

Intimate partner violence against woman and food insecurity: a narrative review of the literature

Violência por parceiro íntimo contra a mulher e insegurança alimentar: uma revisão narrativa da literatura (resumo: p. 17)

Violencia por parte de compañero íntimo contra la mujer e inseguridad alimentaria: una revisión narrativa de la literatura (resumen: p. 17)

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The purpose of this article is to review the literature on the relationship between intimate partner violence against woman and food insecurity. The search was carried out in the Pubmed, SciELO, Lilacs and Medline databases. Prospective, retrospective, and cross-sectional studies were included. The inclusion criteria included studies that related intimate partner violence against women with food insecurity, being selected 16 articles with this theme. The assessment of violence and insecurity was made using scales and questionnaires, measuring the incidence, as well as the level of insecurity and the types of violence. All studies identified a strong and robust association between both topics, identifying a strong association, in a bidirectional way, between intimate partner violence and food insecurity, a relationship was mediated mainly by psychological and economic problems.

Keywords: Intimate partner violence. Intimate partner abuse. Food insecurity. Food security.



Introduction

It is estimated that approximately 35% of the female population (one in three women) worldwide have already suffered violence from a partner or third parties during their lives, either physical or sexual. Violence against women is not only a serious public health problem, but also a violation of human rights. Among the forms of violence, the intimate partner violence (IPV), i.e. domestic violence that is committed by the partner (or ex-partner), is characterized mainly by physical aggression, sexual coercion, mental abuse, and control over the partner, which can lead to physical, sexual, and psychological harm¹. The stress generated in situations of violence is capable of causing serious psychological damage to these women, such as depression, anxiety, and behavioral disorders that can affect financial management, resulting in fewer resources for food planning and other necessities, thus increasing the family's food insecurity (FI)².

Violence against women is one of the main problems responsible for damaging the health of this population³. In Brazil, every four minutes, a woman is assaulted - in 2018 more than 145,000 women were assaulted by their partner⁴. A study conducted in João Pessoa showed that domestic violence against women directly and negatively affects the quality of life of the victims, since it interferes with their physical and psychological health, as well as their social relationships. Furthermore, the recurrence of violence has consequences that impact the lives of these women, ending their autonomy and directly influencing their well-being⁵.

Gender inequality has been considered a central issue in this type of violence, and it is to this inequity that behaviors of oppression and control by the partner are attributed that lead to the submission of the victim⁵. Although scarcely studied, violence against women is a psychosocial element that has recently been introduced by researchers as a major risk factor for FI in developing countries^{2,6,7}.

FI is the lack of regular and permanent access to quality food in sufficient quantity for an active and healthy life, due to economic and social circumstances^{8,9}. In Brazil, according to the 2017-2018 Household Budget Survey (POF), 36.7% of the population, that is, 84.9 million people lived with hunger or some degree of FI with 10.3 million living with severe FI. Alarmingly, this number increased in the year 2020¹⁰. According to the National Survey on FI in the Context of the Covid-19 Pandemic in Brazil, the number of Brazilians living with some type of FI jumped to 117 million. Thus, the total rose from 36.7% of households in 2018 to 55.2% by the end of 2020¹¹. As mentioned earlier, there is already evidence that violence against women and FI are associated. Studies that have linked domestic violence to FI have found that exposure to this trauma can be a significant factor in experiences of hunger^{12,13}.

Given the high rates of domestic violence against women, it is necessary to review the literature on the influence of this event on their food security and that of their families. Therefore, this study aims to review the literature about the relationship between intimate partner violence (IPV) against women and FI.



Methods

A narrative review was conducted in the Pubmed, SciELO, Lilacs, and Medline databases in February and March 2021. The review strategy was developed by associating the terms on FI: “*food insecurity*”, “*food security*”, “*food supply*”, “*human right to adequate food*”, *to terms about violence against women: “intimate partner violence”, “intimate partner abuse”, “domestic violence”, “battered woman”, “spouse violence”,* as well as other keywords to refine the search, such as “*woman*”, and “*association*”, and the corresponding terms in Portuguese. The list of terms was developed by reading previously published articles and based on the search for terms Decs/MeSH.

No restriction was imposed on the year of publication of the selected studies and language of the publications. As for the study design, cross-sectional studies, cohort studies, and case-control studies were included, while qualitative studies and commentaries on the theme were excluded.

In a first step, the titles and abstracts of the articles identified in the search were evaluated by one of the authors of the review. The inclusion criteria comprised studies that related IPV against women to FI. Articles were excluded when the audience was only men, and when the study included only one of the related subjects or there was no relationship of one to the other.

The full articles were assessed by one of the study authors to verify inclusion criteria and data extraction. When there was uncertainty about the eligibility of the study, it was evaluated by a second author. For data extraction and interpretation, a spreadsheet containing the items in Table 1 was organized.

**Table 1.** Data extraction from the studies included in the narrative review

Author/Year	Design	Country	Sample and Population	Means of Evaluating FI	How to Evaluate IPV	Results
Andarge E and Shiferaw Y, <i>et al.</i> ¹⁹	Cross-sectional	Ethiopia	696 Women	Self-questionnaire. Eight items that define and measure FI	Self-questionnaire	66.4% of the women who experienced violence were from families with FI. Of those who experienced psychological violence, 53.6% were in FI; of those who experienced physical violence, 51.3% were in FI and of those who experienced sexual violence, 41.7% were experiencing FI.
Barnett W, <i>et al.</i> ¹⁷	Cross-sectional	South Africa	992 Pregnant Women	U.S. Department of Agriculture's Short Household Food Security Scale (Adapted version)	Adaptation of the WHO Multinational Study and the Zimbabwe Women's Health Study	Significant effects of emotional IPV and maternal childhood trauma on prenatal FI were found, after adjusting for community, maternal income, and education. Mothers with emotional IPV or a history of childhood trauma were 60% and 52% more likely, respectively, to live in FI households during pregnancy.
Breiding MJ, <i>et al.</i> ²²	Cross-sectional	United States	9,086 Women 7,421 Men	Social Context Module of the Behavioral Risk Factor Surveillance System.	Telephone survey with questions about the incidence of intimate partner violence (physical, verbal, psychological, and sexual)	Robust associations were found between FI and housing experienced in the previous 12 months and IPV and SV experienced in the previous 12 months for women and men, even after controlling for age, household income, race/ethnicity, education, and marital status.
Conroy AA, <i>et al.</i> ²¹	Cohort	United States	2,343 Women with and without HIV	US Household Food Security Survey Module (HFSSM)	Tailored questionnaire (physical, psychological and sexual violence)	After adjusting for possible confounding factors, the chance of experiencing sexual or physical violence was 3.12 times higher for women with FI and that of experiencing psychological violence was 5.72 times higher for women with very low food security.
Diamond-Smith N, <i>et al.</i> ²⁸	Cross-sectional	Nepal	3373 Women	Household Food Insecurity Access Scale (HFIAS)	Self-questionnaire	After adjustment for potential confounding factors related to women's status: mild FI (OR = 2.14, 95% CI = 1.30-3.54) and severe (OR = 1.72, 95% CI = 1.06-2.77) remained associated with an increased likelihood that a woman would experience emotional IPV. Physical IPV remained associated with mild (OR = 3.01, 95% CI = 1.80-5.06) and severe (OR = 2.48, 95% CI = 1.52-4.04) FI.
Falb KL, <i>et al.</i> ²⁷	Cross-sectional	Syria	240 Women	Household Food Insecurity Access Scale (HFIAS)	Modules of the WHO Multinational Study on Domestic Violence and Women's Health	In the final adjusted model, any form of recent IPV ($\beta = 2.25$; 95% CI 0.92-3.57; $p = 0.001$), severe FI ($\beta = 1.62$; 95% CI 0.27-2.96; $p = 0.02$) and perceived needs ($\beta = 0.38$; 95% CI 0.18-0.57; $p = 0.0002$) were associated with increased depressive symptoms.

Continued.



Author/Year	Design	Country	Sample and Population	Means of Evaluating FI	How to Evaluate IPV	Results
Field S, et al. ¹⁸	Quantitative and qualitative cross-sectional	South Africa	376 Pregnant Women	US Household Food Security Survey Module (HFSSM)	Revised Conflict Tactics Scale (CTS2)	Of those who reported IPV, 81% (47/58) of the women reported emotional and verbal abuse, 76% (44/58) reported physical abuse, and 26% (15 / 58) reported sexual abuse. In addition, 46% of individuals testing positive for IPV experienced various forms of abuse. FI was observed in 62% of these women.
Fong S, et al. ¹⁵	Cross-sectional	Ivory Coast	68 Women	Household Food Insecurity Access Scale (HFIAS)	Self-questionnaire to assess the incidence of IPV in the last 12 months	Overall, almost a quarter (n = 16; 24%) of the women reported experiencing severe FI and (n = 19; 54 28%) reported experiencing some form of IPV in the previous year. No significant differences in terms of food security classes among the demographics examined.
Hatcher AM, et al. ¹⁴	Cross-sectional	Kenya	720 Men and women with HIV	Household Food Insecurity Access Scale (HFIAS)	Modules of the WHO Multinational Study on Domestic Violence and Women's Health	Participants who reported any partner violence had higher scores on the Domestic FI Scale (21.8) compared to those who reported no violence (21.3, p =0.02). Each categorical change in FI (mild, moderate, severe) was associated with a 41% increased risk of an additional episode of IPV.
Hernandez DC, et al. ²⁴	Cohort	United States	1.690 Mothers of young children	U.S. Department of Agriculture's Domestic Food Security Short Range Scale	Questions that assess physical, sexual, and psychological violence	Households in which mothers experienced IPV had a 22% greater chance of experiencing FI. After controlling for all maternal and household characteristics, the association between IPV and depression was assessed. Mothers who experienced IPV were 44% more likely to experience depression. Sobel's test indicated that depression fully mediated the relationship between IPV and food insecurity (z = 2.89, p <0.01).
Jansen E, et al. ²⁹	Cross-sectional	North Macedonia, Republic of Moldova and Romania	140 Families	Three items on food scarcity and hunger in the family based on the Hunger Scale	Heyman et al. Brief Partner Maltreatment Screening Instrument and Conflict Tactics Scale	31% of families experienced at least one form of hunger in the past month. Worse family functioning, current intimate partner violence, and more cases of child neglect showed univariate associations with family hunger.
Moraes CL, et al. ²⁵	Cross-sectional	Brazil	849 Women	Brazilian Food Insecurity Scale (EBIA)	Brazilian version Revised Conflict Tactics Scale (CTS2)	39.4% of families had FI, more than a quarter were classified as moderate or severe FI. Almost three-quarters of the women reported having engaged in at least one episode of psychological violence and approximately one-quarter reported at least one episode of physical assault by an intimate partner in the 12 months prior to the interview.

Continued.



Author/Year	Design	Country	Sample and Population	Means of Evaluating FI	How to Evaluate IPV	Results
Ribeiro-Silva Rde C, et al. ²⁶	Cross-sectional	Brazil	1.019 Families	Brazilian Food Insecurity Scale (EBIA)	Revised Conflict Tactics Scale (CTS2)	The prevalence of mild physical violence was 9.6% (95% CI 7.8, 11.4%) and severe physical violence was 4.7% (95% CI 3.4, 6.0%) among couples. In the final multivariate model, it was found that couples reporting minor (prevalence ratio = 1 - 23; 95% CI 1 - 12, 1 - 35) and severe (prevalence ratio = 1 - 16; 95% CI 1 - 00, 1 - 34) physical violence were more likely to experience domestic food insecurity compared to those who did not report physical violence.
Ricks JL, et al. ²³	Cross-sectional	United States	16.562 Women	U.S. Household Food Security Survey Module (HFSSM) - abbreviated	Revised Conflict Tactics Scale (CTS2)	The models investigating the association between FI and IPV demonstrate that in both unadjusted and adjusted models, women who reported experiencing FI in the past 12 months reported a higher chance of IPV, after adjusting for demographic factors. Furthermore, the results indicate that this association held even after including common causes of FI and IPV, such as income-based poverty, marital status, and presence of children in the household.
Willie TC, et al. ¹⁶	Cross-sectional	Liberia	195 Women	An item from the Harvard Trauma Questionnaire	One item from the short form Revised Conflict Tactics Scale (CTS2) and 10 items from the Sexual Experiences Survey	FI differed by education, employment, and relationship status ($p < 0.05$). Women who experienced IPV had a higher chance of FI (AOR = 2.55, 95% CI = 1.32, 4.94). Women experiencing IPV (AOR = 6.33, 95% CI = 2.94, 13.62) and FI (AOR = 2.85, 95% CI = 1.29, 6.30) were more likely to initiate a new economic support relationship.
Woldetensay YK, et al. ²⁰	Cohort	Ethiopia	4680 Pregnant Women	Household Food Insecurity Access Scale (HFIAS)	Tracking scale called "Hurt, Insult, Threaten, and Shout" (HITS)	34.4% of mothers in households with severe FI suffered from depressed mood compared to 4.8% in food secure households ($p < 0.001$). Furthermore, the prevalence was higher among anemic (14.2% versus 9.5% for no anemia) and undernourished (12.4% versus 9.7% for well-nourished, $p = 0.005$) pregnant women. Prenatal depressive symptomatology was more prevalent among mothers who experienced intimate partner violence (29.7% versus 9.8% for mothers without IPV experience).

Results

Of the 58 studies initially found in the databases, 22 were selected by reading the title and abstract, of which six were excluded after reading the entire article (Figure 1).

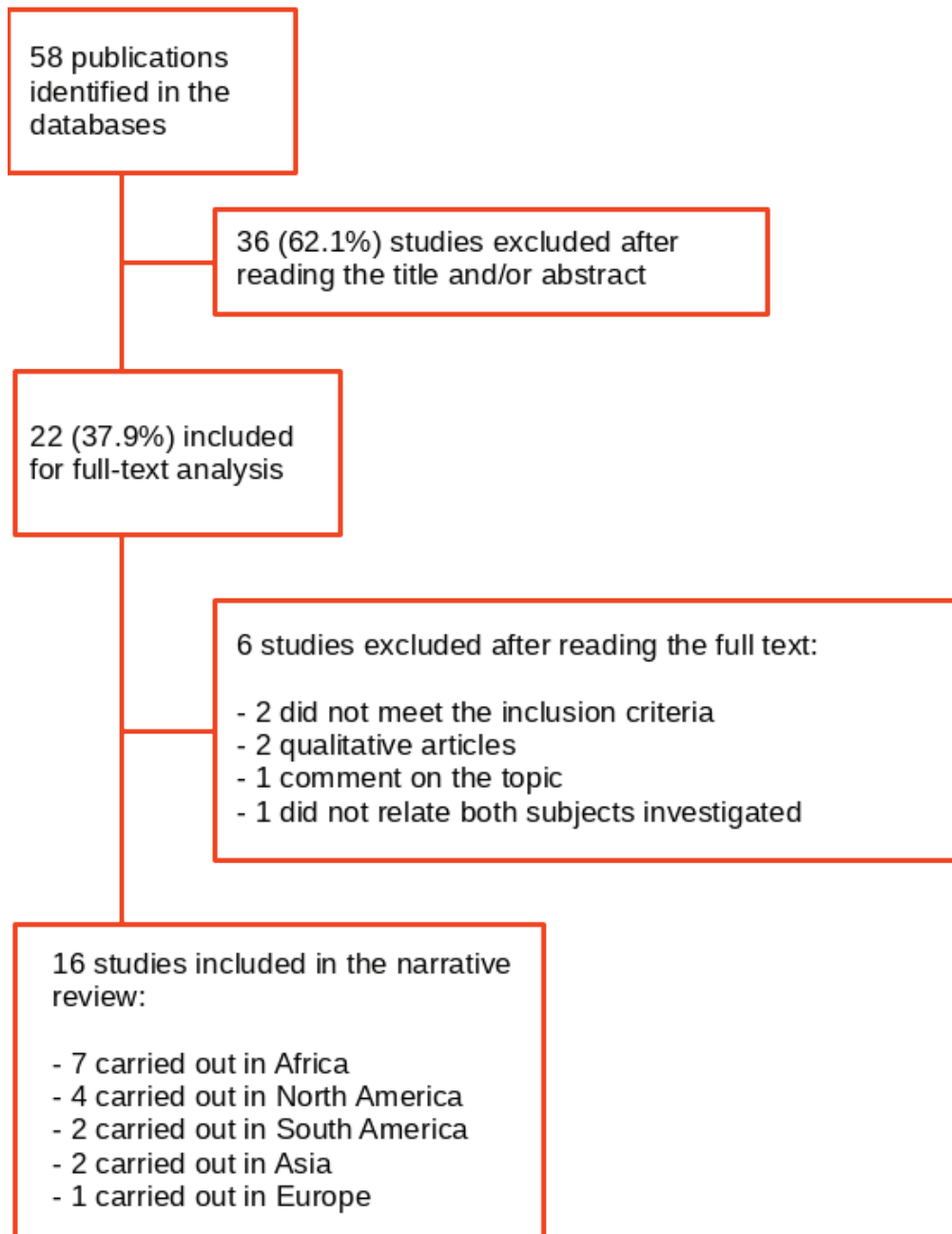


Figure 1. Flowchart of the narrative review between IVP and FI.

Sixteen articles were identified relating IPV against women to FI and all found a strong and robust association between the topics. The included studies were all in English and spanned the years 2016 to 2020. They were conducted in 18 countries, being 7/16 (43,8%)¹⁴⁻²⁰ conducted on the African continent, 4/16 (25%)²¹⁻²⁴ in North America, 2/16 (12,5%)^{25,26} in South America, 2/16 (12,5%)^{27,28} in the Asian continent, and 1/16 (6,3%)²⁹ conducted in three different countries in southeastern Europe.

Regarding the study population, only two included both men and women and fourteen included only women. The studies included women ranging in age from 15 years to 60 years or older, with a higher prevalence of ages between 18 and 35 years.

Regarding the way to evaluate the incidence of FI, the following methods stood out: five articles (31.3%) applied the Household Food Insecurity Access Scale, three (18.8%) used the Household Food Security Survey Module, and two (12.5%) used the US Department of Agriculture Short Form Household Food Security Scale. Two other articles (12.5%), used the Brazilian Food Insecurity Scale (EBIA).

IPV against women was evaluated through different tools. In most of the studies (n=6; 37.5%), IPV was measured through its own methodology, with questionnaires and questions that had the objective of identifying its occurrence and the types of violence (physical, psychological and sexual).

Discussion

This narrative literature review set out to investigate the evidence about the association between food insecurity (FI) and intimate partner violence (IPV) against women. Of the 16 studies selected, all showed a positive association between FI and IPV. Among those studies that corrected their results, the most commonly used factors were age, income, marital status, educational level, mental health, and race/ethnicity.

The Landscape of FI

In the studies analyzed, most of the authors found an FI situation among the analyzed public. Among those conducted in the African continent, only the study by Fong S, Gupta J, Kpebo D, Falb K¹⁵ found FI prevalence below 30%, two^{17,20} obtained results of 30.9% and 39.4%, while the other four articles^{14,16,18,19} found a percentage above 40%. These results reinforce data from the 2019 UN annual report that the number of hungry people in Africa is 257 million (1 in 5 people), with 38% of women of reproductive age affected by anemia as a result of FI. Of this total, 237 million are in Sub-Saharan Africa, the region where the studies included in this review were conducted³⁰. The two studies conducted on the Asian continent^{27,28} identified similar results to the African continent, with 67.8% reporting suffering some form of severe FI in Syria and almost half (49.4%)

of women living in households with FI in Nepal. According to a qualitative study conducted in South Asia, the high rates of FI reported by participants can be explained by the position in which women are placed in these cultures. Generally, women eat last and in smaller quantities than the rest of the family³¹.

All studies conducted in North America²¹⁻²⁴ were in the United States and did not identify as high a prevalence of FI as the African and Asian continents. The only study that surveyed men and women together identified the highest prevalence of FI in the women surveyed, being 28.2% versus 24.6% exposure by men. These findings reinforce current statistics that of the 821 million people suffering from FI in the world today, 60 percent are women, and in almost two-thirds of countries, women are more likely than men to report FI³². Also, the prevalence of FI identified in the studies included in this review are in line with the Household Food Security in the United States 2018 report, which found that 88.9% of U.S. households had food security³³.

The two South American Studies^{25,26}, both from Brazil (Rio de Janeiro and Salvador) have analyzed the family FI and the severity of this condition. The prevalence of FI in the Rio de Janeiro study was 39.4%, with more than a quarter being moderate or severe²⁵ and 62.5% in Salvador, with almost 20% moderate²⁶. The prevalence of food security that had been growing since 2004, dropped from 77.4% in 2013 to 63.3% in the 2017-2018 POF analysis¹⁰. The pandemic experienced in the years 2020 and 2021 caused a new rise in poverty and extreme poverty in the country, and the welfare programs created in this context were not enough to ensure healthy food on a regular and permanent basis to the Brazilian population¹¹.

Only one study was conducted in Europe looking at three middle/low income countries in southeastern Europe and found an average prevalence of 31% FI. According to Grimaccia, *et al.*³⁴, which assessed factors related to food security from gender differences in Europe, for women, estimates suggest a higher risk of FI in the south and east of the continent, and education level, household composition, and number of children in the family have a significant impact on the risk of FI.

IPV and related factors

The articles included in this review also addressed other factors, seeking to identify their role in the relationship with IPV and FI. In three of them^{14,16,21}, that related to risk factors for HIV, percentages ranging from 4.5% to 58% in the incidence of IPV were found. Seven studies evaluated depression as a mediator for IPV^{17,18,20,24,25,27,29}, of which five investigated the types of IPV, with psychological violence being the most present among participants, followed by physical violence and sexual violence. Also, out of the six studies^{15,19,22,23,26,28} that evaluated only the relationship between IPV and FI, four^{15,19,26,28} found a prevalence of more than 50% of participants who had suffered any type of violence at some point in their lives and two^{22,23} showed an association, but not the prevalence of violence.



These findings are in line with an analysis conducted by the WHO based on data from 80 countries, in which it was identified that about 30% of women worldwide who were in a relationship were victims of physical, psychological, and/or sexual violence. Also, according to the WHO, in some regions women who suffered physical or sexual abuse were 1.5 times more likely to have HIV compared to those who did not suffer any violence¹.

Interface: FI and IPV

Of the included studies (n=16), five of them^{15,19,22,23,28}, focused on the relationship between FI and IPV, without presenting a relationship other than sociodemographic and economic characteristics. Women who reported high and moderate levels of FI were significantly more likely to have experienced one or all forms of IPV. In the study conducted in Ethiopia¹⁹ FI intensity and types of IPV were measured, and it was found that 66.4% of women who experienced violence were from families with FI. Another study¹⁵ concluded that women who experienced severe FI were eight times more likely to have experienced IPV in the previous year. The other studies found that participants who experienced FI were more likely to experience emotional and physical IPV, and identified that the more severe the level of FI the more likely they were to experience IPV^{22,23,28}.

The relationship between IPV and FI is related to socioeconomic and cultural factors, such as low income, lower education, lower employability of women, marital status, fertile age, and gender inequality^{19,23,28}. Besides these factors, the association can also occur in other ways, one of them being the economic abuse practiced by the partner, characterized by the deprivation of adequate financial resources. This fact can also occur to women when they leave these abusive relationships, being forced to rely on some kind of social assistance or low-paid jobs³⁵. Experiences of sexual violence were described as linked to physical and mental health problems, inability to sleep, eat, feel safe, and develop trusting relationships. These problems have been put forward as reasons behind the inability to maintain stable employment and complete studies, thus increasing the risk of FI⁷. Arguably the most prominent factor of all is gender inequality, as indicated by the World Food Program USA. According to the program, women perform 2.6 times more unpaid care and domestic work than men and earn 23% less for paid work, and on average have only three-quarters of the legal protections afforded compared to men. It is noteworthy that in 18 countries husbands can legally prevent their wives from working. Furthermore, in 49 countries there are no laws protecting women from domestic violence, which further increases the rates of this problem³².

Of the three studies that evaluated the relationship between IPV and FI in participants with, or at risk for HIV^{14,16,21}, two found a high prevalence in this association^{14,16}. One of the studies¹⁴ identified that each 1 point increase in FI was associated with a 6% greater risk of victimization by violence among HIV-positive women. FI and violence are associated with risky sexual behaviors such as rape, forced marital sex, transactional sex, and anal sex that led to increased vulnerability to STIs, including HIV, since they usually occur without the use of condoms. Also, that women who are victims of IPV are more likely to have an HIV-infected partner and be infected^{36,37}. The third study, meanwhile²¹, although it found a



relationship between violence and FI (women with FI were 7.05 times more likely to suffer sexual or physical violence), it did not find an association between HIV and FI in violence after adjustment, contrary to the results of previous studies in this area^{36,37}.

Among the six studies that analyzed the relationship between IPV and FI and depression^{17,18,20,22,25,27} only two were not conducted with mothers or pregnant women, which found a higher prevalence of psychological IPV for women who reported FI^{25,27}. One of these studies²⁵ identified that psychological violence is directly linked to FI and that in this relationship there are other variables involved, in addition to mental disorders and physical violence. The author suggests that in relationships where psychological violence occurs, the partner usually exercises control over the family budget to establish power over the woman, thus decreasing the priority of buying food. The findings reinforce previous research that identified that mothers in families who experienced persistent FI, experienced mental health problems or domestic violence. They also indicated that during pregnancy, psychological aggression was more closely linked to depression and that women who experienced any level of physical aggression or sexual coercion, by their intimate partners (before or during pregnancy), had higher levels of depressive symptoms compared to non-victims^{2,38}.

The two articles that evaluated the relationship between IPV and FI among families were conducted in three different countries in southeastern Europe²⁹ and in Brazil²⁶. The European study analyzed this relationship through risk factors related to socioeconomic/demographic status, mental health, and social and family support set. This analysis identified that the chances of the family experiencing FI were higher if the parents did not have a college degree, could not or only read with difficulty, had more children residing in the home, had greater psychological distress, or had less emotional support. Furthermore, both female victimization of IPV and male perpetuation of IPV were more prevalent in families experiencing hunger (FI). The Brazilian study found that 62.5% of households lived with FI and that couples who reported reciprocal physical violence were more likely to suffer from domestic FI. It also identified that most of these individuals had lower economic conditions, had studied up to the 4th grade or less, and had a greater number of individuals living in the household. The risk factors for both IPV and FI are very similar and may explain these findings. Among these factors are: more children (especially very young), poor education, lower family income, female employment, and partner alcohol consumption³⁹.

A problem that already had alarming dimensions has become even bigger: violence against women has grown during the Covid-19 pandemic in Brazil. The Brazilian Public Safety Forum conducted the third edition of the survey "Visible and Invisible: Victimization of Women in Brazil" in which 24.4% of women said they had suffered physical, psychological, or sexual violence during the pandemic. Poorer living conditions were associated with violence. Among the women victims of violence 61.8% had a reduction in family income and 46.7% lost their jobs. When asked about the factors that had the most impact on the violence perpetrated against them, 25.1% of the women mentioned the loss of their job and the impossibility of ensuring their own livelihood. Denouncing the aggressor and breaking this perverse cycle has become more complicated due to social isolation⁴⁰.



The present study is limited to a concentration of articles done in certain regions of the world and does not give a complete picture of the topic. Almost half of the studies were conducted in Africa, the continent most vulnerable to hunger. All of these studies were conducted in the sub-Saharan African region, the region with the highest FI rates on the African continent³⁰. The sample analyzed presented studies from the same countries in North America and South America. This may be a limitation by not presenting variety in the sample from each continent. However, the total sample presented by the present review is considered to align with worldwide estimates that the relationship between IPV and FI is considerably high and that it can occur following different pathways.

Conclusion

The results of this study reinforce a strong bidirectional association between IPV and FI, owing to the fact that some of the factors that lead to IPV can lead to FI and vice versa. This relationship was mediated mainly by psychological and economic problems. It highlights the need for the creation of support networks and social structures, in addition to public policies, that guarantee the safety of these women, whether it be food, physical, sexual, or psychological, and that allow the break of the perverse cycle that relates such conditions. Moreover, in view of the increase in the number of cases of IPV and FI in recent years, there is a need for the expansion of studies in this area in order to bring to light this worrying and important issue.



Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

Conflict of interest

The authors have no conflict of interest to declare.

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O objetivo do presente artigo é revisar a literatura que aborda a relação entre violência por parceiro íntimo contra a mulher e insegurança alimentar. A busca por materiais foi realizada nas bases de dados Pubmed, SciELO, Lilacs e Medline. Foram incluídos estudos prospectivos, retrospectivos e transversais. O critério de inclusão foram estudos que relacionassem a violência por parceiro íntimo contra a mulher e insegurança alimentar, sendo selecionados 16 artigos com esse tema. A avaliação da violência e da insegurança foi realizada com escalas e questionários próprios, que mediam, além da incidência, o nível de insegurança e os tipos de violência. Todos os estudos identificaram uma forte associação entre ambos os temas, identificando-se forte associação, bidirecional, entre violência por parceiro íntimo e insegurança alimentar, relação mediada principalmente por problemas psicológicos e econômicos.

Palavras-chave: Violência por parceiro íntimo. Abuso por parceiro íntimo. Insegurança alimentar. Segurança alimentar.

El propósito de este artículo es revisar la literatura sobre la relación de la violencia por parte de compañero íntimo contra la mujer e inseguridad alimentaria. La búsqueda se realizó en las bases de datos Pubmed, SciELO, Lilacs y Medline. Se incluyeron estudios prospectivos, retrospectivos y transversales. Los criterios de inclusión comprendieron estudios que relacionaron la violencia por parte de compañero íntimo contra la mujer con la inseguridad alimentaria, siendo seleccionados 16 artículos con esa temática. La evaluación de la violencia y de la inseguridad se realizó con escalas y cuestionarios propios que medían, además de la incidencia, el nivel de inseguridad y los tipos de violencia. Todos los estudios identificaron una fuerte asociación entre ambos temas, identificando una fuerte asociación, bidireccional, entre violencia por parte de compañero íntimo e inseguridad alimentaria, relación mediada principalmente, por problemas psicológicos y económicos.

Palabras clave: Violencia por parte de compañero íntimo. Abuso por parte de compañero íntimo. Inseguridad alimentaria. Seguridad alimentaria.