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Facing violence by intimate partner: the experience of women in an urban area of Northeastern Brazil

ABSTRACT

OBJECTIVE: To describe the methods of coping adopted by women who have been subject to physical domestic violence.

METHODS: A cross-sectional study designed to investigate domestic violence was carried out on the baseline data of a cohort study of 1,120 pregnant women in Recife, Northeastern Brazil. A total of 283 women aged 18 to 49, who reported physical violence by their current or most recent partner before and/or during pregnancy and who were enrolled in the Family Health Program, were eligible for this study. Data were collected through face-to-face interviews, involving a structured questionnaire, conducted between July 2005 and March 2006, and descriptive analysis was carried out. Data were gathered on the women's socio-demographic characteristics, the type and scale of the partners' physical violence, the method in which they dealt with the violence, whether help was sought and from whom, whether they had abandoned home due to violence and, if so, whether they had returned.

RESULTS: Of the women who had suffered domestic violence, 57.6% had talked to someone about it, 3.5% had sought help from an official service or a person in position of authority, 17.3% had talked to someone and sought help from an official service, and 21.6% had not sought any help. Those people whose support was most frequently sought were parents (42%), a friend (31.6%) and brother / sister (21.2%). The services most frequently sought by the women were: police (57.6%), healthcare (27.1%) and religious institutions (25.4%). Of the women, 44.8% reported not having received any type of assistance; 32.1% reported having left home, for at least one night, at some point in their lives. Of these, only 5.9% reported that they did not return home. The reasons for leaving the home included the exacerbation of violence and the fear of being killed. Reasons for returning home: the hope that the partner would change and the desire to preserve the family.

CONCLUSIONS: Most women who reported domestic violence seek some form of help. The primary social network (family and friends) was that most sought after by women to break the cycle of violence. The results highlight the need for raising awareness of assistance and support services and the importance of increasing and improving public service systems (police, legal, health, psycho-social care) to effectively support women in escaping situations of domestic violence.

DESCRIPTORS: Battered Women. Pregnant Women. Spouse Abuse. Violence Against Women. Domestic Violence.

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INTRODUCTION

Although violence against women occurs in diverse contexts, it most often takes place in the home¹⁸ with the partner as the main aggressor.^{7,18,19} Violence by the intimate partner (IPV) is considered to be gender violence as it is part of unequal power relations between men and women.²¹

The multi-country study on Women's Health and Domestic Violence¹³ stated the estimated prevalence of IPV at some point in a woman's life to vary between 15% in Japan and 71% in rural Ethiopia. In Brazil, this prevalence is between 29% and 37%.¹³ In addition to being a social issue, violence becomes a health problem due to the impact it has on the individual and the community's quality of life, the physical and moral damage it causes and the need for medical attention and care from doctors and hospital services.¹²

The dynamic of IPV is known as a "cycle of violence"^{15,18}. This cycle passes through three stages. The first is characterised by the accumulation of tension, with constant arguments and an atmosphere of insecurity. The second is made up of acute violent episodes, requiring the woman to seek some form of help. The third is when the aggressor repents and apologises to the woman and the couple continue with their relationship.^{15,18} This cycle may repeat itself countless times in the same relationship and it is the decision made by the woman herself that should end it,¹⁸ although there are other factors (support of those close to her, favourable economic and material conditions and quality support service, among others) which may contribute to leaving the IPV situation.¹⁵ This decision requires that society and public opinion view violence against women as a social and public health problem.^{15,18}

Some women take no action against the violence^{3,20} either from shame, feelings of guilt or fear of the aggressor.²⁰ Others break their silence and talk about it with friends and family.^{13,20} There are some who seek help from a domestic violence service.¹⁵ There are many reasons to explain the attitudes with which women in a situation of domestic violence cope with it.^{15,18}

Breaking the silence can be the first step in breaking the cycle of violence.²⁰ However, women do not always meet with support from family and friends.¹³ Seeking help from the authorities is a long process, with progress and setbacks, little support from institutionalised services and subject to more violence because of the discrimination and prejudiced and authoritarian attitudes of the professionals who deal with the women.^{9,11}

Many women cite fear of reprisals, loss of financial support and the support of family and friends, concern

for their children, emotional and financial dependence^{9,10} and hope that the partner will change their behaviour as reasons for staying in a violent relationship.³

Violence is a multi-faceted problem.¹⁰ The women are emotionally involved with their aggressors. Many do not perceive the acts of violence as a violation of their rights,¹⁸ others are ashamed and humiliated by the violence they experience.²¹ Added to this is the lack of knowledge about their rights and the services to which they could turn,¹⁵ as well as the reduced network of help available.

Confronting IPV involves countless subjects and interdisciplinary actions. It requires care and health networks, public, private, legal and social security,^{10,18} even though many women get out of the violent situation without asking for help from the authorities.¹³ The support networks for these women are limited in Brazil,^a in spite of international agreements and advances in national public policy, with the creation of the a police departments specialising in assisting women (DEAM) and the passing of the Maria da Penha law (Law 11,340, 2006).^a The situation is most alarming in the north east, which accounts for 27.6% of refuges and 16.0% of the total women's support networks in the country.^a

Investigating how and how often women face domestic violence may contribute to improving campaigns and public policy aimed at reducing violence against women. This study aims to describe the ways in which women deal with domestic violence.

METHODS

This is a cross-sectional study of baseline data from a cohort study of 1,120 pregnant women, designed to investigate the determinants and consequences of violence on the health of the woman during pregnancy. Those eligible for inclusion in the study were any women who were pregnant between July 2005 and November 2006, aged between 18 and 49 and who were enrolled in the Family Health Program (FHP) of Health District II in Recife, Pernambuco. Of the 1,133 women identified, 1,120 were interviewed. Of these, 25.3% reported incidence of physical violence with their current or most recent partner before and/or during the pregnancy in question. Only one did not respond to the questions regarding the impact and coping with IPV. Thus, 283 women aged 18 to 49 with a history of IPV before and/or during pregnancy were eligible for the study. The women were identified from pre-natal records of the FHP and from community health workers' records.

^a Instituto Brasileiro de Geografia e Estatística. Pesquisa de informações básicas municipais: perfil dos municípios brasileiros 2009. Rio de Janeiro; 2010.

High level, trained professionals used a structured and pre-coded questionnaire in face to face interviews. The questions were adapted from the WHO Multi-country Study on Women's Health and Domestic Violence, validated for Brazil by Schraiber et al.²² The interviews took place in FHP centres or were scheduled to suit the convenience of the woman.

Coping with the violence was classed as talking to someone about it and/or asking for help from a domestic violence service. Physical violence was defined as pushing, jerking/shoving, slapping, punching, kicking, beating, threatening to use or using a weapon (blade or firearm), attempted strangulation, burning or throwing an object which could have hurt the woman. A woman responding in the affirmative to any of the above episodes "during the current pregnancy" and/or "at another time when not pregnant" during the relationship with her partner, was classed to have suffered physical violence.

Intimate partner was defined as boyfriend, partner or most recent ex-partner, irrespective of cohabitation or formal union. Violence was classified as moderate if it consisted of pushing, jerking/shoving, slapping, throwing objects; and as serious for episodes involving punching, kicking, beating, threatening to use or using a weapon (blade or firearm), attempted strangulation or burning.¹⁵

We collected information on the women's socio-demographic characteristics, type and seriousness of physical violence committed by her partner, ways of coping with the violence, people and services approached, reasons for abandoning, and returning to, the home because of violence. In the data analysis, frequency distribution and descriptive tables were drawn up for the variables in question.

The interviewees received a guide, produced to this end, with names and addresses of health, social and legal services in Recife which specialise in dealing with women suffering domestic violence. The research was approved by the Committee of the Universidade Federal de Pernambuco (303/2004 – CEP/CCS).

RESULTS

More than half were young (≤ 24 years old) with a low level of education and the majority were either married or living with their partner. Less than half reported having an income of their own (Table 1).

Pushing, jerking/shoving, slapping and throwing objects, classified as moderate violence, were the types of violence most often reported. More than half had suffered violence classed as serious (with or without the association of moderate violence) (Table 2).

Table 1. Characteristics of female victims suffering physical violence by their partner. Recife, Northeast Brazil, 2005-2006.

Characteristics	n	%
Age (years)	283	
≤ 19	46	16.3
20 to 24	104	36.7
25 to 29	80	28.3
30 or over	53	18.7
Mean (standard deviation)	25.0 (5.3)	
Schooling (years)	283	
0 to 4	105	37.1
5 to 8	113	39.9
9 to 13	65	23.0
Mean (standard deviation)	5.9 (3.1)	
Marital status	283	
Married, living with partner	188	66.4
Not married or living with anyone (no sexual partner)	48	17.0
With a sexual partner, but not living together / married living separately ^a	47	16.6
Woman with own income	283	
Yes	135	47.7
No	148	52.3

^a Four women were legally married but lived in separate houses

Table 2. Types and seriousness of the physical violence suffered at the hands of the partner. Recife, Northeast Brazil, 2005-2006.

Variables	n	%
Types of physical violence	283	
Pushing, jerking/shoving	223	78.8
Slapping or throwing objects	194	68.6
Punching or striking with an object	92	32.5
Kicking, pulling or beating	79	27.9
Threatening to use a weapon	56	19.8
Attempted strangulation, burning	50	17.7
Seriousness of the violence	283	
Moderate (slap / push)	136	48.0
Serious (with or without moderate violence)	147	52.0

Of the women interviewed, 78.4% had used some way of coping with the violence; 57.6% spoke with someone about it, 3.5% sought help from the authorities and 17.3% talked about it and sought help from the authorities. Just over 21% had never spoken about it nor sought help from the authorities. Those who the women most often turned to were family or friends. The services most often contacted were the police (57.6%), hospital/health centre (27.1%), religious institution (25.4%) and

Table 3. Ways in which women coped with domestic violence, people and services of support sought by the victim. Recife, Northeast Brazil 2005-2006.

Variables	n	%
Ways of coping	283	
Talking about it to someone	163	57.6
Seeking help from some kind of service	10	3.5
Talking and seeking help from some kind of service	49	17.3
Neither talked nor sought help from some kind of service	61	21.6
Person with whom they talked (irrespective of whether help was sought from some kind of service)	212 ^a	74.9 ^b
Parents	89	42.0
Friends	67	31.6
Siblings	45	21.2
Partners family	42	19.8
Others family	29	13.7
Neighbours	28	13.2
Police	6	2.8
Doctor / other health professional	5	2.3
Psychologist	3	1.4
Children	2	0.9
Priest / religious leader	1	0.5
Boss	1	0.5
Persons who attempted to help the woman	212 ^a	
Nobody	95	44.8
Parents	65	30.7
Friends	51	24.0
Siblings	35	16.5
Partners family	28	13.2
Others family	22	10.4
Neighbours	22	10.4
Doctor / other health professional	3	1.4
Police	2	0.9
Psychologist	2	0.9
Children	1	0.5
Boss	1	0.5
Services from which help was sought (irrespective of whether the woman talked to someone)	59 ^c	20.8
Police	34	57.6
Hospital / Health centre	16	27.1
Religious Institution	15	25.4
Police department specialising in assisting women	14	23.7

Continue

Table 3. Continuation

Variables	n	%
Social services	4	6.8
Court/ Judge	4	6.8
Woman's group	4	6.8
Legal services / lawyer	2	3.4
Refuge	1	1.7
Local leader	1	1.7

^a Number of women who talked with someone

^b Multiple responses

^c Number of women who sought help from some kind of support service

Table 4. Women who leave home because of domestic violence and their motives for leaving and for returning home. Recife, Northeast Brazil, 2005-2006.

Variables	n	%
Left home because of domestic violence	265 ^a	
Never	180	67.9
At least once	85	32.1
Motives for leaving home ^b	85 ^c	
Could not stand the violence anymore	27	31.8
Seriously injured / feared for her life	10	11.8
Partner threatened or attempted to kill her	9	10.6
Was ejected from the home	6	7.1
Feared she may kill partner	6	7.1
No particular incident	5	5.9
The children were suffering	4	4.7
Encouraged by friends / family	1	1.2
He hurt or threatened to hurt the children	1	1.2
Other	35	41.2
Motives for returning home ^b	85 ^c	
Did not return home	5	5.9
Love for partner	24	28.2
For the good of the family / the children	23	27.1
Partner asked her to return	22	25.9
Forgave partner / believed he would change	16	18.8
Partner threatened her / threatened the children	11	12.9
Unable to support the children	9	10.6
Did not want to leave the children	8	9.4
Could not stay where she was / had nowhere to go	6	7.1
The family asked her to return	5	5.9

^a 18 lost values (women who did not live with their partners)

^b Multiple responses

^c Number of women who left home at least once

the police department specialising in assisting women (23.7%) (Table 3). Of the women who had spoken to someone about the violence, almost half did not obtain any help. Parents (30.7%), friends (24.0%) and the partner's family (16.5%) were those who most frequently tried to help the women (Table 3).

The majority (85.2%) had at some time retaliated against their partner's physical aggression; 29% once or twice, 11.3% several times, 6.4% a lot of times and 38.5% every time; 14.8% had never fought back.

Of the women interviewed, 32.1% reported having left home for at least one night at some point in their life. Of these, 5.9% reported that they never returned home. The main reasons for leaving and then returning home are shown in Table 4. The main reasons cited for leaving home were: not being able to stand any more violence (31.8%), being seriously hurt or fearing for their life (11.8%) and having suffered either death threats or attempts to kill them (10.6%). The returned for love of the partner (28.2%), for the good of the family/children (27.1%) and because they were asked to by their partner (25.9%).

DISCUSSION

Several studies into IPV have been conducted.^{4,7,9,15,19} However, few deal with the women's response to IPV at a population level.¹³ This study had a low number of losses (1.1%) and comprised of FHP users in a geographically defined area, the socio-economic characteristics of which are similar to those of other districts. This allowed us to extrapolate the results to the population served by the FHP in Recife.

A high proportion of women (78.4%) reported having experienced some kind of domestic violence, which is similar to other Brazilian studies in Embu (SP), 72.4%;² in the Pernambuco Forest Zone, 76.0%; and in the city of São Paulo (SP), 79.0%.¹³ The proportions vary from 34.0% in Bangladesh to 80.0% in Namibia.¹³

Fear of their aggressor, shame and a feeling of guilt contribute to the fact that many women hide domestic violence.^{15,20} In spite of this, 74.9% of the women in this study talked to somebody about the violence. Parents, friends and siblings were those to whom they most often revealed the domestic violence, as also found in other studies,^{2,13,15,18} suggesting the importance of the social network.⁵

Some cases of domestic violence may have been omitted and not included in the study due to the women's embarrassment or reserve in reporting them.²¹ The proportion of women who reported episodes may be higher. The low numbers of women in the study may also have created inaccuracy in the estimates made. On the other hand, the interviewers' experience in dealing with

domestic violence favours a non-judgemental approach appropriate to the topic.²²

A significant proportion stated they had not obtained any kind of help. The WHO study¹³ shows a high proportion (from 34.0% to 59.0%) of women who did not receive any help. Family and friends, whom the women turn to for support,^{2,13,15,18} remain mute in the face of domestic violence, perhaps because they have become inured to violence,¹³ perhaps because they believe it to be a private matter, or because they feel unable to offer any kind of help or are themselves scared of the aggressor.²⁰ This lack of reaction makes it more difficult for women to escape from violent situations, as support from family and friends is among the factors which can contribute to this occurring.¹⁵

Although some women escape domestic violence without seeking support either from social networks or from the authorities, social organisations, NGO, women's groups and community associations⁵ all contribute to these women coping with situations of domestic violence.^{8,9,18} The importance of social networks of support is reinforced by observing the social isolation to which women who experience domestic violence are often subject, with little access to information and support service or to family and friends.¹⁰

Seeking a support service is often the second step taken by women attempting to break the cycle of violence.¹⁵ Many are unaware of the existence of these services and of their own rights. Less than 1/4 of the women in this study had sought some kind of help from the authorities. In the WHO survey, this proportion varied from 5% in urban Bangladesh to 45% in rural Ethiopia and in the urban zone of São Paulo.¹³ In the Pernambuco Forest Zone¹⁸ the figure was 21.9%.

The similarity between the values for this study and that of the Pernambuco Forest Zone,¹⁸ as well as the difference between Recife and São Paulo,¹³ gives rise to some reflections. The women in this study live in the state capital and have easier access to support services. Women in the Pernambuco Forest Zone are far from the state capital and, at the time, living in locations which did not possess a DEAM, in addition to also having fewer support services.¹⁸ Although proximity to the woman's home may facilitate access to the service,¹⁸ diverse factors interpose, meaning demand is suppressed. On the one hand, the credibility of the services, the support of family and friends and support networks among women in violent situations favour them seeking professional help. On the other hand, shame, fear and lack of awareness of the services available and the legal framework which place limits on violence, social isolation and lack of a support network keep many women away from the services available.⁸ The provision of these services constitutes the first step in ensuring access to the rights promised to women by

the Brazilian constitution, the Maria da Penha law and international agreements to which Brazil has signed up.

The low incidence of women seeking help from the authorities suggests that domestic violence remains a private matter to be resolved within the limits of the close social network (family and friends). On the other hand, it indicates the insufficiency and lack of credibility of support services for women. The network needs to be broadened to encompass the services (police, justice, health, psychosocial assistance) which support women in taking the steps necessary to no longer be victims of domestic violence.

A limitation of this study was that it was not possible to clarify: why a significant number of women do not seek help; how they were treated upon seeking help and the effectiveness of the services for those who sought help from them.

Of the women in this study who sought some kind of help, the police was the service most often sought (57.6%), as has been seen in other studies,^{2,13,15,18} but the way they were dealt with there was not always evaluated positively. Of the services reported in this study (health, legal/police, state services specialising in assisting women, religious institutions, NGO (non governmental organizations) specialising in assisting women and other community organisations), the legal/police sector was that which offered the worst response in the ten countries studied by Sagot.¹⁵ A similar result was shown in Schraiber et al¹⁸ in São Paulo (SP). Women who had sought help from the authorities or authority figures (police department specialising in assisting women, religious leaders, women's groups, local leaders, refugees, lawyers and social, health and police services) were asked if they would recommend them to a sister suffering domestic violence. The general police station was that which had the lowest levels of recommendation. These services should offer professionals committed to providing quality service and with the understanding necessary when dealing with the complex phenomenon of violence against women.

Of the women in this study who sought help, 23.7% turned to the DEAM. In São Paulo,¹⁶ this was the main institution from which women sought help (26.5%). These figures are surprising, as the DEAM is aimed exclusively at this type of assistance. In addition to other factors which might make access difficult, there are only three DEAM in the Metropolitan region of Recife: Recife, Jaboatão dos Guararapes e Paulista.

A limited number of women reported turning to some type of women's group for help (6.8% of those who sought help). These organisations are focussed on helping women and are often those which respond best with support, information and company.¹⁵ However, limited use is made of them by domestic violence victims,^{15,18}

which suggests, in addition to existing in insufficient numbers, their services need to be better publicised.

Some women (27.1%) went to hospitals or health centres as a result of the violence, as was also seen in other studies.^{8,15,18} Health services are used by women in IPV situations due to their injuries,^{6,15} although the real cause of the injuries is generally not divulged to the professionals who treat them.⁶ Five women reported having spoken to a doctor/health professional about the domestic violence and, of these, three obtained some kind of help from these professionals.

Studies indicate that women do wish to be questioned by health professionals about attacks and abuse,^{6,10} something which seldom happens in the area of health services. Questions about violence asked in the right way facilitate communication between the women and the health professionals, creating opportunities for listening and contacting the appropriate services.⁶ Many professionals are not trained to act in cases of domestic violence and do not feel equipped to approach the problem; others do not have the appropriate support network to refer the woman to specialist services; and there are those who feel unable to help as they themselves are victims of perpetrators of domestic violence.⁶

The greater the degree of violence, the more the women seek out services which may help them or can at least treat their injuries.^{13,15,18} More than half the women in this study reported being the victim of what is considered to be serious violence. The proportion of women who suffered serious physical violence at the hands of their partner varied from 4.0% in Japan to 49.0% in Peru, varying between 15.05 and 30.0% in the majority of the countries surveyed by the WHO.¹³ Bruschi et al² found 22.1% of the violence to be serious in Embu (SP). An even higher percentage was reported by Schraiber et al¹⁶ among the clientele of primary health care services in the city of São Paulo: 78.0% of victims of domestic violence reported episodes of serious violence.

Around 85.0% of the women in this survey reported retaliating to domestic violence, a high percentage when compared to the results of a WHO survey,¹³ in which figures varied between 6% in Bangladesh and 79.0% in the city of São Paulo. It is not possible to know whether the women's intent was to hurt their partner, to defend themselves from violence or to mark their own territory in a violent relationship. The women who retaliated the most were those who suffered the violence considered the most serious.¹³ This was not considered as a way of coping with IPV, being itself an act of violence which could engender even more violence between the couple.

A little over 1/3 of the women reported having left home, even if for a short period. The motives cited for returning mix psychological and practical issues. There was a desire to save the relationship and the

hope that the partner would reform, which reiterates the complexity of the phenomenon as it involves emotional and intimate issues. For many women, escaping the violence required them to start their lives over, find somewhere to live, overcoming the fear of losing their children and of retaliations. It may not be easy to leave, as there are the children, social relationships and financial and legal questions to be resolved. It may be difficult to find somewhere to live, work and raise children in safety, as threats or attempts to leave the partner may result in more violence towards her or the children.¹

In conclusion, the results of this study indicate the necessity of strengthening public policy aimed at eradicating IPV, providing women with more, quality support services and giving them effective support in order to break away from the IPV situation. They also highlight the necessity to create, through the media

and schools, the consciousness that violence against women is a public matter and violates human rights and is something which affects millions of women all over the world in different countries and from different cultures and social conditions.

The main limitations of this study lie in: the small number of women studied, which may have created some inaccuracy in the estimates made; lack of knowledge about the women's motives for not seeking help and the responses of the services from which help was sought. Moreover, some cases of violence may have been omitted and not included in the study due to the women's embarrassment or fear in reporting it.²¹ On the other hand, this is a population based study on a topic which has been little investigated until now,² using questions about domestic violence, validated in Brazil and internationally recognised, which takes a non-judgemental approach appropriate to the sensitivity of the topic.²²

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