These resources aid in emotional recovery and self-esteem building²¹. CAPS also promotes family counseling and offers ongoing support to help victims rebuild their lives with greater autonomy and social reintegration, thereby helping them to overcome the trauma caused by violence²¹.

M1's account highlights the difficult and painful process of seeking psychological and medical treatment. They mention trying various medications unsuccessfully, indicating the frustration and emotional impact of not finding an immediate, effective solution. The reference to the attending

physician and the period of hospitalization suggests a significant moment in the care and recovery process. As M1 describes:

Medication helps. **Did you get much better after seeking help?** You go through many medication trials until you get to the point where... In addition, it didn't work for me. Then I remembered when I consulted the psychiatrist and was admitted to the hospital for a day. (Author's emphasis).

This type of report is common in cases of severe emotional or mental distress. The healing process may entail attempts, failures, and acknowledgment of supportive moments, such as hospitalization, which provides treatment that, is more intensive and specialized medical care²². Although hospitalization is often considered a difficult experience, it can be an essential step in the search for emotional and psychological stability by providing a safe space for treatment.

According to Porto, Bispo Júnior, and Lima²³, the combination of psychotherapy and medication is an effective treatment for mental disorders such as depression. Often, combining antidepressants and psychotherapy results in better outcomes than using medication alone. Furthermore, Ribeiro²⁴ emphasizes the importance of psychiatric hospitalization, especially for patients with severe mental disorders when outpatient treatments are insufficient.

According to M2, the experience of being welcomed into the mental health service was fundamental because it provided emotional support and continuous monitoring, which allowed her to find stability. The role of her current partner in her recovery is also central, underscoring the importance of emotional support in healthy relationships. The interview also emphasizes the importance of therapeutic interventions and the CAPS team. It highlights the value of the trust and affection established with the responsible team, which reinforces the importance of compassionate care that focuses on the individual needs of patients.

I sought CAPS because I was trying to kill myself. However, that has nothing to do with my past or violence. I started to feel like killing myself. That's when I really tried. The depression hit me hard. I started hearing voices. That's when I started looking for CAPS. I was even considering throwing myself in front of a car. I don't even know how I got here. Then, I was welcomed. The next day, my husband came to talk to the staff. And here I am today. **How long have you been receiving treatment at CAPS?** It's been a year. How is your current relationship? You said you feel supported. **Is that in relation to your relationship or other members of your family?** Only with him. **It's just the two of us. So it's just the two of you?** So, do you have a peaceful relationship today? Peaceful. Very peaceful," said participant M2.

Guimarães et al²⁵, found that dysfunctional thoughts associated with depression can lead to extreme behaviors, such as suicidal ideation. This finding reinforces the need for structured interventions. Muller²⁶ also emphasizes the importance of emotional validation and acceptance in treating suicidal behaviors. The report demonstrates how CAPS fulfills this mission by promoting emotional recovery and strengthening patient autonomy in a welcoming, safe environment.

This experience underscores the importance of increasing the availability of mental health professionals, as emphasized by Oliveira, Conceição, and Aidar²⁷, who point out that CAPS teams in Brazil are overloaded. Additionally, the report illustrates how therapeutic groups can generate significant benefits despite initial resistance, aligning with Araújo's²⁸ emphasis on the transformative impact of group work in therapy.

The search for help and the results obtained in the report underscore the importance of mental health reception and intervention. Regarding this, Aver et al²⁹, highlight the importance of care networks in coping with psychological distress and emphasize the role of community support in promoting autonomy and well-being. Overcoming barriers to treatment access, such as initial difficulties and persistent trauma, exemplifies the resilience concept discussed by Nascimento et al³⁰, who associate social support and psychological resources with individual resilience.

M4's account below presents an experience marked by the impact of domestic violence on mental health, particularly the exacerbation of anxiety, and a pre-existing condition. The search for care at the CAPS was motivated by emotional deterioration following the end of the abusive relationship once the shame and stigma imposed by the abuser were overcome.

However, the testimony also highlights resistance to participating in groups and the absence of an external support network. This reinforces emotional isolation and a lack of family understanding. These issues are exacerbated by cultural patterns that normalize female suffering. While the care provided at CAPS is rated as satisfactory, this case demonstrates the importance of strategies that promote greater inclusion and personalized emotional support for women in vulnerable situations.

What symptoms or mental health problems did you develop because of the violence (anxiety, depression, post-traumatic stress, etc.)? Just anxiety, but I already had it when I started dating him. I only got better after I came to CAPS, but it got much worse after I started dating him. There was a period when I was nervous even to leave the house.

What motivated you to seek help at CAPS in rural Ceará? Anxiety problems and always feeling sad. However, I only sought help after I broke up with him. He used to say I was "crazy," so I was ashamed to come here.

How would you rate the care you received at CAPS? What aspects of the service were most helpful to you? Excellent, but occasionally I miss appointments. I only come when there is a doctor; I don't really like groups; I don't feel comfortable. I only came once and didn't like it.

What coping strategies or treatments were most effective for you at CAPS? The consultations with the doctor; I felt much better after taking the medication (Participant M4 - author's emphasis).

Cardoso²⁷ emphasizes that gender violence is a determining factor in women's mental illness. Accordingly, seeking care at CAPS involves overcoming barriers related to stigma and shame. This is consistent with Carvalho²⁸, analysis, which highlights CAPS's role in assisting vulnerable populations, particularly those experiencing mental distress associated with social inequalities.

Additionally, a lack of effective support networks can lead women to feel isolated and unprotected, exacerbating trauma and hindering recovery. Therefore, addressing domestic violence requires coordination between health, social assistance, justice, and security services to create an environment of ongoing support and protection. Intersectoral care, which recognizes the complexities of violence, is essential for promoting the autonomy and social reintegration of these women and ensuring they have opportunities for a fresh start.

CONCLUSION

An analysis of women's experiences at CAPS in rural areas of Ceará highlights the complexity and impact of violence on their lives. Violence can manifest in various forms, including psychological, physical, sexual, and financial abuse. The nuances of these forms of abuse depend on the age, marital status, education, and socioeconomic conditions of the victims. These acts of violence harm women's mental health and restrict their autonomy and quality of life.

The prevalence of psychological violence underscores the necessity of a comprehensive and personalized approach to mental health services. Women's emotional suffering, characterized by anxiety, depression, and low self-esteem, requires interventions that promote empowerment, rebuild self-esteem, and facilitate social reintegration, not just emergency care. Additionally, psychological support should be supplemented with legal assistance, coping strategies, and public policies that protect victims, especially after they separate from their abusers, as this period is marked by additional risks.

Another relevant point is the need to raise awareness about women's rights and the various types of violence, as victims often fail to recognize these abuses. This awareness must be combined with strengthening support networks, such as CAPS and other institutions, so they can provide comprehensive, humane care.

It is also important to analyze public policies in Ceará that address domestic violence and mental health and assess how these policies are implemented in rural areas. Integrating social protection, health, and justice services is essential to providing support that is more comprehensive to victims.

Training professionals who work in CAPS is another key issue. Training in psychosocial approaches, violence prevention, and victim care can increase the effectiveness of interventions. Investing in local research that provides accurate data on the prevalence of domestic violence and its impact on the mental health of the rural Ceará population is also essential. This data can contribute to the planning of policies and services that align with the community's needs.

Finally, the data highlight the importance of coping strategies tailored to the specific needs of women, considering factors such as financial vulnerability, marital status, and housing conditions. Overcoming domestic violence requires collective, intersectoral efforts that guarantee the safety, autonomy, dignity, and well-being of victims. Thus, CAPS plays a fundamental role in welcoming these women by offering essential care and support to break cycles of violence and rebuild life trajectories.

REFERENCES

1. Brasil. Lei nº 11.340, de 7 de agosto de 2006. Cria mecanismos para coibir a violência doméstica e familiar contra a mulher, nos termos do §8º do art. 226 da Constituição Federal. Diário Oficial da União [internet]. 8 ago 2006 [citado em 20 jan 2025]. Disponível em: <https://www.in.gov.br/>
2. Brasil. Ministério da Saúde. Sistema de Informação de Agravos de Notificação (SINAN): normas e rotinas. Brasília: Ministério da Saúde; 2022 [citado em 20 jan 2025]. Disponível em: <https://www.saude.gov.br/>
3. Silva SA, Lucena KDT, Souza LCD, Coelho HFC, Vianna RPT, Anjos UU. Análise da violência doméstica na saúde das mulheres. Rev Bras Cresc Desenv Hum. 2015;25(2):104-121. [citado em 20 jan 2025].
4. Campos IO, Magalhães YB, Angulo-Tuesta A. Mulheres em situações de violência doméstica acompanhadas em um Centro de Atenção Psicossocial. Rev NUFEN. 2020;12(3):66-81. [citado em 20 jan 2025].
5. Santos AMCC. Articular saúde mental e relações de gênero: dar voz aos sujeitos silenciados. Ciênc Saúde Colet. 2009;14(4):1177-1182.

6. Bauer MW, Gaskell G. Pesquisa qualitativa com texto, imagem e som: um manual prático. Rev Saúde Pública. 2002;36(4):529-30.
7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa. 14ª ed. São Paulo: Hucitec; 2014.
8. Toassi RFC, Petry PC. Metodologia científica aplicada à área da saúde. 3ª ed. Porto Alegre: Editora da UFRGS; 2024.
9. Brasil. Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. Dispõe sobre diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União [internet]. 13 de junho de 2013 [citado em 05 de fevereiro de 2025]. Disponível em: <https://www.conselho.saude.gov.br/>
10. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução n.º 510, de 7 de abril de 2016. Dispõe sobre as normas aplicáveis às investigações em Ciências Humanas e Sociais. Diário Oficial da União. 24 de maio de 2016; Seção 1:44.
11. Pereira MS. Dilemas da violência psicológica em São Francisco do Conde: mulheres jovens e o término de relacionamentos abusivos. Projeto de Pesquisa (Bacharelado em Humanidades) – Universidade de Integração Internacional da Lusofonia Afro-Brasileira; 2021.
12. Jacinto FM, Felipe JF, Souza SS. Entre o dever e o ser: o impacto das normas sociais na dinâmica dos relacionamentos tóxicos. Lumen In Virtus. 2024;15(42):6762-6774.
13. Souza BS. Impactos da violência doméstica e familiar na vida das mulheres: consequências psicológicas e emocionais. Trabalho de Conclusão de Curso (Bacharelado em Direito) – Pontifícia Universidade Católica de Goiás; 2022.
14. Silva LS. Violência doméstica: impactos psicológicos e sociais na vida da mulher. Monografia (Pós-graduação em Saúde da Família) – Universidade de Integração Internacional da Lusofonia Afro-Brasileira; 2018.
15. Bowlby J. Apego: a natureza do vínculo. 2ª ed. São Paulo: Martins Fontes; 1990.
16. Frankl V. Em busca de sentido: um psicólogo no campo de concentração. 10ª ed. São Paulo: Vozes; 2017.
17. Ellis A. A terapia racional-emotiva-comportamental: teoria e prática. 2ª ed. Porto Alegre: Artmed; 2005.
18. Beck AT. Terapia cognitiva: bases e aplicações. 1ª ed. Porto Alegre: Artmed; 2008.
19. Silva PRO, Libório ND, Almeida MC, Rocha TS, Dourado FN, Amorim CF. Possible psychosocial impacts on women before domestic violence. Res Soc Dev. 2022;11(10):2441-2461.
20. Walker LE. The Battered Woman. New York: Harper & Row; 1979.
21. Neto ADS. CAPS MARIA DA PENHA: Centro de Apoio Psicossocial destinado às mulheres vítimas de violência doméstica na cidade de Pau dos Ferros – RN. Monografia (Bacharelado em Arquitetura e Urbanismo) - Universidade Federal Rural do Semi-Árido (UFERSA); 2024.
22. Soares IAV. A notificação de violência interpessoal e autoprovocada como estratégia de prevenção, manejo e cuidado nos Centros de Atenção Psicossocial (CAPS). Dissertação (Mestrado em Saúde Pública) - Escola Nacional de Saúde Pública Sergio Arouca; 2020.
23. Porto RTS, Bispo Júnior JP, Lima EC. Violência doméstica e sexual no âmbito da Estratégia Saúde da Família: atuação profissional e barreiras para o enfrentamento. Physis: Rev Saúde Coletiva. 2014;24(3):787-807.
24. Ribeiro NM. Análise dos Sistemas de Informação em Saúde SIM e SINAN em Relação ao Suicídio na Cidade de Uberaba/MG. Dissertação (Mestrado em Atenção à Saúde) – Universidade Federal do Triângulo Mineiro; 2016.
25. Guimarães RCS, Soares MCS, Santos RC, Moura JP, Freire TVV, Dias MD. Impacto na autoestima de mulheres em situação de violência doméstica atendidas em Campina Grande, Brasil. Rev Cuidarte. 2018;9(1):1988-1997.
26. Muller RL. A atuação do enfermeiro da atenção básica nos casos de violência contra a mulher. Trabalho de Conclusão de Curso (Bacharelado em Enfermagem) – Universidade de Santa Cruz do Sul; 2019.
27. Cardoso AO. “Homem machuca a gente demais”: a experiência de mulheres em situação de violência doméstica e o papel da Atenção Primária à Saúde. Dissertação (Mestrado Profissionalizante em Saúde Coletiva) — Universidade de Brasília; 2023.
28. Carvalho NMC. Perfil psicológico das mulheres vítimas de violência doméstica e suas repercussões. Dissertação (Mestrado em Psicologia Forense e da Transgressão) – Cooperativa de Ensino Superior Politécnico e Universitário (CESPU); 2010.