



## **“Don’t kill us”: Everyday violence, mental health and the intertwining with occupational therapy**

### **"Não nos mate": Violência cotidiana, saúde mental e o entrelaçamento com a terapia ocupacional**

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#### **ABSTRACT**

The present work aims to bring reflections on the phenomenon of violence and its repercussions on the mental health of elderly adults, and the possible intersections with Occupational Therapy in this context. The research was based on a qualitative-exploratory look and was carried out at the Brief Hospitalization Sector (SIB) of the Gaspar Vianna Hospital de Clínicas Foundation in Belém-PA, in 2022, using a questionnaire and semi-structured interview based on Dale's studies. In this sense, it was sought, through the analysis of the participants' experiences, to understand the impacts of violence on their routines and the repercussions on the mental health of the subjects. In this way, it was possible to construct interpretations about the theme and its tensions in the process of psychic suffering, territories, and health in line with daily life, from the historical-social and occupational therapeutic perspective. It was concluded that the re-education of the gaze for expanded and humanized care is essential for overcoming adversities, coping, welcoming pain and 'scars', whether physical or emotional.

**Keywords:** Occupational therapy, Violence, Mental health.

#### **1 INTRODUCTION**

Violence and suffering are presented not only as sporadic events, but also as daily processes and forms of life in different spaces. A phenomenon of social life, present in the senses and experiences of different groups and individuals when confronted with situations that often challenge their own forms of meaning and expression. In the timelines, the actions that generated pain and silencing were limited to historical facts stained by physical and/or symbolic nature, such as thefts, robberies, assaults, threats, kidnappings, assaults, torture and murder.

The sense of collective fear, experienced by the growing rates of urban violence – as well as by its media spectacularization – has been progressively displaced, becoming almost routine in some metropolises<sup>1</sup>. In this context, the characteristics of incidence and prevalence vary according to class, race, gender, sexuality, and region of residence. Modeling the collective habits of



displacement and leisure, influencing the forms of habitat, social interaction and the formation of standard discourses on urban violence<sup>2</sup>.

The optics of violence hidden behind walls, inside houses, in alleys, that which generates fear and death. For Chesnais<sup>3</sup>, in Brazil, violence is at the center of an economic mechanism and occupies the headlines of the newspapers. It is the subject of TV specials and haunts consciences, so threatening, recurrent and generating a deep feeling of insecurity, a symptom of a collective malaise. In this sense, it is based on a complex prism of social relations and interactions that configure an oppressive system, full of inequalities, poverty, hunger and precariousness.

There is a need to problematize the perspectives that involve the subject and the delimitations of what is culturally constituted about violence, its mirrors, contrasts and the impacts on bodies considered vulnerable. According to Eliacheff et al.<sup>4</sup>, the problem of suffering associated with violence, drives the construction of the person as a victim in the contemporary world, thought of as a way of giving social recognition to suffering, framing social types to the symbolic plane - victim and witness, formulating stereotypes. The field of mental health, in particular Psychiatry, occupies a preponderant place in this ideological and stigmatizing elaboration.

According to the thought of Marcel Mauss<sup>5</sup> in the 'Techniques of the Body', the uses of bodies in societies go through a construction of their own governed by general norms, the human body as being, at the same time, raw material and tool of culture. Based on this point, Caldeira<sup>6</sup> states that, "in the processes of embodiment of social fears, the body is represented as a rationally designed and expressive space of individualities and autonomy by demarcating differences and socially constructed styles" (p.14). Representations of bodies and props are formed that show the potentially dangerous, images recurrently conveyed in police actions, in the media and in the discourse of crime. In a society where exacerbated individuality transforms the quality and intensity of our social relations, the identification of bodies emerges as one of the tactics<sup>7</sup>. According to Lopes et al<sup>8</sup>:

Along with these factors, there is an imaginary that provides for "correction" through punishment and punishment, legitimizing the use of violence in equipment socially created for actions with adolescents and young people, such as public schools. Furthermore, the precarious control of contemporary Brazilian society over the demands of the judicial system, for example, opens spaces for violence, through repressive methods linked to physical violence, brutal punishment, humiliation and other forms of discrimination against certain social groups, to be exercised in a context of a culture of disrespect (p.04)<sup>8</sup>.

In this sense, social stigma and exclusion are confused with those who are on the margins and the person in psychic suffering faces barriers consolidated in hostile realities, adopting the argument proposed by anthropologist Erving Goffman<sup>9</sup>, for whom the stigmatized is "the



individual who is incapacitated for full social acceptance" (p. 4). The expression 'don't kill us', whether expressed literally or connotatively, both reverberate a scenario of pain for subjects who are in conditions of vulnerability. Violence is experienced on a daily basis and the repercussions are reaped in liens.

In this development, social interventions based on the promotion of citizenship, autonomy and guarantee of rights, drive zones of deeper and more critical contacts about the structure and functioning of postmodernity. To make active subjects, actors of their own history, to become aware of their powers and the guarantee of a word to all, is to give freedom of expression aimed at social and political responsibility and sustainability. Therefore, in the encounters and disagreements of writing, the text does not intend to end, but to continue inquiring. How much are we silent? How much do we trivialize? What was left on the sidelines? Trying to answer can be the first step towards visualizing a more just and coherent action, detached from domination and exploitation, and linked to the diversity of existences.

## **2 MATERIAL AND METHODS**

This is a qualitative, exploratory study with a verbal data collection design through the use of semi-structured interviews and questionnaires formulated by the researcher, carried out at the Hospital de Clínicas Gaspar Vianna in the brief hospitalization sector (SIB) located in Belém do Pará. The data collection period took place in the period of 04 months (April-July) of the year 2022, with the objective of identifying the presence of violence in the subjects' daily lives and its impacts on their mental health. The choice of the location was intentional because it is a referral hospital for psychiatric hospitalization and offers multidisciplinary services focused on mental health.

A total of 15 participants participated in the study, 9 males aged 21-61 years and 6 females aged 29-50 years. Among the places of origin were Ipixuna, Tucuruí, Belém, Rio de Janeiro and Nova Esperança do Piriá. To ensure the identity of the participants, they all created pseudonyms. The inclusion criteria for the research were to be enrolled for at least 4 months in the service, over 18 years of age, to be literate so that they were able to read and write, to participate in occupational therapeutic groups and to have partial criticism of their health condition. Data were collected through the use of a questionnaire with closed questions and a script of open questions related to the identification of the participant (name, age, sex, religion, gender and education, the forms of violence experienced, the places where they occurred, in what stages of life, type of aggressor and health care). The second part is related to the user's perception of the phenomenon of violence and



its consequences. The data analysis was guided by the Thematic Analysis following the phases of pre-analysis, exploration of the material, treatment and interpretation of the results, defining points of connection and articulating with the literature available in the area.

The study complied with all ethical conditions for research with human beings, having been approved by the Research Ethics Committee of the Hospital de Clínicas Gaspar Vianna and submitted to Plataforma Brasil under opinion number 5.278.336/2022. To carry out the interviews, the participants were guaranteed an environment that provided confidentiality, trust and acceptance.

### 3 RESULTS AND DISCUSSION

During the data collection, there were many convergences and divergences mainly focused on the concept of violence, attempts to denounce it, armed violence, violence against women, spaces and modes of violence (intra-family, physical, psychological, moral and among others) and coping strategies with religion as a preponderant factor. During the interviews, it was apprehended through observations and writing, the difficulty of talking about the subject driven by fear, sadness and the rescue of painful memories marked in the life history of the participants. The documental analysis contributed to the understanding, to a certain extent, of the suffering and taboo that remain involved in the theme and social imaginary. The contents point to the existence of a space in which there is a desire for the expression of pain, but there is a context of prejudice, shame, negligence and lack of management by professionals and authorities. In this way, we sought to relate the ideas presented with the individual reports.

Table 01 shows the profile of the participants, age, gender, place of origin and religion. There was a diversity of age groups, promoting heterogeneous perspectives on the subject, enriching and expanding the range of content collected. The pseudonyms were chosen according to the will and creativity of each one, some reveal a relationship with subjectivity, theme or experience in relation to the research. A configuration visualized through the narratives was the predominance of interviewees with brown (35%) and black (45%) color, low schooling - incomplete elementary school (60%) and low income - half a minimum wage per person (65%). From this, 03 thematic units were created entitled: violence, social space and suffering; 'bouquet of stones with flowers': paths and impasses in Mental Health and perspectives of care and the action of Occupational Therapy.



Table 1. Profile of the participants and identification related to the characterization items of the questionnaire (n=15)

Pseudonym	Age	Gender	Local	Religion
Deirson	25	M	Rio de Janeiro	Evangelical
Black Gold	21	M	Ipixuna	Afro-Brazilian
David the King	37	M	New Hope	Evangelical
Phenomenon	29	M	Tucuruí	Catholic
Joe	56	M	Bethlehem	Catholic
Witchcraft	28	M	Bukharou	Evangelical
Peaceful	40	M	Christmas	does not have
Black Spot	62	M	Bethlehem	Not defined
Sérgio de Jesus	61	M	Rio de Janeiro	Catholic
Jesus	48	F	Icoaraci	Catholic
Lili	32	F	Bethlehem	Evangelical
Cristina	50	F	Bethlehem	Evangelical
Ana	51	F	Bethlehem	Evangelical
Pain	29	F	Bethlehem	Spiritist
Light	35	F	Ipixuna	Catholic

Source: Prepared by the authors.

### 3.1 VIOLENCE, SOCIAL SPACE AND SUFFERING

The difficulty in defining what violence is and what violence is being talked about generates ambiguities and polyphony from its very etymology. Violence comes from the Latin *violentia*, which refers to vis (strength, vigor, use of physical force, instruments or the resources of the body to exercise its vital force)<sup>12</sup>. This force becomes violence when it crosses a threshold or disturbs tacit agreements and rules that order relationships, acquiring a negative or malevolent charge. It is, therefore, the perception of the limit and the disturbance (suffering) that will characterize an act as violent, a perception that is subject to variations. In other words, it is everything that reduces a person to the status of an object.

The World Health Organization (WHO) highlights three major groups for the typology of violence: self-inflicted violence, interpersonal violence and collective violence. All of them allude to those who practice it, referring to political organizations (**collective** violence - terrorism, war crimes, massacres) to a single person involved (**self-inflicted violence** - suicide, suicidal ideation, self-mutilation), (**interpersonal** violence - domestic and family violence). Minayo<sup>13</sup> adds **structural violence** to this classification, which refers to the social, political and economic processes that reproduce hunger, misery and social inequalities, which produce privileges and hierarchies.

According to information from the Brazilian Forum on Public Security<sup>14</sup>, in 2022, it publishes in its yearbook the ranking of the 30 most violent cities in the country. Of these 30, ten are in the North Region, the only one that showed growth in 2021 compared to the previous year. In addition, it points out that, of the total number of cities, 13 are in the so-called Legal Amazon, which includes the following states: Acre, Amapá, Amazonas, Mato Grosso, Pará, Rondônia,



Roraima and Tocantins and part of Maranhão. Analyzing by region from 2020 to 2021, the North had a 7.9% increase in violent deaths, while the Northeast had a decrease of 7.9%, the Midwest 13.5%, the Southeast 7.9% and the South 7.3%.

In this scenario, the Amazon becomes a fertile field for the actions of criminal organizations, drug trafficking, illegal mining and land grabbing, thus generating a forest that is unsustainable for adequate human development, as well as rapid and dangerous access to the world of crime and its repercussions on the city and income distribution. Phenomenon's account reaffirms this context: *"at the age of 12 I was already selling the bagulho (stone, coca), stealing [...] Crime is also violence."*

Among some reports, it is possible to perceive the delimitation of the concept that is related to the etymology of the word itself, as highlighted by Mancha Negra and Jesus: *"violence is everything that hurts us" or "it is an aggression [...] I was born into the world of violence."* Such speeches reverberate the intense disputes and conflicts situated in society and its institutions, in an attempt to create mechanisms of control and power over those considered pernicious to public security, strengthening the perpetuation of socio-spatial segregation and the automatic exclusion of the stereotype of black, peripheral, young, poor or LGBTQIA+ groups<sup>1</sup>. Corroborated by Ramos' view:

The historical construction in Brazil of a racialized stereotype that configures the "criminal" is connected with the idea of the dangerous classes at the beginning of the last century and with the eugenic civilizing project of whitening the country and physical elimination of the Other. Thus, racism is inscribed in police know-how, conformed to the Brazilian judicial system, in which selectivity acts in some social segments and types of crime, especially crimes against property and drug trafficking, and is dedicated to the imprisonment and execution of the black population (p.18)<sup>15</sup>.

The perception that impunity and low trust in judicial institutions prevail in everyday life disseminates the belief that it is necessary to take justice into one's own hands, which is used as a justification for lynching and justice dynamics that often end in death (p.15) 15.

There is a silencing of racial and gender dynamics in issues related to violence when one observes journalistic coverage and legal processes, the search for terms such as "death of a young black man" or "transvestite is tied up and burned" one finds the absence of evident information or lack of data and document archiving. The mechanisms created to guarantee social order and ensure compliance with the laws through control, repression and punishment, such as civil, military, and

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<sup>1</sup> LGBTQIA+ is the political and social movement that defends diversity and seeks more representation and rights for this population. Her name shows her fight for more equality and respect for diversity. Each letter represents Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual.



highway police operations, patrols and seizures, can be instruments that make it impossible to consolidate a social protection network, generating distortions, prejudices and reinforcing the violation of rights.

According to Anunciação et al.<sup>16</sup>, the police approach can be described as an encounter between the police officer and the person(s) questioned by him/her, based on a suspicion based, in theory, on technical and/or discretionary standards. For Pacífico and Zé, on a daily basis, there were approaches oriented to the "suspicious element of standard color" demonstrated by: "I've been beaten by the *police, by the gang and I've been arrested*"; "*They once mistook me for a drug dealer, handcuffed me and there (police station) the guys humiliated me.*"

Another dimension to be mentioned is the difficulty of denouncing such acts, offenses or negligence to the government, since the feeling of insecurity and lack of consideration and perspective is constant. Lili and Sérgio's narratives confirm this scenario: "*I never denounced it, because violence is trivialized and no one cares anymore*"; "*Corruption in the country is huge [...]* *We are invisible, our life is invisible to them.*"

The first understanding to be assumed is violence as a social relationship present and rooted in the history of the formation of the Brazilian territory and nation. The constant practices of an essentially white and male system instigate us to think that the management of difference is still based on the colonial/capitalist model, driving the great social machinery to produce ways of living, doing, bodies and discourses in relation to life and death itself.

### 3.2 "BOUQUET OF STONES WITH FLOWERS": PATHS AND IMPASSES IN MENTAL HEALTH

At present, "different forms of extermination are carried out in the cities. The intolerable is exterminated, what is outside the order of things is killed, what brings about the rectification of difference, forbidden to transgression" <sup>(16)(15)</sup>. The price paid for the resistance of routine perjury is characterized as a path that resumes the atrocities and impunity of the past and formulates new ways of adapting and relearning the steps that lead to the and(a)effective transformations of the collective and the innermost.

The discussions about violence and its interfaces with the field and history of mental health in Brazil permeated hygienist policies, based on the moral hygiene of society, which began in the mid-nineteenth century. that for the physician Nina Rodrigues, a precursor of criminal anthropology and psychiatrist, he believed in the relationship between madness and racial miscegenation, as well as the examples of drunkenness, alienation, epilepsy, violence and amorality



related to mestizos and blacks<sup>17</sup>.

Thus, the first psychiatric institutions were born in Brazil, the first being the Dom Pedro II Hospice, inaugurated on December 5, 1852, in the city of Rio de Janeiro, later called the "National Hospice for the Alienated". Gradually, the model of the European psychiatric hospital developed and proliferated throughout the national territory, whose characteristic was that of a socially legitimized space for madness. Hospitalization was compulsory and in the name of science, the alienated person was subjected to the forms of treatment instituted. In this trajectory, Psychiatry organized ways to dominate and contain those considered insane to the established norm. For Amarante<sup>18</sup>:

"The wretched, the marginal, the poor, the workers, peasants, the unemployed, Indians, blacks, degenerates, dangerous in general to public order, and migrants who, in some way or for some reason, suffered from something that is conventionally encompassed under the title of mental illness. On the other hand, the insane were found almost everywhere: streets, prisons and in the so-called "houses of correction", beggars' asylums and still crowded in the basements of the Holy Houses of Mercy" (p.75)<sup>18</sup>.

In these paths, the relationships present in the origins of psychiatric treatment reveal violent manifestations and locus of inhumane treatment to those who were in psychiatric hospitals, separated from what diverged from the social norm. The widespread assumption that the "insane" should be marginalized and socially excluded or allocated to places of segregation such as asylums and asylums, often subjected to practices such as electroshocks, whippings, spinning machines and lobotomy<sup>19</sup>. Ana's speech, in this research, intersects with the threads of the past and takes up painful memories, *"in the past it was worse, there was no respect or affection, everything was a reason to hurt"*.

In a case recently reported in the media, which occurred in Sergipe, a man was killed by asphyxiation by stun gas in a Federal Highway Police vehicle, according to information he had medical reports proving his diagnosis of schizophrenia. Through this situation, which is repeated in the historical course, one can visualize the brutality and intensity that subjects with mental disorders are subjected to. To paraphrase "every van and asylum has a bit of a slave ship", the thorny issue of the approach to mental health through psychiatrization, compulsory hospitalizations, unbridled production of classifications and early diagnoses, excessive medicalization and the dynamics of total institutions such as prisons and hospitals is revealed. Cristina demonstrates this in her account, *"the diagnosis took away from me all joy, voice and desires when I was still young [...] To lose one's life inside an institution is too sad."*

In this context, the trajectory between psychiatric care institutions and violence is as old as





psychiatry itself. Since the creation, in Paris, of the first institution of a specifically psychiatric nature by Pinel, there has been questioning of the violence caused by the confinement of the insane<sup>20</sup>. The difficulty in subverting the asylum logic, racism and the power of medical knowledge is an obstacle to building a fairer, more egalitarian health care that transforms the concepts and judgments regarding experiences and suffering in mental health. The complexity and multidimensionality of contemporary violence, its effects on individuals and groups, permeates the legal, social and health interventions underway in the country.

According to the concept of "moral career of the mentally ill", used by Goffman<sup>21</sup> to refer to the trajectory taken by a person who becomes an intern in a psychiatric hospital, focusing on the sequence of changes that hospitalization causes in their identity and motivations. The possibilities of family abandonment, the labels imposed on the subjects and restrictions at various levels, in the case of Luz e Dores the hospital became a place of relief and recollection, due to the sexual and verbal violence they suffered from their partners: *"he beat me every day, I even lost a pregnancy because of the aggressions, he called me crazy"* and *"I already had to go to the emergency room, He used an iron bar to hit me on the head."*

For women, the experience of abandonment by the family (mother), physical and sexual violence as a result of unequal gender relations, violations of labor rights, deprivation of reproductive rights, fragmented maternity are situations that not even time heals, the wounds still bleed. In fact, the reason for their hospitalizations would not have been a mental disorder, but existential territories that were difficult to bear. Reaffirming the role of psychiatric hospitals as an institution of control, whose therapeutic purpose conceals other interests.

For Delgado<sup>22</sup>, the important debates within the mental health agenda are: the social imaginary of violence and its relationship with the field of psychiatry; the modes of scientific appropriation of the theme of violence by psychiatry and mental health; violence as a by-product of forms of treatment and institutionalization, as in the case of confinement and closed institutions; explicit forms of punishment and rehabilitation; urban violence, and its repercussions for the field of health. The plurality of subjectivities in line with the production of psychic suffering, having as one of the health problems the experience of violence existing in society and at the core of our collective history, remains a great challenge to be worked on in health care networks, maximizing debates around political, economic and ethical issues.



### 3.3 PERSPECTIVES OF CARE AND THE ACTION OF OCCUPATIONAL THERAPY

When analyzing the ways in which the living conditions of the population are pointed out as determinants of the health-disease process, it is precisely the fact that they are faced with confronting the violence paradigm on a daily basis and its implications in the routine and life of the population served. To the extent that broadening the perception of health needs and the possibilities of care modifies the practices and services offered.

Discussing what care is based on the notion adopted by Bosi and Ushimura<sup>23</sup>, that care transcends the technical scope of care or the level of health care, although it is present in the materiality of the interpersonal relationships that are established in this field. This apprehension is articulated with the concept of comprehensiveness – one of the philosophical pillars of the SUS proposal in Brazil – by imposing a broader view of man, health and territory, translated into the need to establish multiple perspectives.

From 2001 onwards, with the Psychiatric Reform Law, there was a restructuring of the Psychosocial Care model, the assistance to people in psychological distress or who had a mental disorder was directed to provide adequate treatments and a set of devices that would guarantee sociocultural reintegration<sup>24</sup>. The rights of people with mental disorders were defined and the recommended care was based on the resocialization of these individuals, with outpatient follow-up in most cases. In this sense, deinstitutionalization is based on the understanding that another way of relating to the notions of madness is necessary, due not only to technical-scientific nuances, but also to the political implication. It is a work that starts from the sensitive and welcoming experience, in addition to dehospitalization, involves the expansion of daily questions about the instituted system and asylum forms present to the present day<sup>25</sup>. At this point, Occupational Therapy pays attention to the numerous activities performed by individuals, which are performed on a daily basis. It is from the engagement in a balanced routine that each human being relates, expresses his ideas and produces his meanings in the process of good living.

Lieberman's thought-provoking formulations<sup>26</sup> allow us to rethink the experiences and practices of Occupational Therapy in the social field, by proposing that the activity, the work with the body and its occupations can be powerful care instruments that directly affect the subjectivities and places of belonging of the subjects. Raising such concerns produces new models of action that the profession can come to adhere to, in these exchanges, in this transit and in this dialogue that the subsidies of inventions and creations of new practices aimed at the transformation of social spaces are found.



Together with Barros, Oliveira and Silva<sup>27</sup>, it is believed that caring is more than an act: it is constituted as an attitude. In this way, it is more than a moment of attention and zeal, as it conceives an attitude of occupation, concern and affective involvement with the other. Caring is taking responsibility, bringing to oneself the demands of a fragile other, proposing answers and solutions, accompanying the wanderings in the continuous process of search for tolerance, dignity, respect and citizenship.

Thinking that violence qualifies as a strong factor of mental health problems, being a public health problem, the exposures during the stages of life and the meanings created by this permeate behavioral changes, such as the adoption of risk behaviors, social isolation and impairment of self-care<sup>28</sup>. Luz says *"I've tried to kill myself many times, with everything you can imagine, nothing takes it out of my head to see your son being murdered in front of you [...] It hurts a lot."*

Of the data collected in this research, 80% of the interviewees reported having been victims of domestic violence by close relatives and parents (predominance of a male profile as the aggressor), mainly during childhood and adolescence. According to Minayo<sup>29</sup>, there is often a tacit agreement between the aggressors and the victims, in order to preserve that family. Although domestic violence can cause deaths, disabilities and have serious emotional, social and cultural consequences, there are negotiations and pressures on the part of victims and relatives and/or interested parties to avoid notifications that bring possible legal damages". Dores expresses this in his narrative:

I have been abused and mistreated by my father, grandfather, uncles and cousins. In the countryside, this is normal, my mother pretended that she didn't see it and I grew up thinking that it was my fault, I became a person with low self-esteem and a lack of confidence from everyone who approached me [...] thinking about it today at 40 I get angry, because I didn't live life as I wanted I know it could have been different with me and my other siblings. I never filed a complaint, but I carry it with me like a cross, no one really deserves to go through everything I went through.

Therefore, considering the development of studies that focus on strategies for the prevention of violence, Occupational Therapy should conduct its action through the recognition and understanding of the daily life and occupational history of the subjects. According to Galheigo<sup>30</sup>, it is in this way that professionals can help in the recognition and understanding of daily conflicts, giving new meaning to their actions and thinking, strengthening the social fabric, and, finally, enabling a better effectiveness of support networks.

The occupational therapist presents himself as a qualified professional for the demand related to violence, since he aims at the individual's involvement in the occupation by supporting his participation in various contexts – cultural, physical, social, personal, spiritual and temporal<sup>30</sup>.



It is verified that the partnership between the O.T., family, community and school can provide the construction of programs and strategies that aim at a culture of peace, enabling the realization of actions focused on critical reflection, aimed at the construction of other life projects<sup>31</sup>.

#### **4 FINAL THOUGHTS**

The study showed that the theme does not allow closed conclusions and applicable generalizations, being a specific group in a given context. However, its results can foster reflections and practices that enable the construction of more coherent and broader knowledge on the subject. Redefining the places that these subjects occupy as citizens inserted in the social reality, permeable, therefore, the various forms of invisibility that persist as a result of a set of historically constructed and socially naturalized norms, institutions, behaviors, narratives, conducts, affections and discourses.

A transgressive and subversive perspective is necessary to open spaces for discussion about the phenomenon of violence, its manifestations and frameworks.

Thus, it is important to perceive the importance of continuing observations, inquiries and research on the many possible paths of production and sharing on violence and mental health in the area of Occupational Therapy. Together with the reformulation of comprehensive care that expands the boundaries of care and support network, enabling strategies and accountability in the face of violence through an interdisciplinary and humanized approach.

The movement in this direction is part of an engaged and emancipatory political project, based on justice and human rights, a process of permanent education for the different experiences and ways of being in the world. In the dialectic of democracy and collectivities in the face of a promising planning. In view of this, the possibility of strengthening and compromising the relationships between the health care network/community/institutions favors joint action focused on awareness, guidance and prevention of violence.



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