

**Intimate partner violence in women attending an urban health center****Violencia de pareja en mujeres que asisten a un centro de salud urbano**

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**Abstract**

Descriptive and cross-sectional study, carried out with the objective of identifying the type and level of violence suffered by women attending a consultation at an urban health center in Minatitlán, Veracruz, Mexico. The sample consisted of 275 women; the sampling was simple random probability sampling. A personal data questionnaire and the Questionnaire of Violence Suffered and Exercised by a Partner (CVSEP) were used. The results showed that economic (8.4%) and psychological (6.9%) violence predominated at a high level, 5.8% had suffered physical aggression by their partner and 2.5% reported sexual violence. Psychological and social (9.6%), physical (6.1%), sexual (3.5%) and economic (12.2%) violence prevailed at a high level in women between 37 and 55 years of age. Psychological and social (22.2%), physical (6.7%), sexual (11.1%) and economic (22.2%) violence was higher in women with no schooling. Intimate partner violence has been present in the lives of all the participants in the study.

**Resumen**

Estudio descriptivo y transversal, realizado con el objetivo de identificar el tipo y nivel de violencia sufrida en mujeres que asisten a consulta en un Centro de Salud Urbano de Minatitlán, Veracruz, México. La muestra fueron 275 mujeres, el muestreo fue probabilístico aleatorio simple. Se utilizó una cédula de datos personales y el Cuestionario de Violencia Sufrida y Ejercida de Pareja (CVSEP). Los resultados mostraron que predominó en nivel alto la violencia económica (8.4%) y psicológica (6.9%), 5.8% han sufrido agresiones físicas por su pareja y 2.5% reportan violencia sexual. La violencia psicológica y social (9.6%), física (6.1%), sexual (3.5%) y económica (12.2%) prevaleció en un nivel alto en las mujeres entre 37 y 55 años. La violencia psicológica y social (22.2%), física (6.7%), sexual (11.1%) y económica (22.2%) fue más elevada en las mujeres sin escolaridad. La violencia ejercida por su pareja sentimental está presente en la vida de todas las participantes de la investigación.

**Woman, Violence, Violence against women****Mujer, Violencia, Violencia contra la mujer**

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## Introduction

Throughout history, violence has manifested itself as a sociocultural problem, which makes women vulnerable to this type of problem. Data from the World Health Organization [WHO] 2016, indicate that violence against women is especially exercised by their partners, which constitutes a serious public health problem and a violation of women's human rights.

This same organization reveals that one third of the world's population of women have suffered some type of physical and/or sexual violence by their partner or third parties at some point in their lives; it points out, that the prevalence ranges from 23.2% in high-income countries and 24.6% in countries of the Western Pacific Region to 37% in the Eastern Mediterranean Region and 37.7% in the Southeast Asia Region; similarly, it notes that sexual violence by a partner or by someone outside the partner or both in women aged 15 years or older, has the highest prevalence rate the African continent (45.6%) (WHO, 2016).

In Latin America, a study conducted in Brazil indicated 13 homicides per day on average, ranking fifth among the countries that kill the most women in the world with a rate of 4.8 (homicide rate per 100 thousand women) (Jacobo, 2015).

In Mexico, data from the National Institute of Statistics and Geography (INEGI, 2015) indicate that in 2011, 63 out of every 100 women aged 15 and over reported having suffered some incident of violence, either by their partner or any other person; the age where they are most exposed to being assaulted is from 30 to 39 years old, they mention that 68% have faced at least one episode of violence or abuse and highlights that partner violence is higher in women who married or united before the age of 18 (52.9%), then among those who did so at age 25 or older (43.4%).

In the state of Veracruz Mexico, this same institute highlighted that in 2017; 1.9 out of 3.1 million women over 15 years of age have suffered some type of violence derived throughout their lives (INEGI, 2016).

The WHO in 2016 refers that intimate partner violence is that behavior of the partner or ex-partner that causes physical, sexual or psychological harm, including sexual coercion, psychological abuse and controlling behaviors.

In Mexico, INEGI in 2016 mentions that intimate partner violence is the intentional abuse of power or omission against women that is executed to dominate, subdue, control or assault in a physical, verbal, psychological, patrimonial, economic and sexual manner in the couple's relationship. The aggressor has or had a partner relationship with the assaulted individual.

The Statistical Report of the State Data Bank for the Instituto Veracruzano de las Mujeres (2016), defines physical violence as harm inflicted by means of physical force, weapon or object, which injures the victim's body either internally or externally. It states that economic violence is the act or omission of the aggressor that has a negative impact on the economic survival of the victim, expressed as a monetary limitation, a lower salary for the same work, non-recognition of paternity or non-compliance with the economic obligations that a father must fulfill with his children. It mentions that psychological violence includes damage to the victim's psychological integrity and includes humiliation, intimidation, negligence, abandonment, infidelity, jealousy, insults, denigration, among other statements that threaten the emotional health of the victim.

Violence against women is cyclical, with moments of calm and affection, up to life-threatening situations. This dynamic shows that there is a bond of emotional dependence and possession that is difficult to break, both for the aggressor and the victim (Mujeres sin Violencia, 2016).

Walker in 1979 describes the circle of violence, which develops in three phases: the first is the tension phase, which is characterized by a gradual escalation of tension in the couple, amplification of conflicts and violent acts. The second phase is the aggression phase; in this phase, physical, psychological and/or sexual violence is triggered. The third phase is that of conciliation, also known as the honeymoon phase, in which after the violent episodes, the aggressor usually asks for forgiveness, is kind and affectionate, and promises that it will not happen again, expressing that he has exploded because of other problems that are always unrelated to him. There are cases where the victim is made to believe that the violence she experienced is caused by her attitude, that she has provoked it. Making the woman believe that the violence she suffered is not important, in which the woman trusts him again, and this is the guideline for the cycle to begin again (Walker, 1979).

The WHO in 2017 reports that the consequences for women's health due to intimate partner violence produce serious health problems at the physical, mental, sexual and reproductive levels in the short and long term; likewise, intimate partner violence during pregnancy increases the likelihood of miscarriage, fetal death and premature birth. At the psychological level, it can lead to depression, post-traumatic stress disorder and other anxiety disorders, insomnia, eating disorders and suicide attempts, so that women who have suffered intimate partner violence are twice as likely to suffer from depression and drinking problems.

A study conducted by the European Union in 2014 indicated that 43% of women have suffered some form of psychological violence by their current or former partner, 7% experienced physical violence and 2% were victims of sexual violence; likewise, they establish a relationship between excessive alcohol consumption and increased violence.

In a study conducted by the WHO in 2013, it was found that there was presence of sexual violence in 80 countries, based on the testimonies of the victims, it was also observed that worldwide one in three women (35%) had been subjected to physical or sexual violence within or outside the marital relationship. Pointing out that the risk factors for intimate partner violence are individual, family, community and social, among the risk factors are a low level of education, harmful use of alcohol, reduced access for women and having many partners.

In Latin America, PAHO in 2014, notes that physical violence prevails in Peru (25.5%), Ecuador and Nicaragua (21.3%), while sexual violence predominates in Haiti (10.1%) and Colombia (6.9%). In all countries, the majority of women who had experienced physical violence also reported suffering emotional abuse, ranging from 61.1% in Colombia to 92.6% in El Salvador.

Similarly, in some countries, the highest levels of spousal violence were found among women of intermediate levels of wealth or education, rather than at the lowest levels. Likewise, the results showed that women who had been assaulted by their husband or partner reported that his use of alcohol or drugs led to violence against them, with the highest frequency in Ecuador (53.4%) and Guatemala (29.8%) (Bott et al., 2014).

Similarly, in Peru, data provided by Dávila's study in 2021, affirms that there is a significant relationship between women's emotional dependence on their partners and the violence they suffer, whether physical, psychological or sexual.

In this regard, in Mexico, the National Survey on the Dynamics of Household Relationships (ENDIREH, 2016) reports that women aged 15 years and older, 66.1% have faced at least one incident of violence at some time in their lives and 43.9% of women have suffered violence by their current or last partner, husband or boyfriend, throughout their relationship.

INEGI in 2017, indicates that 66.1% of women have suffered at least one incident of violence throughout their lives, where emotional violence stands out (49%), 41.3% for sexual violence, 34% in physical violence and in economic violence 29%. It mentions that 17.3% of women who are 60 years of age or older experienced some type of violence in the last year; 15.2% was psychological, 6.3% economic and 1.2% physical.

In Veracruz, a study conducted with the purpose of demonstrating the increase in the rates of violence against women and girls during the last years showed 699 cases of psychological violence (34%), 865 women indicated suffering physical violence (47%), 309 expressed being victims of sexual violence (15%) and 108 experienced economic violence (5%) (Manzano, 2017).

INEGI in 2016, conducted a study in the state of Veracruz with the purpose of exposing the prevalence of violence exercised by the current partner in the last 12 months, among married or unmarried women aged 15 years and older, showing that it is 29.5%, being this percentage lower compared to 2006 with 35.1% and to 2011, which shows 32.1%; in which they with a total of 27% present violence, where 26% suffered emotional violence, 8.7% experienced physical violence and 2% suffered sexual violence.

This shows the problem that intimate partner violence represents for women, so it was decided to conduct this research with the objective of identifying the type of violence suffered by women who attend medical consultation in an Urban Health Center in Minatitlán, Veracruz, Mexico.

## Methodology

Descriptive and cross-sectional study, the population was 960 women who attended medical consultation at an Urban Health Center in the city of Minatitlán, Veracruz, Mexico. The sampling method was simple random probability, the final sample consisted of 275 women. Inclusion criteria required that they be married or in union, over 18 years of age.

For the collection of information, a sociodemographic data questionnaire and the Questionnaire of Violence Suffered and Exercised by a Partner (CVSEP) were used to evaluate the violence suffered and exercised in the couple's situation in the aspects of frequency and damage (Moral & Basurto, 2015). The instrument allows the evaluation of psychological and social violence, physical violence, intimidation, aggression and sexual violence, as well as economic violence. It is composed of four scales, two scales evaluate violence suffered from the partner by means of 27 direct items that have a 5-value Likert-type response format. In one scale the 27 items are answered in terms of frequency (from 1 "never" to 5 "always") and in the other scale the same 27 items are answered in terms of harm suffered (from 1 "not at all" to 5 "a lot"). Regarding the content of these 27 items of violence suffered, 8 items are oriented to assess psychological and social violence (items 6, 9, 15, 17, 18, 19, 21 and 22), 7 items to assess physical violence, intimidation and aggression (items 2, 3, 11, 12, 13, 16 and 25), 7 items to evaluate sexual violence (items 1, 4, 5, 7, 8, 14 and 27) and 5 items to evaluate economic violence (items 10, 20, 23, 24 and 26). The total scale showed an internal consistency of .98 Cronbach's Alpha, and the subscale of violence suffered obtained a reliability of .96.

To carry out the study, authorization was obtained from the Ethics and Research Committee of the Faculty of Nursing, as well as from the authorities of the selected Urban Health Center. The instrument was applied in the waiting room of the institution, where the women were approached and invited to participate in the study, the objectives of the research were explained to them in advance and they were given informed consent, and they were told that their participation would be anonymous. The collection time was an average of 10 minutes per participant. Once the participants' collaboration was concluded, they were thanked for their contribution and were given a pamphlet on violence prevention and help numbers in case they needed it. The collection time was four weeks. In terms of ethics, the study complied with articles 13, 16, 20 and 21 of the Mexican General Health Law on Health Research.

The data collected were analyzed in the Statistical Package for Social Sciences (SPSS) version 20, where descriptive statistics (frequencies and percentages), measures of central tendency (mean, median) and dispersion (standard deviation and range) were obtained.

## Results

The women who participated in the study were between 18 and 73 years of age, with a mean of 38.3 years (SD=12.49), 95.6% indicated having between 1 and 10 children with a mean of 2.4 children (SD=1.52). The 93.5% had schooling, the majority had completed high school (31.3%), however, 6.5% of the participants reported having no schooling, most were married (61.8%), 84.7% were engaged in housework.

Regarding data related to the partner, 100% of the participants reported having a current partner and living with her, most of them considered to have a good relationship with their partner (61.8%); however, 5.1% reported having a bad relationship.

We also inquired about alcohol consumption in the couple, finding that 42.2% of the participants reported consuming alcoholic beverages and 60.7% mentioned that their partner consumed alcohol. This data is relevant because alcohol consumption is considered a risk factor that can generate violence in the couple.

Before starting the application of the scale, two questions were asked, the first on what type of aggression they considered they had experienced with their partners and the second on why they allowed it; the purpose of these questions was to find out if the women were able to identify having suffered some type of violence. The results showed that 27.6% of the participants identified psychological, 12% physical and .4% sexual aggression; in the second question, the majority (18.9%) indicated that they allowed the aggression to happen because they wanted to keep the family together and because of the economic aspect (12%).

Regarding the violence suffered according to the CVSEP scale measurement, Figure 1 shows the type and level of violence suffered by the study participants, where the highest level is obtained by economic violence (8.4%) and psychological violence (6.9%); it should be noted that 5.8% of these women have suffered physical and sexual aggression (2.5%) by their partners, results that show that all the participants have suffered some type of violence during their life as a couple.

When analyzing violence according to age, it was observed that the age range with the highest rates of psychological and social violence (9.6%), physical (6.1%), sexual (3.5%) and economic violence (12.2%) was the group of women between 37 and 55 years of age (Table 1).

Regarding the level of violence and schooling of the participants, it was found that psychological and social (22.2%), physical (6.7%), sexual (11.1%) and economic (22.2%) violence was higher in women with no schooling and primary schooling; economic violence was also present in women with a high school diploma (9.6%) (Figure 2).

Regarding the level and type of violence according to the occupation of the participants, it was found that women engaged in commercial activities suffered more psychological and social violence (12.5%) as well as economic violence (25%); likewise, women working as employees reported physical (6.5%), sexual (3.2%) and economic (9.7%) violence. In the case of women who work in the home, they report psychological and social violence (6.9%) and economic violence (7.7%), which shows the vulnerability to which women who perform only domestic work in the home and are totally dependent on their partner are exposed (Figure 4).

Graph 5 shows the level of violence suffered and the consumption of alcohol in the partner of the respondents, where a level of psychological and economic violence (16.7%), physical (13.3%) and sexual (8.3%) was observed when the partner consumed alcohol in the last week.

## Discussion

A total of 275 women participated in the study, in which the level of violence suffered by their partners was identified. The results show that the type of violence exercised most in the participating women exercised by their partner was economic violence (8.4%), a result that differs with studies conducted by the European Union Agency for Fundamental Rights in 2014; likewise with the research conducted in Latin American and Caribbean countries in 2014 and the study published by INEGI in Mexico in 2016, who indicate in their findings that it was psychological violence that prevailed in the participants of their research with figures ranging from 43%, 92.6% to 26% respectively.

Regarding the types of violence exercised, the findings show that economic violence (8.4%) and psychological violence (6.9%) were the most exercised, followed by physical (5.8%) and sexual violence (2.5%); behavior very different from that reported by Manzano in 2017 (physical violence 47%, psychological 34%, sexual 15% and economic 5%), as well as the INEGI study in 2017, where they show a high prevalence of Psychological (49%) and sexual (41.3%) violence, followed by physical (34%) and economic (29%) violence.

Regarding the violence suffered according to age, the findings show that it was in the group aged 37 to 55 years where the highest rate of all types of violence studied was presented, both psychological and social, physical, sexual and economic. Similar data to the study by Rodriguez and Esquivel in 2020, who found the highest prevalence of emotional, physical and sexual violence in the 30-49 age group. These same results show that 8.3% of the participants experienced sexual violence in the 18-73 age range, higher than the data found by the European Union Agency for Fundamental Rights (FRA, 2014), which places this violence at 2% in the 18-74 age group.

In relation to the level of schooling, it was found that women with no schooling are those who present the highest level of violence suffered in all types, a finding that agrees with that issued by the WHO 2013, which reveals that one of the risk factors for women to suffer violence is that they have a low level of education.

Regarding occupation, the results reveal that women who work as shopkeepers or employees are those who suffer more from some type of violence, showing high rates of psychological and social, economic, physical and sexual violence, a finding similar to that reported by Rodriguez & Esquivel, 2020, who document that woman who have a paid job have an increased risk of violence.

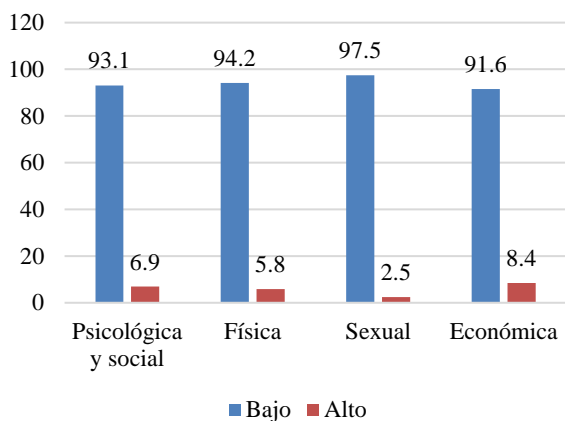
When investigating the alcohol consumption of the participants' partners, it was found that more than 50% of them are violated when their partner is drunk, a result that differs from the study by Llopis et al., 2014, who demonstrated in their study that men who consume alcohol exercise violence towards their partner in a higher proportion when sober than when they are drunk. However, the finding is similar to the study conducted in Latin America and the Caribbean, the Pan American Health Organization and the Centers for Disease Control and Prevention of the United States (Bott et al., 2014), who show that women who were assaulted by their husband mentioned that his alcohol consumption provoked the violence against them; data that agrees with what was obtained in this research, where violence occurred in greater proportion in women who indicated that their partner consumed alcohol than in those where their partner did not ingest this substance.

## Conclusion

The findings of the study show that all the women who participated in the research have suffered some type of violence in their relationships, whether physical, psychological, sexual or economic; the latter apparently goes unnoticed since in the initial question they did not indicate that they felt violated in this way. It should be noted that in this study the behavior of violence changed, since in studies carried out by different organizations and institutions the results show that psychological violence is the most prevalent, and in this research women are more economically violent. Likewise, it was concluded that the lower the level of schooling of the participants, the greater the probability of suffering violence by the partner.

These results provide a guideline for health professionals to generate interventions in these women, in order to detect any type of aggression towards them at an early stage.

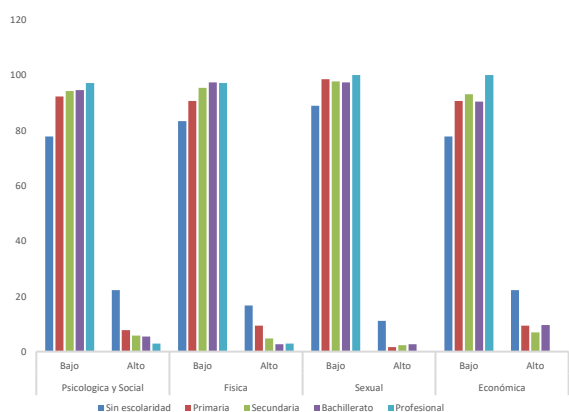
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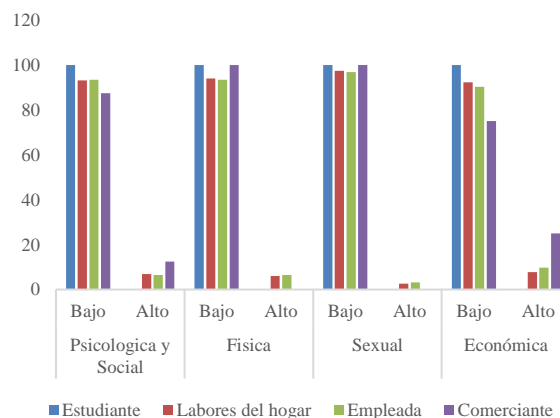
**Graphic 1** Types and level of violence suffered by women attending an Urban Health Center in Minatitlán, Veracruz  
 Source: *Intimate Partner Violence Questionnaire (CVSEP)*

Age range	18-36		37-55		56-73	
	f	%	f	%	f	%
<b>Psychological and social</b>						
Low Level	125	96.2	104	90.4	27	90
High Level	5	3.8	11	9.6	3	10
<b>Physics</b>						
Low Level	126	96.9	108	93.9	25	83.3
High Level	4	3.1	7	6.1	5	16.7
<b>Sexual</b>						
Low Level	128	98.5	111	96.5	29	96.5
High Level	2	1.5	4	3.5	1	3.3
<b>Economic</b>						
Low Level	124	95.4	101	87.8	27	90
High Level	6	4.6	14	12.2	3	10

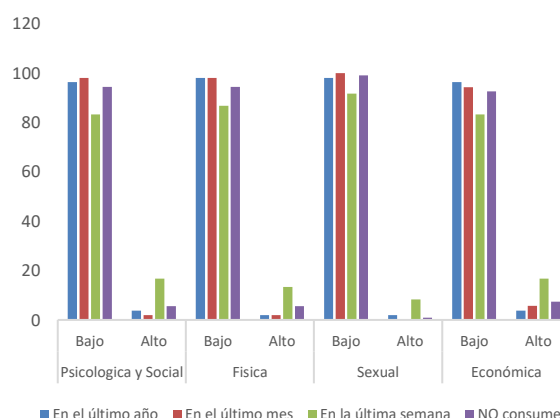
**Table 1** Level of violence suffered according to age in women attending an Urban Health Center in Minatitlán, Veracruz  
 Source: *Cuestionario de Violencia de Pareja (CVSEP)*



**Graphic 2** Level of violence suffered and schooling in women attending an Urban Health Center in Minatitlán, Veracruz  
 Source: *Intimate Partner Violence Questionnaire (CVSEP)*



**Graphic 3** Level of Violence suffered and occupation in women attending an Urban Health Center in Minatitlán, Veracruz  
 Source: *Cuestionario de Violencia de Pareja (CVSEP)*



**Graphic 4** Level of violence suffered and alcohol consumption in the partner of women attending an Urban Health Center in Minatitlán, Veracruz  
 Source: *Intimate Partner Violence Questionnaire (CVSEP)*

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