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Violence against women and its association with the intimate partner's profile: a study with primary care users

Violência contra a mulher e sua associação com o perfil do parceiro íntimo: estudo com usuárias da atenção primária

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ABSTRACT: ***Objective:*** To verify the association between the history of violence against women and the sociodemographic and behavioral characteristics of intimate partners. ***Methods:*** A cross-sectional study was carried out with 938 women using basic health care, aged between 20 and 59 years, who at the time of the interview had an intimate partner. Information about the sociodemographic and behavioral characteristics of the intimate partner were collected, as well as the WHO VAW Study instrument for tracking the psychological, physical and sexual violence experienced in the past year. A bivariate analysis was performed using the Pearson c^2 test and multivariate analysis using Poisson regression with robust variance. ***Results:*** The highest prevalences of psychological, physical and sexual violence were significantly associated with partners who had no occupation and who refused to use condoms in sexual relationships. Men who were considered controllers and who consumed alcoholic beverages were associated with greater perpetration of psychological and physical violence ($p < 0.05$). Partners with up to eight years of schooling present a higher frequency of psychological violence (PR = 1.32, 95%CI 1.05 – 1.66), while sexual violence was significantly higher among women whose partners smoked: 1.94, 95%CI 1.11 – 3.38). ***Conclusions:*** These data highlight the importance of health professionals, work together in other sectors such as education and safety, dealing with alcohol and other drugs, as well as addressing issues of gender.

Keywords: Violence. Domestic violence. Violence against women. Intimate partner violence. Spouse abuse.

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RESUMO: ***Objetivo:*** Verificar associação entre a história de violência contra a mulher e características sociodemográficas e comportamentais do parceiro íntimo. ***Métodos:*** Estudo transversal realizado com 938 mulheres usuárias da atenção básica de saúde, com idade entre 20 e 59 anos e que no momento da entrevista possuíam parceiro íntimo. Foram coletadas informações sobre as características sociodemográficas e comportamentais, do parceiro íntimo, bem como foi aplicado o instrumento *World Health Organization Violence Against Woman* (WHO VAW Study) para o rastreamento da violência psicológica, física e sexual vivenciada no último ano. Foi realizada análise bivariada, por meio do teste do c^2 de Pearson, e multivariada usando regressão de Poisson com variância robusta. ***Resultados:*** As maiores prevalências de violência psicológica, física e sexual estiveram significativamente associadas aos parceiros que não possuíam ocupação e que recusaram o uso do preservativo nas relações sexuais. Homens que foram considerados controladores e que ingeriam bebida alcoólica estiveram associados a maior perpetração de violência psicológica e física ($p < 0,05$). Parceiros com até 8 anos de escolaridade apresentam maior frequência de prática de violência psicológica (RP = 1,32; IC95% 1,05 – 1,66), enquanto a violência sexual foi significativamente maior entre as mulheres cujos parceiros fumavam (RP = 1,94; IC95% 1,11 – 3,38). ***Conclusões:*** Esses dados evidenciam a importância de os profissionais de saúde atuarem juntamente a outros setores, tais como educação e segurança, no enfrentamento ao álcool e outras drogas, bem como na abordagem das questões de gênero.

Palavras-chave: Violência. Violência doméstica. Violência contra a mulher. Violência por parceiro íntimo. Maus-tratos conjugais.

INTRODUCTION

Violence against women is a complex social phenomenon associated with psychological, moral and physical harm. Its manifestations are ways of establishing a relationship of subordination, always culminating in circumstances of fear, isolation, dependence and intimidation for women. It is understood as an action that embraces one's use of real or symbolic force, with the intention of dominating one's body and mind at the will and freedom of others[1].

Inequality of power in relations is the central issue of the phenomenon of violence. Oppression is a way of exercising dominant patriarchal power while at the same time perpetuating the inequities of power expressed in unequal gender relations[2]. It should be noted that violence against women has been indiscriminately committed, especially in the family environment, whose invisibility is favored by its occurrence in private spaces[3]. The intimate partner stands out as one of its main perpetrators. In this context, women experience relationships based on aggressive behaviors by their partner, which culminates in physical, sexual or psychological harm, and may also be accompanied by controlling behaviors[4].

According to the World Health Organization (WHO), 35% of women worldwide have already suffered physical and/or intimate partner violence[5]. In Brazil, a population-based study showed that 43% of Brazilian women reported having suffered violence by a man in their lives; one third admitted to having suffered some form of physical violence, 13% sexual and 27% psychological[6]. A study conducted in Vitória, Espírito Santo, showed that in

the year prior to the interview, 1 in 10 women had experienced situations of physical violence committed by their partner[7].

It is important to highlight that the literature shows the highest occurrence of violence among women whose partners are unemployed, have low education, are users of alcohol and drugs and witnessed violence in the family[8]. In addition, jealousy crises have emerged as a cause of violence against women, making it clear how cultural and gender issues are associated with the perpetration of this problem[9].

Thus, considering the magnitude of violence against women, and that the intimate partner is one of the main aggressors, the study of the characteristics of those who practice violence is an important tool that will contribute to the elaboration of strategies to confront violence, focused on preventive actions. Given the above, this study aimed to verify the association between the history of violence against women and sociodemographic and behavioral characteristics of the intimate partner.

METHOD

Cross-sectional study conducted between March and September 2014, in 26 health units in the municipality of Vitória, Espírito Santo. Data from women aged 20 to 59 years old who had an intimate partner at the time of collection were used. It was defined as intimate partner the life partner, or former partner, regardless of formal marriage and current boyfriends, provided that they were currently engaged in having sex.

This study is part of a larger research,[7] in which the sample size calculation considered 95% confidence level, 80% power and 1:1 exposed/unexposed ratio. Total sample consisted of 998 participants, with the addition of 10% for possible losses and 30% for adjusted analyses. For the present study, we chose to work only with data from women who at the time of the interview had an intimate partner, thus constituting 938 participants.

During data collection two forms were applied. The first was designed to identify the independent variables of the study, that is, the sociodemographic and behavioral characteristics of the partner. As sociodemographic variables, women were asked about: age of partner (in complete years and categorized up to 40 years old or over 40 years old); race/color (white, black or brown); education (in complete years of study and categorized into up to 8 years or more than 8 years of study); and if the partner had a paid occupation (yes or no). Regarding the behavioral variables of the partner, the form presented as questions: current use of illicit drugs (yes or no); smoke at least one cigarette per day (yes or no); current alcohol use (yes or no); partner is the controller type (yes or no); partner is jealous (yes or no) and if the partner ever during sex refused to use a condom (yes or no).

To identify the outcomes, the intimate partner's psychological, physical and sexual violence against women within the last 12 months was applied to the World Health Organization Violence Against Woman (WHO VAW STUDY) instrument, consisted of 13 questions and is able to discern the forms of violence in different social contexts. This instrument has a

high internal consistency, presented by Cronbach's coefficients (mean of 0.88)[10]. It is worth mentioning that the interview was conducted individually, by trained interviewers, and only after signing the Informed Consent Form.

The data produced were analyzed using the STATA 13.0 statistical package. The Pearson c^2 test was used in the bivariate analyses. Multivariable analysis to investigate the associations of possible confounders with exposure and outcome was performed using Poisson regression with robust variance. The variables were entered in the model hierarchically according to the following levels: distal (age, race/color, education and paid occupation), intermediate (current drug use, smoking and alcohol use), proximal (controller, jealous and refusal to condom use during sex)[11]. The entry, according to the hierarchical model, occurred if $p < 0.20$, by backward selection, and permanence in the model if $p < 0.05$. Prevalence ratio was used as a measure of effect.

The study was approved by the Research Ethics Committee of the Federal University of Espírito Santo (*Universidade Federal do Espírito Santo* – UFES), Opinion No. 470.744.

RESULTS

Among the 938 studied subjects, most partners were aged under 40 years old (52.4%), about 40.0% were brown, 66.1% had more than 8 years of study and almost 87.0% had occupation. Regarding behavioral profile, according to the interviewees, 6.3% of partners used illicit drugs and approximately 19.0% smoked. Alcohol intake was reported by 57.8%. For women, 53.0% of their partners were jealous and 48.2% controllers. Regarding condom use, 24.0% had already refused to use it during sex (Table 1).

In the last 12 months, psychological — with prevalence (P) of 24.8% with (95%CI 22.2 – 27.7) — , sexual (P = 5.33%; 95%CI 4.1 – 7.0) and physical (P = 9.28%; 95%CI 7.6 – 11.3) violence were present among the study participants (data not shown in table). Table 2 shows that the experience of psychological and physical violence was more prevalent among women whose partners had up to eight years of study, had no occupation, used drugs, smoked, drank alcohol, were considered jealous or controlling by the woman and had a history of refusal to use condoms during sex ($p < 0.05$). Regarding sexual violence, this was more frequent among those whose partners were over 40 years old, had no occupation, smoked and refused to use condoms ($p < 0.05$).

Table 3 presents the crude and adjusted prevalence ratios of the effects of the partner's sociodemographic and behavioral variables according to the psychological violence experienced in the last 12 months. After adjustment, it is noted that this type of violence was associated with: education, occupation, use of illicit drugs, alcohol consumption, control and refusal to use condoms ($p < 0.05$). Partners with up to eight years of schooling and no occupation most often practiced psychological violence — with a prevalence ratio (PR) of 1.32; 95%CI 1.05 – 1.66; RP = 1.38, 95%CI 1.04 – 1.83 — , respectively. Drug use, alcohol consumption, and condom refusal are associated with an increase of 69.0; 55.0 and

Table 1. Characteristics of intimate partner. Vitória, Espírito Santo, 2014 (n = 938).

Characteristics	Gross frequency (n)	Relative frequency (%)
Age (years)		
Up to 40	492	52.4
More than 40	446	47.6
Race/color*		
White/Caucasian	313	34.4
Black	233	25.6
Brown	363	39.9
Schooling**		
Up to 8 years	303	33.8
More than 8 years	592	66.1
Occupation		
No	123	13.1
Yes	815	86.9
Use of illicit drugs		
No	854	91.0
Yes	59	6.3
Does not know	25	2.7
Smoking		
No	759	80.9
Yes	179	19.1
Alcohol consumptio		
No	396	42.2
Yes	542	57.8
Jealous		
No	441	47.0
Yes	497	53.0
Controlling		
No	486	51.8
Yes	452	48.2
Refusal to use condom		
No	714	76.1
Yes	224	23.9

*n = 909; **n = 895.

Tabela 2. Prevalência das violências de acordo com características do parceiro.

Characteristics	Psychological violence		Sexual violence		Physical violence	
	P (95%CI)	p-value	P (95%CI)	p-value	P (95%CI)	p
Age (years)						
Up to 40	23.6 (20.0 – 27.5)	0.347	3.9 (2.5 – 6.0)	0.035	9.8 (7.4 – 12.7)	0.594
More than 40	26.2 (22.3 – 30.5)		7.0 (4.9 – 9.7)		8.7 (6.4 – 11.7)	
Race/color						
White/ Caucasian	22.0 (17.8 – 27.0)	0.116	4.8 (2.9 – 7.8)	0.875	6.4 (4.1 – 9.7)	0.095
Black	29.6 (24.1 – 35.8)		5.6 (3.3 – 9.4)		11.2 (7.7 – 15.9)	
Brown	24.0 (19.8 – 28.6)		4.7 (2.9 – 7.4)		10.5 (7.7 – 14.1)	
Schooling						
Up to 8 years	30.4 (25.4 – 35.8)	0.008	6.3 (4.0 – 9.6)	0. 454	12.5 (9.2 – 16.8)	0.026
More than 8 years	22.3 (19.1 – 25.8)		5.1 (3.6 – 7.2)		7.9 (6.0 – 10.4)	
Occupation						
No	35.0 (27.0 – 43.8)	0.005	9.8 (5.6 – 16.4)	0.019	17.1 (11.4 – 24.8)	0.001
Yes	23.3 (20.5 – 26.3)		4.7 (3.4 – 6.3)		8.1 (6.4 – 10.2)	
Use of illicit drugs						
No	23.6 (20.9 – 26.6)	< 0.001	5.1 (3.8 – 6.8)	0.523	8.7 (6.9 – 10.7)	0.007
Yes	45.8 (33.5 – 58.6)		8.5 (3.5 – 18.9)		20.3 (11.9 – 32.6)	
Does not know	16.0 (6.0 – 36.2)		4.0 (0.5 – 24.3)		4.0 (0.5 – 24.3)	
Smoking						
No	22.9 (20.1 – 26.0)	0.005	4.3 (3.1 – 6.0)	0.006	8.2 (6.4 – 10.3)	0.016
Yes	33.0 (26.4 – 40.2)		9.5 (6.0 – 14.8)		14.0 (9.6 – 19.9)	
Alcohol consumption						
No	18.9 (15.4 – 23.1)	< 0.001	3.8 (2.3 – 6.2)	0.072	6.8 (4.7 – 9.8)	0.027
Yes	29.1 (25.5 – 33.1)		6.5 (4.7 – 8.9)		11.1 (8.7 – 14.0)	
Jealous						
No	19.9 (16.5 – 23.9)	0.001	3.8 (2.4 – 6.1)	0.058	7.3 (5.2 – 10.1)	0.045
Yes	29.2 (25.3 – 33.3)		6.6 (4.7 – 9.2)		11.1 (8.6 – 14.1)	
Controlling						
No	16.5 (13.4 – 20.0)	< 0.001	4.1 (2.7 – 6.3)	0.086	6.0 (4.2 – 8.5)	< 0.001
Yes	33.8 (29.6 – 38.3)		6.6 (4.7 – 9.3)		12.8 (10.0 – 16.2)	
Refusal to use condom						
No	21.2 (18.3 – 24.3)	< 0.001	4.1 (2.8 – 5.8)	0.002	7.8 (6.1 – 10.1)	0.007
Yes	36.6 (30.5 – 43.1)		9.4 (6.2 – 14.0)		13.8 (9.9 – 19.0)	

P: prevalence; 95%CI: 95% confidence interval.

Table 3. Crude and adjusted analysis of the effects of variables on psychological violence.

Characteristics	Gross analysis		Adjusted analysis	
	Gross PR (95%CI)	p	Adjusted PR (95%CI)	p
Race/color				
White/Caucasian	1.0	0.199	1.0	0.381
Black	1.34 (0.96 – 1.87)		1.21 (0.90 – 1.63)	
Brown	1.09 (0.79 – 1.49)		1.03 (0.78 – 1.36)	
Schooling				
Up to 8 years	1.36 (1.08 – 1.71)	0.008	1.32 (1.05 – 1.66)	0.017
More than 8 years	1.0		1.0	
Occupation				
No	1.50 (1.14 – 1.97)	0.003	1.38 (1.04 – 1.83)	0.026
Yes	1.0		1.0	
Use of illicit drugs				
No	1.0	0.004	1.0	0.004
Yes	1.93 (1.29 – 2.89)		1.69 (1.22 – 2.35)	
Does not know	0.68 (0.25 – 1.82)		0.71 (0.30 – 1.70)	
Smoking				
No	1.0	0.004	1.0	0.656
Yes	1.44 (1.12 – 1.84)		1.06 (0.81 – 1.39)	
Alcohol consumption				
No	1.0	0.002	1.0	< 0.001
Yes	1.54 (1.17 – 2.03)		1.55 (1.21 – 1.99)	
Jealous				
No	1.0	0.005	1.0	0.957
Yes	1.46 (1.12 – 1.91)		0.99 (0.78 – 1.26)	
Controlling				
No	1.0	< 0.001	1.0	< 0.001
Yes	2.06 (1.57 – 2.69)		1.96 (1.53 – 2.51)	
Refusal to use condom				
No	1.0	< 0.001	1.0	< 0.001
Yes	1.73 (1.32 – 2.65)		1.67 (1.33 – 2.08)	

Poisson regression with robust variance; PR: prevalence ratio; 95%: 95% confidence interval.

67.0%, respectively, in the prevalence of psychological victimization. In addition, having a controlling partner was significantly associated with the occurrence of this type of injury (PR = 1.99; 95%CI 1.50 – 2.62).

After adjusting for confounding factors, there is an association between physical violence experienced by women and the following characteristics of the partner: occupation, alcohol consumption, controlling profile and refusal to use condoms in sexual relations. The partner not having occupation and drinking alcohol represents a risk factor (PR = 2.11; 95%CI 1.34 – 3.12; PR = 1.61; 95%CI 1.05 – 2.49, respectively). The prevalence of physical violence is about twice as high among women whose partners are controlling ($p < 0.05$). For those who refuse to use condoms during sex, there is a 67.0% increase in the occurrence of physical aggression (Table 4).

Table 5 shows that women whose partner had no occupation had about 2.0 times higher prevalence of sexual victimization (PR = 1.94; 95%CI 1.04 – 3.64). Smoking and refusal to use condoms during sex were associated with 1.94 and 2.18 times the occurrence of sexual violence by the partner ($p < 0.05$), respectively.

DISCUSSION

In the present study it is possible to state that the majority of partners are characterized as: under 40 years of age, brown, more than 8 years of study, had paid occupation, did not use drugs or smoked, ingested alcohol, was jealous, but noncontrolling and did not refuse condom use during sexual relations.

It is worth mentioning some characteristics of the men presented here that resemble that found in a study conducted in health facilities in Rio Grande do Norte, where it was evidenced that the users had mean age of 40 years, most of them were brown, ingested alcohol and did not use cigarettes[12]. In addition, a household survey conducted in 2013 with adults living in Maringá, Paraná, showed that most of the educated men had more than eight years of schooling and had work at the time[13].

With regard to the associations under study, there was a higher prevalence of the occurrence of psychological violence committed by the intimate partner among women whose partners had less education. This result is in line with research conducted with women victims of violence who reported aggression, which showed that the aggressors had low education[14]. Accordingly, a survey conducted in October and November 2003, with 251 users of a basic health unit in Porto Alegre, Rio Grande do Sul, found that men with low education perpetrated more psychological and physical violence[15]. In addition, a household survey conducted in Ghana in 2008 found that women whose partners had higher education had a 45% lower risk of violence[16].

Another very relevant finding was the association of the three types of violence with the occupation variable. The intimate partner not having occupation increased the prevalence of women in situations of psychological, physical and sexual violence. A study on the

Table 4. Gross and adjusted analysis of the effects of variables on physical violence.

Characteristics	Gross analysis		Adjusted analysis	
	Gross PR (95%CI)	p	Adjusted PR (95%CI)	p
Race/color				
White/Caucasian	1.0	0.124	1.0	0.204
Black	1.75 (0.97 – 3.13)		1.62 (0.92 – 2.87)	
Brown	1.64 (0.95 – 2.81)		1.50 (0.89 – 2.54)	
Schooling				
Up to 8 years	1.58 (1.05 – 2.37)	0.027	1.46 (0.97 – 2.20)	0.069
More than 8 years	1.0		1.0	
Occupation				
No	2.11 (1.34 – 3.12)	0.001	2.11 (1.34 – 3.12)	0.001
Yes	1.0		1.0	
Use of illict drugs				
No	1.0	0.016	1.0	0.088
Yes	2.34 (1.28 – 4.32)		1.82 (1.03 – 3.22)	
Does not know	0.46 (0.06 – 3.32)		0.49 (0.07 – 3.25)	
Smoking				
No	1.0	0.016	1.0	0.071
Yes	1.71 (1.11 – 2.64)		1.51 (0.96 – 2.37)	
Alcohol consumption				
No	1.0	0.036	1.0	0.030
Yes	1.62 (1.04 – 2.56)		1.61 (1.05 – 2.49)	
Jealous				
No	1.0	0.058	1.0	0.605
Yes	1.52 (0.99 – 2.36)		1.12 (0.72 – 1.74)	
Controlling				
No	1.0	0.001	1.0	0.002
Yes	2.15 (1.38 – 3.36)		1.98 (1.29 – 3.04)	
Refusal to use condom				
No	1.0	0.011	1.09	0.014
Yes	1.76 (1.14 – 2.74)		1.67 (1.11 – 2.52)	

Poisson regression with robust variance; PR: prevalence ratio; 95%: 95% confidence interval.

profile of gender violence states that men who do not have an occupation are more likely to commit violence[15].

In this context, there is greater vulnerability to violence among women from the lower classes. In such a way that, although this event may be present in all social classes, low level of education of the partner and family poverty can predict its occurrence[17]. It is possible that the stress produced by poverty may generate frustrations for men regarding the belief in their social role as a provider[18]. In contrast, it is important to consider that people in poverty, as they are socially vulnerable, report more cases of violence than economically privileged people, since they tend to hide the problem from society[19].

Table 5. Gross and adjusted analysis of the effects of variables on sexual violence.

Characteristics	Gross analysis		Adjusted analysis	
	Gross PR (95%CI)	p	Adjusted PR (95%CI)	p
Age (years)				
Up to 40	1.0	0.039	1.0	0.064
More than 40	1.80 (1.03 – 3.14)		1.70 (0.97 – 2.99)	
Occupation				
No	2.09 (1.12 – 3.89)	0.020	1.94 (1.04 – 3.64)	0.039
Yes	1.0		1.0	1.0
Smoking				
No	1.0	0.008	1.0	0.020
Yes	2.18 (1.24 – 3.83)		1.94 (1.11 – 3.38)	
Alcohol consumption				
No	1.0	0.077	1.0	0.194
Yes	1.70 (0.94 – 3.08)		1.48 (0.82 – 2.66)	
Jealous				
No	1.0	0.062	1.0	0.362
Yes	1.72 (0.97 – 3.05)		1.30 (0.74 – 2.29)	
Controlling				
No	1.0	0.089	1.0	0.163
Yes	1.61 (0.93 – 2.80)		1.48 (0.85 – 2.56)	
Refusal to use condom				
No	1.0	0.002	1.0	0.005
Yes	2.31 (1.34 – 3.97)		2.18 (1.27 – 3.72)	

Poisson regression with robust variance; PR: prevalence ratio; 95%: 95% confidence interval.

Intimate partner drug use was associated with higher prevalence of violence. The use of illicit drugs by the partner is present in the context of domestic violence, making women even more vulnerable to situations of violence in marital and family relationships[20]. A cross-sectional study conducted in five health units in Ribeirão Preto, São Paulo, in 2008, with 504 women revealed that partners who used illicit drugs committed at least 3 times more violence against women[21]. Similarly, a documentary study conducted at a special women's police station using data from the arrest notices of men detained for assaulting women has shown that drug use can influence family conflict resolution behavior and thus offer higher risk of violence[22].

Alcohol intake was associated with psychological and physical violence. Data from the I National Survey on Alcohol Consumption Patterns in Brazil showed that four out of ten men reported drinking alcohol during an episode of violence[23]. Research in Ribeirão Preto with health service users, in 2008, shows that the risk of intimate partner violence increases by 59% when the partner makes frequent use of alcohol[21].

These findings make it clear that violence against women is closely related to alcohol consumption. Thus, some actions in the sphere of health services and public policies should be adopted, in addition to those already existing to specifically combat violence, such as the Maria da Penha Law, aiming at establishing protocols and policies at the primary level of health care and specific screening tools not only for victims of domestic violence but also for alcohol dependent persons and/or their partner[23].

Regarding the controlling characteristic of the intimate partner, a study shows that women who considered their partners controlling were 3.8 times more likely to suffer violence[21]. In vulnerable regions of the Federal District, when asked about their partners' controlling behavior, 36.0% of women stated that their partners sought to prevent them from visiting or seeing friends, 22.0% restricted their contact with family members and 45.0% of them wanted to know where they were at all times. Controlling behavior was associated with the perpetration of physical, sexual and psychological violence[24], as presented in this research.

As for the refusal to use condoms during sexual intercourse, this has been associated with higher prevalence of physical violence, being a phenomenon that occurs when there is a predominance of machismo in relationships, that is, unequal relationships, which makes it difficult for women to negotiate the use of condoms[15].

A study conducted in Haiti showed that aggression against women in case of refusal to have sex was associated with lower condom use. Also in this research, 44% of HIV-positive men did not use condoms during the last time they had sex[25]. Refusal to use condoms during sex constitutes a risk to the occurrence of sexually transmitted infections (STI)[25].

Controlling behavior of the partner and their refusal to use condoms reflect on the relations of gender inequality. These findings suggest a search for restoration of power or prevention of loss of power in situations in which male and female attributions are changing, leading to conflicting relationships[26]. The violence practiced by the partner against women

imprints subordination, domination, inequality of privileges, rights and duties, highlighting gender-based violence[27].

Finally, there is a gap in scientific production about men who perpetrate violence against women. The data found here are of great relevance to better understand the aspects that permeate this phenomenon, as well as to provide elements for the elaboration of attention and prevention policies. Note the importance of the health sector in promoting actions aimed at preventing the use of licit/illicit drugs and encouraging the use of condoms in sexual relations, focusing on women's empowerment.

Such attitudes are believed to contribute as strategies to prevent and confront violence against women. However, it is important to highlight that this confrontation requires an intersectoral articulation of services, as well as the training of professionals so that women are fully served[28]. From this perspective, health professionals should understand that care for women in situations of violence goes beyond screening and treatment, requiring careful listening and adequate reception[27].

Regarding the limitations of the present study, firstly, the type of research design stands out. As it is a cross-sectional study, it is not possible to determine causal and temporal relationships, but to explore the relationships between outcomes and the variables being study, not assessing risk and protection factors. However, it is worth mentioning that the findings evidenced in this research are similar to other studies, also of cross-sectional nature, and reinforce the need for studies of this theme, of the longitudinal type, that allow establishing relationships of temporality and possible cause.

Another limitation that deserves to be pointed out is the way information is obtained, considering that the partner data were obtained from the women interviewed and, if they did not mention exactly what would be pointed out by men, it is suggested that the measures could be underestimated. On the other hand, women who have suffered violence may overestimate the suffering and thus also overestimate these relationships. However, the methodology adopted is similar to other studies on this subject[14,20].

CONCLUSION

The results of the association between violence against women and intimate partner sociodemographic and behavioral characteristics show that certain intimate partner characteristics, such as behavioral ones, are associated with higher prevalence of violence situations, whether psychological, physical or sexual.

These data highlight the importance of primary care health professionals acting together with other sectors such as education and security. It is necessary to develop joint actions in the fight against alcohol and other drugs, as well as addressing gender issues, in order to strengthen and promote greater empowerment of women, so that men respectfully understand equal rights and the different roles of women in society.

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