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Intimate partner violence against women in an economically vulnerable urban area, Central-West Brazil

ABSTRACT

OBJECTIVE: To estimate the prevalence of gender-based controlling behavior and types of violence committed by intimate partners against women living in an economically vulnerable area.

METHODS: A cross-sectional study was performed with 278 women aged between 15 and 49 years, who had had at least one male intimate partner in their lives and lived in a metropolitan area of the city of Brasília, Central-West Brazil, in 2007. Systematic random sampling process was used. The research instrument consisted of a questionnaire with 58 questions, developed by the World Health Organization. Prevalences of physical, psychological and sexual violence were analyzed. Independent variables considered were women's sociodemographic, family and community context characteristics, in addition to their partners' sociodemographic and behavior characteristics (frequency of alcohol or illicit drug use and extra-marital relationship).

RESULTS: The highest prevalence was that of psychological violence: 80.2% (n=223) of the women interviewed reported at least one act throughout their lives and 50% (n=139) in the last 12 months. Prevalence of physical violence was 58.6% throughout life and 32% in the last 12 months, whereas those of sexual violence were 28.8% and 15.5%, respectively.

CONCLUSIONS: High prevalences of violence show the magnitude of vulnerability and aggressions committed against women in relationships with intimate partners.

DESCRIPTORS: Battered Women. Spouse Abuse. Violence Against Women. Socioeconomic Factors. Health Vulnerability. Gender and Health. Cross-Sectional Studies.

INTRODUCTION

Historically, violence against women has been tolerated, mitigated and become normal in the routine interactions of several societies. In Brazil, only in the end of the 20th century did violence become part of the political agenda as violation of human rights. Due to the mobilization and growing awareness resulting from social movements, governmental and non-governmental organizations, international conventions with subsequent national repercussion, and the recent preparation of specific laws, mechanisms to limit and prevent acts of aggression and violence against women by intimate partners and family

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members were created.⁸ Denial of conflicts involving gender relations through violent means is an issue that does not belong to the private domain, and thus should be rejected and denounced by modern society as a deviation of the norm.

In the present study, “intimate partner” is a term that describes a husband, boyfriend, fiancé or any other man with whom a woman develops an intimate-affective relationship. Violence by an intimate partner leads to serious consequences and disease susceptibility, being one of the worst social and public health problems worldwide.^{6,8,9,13}

“Violence by an intimate partner” is categorized as a form of violence based on gender. The gender concept is dynamic, relational and a product of socialization. Butler³ (2003) affirms that there are different theoretical branches for the gender-sex category. Therefore, it is essential to understand that, when “female” or “male” are mentioned in this article, something that has multiple representations is being described in a particular way.

According to a world report on violence and health, prepared by the World Health Organization (WHO),²⁴ the most prevalent form of violence against women is that committed by intimate partner in the private space, although not restricted to the domestic space, with prevalence rates varying between 15% and 52% of women who have experienced some form of violence committed by a partner.

Violence against women shows varying magnitude among population groups. Low level of education; greater social inequalities, feeding into structural violence; and alcohol and illicit substance use seem to increase the magnitude of the problem and cause economically segregated women to be in a situation of greater vulnerability to violence.^{1,9,16,25} Brazil is a country marked by great social, economic, educational and public service and resource access inequalities.² Violence against women has been associated with the asymmetrical access to “structures of opportunities”²⁴ – especially those related to inclusion and stability in the job market and the educational system – present in the urban spaces for certain social classes, ethnic backgrounds and gender groups. In this sense, gender equality occurs in direct proportion to the eradication of social inequalities in modern societies and achievement of basic human needs.

In Brazil, a study with a national sample, performed with 2,502 women aged 15 years and older, found that

43% of Brazilian women had already suffered violence committed by a man in their life.²²

From 2000 to 2003, the WHO performed a study in ten countries entitled “WHO multi-country study on women’s health and domestic violence against women”.²⁴ Brazil participated in this study, where the areas selected were the city of São Paulo and Zona da Mata, southeastern and northeastern regions, respectively, with high prevalences of psychological violence, followed by physical and sexual violence.²⁰

The present article aimed to show the prevalence of gender-based controlling behavior and forms of violence against women living in an economically vulnerable area, committed by intimate partners in the last 12 months and throughout life.

METHODS

A cross-sectional study was performed with women aged between 15 and 49 years, living in a metropolitan area of the city of Brasília, Brazilian Federal District, known as Varjão, in 2007.

The metropolitan area of Brasília is comprised of a mosaic of urban areas from the Federal District and adjacent cities of the state of Goiás, Central-West Brazil. The community of Varjão is marked by poverty and social inequality and, until the time this study was performed, it did not have any previous research data on or information about violence against women committed by intimate partner.

The WHO classification of violence^{20,24} was adopted, according to the type of violent act committed: psychological violence or emotional abuse, (moderate and serious) physical violence and sexual violence.

The dependent variable was the occurrence of violence against women or not, committed by intimate partner at a certain moment of life and in the last 12 months. Any affirmative response for the acts classified as violent was equivalent to a positive case. Prevalences of violence analyzed were of a psychological, physical, and sexual nature.

The “WHO instrument on violence against women”²⁴, which consists in a short version of the original questionnaire, was used. Other questions were added to the complete instrument, totaling 58 questions of the original document.

A process of simple random sampling was considered to obtain the sample size, using the proportion of women

⁸ Brazil. Law 11,340 from August 7th, 2006, creates mechanisms to prevent domestic and family violence against women, under the terms of Paragraph 8 of Article 226 of the Federal Constitution, the Convention on the Elimination of All Forms of Discrimination against Women and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, deals with the creation of a Court for Domestic and Family Violence against Women; and changes the Penal Process Code, the Penal Code and the Penal Execution Law; *Diário Oficial Uniao*. 8 ago 2006; Seção 1;1.

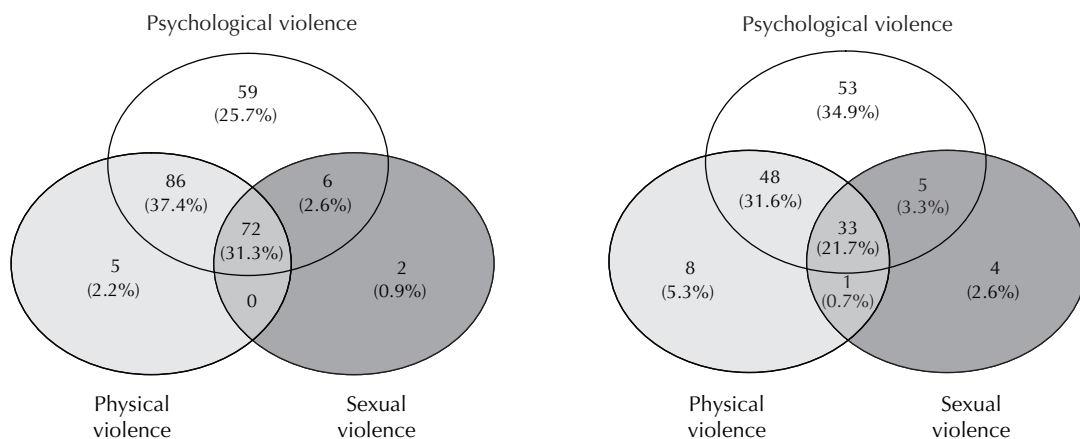


Figure. Frequency and combination of cases of psychological, physical and sexual violence throughout life and in the last 12 months. City of Brasília, Central-West Brazil, 2007.

who had suffered violence by intimate partners. The minimum sample size was 257 women, considering that the 2000 Census^a included 1,688 women aged between 15 and 49 years and a prevalence of 27% of physical violence committed by intimate partner throughout life, published in a Brazilian study that used the WHO instrument²⁰ with a 5% sampling error and 95% confidence interval. A final sample size of 300 women was achieved, with a 17% safety margin. As the study used for the calculation²⁰ found much lower rates than those observed in the present study, the research sample size was sufficient.

A systematic probability sample design was used to make data collection operational, including a 1/6 sampling fraction or 16.7%. Initially, all blocks and lots where women lived were surveyed. In each household, families were identified and, in each family, women aged between 15 and 49 years were listed for subsequent selection. Only one woman of each household was selected for interview. Only the 278 women who affirmed having current or past relationships with intimate partners were considered for analysis. The inclusion criteria adopted were: women aged between 15 and 49 years and residents of Varjão for at least a month.

Before the interview, one code word was defined by the interviewer and interviewee, which would be used in case the latter felt her safety threatened by the arrival of any other person²³. At such moments, the interviewer would show breast self-exam techniques, request privacy to continue the demonstration and use the procedures to guarantee the interviewee's safety, as well as care for the confidentiality and voluntary nature of the participation in the study. In addition, women received material^b resulting from the research project, aiming to

strengthen their community, based on the resources and services available in the support network.

Data are shown as means, medians, standard deviations and proportions. Prevalences and frequencies of violent acts committed by intimate partners are also shown. The SPSS software was used to input and treat data.

The study was approved by the Research Ethics Committee of the *Universidade de Brasília* (CEP/FS – Brasília University – Project n. 003/2007).

RESULTS

In terms of women's sociodemographic characteristics, the majority of them were aged between 25 and 34 years (45%) and had a mean age of 30 years (SD=8.5 years) and low level of education (62% had an incomplete primary school level). The majority were married or lived with a partner (83%), of which 28% had married more than once. In terms of life context, 48% affirmed that they could not rely on their family in case they needed any type of support, including situations of violence (Table 1).

As regards intimate partners, age varied between 16 and 75 years (median=32 years) and low level of education was even more frequent, with 71% of individuals having an incomplete primary school level. Mean number of years of education in men was 5.1 (SD=3.6 years), whereas this number was 6.5 years in women (SD=3.1 years). In terms of alcohol drinking, 12% of women reported their partners drank every day or almost every day, and 49% reported that their partners drank moderately (two to three times a week). In addition, 11% of women stated that their partners were illicit drug users and 19% reported that they had already

^a Instituto Brasileiro de Geografia e Estatística. Censo Demográfico 2000. Rio de Janeiro; 2001.

^b Coelho CN, Moura LBA. Guia de empoderamento comunitário: atividades e recursos do Varjão, DF. Brasília; 2007.

Table 1. Sociodemographic and context characteristics of women interviewed. City of Brasília, Central-West Brazil, 2007. (N=278)

Variable	n	%
Sociodemographic		
Age group (years)		
15 to 24	71	25
25 to 34	125	45
35 to 49	82	30
Level of education (years of education)		
Less than 4	72	26
4 to 7	101	36
8 to 10	68	24
11 or more	37	13
Marital status		
Currently married/living with a man/having a sexual partner	230	83
Previously married/lived with a man		
Number of marriages		
Up to one marriage	199	72
2 or more	79	28
Employment status		
Working	102	37
Seeking work/unemployed	160	58
Inactive	16	5
Religion		
Catholic	143	51
Evangelical	80	29
Does not have a religion	48	17
Other religion	7	3
Context		
Woman has family support in case she needs it		
Yes	160	58
No	118	42
Involvement of neighbors to stop a fight		
Yes	144	52
No	132	48

used this type of substance in the past. The occurrence of extra-marital relationships by intimate partner was reported by 48% of interviewees (Table 2).

When asked who the family provider was, 36% referred to themselves, whereas 15% of families were headed by both the woman and her partner.

Northeastern Brazil was the region where most interviewees came from (48.6%), of which 28.3% had migrated from the state of Bahia. Only 10% of interviewees were natives of the region studied.

In terms of the variables expressing gender relations, 45% of participants stated that wives should obey

their husbands, even when not agreeing with them. However, 96% of them disagreed that disobedience is a valid reason for violent acts against them by intimate partners. In case of family problems, 72% of women reported that these should be discussed with family members exclusively.

When asked about the existence of gender-based controlling behavior adopted by the current or most recent partner, 36% affirmed that male partners sought to prevent them from visiting or seeing friends. Moreover, 22% of partners sought to restrict their contact with family members; 45% insisted on knowing where they were at all times; 45% treated them with indifference; 52% became angry when they talked with other men;

Table 2. Sociodemographic and behavioral characteristics of intimate partners of women interviewed. City of Brasília, Central-West Brazil, 2007. (N=278)

Variable	n	%
Sociodemographic		
Age group (years)		
15 to 24	58	21
25 to 34	112	40
35 to 49	91	33
50 or older	17	6
Level of education (years of education)		
Less than 4	101	36
4 to 7	96	35
8 to 10	44	16
11 or more	37	13
Employment status		
Working	213	77
Seeking work/unemployed	48	17
Inactive	17	6
Behavior		
Frequency of alcohol use		
Frequently	32	12
Moderately	136	49
Rarely	31	11
Never	78	28
Illicit drug use		
Currently uses it	30	11
Used it in the past	189	68
Has never used it	53	19
Extra-marital relationship		
Yes	134	48
No	144	52
History of fights with other men		
Yes	98	35
No	180	65

27% frequently suspected of infidelity; and 12% expected them to ask for permission to look for health services. These types of gender-based controlling behavior showed statistically significant differences for physical, sexual and psychological violence ($p < 0.05$).

Psychological violence showed the highest prevalence, 80.2% (95% CI: 75.5;84.9) throughout life and 50% (95% CI: 44.1; 55.9) in the last 12 months. Physical violence had a prevalence of 58.6% (95% CI: 52.8;64.4) throughout life and 32.4% (95% CI: 26.9;37.9) in the last year, followed by sexual violence, with 28.8% (95% CI: 23.5;34.1) and 15.5% (95% CI: 11.2;19.8), respectively (Table 3).

The form of psychological violence with the highest prevalence throughout life and in the last 12 months was insult (69% and 39%, respectively). However, threats throughout life and in the year preceding the interview (50% and 32%) showed the greatest proportion of reports of repeated episodes (62% and 63%). The Figure shows that exclusive psychological violence in the last 12 months (34.9%) was higher than throughout life (25.7%), a statistically significant difference ($p = 0.053$).

Acts of physical violence considered moderate with the highest prevalence both throughout life and in the last 12 months were pushing and shaking one's partner (53% and 26%), respectively.

Punching or throwing objects showed the highest prevalence among acts classified as serious violence (30% and 17% throughout life and in the last year, respectively) and were the second most common occurrence of high-frequency episodes (57%) in the last 12 months. However, acts of violence that showed higher frequency, i.e. those occurring many times throughout life and in the last 12 months, were kicking or beating (61% and 56%, respectively). At least one in every four women (28%) reported having been threatened or suffered injury by cutting weapon or firearm. Among these, 41% declared having suffered recurrent episodes of this form of violence (Table 3).

Sexual violence against women committed by partner showed the following prevalences: having been forced to have sexual intercourse against one's will (20% throughout life and 10% in the last 12 months), having sexual intercourse out of fear of what one's partner could do to one (23% and 12%, respectively), and having been forced by one's partner to go through a degrading or humiliating sexual activity (12% and 6%, respectively).

The highest prevalence was having had sexual intercourse out of fear of a partner, with a high percentage of women (65%) who had suffered this form of violence reporting that many episodes of sexual intercourse had occurred due to fear of their partners' reaction (Table 3).

The combination of forms of psychological, physical and sexual violence throughout life and in the last 12 months is shown in the Figure. Prevalences of 2.2% and 5.3% were found for exclusive physical violence throughout life and in the last 12 months, respectively, whereas concomitant physical, psychological and sexual forms of violence were observed in 31.3% and 21.7% of cases, respectively.

DISCUSSION

In Brazil, the multicenter study performed by the WHO²⁰ found a prevalence of at least one act of psychological violence throughout life of 41.8% in São Paulo and 48.9% in Zona da Mata. In the present study, prevalence was 80.2%. For physical violence, prevalences were 27.2% and 33.7% in São Paulo and Zona da Mata, respectively, and 58.6% in Varjão. As regards sexual violence committed by intimate partner, prevalences of 10.1% in São Paulo and 14.3% in Zona da Mata were found. In Varjão, this proportion was 28.8%.

When results from the present study are compared to those from international studies, also performed in countries characterized by social inequalities in the WHO multicenter study,⁶ it was observed that the 58.6% prevalence of physical violence throughout life in Varjão is equivalent to that of the Andean region of Cuzco, in Peru (61%). In the 12 months preceding

the interview, physical violence reported by women in Varjão was 32.4%, a rate higher than those of the 15 regions of the multicenter study, whose highest prevalence was recorded in a rural district of Ethiopia (29%). In the WHO study, the prevalence of sexual violence throughout life varied between 58.6% in Ethiopia and 6.2% in Japan; in the last 12 months, it varied between 44.4% in Ethiopia and 1.1% in Serbia and Montenegro. Yet, the prevalences found in Varjão, 28.8% throughout life and 15.5% in the last 12 months, are equivalent to those found in a rural province of Thailand (28.9% and 15.6%, respectively).

A recent study,¹¹ using the WHO methodology to interview 12,795 women aged between 15 and 59 years in 12 rural and urban areas of Turkey, found a prevalence of 39% for physical violence and 15% for sexual violence, in addition to great variations among the areas studied. In one of the regions, Northeastern Anatolia, prevalences were 53% and 29% for physical and sexual violence, respectively. These prevalences were similar to those found in the present study and seem to draw attention to the interface between human ecology and domains in life marked by the asymmetry of the different spaces occupied by women and men. Varjão is a place where almost three quarters of the population studied believe that family problems must be discussed with family members exclusively. Moreover, almost half of the interviewees reported not relying on either family support or the local community initiative to stop fights that occur in the neighborhood (Table 1). A previous study described the experience of families in which violence against women was associated with the interruption of family dynamics and reduction of support provided by family members.¹⁷

A large proportion of physical violence considered serious by the WHO – violent acts with great potential to cause injury – and of sexual violence showed a pattern of recurrence, revealing the seriousness of the situation faced by women in Varjão. According to what has been indicated by a previous study,¹⁹ the majority of violent acts did not consist in a single episode, but rather a series of episodes that can last for decades. National and international data showed the impact of violent acts on women's physical and mental health and the challenges to the public health agenda.^{5,20,24,25}

Varjão, marked by poverty moving towards the city outskirts and its urbanization, is characterized as an area vulnerable to violence, although situated in a central area of the federal capital. Studies in the field of demography and geography have indicated that certain areas that show a lack of social equipment and structures of opportunities available, in addition to the resident population's precarious socioeconomic conditions, are in a situation of vulnerability.^{4,10,14} The multicenter study⁶ indicated that, in less industrialized areas with lower female empowerment, violence rates

are higher. In the present study, both women and their partners showed low level of education, with 60% having an incomplete primary school level only, a result similar to that of other studies.^{7,16} The higher level of education in women seems to be associated with their personal empowerment, promoting reduction in tolerance towards violence.¹

High prevalence (48%) of male partners' extra-marital relationships was observed. Although marital infidelity has been reported by other studies,^{18,21,25} the prevalence found is similar to the indices of countries where polygamy is socially acceptable.¹² The occurrence of infidelity has been described as a form of emotional abuse that causes a double act of aggression against women: on the one hand, the humiliation felt to the detriment of their partner's implications of infidelity; on the other, their reporting that violence against them by their partner became worse after infidelity was discovered.²¹

Some methodological aspects could have contributed to increase the reporting of episodes of violence, especially those of a sexual nature, which have been described as more difficult to be exposed than acts of violence of a different nature.¹² The technique used in the interview included moments of silence and pauses, respecting women's individual rhythm. All interviews were conducted by the research coordinator, enabling homogeneity in the strategies to allow interviewees to be in a comfortable situation that encouraged them to reveal painful events that were often being narrated for the first time. The need for individuals experienced in the field of interpersonal violence represents a challenge to the logistic preparation of population-based studies involving multiple interviewers.

Alcohol and drug use by intimate partners and its association with violence against women has been described in several studies.^{1,16,25} They are substances used in a paradoxical way, i.e. they are both chosen during leisure and celebration activities and used as a compensatory strategy for loss and suffering. The mechanism through which alcohol magnifies violence has been widely discussed.^{1,25} In the sociocultural model, the use of psychoactive substances is viewed as

a result of social forces, influenced by the interaction among the community's attitudes, values and cultural environment.^{5,16,24} In this sense, to study the intensity of violence presupposes the transcendence of the one-direction alcohol/drug-violence relation.

Other factors, such as national and local public policies, greater visibility of the phenomenon in print media, radio broadcasting and television, in addition to the inclusion of the issue in the political agenda of governmental and non-governmental organizations, could also have contributed to greater exposure of violence against women in Varjão. The Maria da Penha^a Law itself has not only brought paradigm changes to the Brazilian legislation, but also become a useful instrument to approach the issue of violence by intimate partners, together with formal and informal leaderships in the community.

Among the limitations to this study was the non-inclusion of women aged more than 49 years and the male population. Another limitation was the study design itself, once a population with more varied income strata could not be included due to the economical restrictions found in Varjão. Based on the ecological model, qualitative studies involving both women and men could help to analyze the dynamics of the relationships between intimate partners, the role of the community and the need to stop considering patriarchal structures of Brazilian society as normal.¹⁵ The instrument used to collect data did not intend to include all violent acts, because the nature of violence itself does not enable the statistical delimitation of a border between abusive behavior and marital conflicts. The limitation of the instrument is associated with the complex nature of the phenomenon of violence between intimate partners.

In conclusion, this study shows the high prevalence of forms of violence against women committed by intimate partners, who deny them the condition of "rights subject" in intimate-affective relationships. The development of a culture that does not tolerate the maintenance of such forms of violence in all spheres of the ecology of human relationships is essential to reduce these indices.

^a The *Lei Maria da Penha* (Maria da Penha Law) is a legal provision with a systemic preventive, punitive and restorative approach that specifically deals with violence against women.

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