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# NURSING INTERVENTION FOR STRENGTHENING POSITIVE MENTAL HEALTH IN WOMEN VICTIMS OF PSYCHOLOGICAL VIOLENCE, AREQUIPA-PERU 2018-2020

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**Abstract**

Introduction: Violence of all types by intimate partners against women has increased and constitutes a serious public health problem that affects the mental health of the victims, with high rates of psychological violence being observed in the reality.

Objective: To analyze, address and strengthen positive mental health in women victims of psychological intimate partner violence through a nursing intervention program.

Methods: Quasi-experimental, longitudinal, pre- and post-test study, conducted in 3 vulnerable populations of Arequipa. The sample consisted of 300 women (150 control group and 150 experimental group), the study was carried out in 21 teaching-learning sessions, every two weeks. McNemar's test was used with significance $p < 0.05$.

Results: 300 observations were made in both the control and experimental groups, 69.0% who suffer psychological violence by the partner, of the experimental group, in the variable. Positive Mental Health, the X2 McNemar is higher than gL(1) X2 =17.4, reaches statistical significance 0.002 and shows a high percentage of positive variation 81.8%, before-after the intervention, therefore, the nursing intervention has been EFFECTIVE.

Conclusions: Nursing intervention in strengthening positive mental health in women victims of psychological intimate partner violence, through a program, has varied positively, therefore, it has been EFFECTIVE.

**Keywords** : psychological violence; positive mental health; nursing intervention.

## INTRODUCTION

The definition of integral health states that it is "A state of complete physical, mental, social, environmental and spiritual well-being; and not merely the absence of disease or infirmity "World Health Organization (WHO) in 1948 (Hurtado et al., 2021), for Valenzuela Contreras (2016). Thus, comprehensive health care is responsible for determining the coordinated and effective actions that guarantee the right to health, recognizing the human being as a biopsychosocial being (Almeida et al., 2018).

Integral health or state of ideal well-being is the main condition for human development, which allows adequate growth and development in all areas of life (Signorelli et al., 2018). However, at present worldwide, one of the most important factors that affects it is violence, catalogued as a public health problem, with intimate partner violence being the most frequent and is understood as that exercised by men over women, based on the inequality of power in an affective, conjugal or partner relationship (Vargas Murga, 2017).

Psychoanalyst Piedad Ruiz Castillo (2016) defines psychological violence as "The suppression of subjectivity in the victim, through frequent acts of humiliation and guilt, i.e., these destructive attitudes feed the aggressor. For this reason, it is considered that the aggressor devalues the victim, making her dependent towards him (Ruiz Castillo, 2020). Psychological violence against women is any act that causes suffering and damage to the person, with the purpose of dominating and controlling, the aggressor's articulation is based on shouting, intimidation, defamation, threats, with the aim of belittling and hurting the woman in all aspects (Echaiz &Paola, 2020).

Of all the types of violence, psychological violence is present in all of them and the belief persists that it is not as serious as physical violence, because its consequences are not immediately evident as in the case of physical violence because it is usually the most difficult to identify, because it is not visually evident and usually generates fear in the victim, the aggressor, by means of intimidation, produces in her affection or loss of mental health, that is to say, the continued psychological abuse, even when there is no physical violence, causes very serious consequences from the point of view of the mental health of the victims (Lara-Caba, 2019).

A report by the American Psychological Association (APA) states that globally the proportion of women who have poor mental health are three times more than women with a history of being victims of violence compared to those who do not, psychological abuse between partners occurs irrespective of people's age, ethnic groups, gender and economic status (Association of American Psychologists, 2017).

Organization WH (2021) estimates of the prevalence of intimate partner violence experienced over a lifetime range from 20% in the Western Pacific Region, 22% in high-income countries and the European Region and 25% in the Region of the Americas, to 33% in the African Region, 31% in the Eastern Mediterranean Region and 33% in the South-East Asia Region the most prevalent is psychological (90%) followed by physical (67%), economic (31%) and sexual (14%).

At the Peruvian level, statistics from the Women's Emergency Center (CEM) of the Ministry of Women and Vulnerable Populations (MIMP 2020), 44,463 cases of violence against women were registered, classified as: physical 39.56%, psychological, 46.33%, sexual 13.71%, the level of risk is moderate 51.93% and high for 23.14%, and 81.81%. In Arequipa, psychological violence affects 53.99% of women followed by physical violence with 33.18%, being of great magnitude such a problem, (MIMP 2020), Law No. 30364 (Peru 2015) defines psychological violence as the exercise of control or isolation to the person against their will, humiliating and embarrassing them until causing psychic damage that alters some reversible or irreversible mental functions. such as: high levels of post-traumatic stress, depression and anxiety learned helplessness, ineffective coping strategies, deficit in self-esteem, diminished self-efficacy, guilt, shame, fear, is associated with risk factors such as suicide (Peruvian E. Law No 30364, 2015).

Regarding mental health, contemporary health psychology proposes a different conceptual alternative to the classical pathogenic approach (Salanova, 2008), considering positive psychological states as protective factors of physical and mental health, defines "positive mental health" as a state of well-being in which the person identifies his or her own aptitudes, copes with the daily pressures of life, is productive and contributes effectively to the ability to cope with adversity. Positive mental health (PMH) has been shown to confer resilience against suicidal ideation in 13.50% (Teismann et al., 2018).

The human being has capabilities to have harmonious relationships with himself with a proactive approach focused on promoting salutogenic factors (Vázquez-Colunga et al., 2017), strengthens self-esteem, security and confidence driving positive changes, such as the prevention of femicide (Bonilla-Algovia, 2020), Positive Psychology seeks to understand the processes underlying the positive qualities and emotions of human beings, long ignored by psychology (Lázaro, 2020).

Martin Seligman proposes to enhance human strengths so that they function as a buffer against adversity, and to find the strengths and virtues of people in order to achieve a better quality of life and greater well-being (Páez Cala, 2020).

Women who suffer from intimate partner violence need psychological support to regain

their security in order to cope and improve their self-esteem. Allen (2021), living in the midst of physical and/or psychological and other violence, seriously affects their mental health,

Jahoda (cited by Lluch, 1999) provides six general criteria to evaluate Positive Mental Health: 1) Identify attitudes towards oneself (how the person sees him/herself); 2) If one observes an integration between psychic balance, personal philosophy about life and resistance to stress; 4) If one is autonomous (conscious discrimination of environmental factors that the person wishes to admit or reject); 5) If one has an adequate perception of reality; 6) If one has a mastery of the environment or in adapting to the environment (Jahoda, Marie 1999).

The following are evidenced as consequences of psychological violence: emotional dependence, depression and anxiety in women victims of intimate partner violence (Orpinas et al., 2021), in the study of Caba et al. (2019), presented symptoms of moderate and severe depression; whose psychopathological features included anxiety disorders, present poorer response to treatments, higher rates of relapse and recurrence, as well as greater need to visit health centers.

In Peru, anxiety (31.6%) and depression (10.8%) are expressions of the helplessness experienced by victims and their inability to make timely and firm decisions, and it is essential to carry out interventions that strengthen positive mental health (Lescano et al., 2020).

The Ministry of Health is in charge of the recovery of the integral health of women victims of violence, but its intervention is deficient, only on August 20, 2020 was approved the technical health norm N° 164 MINSA/2020/DGIESP, (MINSA 2020), which is regulated with the law N° 30364 and points out that MINSA is in charge of giving free health service for the integral recovery of the physical and mental health of the victim, this norm seeks to standardize the procedures for the integral care, consisting of 6 components: reception, assessment, clinical intervention, follow-up, access, safety (MINSA 2017).

According to Allen (2021), living in the midst of physical and/or psychological violence and others, also affects mental health. The first signs of mistreatment usually begin at the beginning of the relationship through psychological abuse behaviors, the cases treated for violence of the Aurora National Program (Women's Emergency Center and Emergency Center Women Police Station) from January to August 2020 were 6,443, the treatment and recovery of mental health in Peru, is found in the technical guide for mental health care (MIMPV, CEM 2020)

Health services are the gateway to identify and guide women who have suffered intimate partner violence (Carneiro et al., 2021). They go for years to health centers before recognizing and consulting for violence, showing a higher prevalence in chronic diseases. The nurse constitutes valuable resource for the detection and approach to violence, given that she is usually the first contact, her care should have a high degree of human and holistic sensitivity. However, the lack of training and work overload are obstacles in effective comprehensive care, the perception of cases of violence is insufficient or is detected at late stages (Signorelli et al., 2018).

WHO recommends that the entire multidisciplinary health team should be trained to understand and intervene appropriately in cases of violence (Rigol-Cuadra et al., 2015). Within the primary care support network in the context should intervene without judgment, without criticism, because many young women who suffer violence remain silent and do not manifest it (Amarijo et al., 2018). Adequate detection and orientation will improve the intervention of those who suffer it and will minimize the effects and its perpetuation. It must be taken into account that the signs of aggression are not tangible, so it is necessary to observe psychosocial, socio-health, labor or economic aspects (Vargas Murga, H. 2017).

Therefore, nursing plays an active role in identifying the needs of people for their well-being in an integral and holistic way (González-Caballero J. 2021). The International Council of Nurses points out that the nurse focuses on the care of the various stages of life where it includes health promotion, disease prevention and nursing care, promotion of a safe environment (Eslava Ibarra, P 2020).

According to Boria (2020), primary care in nursing is key point in the implementation of nursing intervention programs with information

and awareness measures, to recover and strengthen their positive mental health so that they can have decision-making capacity, act on their own with self-determination, self-confidence and "succeed without help from others" (Vázquez-Colunga et al., 2017).

As a conclusion and given that the nursing staff is responsible for preventing, detecting and following up the victim of violence, according to the code of ethics, with the present nursing intervention through the application of the program, psychological violence by the partner is analyzed in women in order to improve and strengthen the indices of positive mental health affected, given that it has as a basic postulate "health equals something more than the absence of disease" and allows working on healing, prevention and promotion (Schönfeld et al., 2017), and WHO (2018) emphasizes positive psychological states as protective factors of physical and mental health is 21 sessions were applied with continuous monitoring and evaluation, productive and recreational workshops, to reduce the effects of psychological violence by the partner, as well as, strengthen independence, form a proactive attitude and prevent mental illness.

## Procedure

The researchers contacted women victims of partner violence in three young towns in the Zamacola Teaching Hospital (Cerro Colorado), the October 4th Health Center (district of Socabaya), the Miguel Grau Health Center (Paucarpata), neighboring police stations, health facilities and the community, who were organized into clubs simultaneously in the 3 SEDES, under the supervision of a nurse.

They were interviewed and informed about the application of the intervention strategy for empowerment, then signed the informed consent, and began with their presentation to the experimental group made up of 150 women chosen from health facilities, police stations and community, which was developed simultaneously in the 3 SEDES, on Friday afternoons for a period of 18 months. The evaluation was done comparatively (before - after in the experimental and control groups).

## Method

The design

A quasi-experimental intervention with control and experimental groups was applied to women victims of psychological intimate partner violence in three vulnerable, socioeconomically depressed populations with high rates of violence: Zamacola, 4 de Octubre and Miguel Grau, in the Arequipa region during 2018-2020.

A non-probabilistic (convenience) sampling was used to obtain a sample of 300 women with experimental and control groups, the eligibility criteria were that cases and controls had been victims of intimate partner violence, and data collection proceeded using survey, observation and structured interview techniques.

The experimental group was composed of 150 women who were administered a survey of sociodemographic data and types of violence, as well as the Positive Mental Health Characteristics Inventory. The intervention was also carried out with 21 teaching-learning sessions with their respective productive workshops and recreation, weekly in the afternoon, with multisectoral participation, but under the responsibility of nursing.

The hypotheses raised were:

Ho:

Positive mental health indices in women victims of psychological intimate partner violence remain unchanged after Nursing Intervention for its strengthening, Arequipa 2018-2020.

H1:

Positive mental health indices in women victims of psychological intimate partner violence remain unchanged after Nursing Intervention for its strengthening, Arequipa 2018-2020.

The data obtained were processed using the statistical system for Windows, IBM SPSS version 22. Statistical techniques of absolute frequency distribution (Fa) and absolute percentages (%) were used by means of arithmetic mean and global percentage values. The pre- and post-test difference of the variables

was verified, with a 95% confidence interval and a significance level for P< 0.05. Intervention parameters were calculated using a McNemar test statistic.

Informed consent was requested in writing from the women victims of violence, explaining the objectives of the research and the use of the results obtained, according to the precepts of the Declaration of Helsinki.

Instruments

- Form for sociodemographic data and type of violence.

- Questionnaire to assess positive mental health

It is a screening instrument for the assessment of the level of positive mental health in its factors that correspond to the different dimensions, was designed by Mª Lluch Canut, Teresa is structured in 42 items comprising 6 general factors of positive mental health described by Jahoda, 1958. It is a screening instrument for the assessment of the level of positive mental health in its factors that correspond to the different dimensions that, according to the aforementioned author, define the general criteria. The factors are:

-Factor 1: Personal satisfaction

-Factor 2: Prosocial Attitude

-Factor 3: Integration

-Factor 4: Autonomy

-Factor 5: Troubleshooting and self-refreshing

-Factor 6: Interpersonal Relationship Skills

The quantitative scores assigned to the different response alternatives are: always 04, almost always 03, frequently 02, sometimes 01, never 00.

The concept of Positive Mental Health appears in the literature with the work of Maria Jahoda (1958) when she is commissioned by the Joint Commission on Mental Illness and Health to prepare a report on the state of mental health. As a result of this study, a model composed of six domains and a series of related subdomains that could characterize the PMH of individuals, whether healthy or mentally ill, is presented (Ovidio Muñoz et al., 2016).

Treatment program

It consisted of three milestones that were carried out based on the information obtained from the instruments, each milestone containing 21 sessions with continuous monitoring and evaluation. At each completed milestone, the experimental group was evaluated at three milestones every 6 months and compared the effectiveness of the integrated model with the results before and after its application.

- List of Positive Mental Health Educational Sessions

Attitude towards mental illness and positive mental health characteristics, self-concept and strategies for its development, positive self-concept, promoting self-esteem, objectification, overload of responsibilities, deprivation and intimidation, degrading behavior: damage, distortion of subjective reality and defensive strategies, control of emotions, anger and importance, empathic listening, resilience, decision making, concept and importance, application of coping skills, promoting recreation and use of free time. In addition, reinforcement sessions, evaluation, productive and recreational workshops were applied.

The experimental group was evaluated at three milestones every 6 months and compared the effectiveness of the integrated model with the results before and after its application. The sample includes data from 300 women victims of intimate partner violence, 150 experimental group included from the health institutions (Zamacola, 4 de Octubre and Miguel Grau) and surrounding police stations, and another 150-control group included from the community.

## Results

Data analysis

A descriptive analysis of variables was performed, for statistical inference McNecmar was applied for a 2-time sample, significance level of $p < 0.05$ and 95% confidence, variation was evaluated by means of pre- and post-test cross tables. Data processing was performed using SPSS software (version 25).

Table 1. *Descriptive distribution of the population of women victims of violence, Nursing intervention. Arequipa-Peru 2018-2020.*

| CHARACTERISTICS | | Experimental group N=150 | Control group N=150 | Total | % |
|---|---|---|---|---|---|
| **Time of cohabitation or marriage** | Less than 3 years | | | | 17% |
| | From 4 to 10 years old | 42 | 45 | | 29% |
| | More than 10 years | | | | |
| | Non-cohabitation (Free union) | 42 | 45 | | 29% |
| **Type of intimate partner violence** | Physical and Psychological | | | | 35% |
| | Psychological | | | | 9% |
| | Sexual | | | | 8% |
| | Economic | | | | 8% |
| | All | 45 | 45 | | 30% |

Of the study group, it can be observed that 29.0% only live together and another 29.0% live in a free union (when they wish and without obligations), 30% suffer all types of violence by their partners (physical, psychological, sexual and economic), 30% suffer physical and psychological violence and 9% refer only to psychological violence, making a total of 69.0% who suffer psychological violence.

Table 2. *Positive Mental Health: Personal Satisfaction Factor before and after the application of the Nursing intervention, Arequipa 2018-2020.*

| **Personal Satisfaction** | **AFTER** | | | | | |
|---|---|---|---|---|---|---|
| | **Experimental Group** | | | | **TOTAL** | |
| **BEFORE** | Optimal | | Deficient | | | |
| | **NO.** | **%** | **NO.** | **%** | **NO.** | **%** |
| Optimal | 10 | 7.0 | 18 | 12.0 | 28 | 19.0 |
| Deficient | 95 | 63.0 | 27 | 18.0 | 122 | 81.0 |
| **TOTAL** | 105 | 70.0 | 45 | 30.0 | 150 | 100.0 |

McNemar = 6.11 gL(1) X2 =3.84 p = 0. 001

P< 0.05 77.8 % of variance

Statistical significance is observed (0.001) before - after the application of the program there was a variation of 77.8%.

Table 3. *Positive Mental Health: Prosocial attitude before and after the application of the Nursing intervention for recovery, Arequipa 2018-2020.*

| **Prosocial Actitud** | **AFTER** | | | | | |
|---|---|---|---|---|---|---|
| | **Experimental Group** | | | | **TOTAL** | |
| **BEFORE** | Optimal | | Deficient | | | |
| | **NO.** | **%** | **NO.** | **%** | **NO.** | **%** |
| Optimal | 12 | 8.0 | 47 | 31.0 | 59 | 39.0 |
| Deficient | 53 | 35.0 | 38 | 25.0 | 91 | 61.0 |
| **TOTAL** | 65 | 43.0 | 85 | 57.0 | 150 | 100.0 |

X2 McNemar = 14.58 gL(1) X2 =3.84 p = 0. 001

P< 0.05 58.3 % of variance

Statistical significance is observed (0.001) before - after the application of the program there was a variation of 58.3%.

Table 4. *Positive Mental Health: Integration before and after the application of the Nursing intervention. Arequipa 2018-2020.*

| **Autonomy** | **AFTER** | | | | | |
|---|---|---|---|---|---|---|
| | **Experimental Group** | | | | **TOTAL** | |
| **BEFORE** | Optimal | | Deficient | | | |
| | **NO.** | **%** | **NO.** | **%** | **NO.** | **%** |
| Optimal | 10 | 7.0 | 31 | 21.0 | 41 | 27.0 |
| Deficient | 62 | 41.0 | 47 | 31.0 | 109 | 73.0 |
| TOTAL | 72 | 48.0 | 78 | 52.0 | 150 | 100.0 |

Table 5. *Positive Mental Health: Autonomy before and after the application of the Nursing intervention for recovery, Arequipa 2018-2020.*

| **Integration** | **AFTER** | | | | | |
|---|---|---|---|---|---|---|
| | **Experimental Group** | | | | **TOTAL** | |
| **BEFORE** | Optimal | | Deficient | | | |
| | **NO.** | **%** | **NO.** | **%** | **NO.** | **%** |
| Optimal | 5 | 3.0 | 58 | 39.0 | 63 | 42.0 |
| Deficient | 67 | 45.0 | 20 | 13.0 | 87 | 58.0 |
| **TOTAL** | 72 | 48.0 | 78 | 52.0 | 150 | 100.0 |

X2 McNemar = 19.5 gL(1) X2 =3.84 p = 0. 001

P< 0.05 77.0 % of variance

Statistical significance is observed (0.001) before - after the application of the program there was a variation of 77.0 %.

X2 McNemar = 9.67 gL(1) X2 =3.84 p = 0. 001

P< 0.05 56.8 % of variance

Statistical significance is observed (0.001) before - after the application of the program there was a variation of 56.8%.

Table 6. *Positive Mental Health: Problem solving before and after the application of the Nursing intervention for recovery, Arequipa 2018-2020.*

| **Troubleshooting** | **AFTER** | | | | | |
|---|---|---|---|---|---|---|
| | **Experimental Group** | | | | **TOTAL** | |
| **BEFORE** | Optimal | | Deficient | | | |
| | **NO.** | **%** | **NO.** | **%** | **NO.** | **%** |
| Optimal | 4 | 3.0 | 68 | 45.0 | 72 | 48.0 |
| Deficient | 62 | 41.0 | 16 | 11.0 | 78 | 52.0 |
| **TOTAL** | 20 | 44.0 | 130 | 56.0 | 150 | 100.0 |

X2 McNemar = 33.44 gL(1) X2 =3.84 p = 0. 001

P< 0.05 79.4 % of variation

Statistical significance is observed (0.001) before - after the application of the program there was a variation of 79.4%.

Table 7. *Positive Mental Health: Interpersonal relationship skills before and after the application of the Nursing intervention for recovery, Arequipa 2018-2020.*

| **Interpersonal relationship skills** | **AFTER** | | | | | |
|---|---|---|---|---|---|---|
| | **Experimental Group** | | | | **TOTAL** | |
| **BEFORE** | Optimal | | Deficient | | | |
| | **NO.** | **%** | **NO.** | **%** | **NO.** | **%** |
| Optimal | 6 | 4% | 35 | 23% | 41 | 27% |
| Deficient | 77 | 51% | 32 | 21% | 109 | 73% |
| **TOTAL** | 83 | 55% | 67 | 45% | 150 | 100.0 |

X2 McNemar = 15.0 gL(1) X2 =3.84 p = 0. 001

P< 0.05 70.6 % of variation

Statistical significance is observed (0.001) before - after the application of the program there was a variation of 70.6%.

Table 8. *Positive Mental Health before and after implementation of the Arequipa Nursing intervention 2018-2020*

| **Positive Mental Health** | **AFTER** | | | | | |
|---|---|---|---|---|---|---|
| | **Experimental Group** | | | | **TOTAL** | |
| **BEFORE** | Optimal | | Deficient | | | |
| | **NO.** | **%** | **NO.** | **%** | **NO.** | **%** |
| Optimal | 16 | 10.6 | 35 | 23.0 | 51 | 34.0 |
| Deficient | 81 | 54,0 | 18 | 12.0 | 99 | 66.0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **TOTAL** | 97 | 64.6 | **53** | 35.4 | 150 | 100.0 |

X2 McNemar = 17.4 gL(1) X2 =3.84 p = 0. 001

P< 0.05 81.8 % variance

From the statistical analysis before - after the application of the program with a confidence level of 95%, with the non-parametric statistic of X2 McNemar (17.4), statistical significance is observed (0.001) showing that "Positive mental health in women victims of domestic violence has varied positively in 81.8%, after the nursing intervention; therefore, the nursing intervention has been EFFECTIVE. This is contrasted by means of the Signs test with a p-value of (0.002), Friedman and Cochran obtaining a p-value of 0.001 in both tests.

Table 9. *Analysis of the effectiveness of the Nursing Intervention Program for the strengthening of Positive Mental Health female victims of psychological violence. Arequipa-Peru 2018-2020.*

| **FACTORS** | **$X^2$ McNemar** | **P< 0.05** | % **Variation** |
|---|---|---|---|
| Personal Satisfaction | | | |
| Experimental (150) | 6.11 | 0. 001 | 77.8 |
| Control (150) | 1.78 | 0. 100 | 38.8 |
| Prosocial attitude | | | |
| Experimental (150) | 14.58 | 0. 001 | 58.3 |
| Control (150) | 2.75 | 0. 120 | .22.5 |
| Integration | | | |
| Experimental (150) | 19.5 | 0. 001 | 77. 0 |
| Control (150) | 6.63 | 0. 100 | 39.6 |
| Autonomy | | | |
| Experimental (150) | 9.67 | 0. 001 | 56.8 |
| Control (150) | 0.26 | 0. 607 | 0.11 |
| Troubleshooting | 33.44 | 0. 001 | 79.4 % |
| Experimental (150) | 33.44 | 0. 001 | 79.4 |
| Control (150) | 2.03 | 1. 000 | 22.44 |
| Interpersonal relationship skills | | | |
| Experimental (150) | Experimental (150) | 15.0 | 0. 001 |
| Control (150) | Control (150) | 0.20 | 1. 000 |
| Positive Mental Health | | | |
| Experimental (150) | 17.4 | 0. 002 | 81. 8 |
| Control (150) | 3.27 | 0. 065 | 0.13 |

After applying the Nursing Intervention Program for the strengthening of Positive Mental Health for women victims of psychological violence, Arequipa-Peru 2018-

2020, from the comparative analysis of the results experimental group and control, it is evident that:

1. In women victims of psychological violence, the experimental group with respect to the strengthening of positive mental health in the different factors, reach a significant statistical analysis percentage of positive variation in contrast to the control group where there is no statistical significance or positive variation.

2. From the results of the EXPERIMENTAL GROUP, in the variable. Positive Mental Health, the X2 McNemar is higher than gL(1) X2 =17.4, reaches statistical significance 0.002 and shows high percentage of positive variation 81.8%, before-after the intervention, while in the control group this variable remains immanent; therefore, the alternative hypothesis is accepted: after the Nursing Intervention with the application of a Program, the variable has varied positively strengthening it, in women victims of psychological violence, therefore, the Nursing intervention has been EFFECTIVE .

## Discussion

The purpose of this study is to empirically evaluate the effectiveness of a nursing intervention program for the strengthening of positive mental health in the integral health of women victims of psychological violence by their partners, with a program focused on their strengthening, with a holistic dimension, pointing out as a final goal to help them regain self-confidence, self-determination, defend their rights, bring them closer to well-being, and have control of their own lives in women from three vulnerable populations of Arequipa-Peru.

The application of the program was effective given that the women in the experimental group were able to overcome their limitations, showing a statistically significant variation in the different factors of positive mental health, evidenced in the variation in positive mental health, going from deficient to Optimall.

In this regard, in a study conducted by Matud (Matud et al., 2016) in which she analyzes the effectiveness of a psychological treatment for women abused by their partner, the results are similar, the women in the intervention group showed significant decreases in post-traumatic stress symptoms of re-experiencing, avoidance and increased activation. Their depressive and anxiety symptoms also decreased and their self-esteem and social support increased, resulting in an effective intervention program.

The results obtained by Lara-Caba (2019) from a research entitled “Self-esteem in women victims of intimate partner violence” are similar to those obtained in the present study, observing that violence against women by intimate partners (IPV) can cause intense psychological distress and affect their self-esteem. A group of women victims of violence (n = 170) sought help at a center for psychological assistance to battered women; and the non-victim group (n = 170) were contacted through the support network of the Patronato de Ayuda a Casos de Mujeres Maltratadas (PA- CAM). They concluded that the results showed statistically significant differences in self-esteem ($p<0.001$*) between the two groups. The results show that low self-esteem is statistically significantly associated with intimate partner violence.

The data presented show that there is a significant association between being a victim of violence and having low self-esteem, compared to non-victims who presented higher levels, although it should be noted that victims and non-victims presented medium and high self-esteem, which could be a protective factor for some symptoms, as mentioned by Cascardi and O'Leary (1992).

In this sense, one point to consider in this study is the limitation of having been conducted in a single nonprofit psychological care center, so that these results cannot be extended to the general population. However, these data show the importance of creating more specialized care programs for women victims of IPV with adequate support and follow-up for their emotional recovery.

In summary, the results obtained from this study show the deterioration in the self-esteem of women victims of IPV, associated with having experienced different types of violence, it is important to highlight the importance of including in specialized care programs for the recovery of the positive mental health of women victims, it is important to note that this is the first

study of this type in populations of Arequipa women.

Although the present study has shown efficacy in the experimental group, it has limitations in terms of the punctual attendance of some women to the teaching-learning sessions, either because of work or care of their children, several were accompanied by their little ones and the children were grouped in a club, where they were stimulated in multiple intelligences. In the control group there was no positive variation; therefore, there is an urgent need to apply nursing interventions with strategies and actions that directly and actively help women victims of psychological violence by their partners to recover and strengthen their mental health, and not only descriptive studies, with only counts, but with humanistic and real solutions such as the present one, implemented in vulnerable populations socioeconomically depressed and forgotten by the State.

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## Authors' contributions

Vilma L. A. Gutiérrez-Araujo: principal investigator conduct and process of research, conceptualization and design of the article, acquisition of information, analysis and interpretation of data; drafting and revision of the article; obtaining funding; approval and submission of the final version.

Vilma Gutiérrez-Araujo, Karen-Vanessa Llunco-Cancapa, Sandra-María Villanueva-Carrillo, Sofia Raque Álvarez Linares, data collection: acquisition of information, critical review of intellectual content, final approval of version

## Conflict of interest

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## REFERENCES

[1] Allen, A. B., Robertson, E., & Patin, G. A. (2021). Improving Emotional and Cognitive Outcomes for Domestic Violence Survivors: The Impact of Shelter Stay and Self-Compassion Support Groups. Journal of Interpersonal Violence, 36(1–2), NP598–NP624. https://doi.org/10.1177/0886260517734858

[2] Almeida, G., Artaza, O., Donoso, N., & Fábrega, R. (2018). Primary health care in the Region of the Americas 40 years after the Alma-Ata Declaration. Revista Panamericana de Salud Publica/Pan American Journal of Public Health, 42, 1–6. https://doi.org/10.26633/RPSP.2018.104

[3] Amarijo, C. L., Barlem, E. L. D., Acosta, D. F., & Marques, S. C. (2018). Assimilação teórica e prática da violência doméstica: profissionais de enfermagem atendendo vítimas na atenção primária. Revista Enfermagem UERJ, 26, e33874. https://doi.org/10.12957/reuerj.2018.33874

[4] American Psychologycal Association. (2017). Manual de Publicaciones de la American Psychological (6 ed.). México: Editorial el Manual Moderno.

[5] Bonilla-algovia, E. R. E. (2020). Salud mental y miedo a la separación en mujeres víctimas de violencia de pareja. Revista Iberoamericana de Psicología y Salud, 11(1), 54. https://doi.org/10.23923/j.rips.2020.01.035

[6] Caba, L., Torres, A., Boluda, Z., & Callejas, B. (2019). Depression-and-anxiety-in-women-victims-of-intimate-partner-violenceDepresin-y-ansiedad-en-mujeres-vctimas-de-violencia-en-la-

relacin-de-pareja2019Revista-Argentina-de-Ciencias-del-ComportamientoOpen-Access. Revista Argentina de Ciencias Del Comportamiento Depresión, 11(0), 1–8.

[7] Carneiro, J. B., Gomes, N. P., Almeida, L. C. G. de, Campos, L. M., Magalhães, J. R. F., Lírio, J. G. dos S., Virgens, I. R. das, & Costa, D. S. G. da. (2021). Revelando desfechos do cuidado com a mulher em situação de violência conjugal. Acta Paulista de Enfermagem, 34, 1–9. https://doi.org/10.37689/acta-ape/2021ao001555

[8] , Canut L. Construccion de una escala para evaluar la salud mental positiva. Tesis doctoral presentada por. 1999

[9]

[10] Echaiz, C. (2022). Los mitos del amor romántico y la violencia psicológica hacia la mujer. Una mirada desde el Psicoanálisis. AUTOR.

[11] Eslava Ibarra, P; Ortiz Rubio, L. Intervenciones de Enfermería en la Prevención de la Violencia Contra la Mujer. Revisión Sistemática, Años 2015-2020 Editorial: Cúcuta, Universidad de Santander, 2020 https://repositorio.udes.edu.co/handle/001/5137

[12] El Peruano E. Ley No 30364 para prevenir, sancionar y erradicar la violencia contra las mujeres y los integrantes del grupo familiar. 2015. Académico, link.gale.com/apps/doc/A636127541/IFME?u=anon~fc8902cc&sid=googleScholar&xid=9bf9c1b8. Accessed 5 Sept. 2021

[13] González-Caballero J. Occupational health nursing: a holistic perspective | Una enfermería del trabajo con perspectiva holística. Arch Prev Riesgos Labor. 2021;24(2):88–97.

[14] Hurtado, D., Losardo, R., & Bianchi, R. (2021). Salud plena e integral: un concepto más amplio de salud. Revista de La Asociación Médica Argentina, 134, 18–25.

[15] Jahoda M, Conceptos actuales de salud mental positiva, artículo de revista

[16] The American Journal of Nursing (1959) 59(2) 263, DOI: 10.2307/3417722

[17] Lara-Caba, E. Z. (2019). Autoestima en las mujeres víctimas de violencia por la pareja íntima. AULA Revista de Humanidades y Ciencias Sociales, 65(2), 9–16. https://doi.org/10.33413/aulahcs.2019.65i2.116

[18] Lázaro, A. (2020). Una mirada desde la moda. Cuadernos Del Centro de Estudios de Diseño y Comunicación, 111, 137–148. https://doi.org/10.18682/cdc.vi111.42331

[19] Lescano López, G. S., & Salazar Roldan, V. del R. (2020). Dependencia emocional, depresión y ansiedad en mujeres víctimas de violencia. Delectus, 3(3), 1–13. https://doi.org/10.36996/delectus.v3i3.81

[20] Matud, M. P., Padilla, V., Medina, L., & Fortes, D. (2016). Eficacia de un programa de intervención para mujeres maltratadas por su pareja. Terapia Psicológica, 34(3), 199–208. https://doi.org/10.4067/S0718-48082016000300004

[21] MIMPV, CEM (2020), Violencia hacia las mujeres por parte de la pareja: Perú. Observatorio Nacional de la violencia contra las mujeres e integrantes del grupo familiar en el Perú, Ministerio de la Mujer y Poblaciones Vulnerables del. Lima- Perú 2020

[22] MINSA. norma técnica de salud N° 164 MINSA/2020/DGIESP. norma técnica de salud para el cuidado integral a las mujeres e integrantes del grupo familiar afectados por violencia sexual. Oficina de transparencia y anticorrupcion de la secretaria general (2020).Resolución Ministerial N° 649-2020-MINSA

[23] MINSA. Guía técnica para la atención de salud mental a mujeres en situación de violencia ocasionada por la pareja o expareja. 2017;48.

[24] OMS. (2020). Violencia contra la mujer. Datos y cifras Washington. Organización Mundial de La Salud.

[25] OMS. (2017). La violencia contra la mujer es omnipresente y devastadora: la sufren una de cada tres mujeres. Obtenido de https://www.paho.org/es/temas/violencia-contra-mujer#:~:text=Las%20Naciones%20Unidas%20definen%20la,producen%20en%20la%20vida%20p%C3%BAblica}

[26] Organización Mundial de la Salud [OMS]. (2018). Salud Mental: fortalecer nuestra respuesta. Recuperado de http://www.who.int/es/news-room/fact-sheets/de- tail/mental-health-strengthening-our-response

[27] Organization WH. La violencia contra la mujer es omnipresente y devastadora: la sufren una de cada tres mujeres [Internet]. 2021 [cited 2021 Sep 11]. Available from:

https://www.who.int/es/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence

[28] Orpinas, P., Matthew, R. A., Alvarez-Hernandez, L. R., Calva, A., & Bermúdez, J. M. (2021). Promotoras Voice Their Challenges in Fulfilling Their Role as Community Health Workers. Health Promotion Practice, 22(4), 502–511. https://doi.org/10.1177/1524839920921189

[29] Páez Cala, M. L. (2020). La salud desde la perspectiva de la resiliencia. Archivos de Medicina (Manizales), 20(1), 203–216. https://doi.org/10.30554/archmed.20.1.3600.2020

[30] Rigol-Cuadra, A., Galbany-Estragué, P., Fuentes-Pumarola, C., Burjales-Martí, M. D., Rodríguez-Martín, D., & Ballester-Ferrando, D. (2015). Perception of nursing students about couples' violence: Knowledge, beliefs and professional role. Revista Latino-Americana de Enfermagem, 23(3), 527–534. https://doi.org/10.1590/0104-1169.0357.2584

[31] Ruiz Castillo, P. (2020). La clínica del sujeto. Revista de La Asociación Española de Neuropsiquiatría, 40(137), 205–208. https://doi.org/10.4321/s0211-57352020000100010

[32] Salanova, M. (2008). Organizaciones saludables: una perspectiva desde la psicología positiva. En C. Vázquez y G. Hervás (ed.). Psicología Positiva: Bases científicas del bienestar y la resilencia. Madrid: Alianza Editorial

[33] Signorelli, M. C., Taft, A., & Pereira, P. P. G. (2018). Domestic violence against women, public policies and community health workers in Brazilian primary health care | Violência doméstica contra mulheres, políticas públicas e agentes comunitários de saúde na atenção primária Brasileira. Ciencia e Saude Coletiva, 23(1), 93–102. https://doi.org/10.1590/1413-81232018231.16562015

[34] Teismann, T., Forkmann, T., Brailovskaia, J., Siegmann, P., Glaesmer, H., & Margraf, J. (2018). La salud mental positiva modera la asociación entre depresión y ideación suicida: un estudio longitudinal. International Journal of Clinical and Health Psychology, 18(1), 1–7. https://doi.org/10.1016/j.ijchp.2017.08.001

[35] Valenzuela Contreras, L. (2016). La salud, desde una perspectiva integral. Revista Universitaria de La Educación Física y El Deporte, 9, 50–59. https://doi.org/10.28997/ruefd.v9i9.103

[36] Vargas Murga, H. (2017). Violencia contra la mujer infligida por su pareja y su relación con la salud mental de los hijos adolescentes. Revista Medica Herediana, 28(1), 48. https://doi.org/10.20453/rmh.v28i1.3074

[37] Vázquez-Colunga, J. C., Pando-Moreno, M., Colunga-Rodríguez, C., Preciado-Serrano, M. de L., Orozco-Solís, M. G., Ángel-González, M., & Vázquez-Juárez, C. L. (2017). Salud mental positiva ocupacional: Propuesta de un modelo teórico para el abordaje positivo de la salud mental en el trabajo. Saude e Sociedade, 26(2), 584–595. https://doi.org/10.1590/s0104-12902017169061