

## Warning signs of suicide in women with a history of domestic violence\*

Cíntia Mesquita Correia<sup>1</sup>  
Normélia Maria Freire Diniz<sup>1</sup>  
Nadirlene Pereira Gomes<sup>1</sup>  
Isabela Carolyne Sena de Andrade<sup>1</sup>  
Luana Moura Campos<sup>1</sup>  
Jordana Brock Carneiro<sup>1</sup>

**Objective:** to analyze the meaning of the use and abuse of alcohol and / or other drugs among university students in accordance with Brazilian public policy on drugs. **Methods:** 49 university students from a Public Institution of Higher Education in the Southeast region of Brazil participated. **Results:** Bardin's Content Analysis elaborated the analytical category: "Dissonance between public policies and the meaning of drug use among university students". Drug use and abuse begin in adolescence; Stimulated by family and friends, and refers to the happiness and flight of problems. **Conclusion:** it is fundamental to know the meaning of drug use and abuse, from the perspective of the university for the elaboration and implementation of public policies.

**Descriptors:** Suicide, Attempted; Suicide; Violence against Women; Domestic Violence.


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<sup>1</sup> Universidade Federal da Bahia, Salvador, BA, Brazil.

**Corresponding author:**

Cíntia Mesquita Correia

E-mail: cintiamesquita@bahiana.edu.br

 <https://orcid.org/0000-0001-5741-240X>

## Sinais de risco para o suicídio em mulheres com história de violência doméstica

**Objetivo:** identificar sinais de risco para o suicídio em mulheres com história de violência doméstica. **Método:** estudo exploratório-descritivo, com abordagem qualitativa. Participaram dez mulheres com história de violência doméstica e tentativa de suicídio por envenenamento. A pesquisa foi realizada no Núcleo de Estudo e Prevenção do Suicídio, vinculado a um Centro de Informação Toxicológica, em Salvador, Bahia, Brasil. **Resultados:** sinaliza para a relação entre a vivência de violência doméstica e o comprometimento para a saúde mental, representado por Comportamento depressivo e Comportamento suicida. **Conclusão:** o estudo revelou comportamentos que consistem em sinais de alerta para o risco de suicídio, ao tempo em que oferece subsídios para a promoção de estratégias de cuidado às mulheres com história de violência doméstica.

**Descritores:** Tentativa de Suicídio; Suicídio; Violência contra a Mulher; Violência Doméstica.

## Signos de riesgo para el suicidio en mujeres con antecedentes de violencia doméstica

**Objetivo:** identificar signos de riesgo para el suicidio en mujeres con historia de violencia doméstica. **Método:** estudio exploratorio-descriptivo, con abordaje cualitativo Participaron diez mujeres con historia de violencia doméstica e intento de suicidio por envenenamiento. La investigación fue realizada en el Núcleo de Estudio y Prevención del Suicidio, vinculado a un Centro de Información Toxicológica, en Salvador, Bahia, Brasil. **Resultados:** señala para la relación entre la vivencia de violencia doméstica y el compromiso para la salud mental, representado por: Comportamiento depresivo y Comportamiento suicida. **Conclusiones:** el estudio reveló comportamientos que consisten en señales de alerta para el riesgo de suicidio, al tiempo que ofrece subsidios para la promoción de estrategias de cuidado a las mujeres con historia de violencia doméstica.

**Descriptores:** Intento de Suicidio; Suicidio; Violencia contra la Mujer; Violencia Doméstica.

### Introduction

Domestic violence against woman is a growing phenomenon around the world. It is considered a public health problem because it leads to physical and mental illnesses, among which is the suicide.

Estimates in the country and in the world indicate that many women victims of violence have suicidal ideation. A population-based study conducted in Sweden with 205 women showed an association between

domestic violence and suicidal behavior in 53% of the cases<sup>(1)</sup>. Likewise, a North American study on intimate partner violence and suicidal ideation, conducted with 166 pregnant women who were 16 to 28 years old, revealed an association between suicidal thoughts and abuse in 86% of the participants<sup>(2)</sup>. In Brazil, a study on suicide deaths in ten different cities also revealed domestic violence as an associated factor<sup>(3)</sup>.

When they do not die from this cause, women may have physical and psychological sequelae related to

suicide attempts. This is because suicide attempts, such as self-inflicted burns, can have painful consequences, require prolonged treatment<sup>(4)</sup> and cause physiological changes, such as kidney failure, in cases of drug intoxication<sup>(5)</sup>. Among the psychosomatic symptoms there are: apathy, hopelessness, fatigue, irritability, insomnia, inappetence, headache and body aches<sup>(6-8)</sup>.

It is worth noting that the illness and death of these women interfere with the country's productivity, considering the potential years of life lost, costs of treatment, and the increase in Social Security benefits. In Mexico, a study with 50 women in domestic violence situations who received assistance at the Attention Centre for Domestic Violence revealed illnesses resulting from the violence experienced and suicidal behavior in 58% of the victims of violence<sup>(9)</sup>. This scenario is a sign of the high public expenditure on hospitalizations and treatments for the health of these women, expressing the need for more professional attention, especially to prevent these situations or to identify them early.

Regarding the early recognition of domestic violence and/or suicidal ideation, data from the Ministry of Health reveals that 40% of people who committed suicide sought health care at least 15 days before the fatal outcome<sup>(10)</sup>. In addition, as a result of the physical and psychological scars from the experience of violence, these women are commonly seen in hospital emergencies, or in primary care, in basic health units and in psychosocial care centers. Considering that these spaces favor the early identification of both situations, it is essential to have professional knowledge and sensitivity for the identification of signs of suicide in women in domestic violence situations.

In this perspective, we ask: what are the warning signs of suicide in women with a history of domestic violence? The objective was to identify the warning signs of suicide in women with a history of domestic violence.

## Method

This is an exploratory-descriptive study with qualitative approach. The exploratory-descriptive study is adequate because it contributes to the elucidation and description of a given phenomenon<sup>(11)</sup>, such as the risk of suicide in women with a history of domestic violence. This phenomenon can be better understood through a qualitative approach, which allows an interpretation based on the aspirations, attitudes, opinions, perceptions, beliefs and values extracted from each person in their social context<sup>(12)</sup>.

The research was carried out at the Center for Suicide Research and Prevention (Neps), linked to

a Toxicology Information Center (Ciave), located in Salvador, Bahia, Brazil. The Ciave is a state reference for cases of intoxication, including venomous animals and self-poisoning suicide attempts assisted in public and private health services, as well as for the general population.

Ten adult women with a history of domestic violence and self-poisoning suicide attempts who were followed in the Neps participated in this study. In order to approach the women, the researcher initially acclimated to the service by observing in the waiting room and participating in group activities conducted by the psychology service, during a month, from Monday to Friday, in the mornings of afternoons.

After this period, the psychology department helped identifying women who could participate in the study, considering the following inclusion criteria: being 18 years old or older; with at least one year of psychological and/or psychiatric follow-up in the Neps; with emotional and psychic stability. Women who had a psychiatric hospitalization in the last six months prior to the study were excluded. All the women selected were invited to collaborate in the study and were previously warned about the risks of participating in the research, given the possibility of suffering by sharing their story of violence and suicide attempt. In view of this situation, they were assured immediate psychological or psychiatric care by the professionals who work in the Neps.

The participants were also informed about their right to withdraw at any time, with no harm to their care in the Neps. In addition, they were also informed about the benefits of their participation, including their contribution to the production of knowledge about domestic violence and suicide and the development of actions to improve the quality of life of women who experience these situations.

After clarification, ten women signed the Informed Consent Term, as recommended by Resolution 466/2012 of the National Health Council, which regulates ethics in research involving human beings. This research was submitted to the Research Ethics Committee of the Ana Neri Hospital and approved under opinion no. 50/2010.

Semi-structured interviews were conducted using a form containing socio-demographic data and an open question about the experience of violence and the repercussions on mental health. The speeches were recorded and transcribed in full, and the material was archived, for up to five years, in virtual folders of the Study Group on Violence, Health and Quality of Life (Vid@). Codes with the letter "E" followed by an arabic number were attributed to the participants to preserve their identity.

After that, the data were coded based on Bardin's Thematic Analysis. This technique is aimed at obtaining, through systematic and objective description procedures, the content of the messages, the indicators (quantitative or not) that allow the inference of knowledge regarding the conditions of production/reception of these messages<sup>(13)</sup>.

The thematic analysis described by Bardin followed three chronological stages, namely: the pre-analysis, consisting of the thorough reading of the raw material; the exploration of the material, with the consequent codification of data and choice of registration units, which allowed the emergence of the categories of analysis; and finally, the treatment of results by interpretation and inferences<sup>(13)</sup>. The categories of analysis that emerged in this study were: Depressive Behavior and Suicidal Behavior.

## Results

The women in the study sample were between 26 and 58 years old. Most of them were married or in a consensual union. Only four women had their own income, since they had paid jobs outside their homes, but only one woman affirmed she was able to assume financial responsibilities without the contribution of her partner. All the participants had one to four self-poisoning suicidal attempts, with medications and/or rodenticides. All the women described episodes of domestic violence, expressed as physical, sexual, patrimonial, moral or psychological violence.

Regarding suicide warning signs, the study reveals the relationship between the experience of violence and repercussions on mental health, expressed by the categories: Depressive behavior and Suicidal behavior.

### Depressive behavior

There were signs of depressive behavior, such as emotional lability and low self-esteem, among women with a history of domestic violence and who attempted suicide. This scenario can give rise to feelings of helplessness and affect work activities. *My husband humiliated me all the time. [...] he said that I was good for nothing. [...] I felt like crap, I always found myself crying, I felt inferior (E3); He never touched me, but I've heard very harsh words all these years. I was always put down. I felt weak, small, helpless. [...] I could not work anymore. I could not stand anything else. [...] I was about to go crazy (E7).*

### Suicidal behavior

Not all women with a history of domestic violence who have signs of depression also have suicidal ideation. However, the study indicates the possibility of development of suicidal behaviors, such as suicide attempts or suicide itself. These can be avoided through the prior recognition of warning signs of suicidal behavior, namely: rigidity of thought, impulsivity and ambivalence<sup>(14)</sup>.

### Rigidity of thought

Faced with the psychological suffering of domestic violence, some women have constant suicidal ideation as the only solution to their problems, including recurrent suicide attempts. *My husband sexually abused me and I got extremely distressed. [...] I thought death would end it all. [...] I attempted suicide three times. I lived for this (E3); He said he didn't love me, he said he would replace me for two 15-years old. In two months, I attempted suicide three times. [...] I would go to the store and think about throwing myself under the bus. [...] I crossed a walkway and thought about suicide again, though about throwing myself from there (E5).*

### Impulsivity

While some women who had suicide attempts had constant death plans and ideas, others acted impulsively, mainly in conflicting situations. *My husband went out to work and he had already said a lot of things to me [...] even that I was crazy. I waited until he was out and took several rivotril pills (E3); The first suicide attempt was after a fight. [...] I took two bottles of rodenticides (E10).*

### Ambivalence

Regardless of rigidity of thought or impulsivity, the urgency to leave the life of violence is perceived in the speech in a conflicting way, with ambivalent thoughts regarding the desire to live and the desire of putting an end to psychic pain. Thus, even after facing a risk of death, with the suicide attempt, these women did not clearly express the desire to die, but a desire to get rid of suffering at any cost. *After the first attempt, I regretted it and I was glad I didn't die, because I was given the opportunity to live again [...] I thought that everything could be different, that I could get rid of the pain (E7); I was in great pain, desperate for help. [...] I took a bunch of pills to lose consciousness and release myself from that situation. I just wanted to sleep to forget the pain (E1).*

## Discussion

This study shows the relationship between women's experiences of domestic violence and their depressive behaviors, commonly expressed by crying and low self-esteem, compromising daily activities and professional performance. Indisposition to work and depressive symptoms, characterized by sadness, feelings of inferiority and apathy, were also evidenced in women living domestic violence situations<sup>(15-16)</sup>.

Once they have depressive symptoms, women can develop suicidal behavior, a reality experienced by the participants of this study. A study conducted in Uganda, Africa, on the relationship between violence and depression confirmed the association between this condition and suicide attempts<sup>(17)</sup>. The association between experiences of domestic violence and depressive and suicidal behavior was also identified in a study conducted in the United States<sup>(18)</sup>. In these cases, depressive symptoms are perceived as strong predictors of suicidal behavior.

It is worth noting that the depressive state gives rise to painful feelings related to the marks of violence. This pain is expressed through a psychic suffering so intense that, in some cases, death is seen as the best way out<sup>(19)</sup>. Thus, in an attempt to end the pain, which is considered unbearable, suicide represents the only alternative. Therefore, it is necessary to understand that the idea of death is a desperate cry for help and to reflect on what lies behind it<sup>(20)</sup>. In this context, assessment of experiences of domestic violence becomes essential.

It is also important to reflect on continuous or impulsive suicidal ideation related to frustrations experienced in the domestic life. The first situation, rigidity of thought, is characterized by constant suicide ideation. It can be early identified, through the assessment of women's reaction to difficult or extreme situations of life, such as marital conflicts. In these cases, the difficulty to think of other possibilities to end suffering, a characteristic rigidity of thought, makes suicide feel as the only way to solve these problems.

In the occurrence of depressive symptoms, the suicide attempt might also be an impulsive act<sup>(21)</sup>, even though suicidal behaviors mostly occur in a gradual and progressive manner, beginning with ideas and plans of death. Thus, as negative events occur, impulsivity may manifest, explosively, as a response to momentary aversive experiences, with no premeditation<sup>(22)</sup>. This makes it difficult to prevent a death outcome of suicide attempts; however, it may help on the prevention of further attempts, since these events are predictors of suicide<sup>(23)</sup>.

Whether it is related to rigidity of thought or to impulsivity, suicidal ideation occurs along with a paradoxical desire to live. This ambivalence regarding life and death can be noted, for example, in the report demonstrating relief when death does not occur. The Good Therapy association, which brings together mental health professionals from more than 30 countries argues that most people who think of suicide do not want to die but to get rid of pain<sup>(24)</sup>.

Based on this ambivalence regarding life and death and on the other characteristics presented before, health professionals, especially the nurse, can pay attention to warning signs of suicide during any assistance provided to these women. An example of this was provided in a study conducted with psychiatric nurses in Norway, which achieved a reduction in suicide deaths with the identification of risk factors for suicidal behavior<sup>(25)</sup>. In this sense, it is necessary to prepare the professionals to recognize individuals with these risk factors, especially when there is a history of domestic violence, seeking to act in a preventive manner and promote mental health care strategies.

## Conclusion

The study revealed that depressive and suicidal behaviors are warning signs of suicide in women with a history of domestic violence. It also pointed out that depressive behaviors, expressed by crying, low self-esteem and apathy, can develop into suicidal ideation. Therefore, these symptoms deserve attention from health professionals.

In addition to the depressive symptoms, there were also the psychopathological characteristics related to suicidal behavior: rigidity of thought, impulsivity and ambivalence regarding death. These are considered a result of progressive mental illness, but may also appear subtly, which requires closer attention for their recognition.

It must also be noted that, regardless of the characteristics presented, the history of domestic violence may be considered an important predictor in the assessment of suicide risk. Thus, health professionals, especially those who work at all levels of care, such as nursing professionals, should check for warning signs of suicide in any environment that welcomes and assists women in domestic violence situations. Thus, this study can support the development of strategies for the early identification of warning signs of suicide, avoiding suicide and promoting mental health care for women with a history of domestic violence.

It is important to emphasize that suicide is not a fortuitous act; it is often considered as the only alternative for an intense, unbearable and endless suffering. Thus, the experience of domestic violence, as well as the depressive behavior presented in this study, reflect the multidimensional complexity of suicide attempts. The study is limited because it does not make associations between the experience of domestic violence and the risk of suicide, and it is necessary to investigate other risk factors.

## References

1. Dufort M, Stenbacka M, Gumpert MC. Physical domestic violence exposure is highly associated with suicidal attempts in both women and men. Results from the national public health survey in Sweden. *Eur J Public Health*. [Internet]. 2015;25(3):413-8. [cited Jun 4 2017]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4440449/pdf/cku198.pdf>
2. Alhusen JL, Fronhman N, Purcell G. Intimate partner violence and suicidal ideation in pregnant women. *Arch Womens Ment Health*. [Internet]. 2015;18(4):573-8. [cited Jan 10 2017]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4506210/pdf/nihms-670780.pdf>
3. Cavalcante FG, Minayo MCS, Meneghel SN, Silva RM, Gutierrez DMD, Conte M, et al. Psychological and psychosocial autopsy on suicide among the elderly: a methodological approach. *Ciênc Saúde Coletiva*. 2012 Ago;17(8):2039-52. doi: <http://dx.doi.org/10.1590/S1413-81232012000800015>
4. Maciel KV, Castro EK, Lawrenz P. Os Motivos da Escolha do Fogo nas Tentativas de Suicídio Realizadas por Mulheres. *Temas Psicol*. [Internet]. 2014;22(1):195-206. [cited Jun 10 2017]. Available from: <http://pepsic.bvsalud.org/pdf/tp/v22n1/v22n1a15.pdf>
5. Bravo V, Román M, Bettini M, Cerda P, Mieres JJ, Paris E, et al. Caracterización de la ingestión por sobredosis de paracetamol: Reporte de un centro de información toxicológica chileno. *Rev Méd Chile*. 2012 Mar;14(3):313-8. doi: <http://dx.doi.org/10.4067/S0034-98872012000300005>
6. Bittar D, Kohlsdorf M. Ansiedade e depressão em mulheres vítimas de violência doméstica. *Psicol Argum*. [Internet]. 2013;31(74):447-56. [cited 10 mar 2017]. doi: <http://dx.doi.org/10.7213/psicol.argum.31.074.DS08>
7. Silva DSD, Tavares NVS, Alexandre ARG, Freitas DA, Brêda MZ, Albuquerque MCS, et al. Depression and suicide risk among Nursing professionals: an integrative review. *Rev Esc Enferm USP*. 2015 Dec;49(6):1023-31. doi: <http://dx.doi.org/10.1590/S0080-623420150000600020>
8. Tiwari A, Chan KL, Cheung DST, Fong DYT, Yan ECW, Tang DHM. The differential effects of intimate terrorism and situational couple violence on mental health outcomes among abused Chinese women: a mixed-method study. *BMC Public Health*. [Internet]. 2015;31(15):1-12. [cited Mar 10 2017]. Available from: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4458009/pdf/12889\\_2015\\_Article\\_1649.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4458009/pdf/12889_2015_Article_1649.pdf)
9. Aguilar KKG, Chiapas JMR, Ibarra IPT. Suicide Risk in Female Victims of Domestic Violence in Mexico. *Salud Pública Méx*. [Internet]. 2013;55 (6):555-6. [cited Mar 10 2017]. Available from: <https://www.scielosp.org/pdf/spm/2013.v55n6/555-556/en>
10. Ministério da Saúde (BR). Portaria nº 1.876, de 14 de agosto de 2006. Diretrizes Nacionais para Prevenção do Suicídio. *Diário Oficial [da] República Federativa do Brasil*. 2006 ago. 14. Seção 65. p.1. [Acesso 10 jan 2017]. Disponível em: <https://www.jusbrasil.com.br/diarios/687743/pg-65-secao-1-diario-oficial-da-uniao-dou-de-15-08-2006>
11. Gonçalves HA. Manual de Metodologia da Pesquisa Científica. 2 ed. São Paulo: Avercamp; 2014. 168p.
12. Minayo MCS. O desafio do conhecimento - pesquisa qualitativa em saúde. 14 ed. São Paulo: Hucitec; 2014. 468p.
13. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011. 229p.
14. World Health Organization . Preventing suicide: a global imperative. [Internet]. Geneva: WHO Library Cataloguing-in-Publication Data; 2014 [cited 2017 Jan 10]. Available from: [http://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779\\_eng.pdf;jsessionid=D4C6E077F6836F77E0BCBDDAB77799B8?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779_eng.pdf;jsessionid=D4C6E077F6836F77E0BCBDDAB77799B8?sequence=1)
15. Netto LA, Moura MAV, Queiroz ABA, Tyrrell MAR, Bravo MMP. Violência Contra a Mulher e suas Consequências. *Acta Paul Enferm*. [Internet]. 2014;27(5):458- 64. [Acesso 10 jan 2017]. Disponível em: [http://www.scielo.br/pdf/ape/v27n5/pt\\_1982-0194-ape-027-005-0458.pdf](http://www.scielo.br/pdf/ape/v27n5/pt_1982-0194-ape-027-005-0458.pdf)
16. Correia CM, Gomes NP, Couto TM, Rodrigues AD, Erdmann AL, Diniz NMF. Representations About Suicide Of Women With History Of Domestic Violence And Suicide Attempt. *Texto Contexto Enferm*. [Internet]. 2014; 23(1): 118-25. [cited 2017 May 10]. Available from: <http://www.scielo.br/pdf/tce/v23n1/0104-0707-tce-23-01-00118.pdf>
17. Kinyanda E, Hoskins S, Nakku J, Nawaz S, Patel V. Risk of major depressive disorder among older persons living in HIV-endemic central and southwestern Uganda. *AIDS Care*. [Internet]. 2016;28(12):1516-21. [cited 2017 May 10]. Available from: [http://researchonline.lshtm.ac.uk/2551492/1/Risk%20of%20major%20depressive%20disorder%20among%20older%20persons\\_GREEN%20AAM.pdf](http://researchonline.lshtm.ac.uk/2551492/1/Risk%20of%20major%20depressive%20disorder%20among%20older%20persons_GREEN%20AAM.pdf)
18. Beydoun MA, Kaufman JS, Lo B, Zonderman AB. Intimate partner violence against adult women and its association with major depressive disorder, depressive symptoms and postpartum depression: systematic review and meta-analysis. *Soc Sci Med*. [Internet]. 2012;75(6):959-

75. [cited 2017 May 10]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3537499/>
19. Vieira EM, Hasse M. Perceptions of professionals in an intersectorial network about the assistance of women in situation of violence. *Interface*. [Internet]. 2016;21(60):51-62. [cited 2017 Jun 10]. Available from: [http://www.scielo.br/pdf/icse/v21n60/en\\_1807-5762-icse-1807-576220150357.pdf](http://www.scielo.br/pdf/icse/v21n60/en_1807-5762-icse-1807-576220150357.pdf)
20. Fukumitsu KO. O Psicoterapeuta diante do Comportamento Suicida. *Psicologia USP*. [Internet]. 2014; 25(3): 270-75. [cited 2017 Jun 10]. Available from: <http://www.scielo.br/pdf/pusp/v25n3/0103-6564-pusp-25-03-0270.pdf>
21. Barbosa FO, Macedo PCM, Silveira RMC. Depressão e o suicídio. *Rev. SBPH*. [Internet]. 2011;14(1):233-43. [cited 2017 May 10]. Available from: <http://pepsic.bvsalud.org/pdf/rsbph/v14n1/v14n1a13.pdf>
22. Anestis MD, Soberay KA, Gutierrez PM, Hernández TD, Joiner TE. Reconsidering the Link Between Impulsivity and Suicidal Behavior. *Pers Soc Psychol Rev*. [Internet]. 2014;18(4):366-86. [cited 2017 May 10]. Available from: <https://doi.org/10.1177/1088868314535988>
23. Black DW, Coryell W, Crowe R, McCormick B, Shaw M, Allen J. Suicide Ideations, Suicide Attempts, and Completed Suicide in Persons with Pathological Gambling and their First-Degree Relatives. [Internet]. 2015; 45(6):700-709. [cited 2017 Abr 10]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4595153/pdf/nihms664205.pdf>
24. Goodtherapy. Understanding Suicide: 5 Myths about Suicide. GoodTherapy.org Staff. [Internet]. 2014. [cited 2017 May 10]. Available from: <https://www.goodtherapy.org/blog/understanding-suicide-5-myths-about-suicide/>
25. Hagen J, Hjelmeland H, Knizek BL. Relational Principles in the Care of Suicidal Inpatients: Experiences of Therapists and Mental Health Nurses. *Issues Ment Health Nurs*. [Internet]. 2017;38(2):99-106. [cited 2017 Abr 10]. Available from: doi: 10.1080/01612840.2016.1246631