

Marital violence and its relationship to excessive drinking in Mexico

BY GUILLERMINA R. NATERA, MARCELA S. TIBURCIO,
AND JORGE V. VILLATORO

Through a household survey conducted in the southern area of Mexico City, 544 women currently living with a male partner were asked about the occurrence of a number of violent acts and associated risks such as drunkenness of the husband. The results show a prevalence 38.4% of women who had suffered some type of violence. Through the use of factor analysis structural equation models, the partners' drinking and jealousy were found to be significantly associated with violent acts and threats. The findings are discussed in the light of cultural aspects present in Mexico.

KEY WORDS: *Marital violence, alcohol abuse, Mexico.*

Alcohol-related family violence is a complex phenomenon involving a response to the context or the situation, characteristics of the people involved, such as predisposition to

AUTHORS' NOTE: *A preliminary version of this paper was presented at the international conference on Intoxication and Aggressive Behavior: Understanding and Preventing Alcohol-Related Violence, Toronto, Canada, October 7-10, 1996. We wish to thank Kate Graham for her helpful comments on the original version of this paper.*

aggression, and the type and amount of alcohol consumed. In his review of marital violence, Leonard (1992) reported that studies of battered women indicate that 35%–90% of such women live with a male partner who has alcohol problems; estimates of alcohol involvement in violent events between spouses varies from 22% to 60%. Maiden (1995) estimated that alcohol abuse among male batterers ranges from 25% to 85% compared with general population rates of 10%–13%.

Although in many cultures alcohol has been associated with violent behavior, it has also been demonstrated that alcohol is not always related to violence. In a cross-cultural study, Levinson (1989) found that alcohol was present in the route toward violence in only 9% of 90 peasant communities studied. This same author reports that there are societies in which familial violence does not exist.

Although alcohol-related domestic violence is a severe health problem in Mexico, it has not been studied in a comprehensive way. This paper attempts to address the issue using a recent epidemiological survey.

Background regarding alcohol use and violence in Mexico

There is a need to study the link between alcohol use and violence. The pattern of alcohol consumption in Mexico has been well studied, but its relationship to social problems has not. The Mexican pattern of consumption consists of low frequency but high quantities per drinking occasion, generally leading to drunkenness (Medina Mora, 1994). In 1993 the National Survey of Addictions (SSA, 1993) reported that 23.4% of alcohol users drink to reach drunkenness. Moreover, men between ages 30 and 49 consume a large proportion of the circulating alcohol in the country.

Some studies give an overview of violence in Mexico. The last National Survey of Addictions (SSA, 1993) found that

41.6% of the alcohol users who drank five or more drinks per occasion during the previous year reported one or more alcohol-related problems, mainly with family (20.1%), friends (8.4%), the police (4.6%), and in bars (2.6%). The 1990 National Survey of Addictions (SSA, 1990), found that 14.9% of the sample had had at least one alcohol-related problem with the family in their lives.

A case-control study of child mortality in 704 families from one urban site of the State of Mexico (Borges et al., 1991) found the occurrence of husband-to-wife violent behavior in 8% of cases, violence against neighbors in 4%, and violence against children in 3.6%. In all cases violence was closely related to the drinking pattern. Shrader and Valdez (1992) report that 33% of women studied in a survey conducted in a marginal zone of Mexico City had lived in a violent marital relation; of these, 66% had suffered physical violence and 21% sexual violence.

Statistics coming from general attorney agencies, emergency rooms, treatment agencies, and nongovernmental organizations (NGOs) indicate that one out of four homicides and one out of three suicides involve alcohol use. Híjar et al. (1990) concluded that violent acts against women and children take place in households, whereas the street is the scene for violence toward males.

There is a consensus between lay and non-lay populations that there is a high prevalence of violence in Mexico toward women and that the association between violence and alcohol is quite common. In recent interviews (Saucedo, 1997), emergency hospital directors shared this opinion: "Family violence is always or nearly always linked to alcohol use; there are no two ways about it."

Epidemiological research reports on domestic violence and its relationship to alcohol include a household study on family health in Guadalajara (Ramírez, 1992), which found that

56.7% of urban women and 44.2% of rural women had been beaten at least once in their lives. The proportion of women maltreated by an aggressor who had been drinking was 20.3% in rural areas and 25.8% in urban areas. In other words, the proportion of women who suffer violence related to heavy drinking is higher in urban areas. In the urban environment the principal aggressor was more often the husband, while in the rural environment it was the father, followed by the husband and other family members. Approximately 50% of the reports associated abuse with a state of drunkenness of the aggressor.

A public opinion survey about the incidence of family violence used a stratified random sample of 3,300 respondents age 18–65, representative of all socioeconomic levels and of various states of the Republic. This survey found that 20.9% of the respondents think wives suffer more physical and mental maltreatment than other family members. Thirty-five percent reported the occurrence of a violent event in their families during the last six months, with 74% of those reporting such events being women. In addition, alcoholism and drug use were mentioned as among the most important obstacles to stopping family violence (COVAC, 1996).

Anthropological work in rural or semi-rural zones reports alcohol use and violence, but never specifies the quantities or consequences involved. However, it is common to link violence and alcohol use (Lomnitz, 1975). Fromm and Maccoby (1973) reported that some alcoholics often admitted that alcohol use had led them to have quarrels with their wives, and labeled 65% of alcoholics as macho. Among the Mexican population, “machismo drinking” (Kaufman, 1995) is a strong sign of masculinity and a mechanism for coping with economic frustrations and the stress of everyday life. However, Palerm and Viquiera (1954) found that alcohol use did not produce the same reaction in all communities. They reported that some communities can be classified as Apollonian (i.e., moderate and orderly drinkers), while others are

Dionysian (displaying violent behavior under the influence of alcohol). There is a great deal of tolerance on the part of women for the excessive drinking of men, and to some extent this attitude also legitimates intrafamilial violence toward women (Natera, Mora & Tiburcio, 1996a). On the other hand, there are women who report that the incidence and severity of aggression are not necessarily related to alcohol, since in some cases alcohol "calms them down and sends them to sleep," and violence occurs in sobriety (Natera et al., 1996b).

Denunciations of family violence have increased considerably with the 1990 opening of the first Center of Attention for Intrafamilial Violence (CAVI), funded by the Ministry of Justice. This institution is responsible for providing emergency medical care for victims and close relatives, as well as offering administrative assessment and psychological, social and legal assistance, providing psychotherapy, and offering orientation for the aggressors. Between 1991 and 1994 this center reported a total of 80,000 consultations. Slightly over 50% of those who attended during the first quarter of 1994 reported that the aggressor was a regular drinker.

Qualitative studies in Mexico have identified the role of Protestant religious groups in the decrease in violence as a result of the reduction in alcohol use. González (1995) reports that in Guadalajara in 1982 there were cases of families that converted to Protestantism and experienced qualitative improvements: the men learned how to treat their wives better, stopped drinking, saved money, assumed the responsibility of supporting their families, and stopped beating their wives and children.

The effects of the current financial crisis in Mexico have yet to be documented, but government offices have reported high rates of violence. These are probably related to unemployment and to an increase in stress levels produced by the growing poverty, which is a predictor of intrafamilial violence (INEGI-INAH, 1996).

The present survey is the first epidemiological study carried out in Mexico City that can be used to explore violence toward women and its link to alcohol use. Although the survey has some limitations (it is based upon women's reports of the alcohol use of the aggressor, and the violence scale used was a small part of a large questionnaire that included scales on mental health and utilization of services), it allows examination of the link between heavy drinking and violence against women by the husband.

In this initial approach to the results, we describe the prevalence of the most common forms of violent behavior in couples, with emphasis on violence toward wives. We also explore the association of excessive drinking of the husband with violence toward women through structural equation modeling techniques.

Methods

The participants included in this study were part of the Community Epidemiology Research Project (Medina Mora, et al., 1997) conducted in a Southern area of the Federal District. This was a household sample study in which a random systematic sample was used. The selection criteria for the interviewees were that they should be over 15, habitually live in the household selected, speak Spanish (in this region it is possible to find Indian populations who only speak their mother tongue), and have no severe problem with their mental faculties that would prevent them from answering the interview questions.

Interviews were face to face and generally conducted in the home and in private. Interviewee selection was carried out using a random system, on the basis of the list of the total number of people living in the household. The interviewers had a background in social sciences, with experience in surveys, and were given training in how to apply this question-

naire. For the section on familial violence, great emphasis was placed on the need for no one other than the interviewer and the interviewee to be present; if this was not possible, then it would be preferable not to fill in the section on marital violence. Information on treatment agencies was provided to those cases that needed attention.

Sample

The final sample consisted of 549 men and 928 women (with a non-response rate of 18% for males and 3% for females). This study considers only the 544 women currently living with a partner.

Instrument

A closed questionnaire was used, which included several sections on mental health and the use of services. For this paper, we have or utilized only the demographic variables and the section on couple-related violence and associated risks over the past 12 months. The items included in the latter are part of the Danger Assessment Scale (Campbell, 1986), which consists of 15 items. After a pilot study, items 1 through 4 of the original scale were excluded. A new item about wife battering was added.

It was not possible to find reports of the use of the Danger Assessment Scale in Mexico. However, some studies have been carried out in the United States in order to estimate the internal consistency. These studies have found alpha coefficients ranging from 0.60 to 0.86, and in studies that assessed its temporal stability, the alpha has ranged from 0.89 to 0.94. In addition, the correlations with other measures of abuse, such as the Conflict Tactics Scale and the Index of Spouse Abuse, support the convergent construct validity of the scale (Campbell, 1995).

Results

Prevalence of violence indicators Of the 544 women in the sample, 38.4% (n=209) had suffered some type of violence from their partners. Table 1 shows the sociodemographic characteristics of women who had suffered

TABLE 1

Sociodemographic characteristics

	Women who did not suffer violence (n=335)	Women suffering violence (n=209)
Age	%	%
15-17	3.0	1.0
18-29	30.4	33.5
30-39	33.3	26.8
40-49	18.2	21.5
over 50	15.2	17.2
SE level*		
A/B	3.7	0.5
C+	5.2	5.9
C	16.8	15.3
D+	21.0	22.8
D	23.8	20.8
E	29.6	34.7
Occupation		
Housewife	64.2	66.0
Work outside	35.8	34.0

* According to the following discriminant variables:

- (i) education of the family head, (ii) own or rent home, (iii) number of rooms, (iv) possessions other than TV, phone, boiler.
- A/B. (i) degree or higher, (ii) owns with servants, (iii) 4 bedrooms, 2-3 bathrooms, (iv) garden, 2 TVs, VCR, microwave, 2 cars, insurance, bank accounts.
- C+. (i) degree or college, (ii) owns, (iii) 2-3 bedrooms, 1-2 bathrooms, (iv) 2 TVs, VCR, car, credit cards.
- C. (i) college, (ii) owns, (iii) 2 bedrooms, 1 bathroom, (iv) 2 TVs, VCR, some credit cards.
- D+. (i) secondary or primary school, (ii) rent, (iii) 1-2 bedrooms, 1 bathroom, (iv) two-thirds have boiler, half have VCR, a few use credit cards.
- D. (i) primary school, (ii) owns, (iii) 1 bedroom, 1 bathroom, (iv) half have VCR.
- E. (i) did not complete primary school, (ii) rent, (iii) 2 rooms on average, no inside bathroom.

violence compared with those who had not. Of those who had experienced violence, 11% reported that their husband was drunk every day, compared with 1.8% reported by women who had not experienced violence ($\chi^2=19.9$, $p < .001$).

The control of daily activities was the most common type of violence (20.9%), followed by being beaten (14%) and violent jealousy (10.1%) (see Table 2). Of those who had experienced violence, 51% reported one violent act, 19.2% two acts, 23.5% three to five acts and 6.2% reported suffering six or more different types of violence.

TABLE 2

**Prevalence of violent situations and associated risks
(n=544)**

Violent Situations	%
Has he ever forced you into sex	8.5
Does he threaten to kill you	5.1
Does he control most or all of your daily activities	20.9
Have you ever been beaten by him while you were pregnant	7.5
Is he violently and constantly jealous of you	10.1
Is he violent towards your children	8.8
Is he violent outside of the home	9.9
Have you been beaten	14.0
Associated Risks	
Does he use drugs*	0.3
Is he drunk every day or almost every day	5.4
Have you threatened to commit suicide	2.2
Has he threatened to commit suicide	1.6

Cronbach's alpha = .7598.

* Item excluded from further analysis due to its low prevalence.

Table 3 shows the interrelationships among violent acts. Certain forms of violence appeared to be highly interrelated. For example, over half of those who reported forced sex also reported violent jealousy and said their husbands were violent toward children. On the other hand, other forms of violence did not appear to be particularly high among those who said their husbands controlled their activities. Spousal drunkenness appeared to be most strongly associated with "Threatened to kill you" (35.7%), "Beat while pregnant" (29.3%),

TABLE 3
Percentage of women who have experienced each form of violence who have experienced another form and whose partners are drunk every day or almost every day

	Forced sex (n=47) %	Threaten to kill you (n=28) %	Controls activities (n=115) %	Beat while pregnant (n=41) %	Jealous (n=55) %	Violent toward children (n=48) %	Violent outside home (n=54) %	Beat you (n=77) %
Has he ever forced you into sex	-	53.6	16.5	48.8	45.5	39.6	29.6	39.5
Does he threaten to kill you	32.6	-	14.8	31.7	27.3	32.7	18.5	27.3
Does he control your daily activities	40.4	60.7	-	39.0	45.5	20.2	42.6	31.6
Have you ever been beaten while pregnant	42.6	46.4	13.9	-	32.1	29.2	18.5	45.5
Is he violently and constantly jealous of you	53.2	53.6	21.9	43.9	-	39.6	37.0	36.8
Is he violent toward your children	58.3	57.1	20.2	34.1	34.5	-	20.4	33.8
Is he violent outside of the home	34.8	35.7	20.4	24.4	35.7	22.9	-	27.3
Have you been beaten	66.7	75.0	21.2	85.4	51.9	54.2	39.6	-
Is he drunk every day or almost every day	25.5	35.7	9.6	29.3	14.5	20.8	9.3	23.4

“Forced sex” (25.5%), “Beat you” (23.4%), and “Violent toward your children” (20.8%).

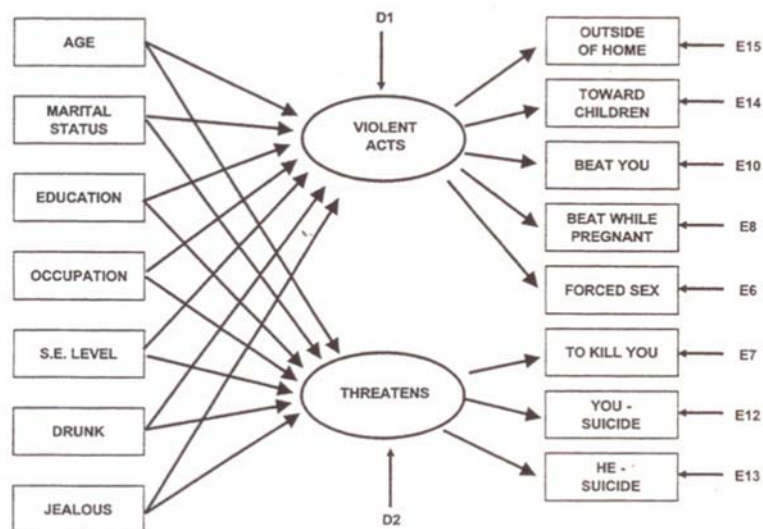
Factor
analysis
structural
equations
model

Structural modeling was used in order to identify the relationships between the variables of interest and to assess the underlying structural model of the data. As a first step, an exploratory factor analysis with maximum likelihood extraction method and oblimin rotation was carried out to explore the structure of the latent variables; oblimin rotation was selected versus orthogonal because the variables were known to be related.

Figure 1 shows the model that served as the starting point for the analysis. According to this model, the variables age, marital status, education, occupation, socioeconomic level, partner drunk every day or almost every day, and violently jealous were identified as possible predictor variables, based on selecting those with a loading higher than 0.30. Two latent constructs were hypothesized. The first one, which we called

FIGURE 1

Structural model of violent behavior



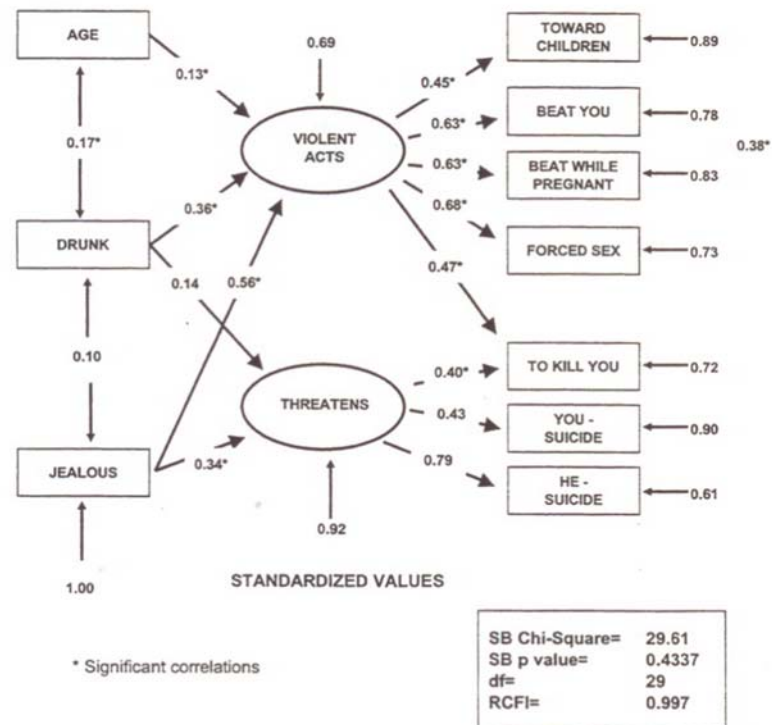
"Violent acts," has to do with the exertion of physical violence, while the second factor, "Threatens," is related to situations of violence in the form of menacing or threats. The item "Does he control most or all of your daily activities?" did not load on either factor, and it was excluded from further analysis. The item "Threatened to kill you" had a large loading (>0.30) on both factors.

A FASEM (factor analysis structural equations models) analysis was conducted in order to assess the predictors of family violence. The method of extraction of parameters was robust (extraction of maximum likelihood with standard errors corrected for normality (Bentler, 1995)) because the data were not normally distributed. After the first FASEM model, the item "Is he violent outside of the home?" was removed because its loading on "Violent acts" was rather low. In addition, socioeconomic status, marital status, education, and whether the respondent currently worked did not show significant regression coefficients and were excluded from the final model.

The final FASEM model (Figure 2) had a Satorra-Bentler X^2 of 29.61 with 29 df and $p=0.43$. This indicates that this is a reasonably good model of the relationships between the variables. This conclusion is confirmed by an adjustment index value near to 1 (RCFI=0.997), almost a perfect adjustment. The Robust Comparative Fit Index (RCFI) was used because, as noted above, data were not normally distributed.

Regarding specific results of the model, it was found that "age of the respondent" and "drunk every day or almost every day" were significant predictors of "Violent acts." "Jealousy" was the most important predictor for both latent constructs as demonstrated by the regression coefficients associated with this variable.

FIGURE 2
Final structural model for violent behavior



These three variables (age, jealousy and drinking) explained approximately 52% of the variance for "Violent acts" but only 17% of "Threatens severe violence."

Discussion

The findings allow us to start thinking of the epidemiology of violence in Mexico. The study shows a prevalence of 14% of women who have been beaten by their partners; overall 38% of women had suffered at least one form of violence from their partners. The figure is similar to that reported in Leonard's (1992) review and higher than the figures found in

some international studies carried out through household surveys. For example, in the United States, Straus and Gelles (1990) found that 11% of women reported abuse from their partners; in Canada, Toft (1987) and Statistics Canada (1993) reported that 25% of women suffered physical assault by a current or previous partner; the United Nations (1989) reported 25% in Scotland and Profamilia (1990) 20% in Colombia. However, the prevalence reported herein is lower than the 60% found by Larraín (1993) in Chile and the proportion reported by Ramírez (1992) for Guadalajara in Mexico. The results obtained in this study are more similar to the estimations of Shrader & Valdez (1992) for the eastern zone of Mexico City and to the results of Granados (1995) in Monterrey, Mexico. Variability in prevalence might be due to methodological aspects related to the characteristics of the sample and the questionnaire used.

The use of modeling techniques was a useful and statistically reliable exercise; due to the limited information available and the exploratory nature of the questionnaire, it cannot be considered as a prediction procedure in the strict sense. Nonetheless it represents one approach to the link between drinking and violence.

The results indicate that excessive alcohol consumption is an indicator associated more with violent acts (0.36) than with threats, which might imply a greater physical risk for women than threats that probably will not be fulfilled (0.14); however, threats might be associated with emotional consequences that could lead to depression. The findings are consistent with other data from Mexico, suggesting that the association of family violence and alcoholism generally leads to sexual violence, which in turn often leads to unwanted pregnancies, rape, illness, etc. (Saucedo, 1995). García and Oliveira (1994) also describe sexuality in Mexico as an area par excellence of the exercise of male power and the repression of female autonomy.

In addition, the role of jealousy in the relationship between drinking and violence should be studied, since jealousy was a strong predictor of both violent acts and threats.

Our results showed a small but significant relationship between age and having suffered violent acts. A study about the appearance of victimization and alcohol abuse in the life cycle seems to be of great interest and would reveal how violence could cause long-term effects that increase the vulnerability of victims to severe health risks such as suicide, depression, or substance abuse, according to the stage of occurrence (Heise et al., 1994).

Since this study was part of a broader mental health research project, it was not possible to assess whether the aggressor was drinking or not at the moment of the violent event, the number of violent events that occurred in a certain period of time, or the severity of different forms of violence. This is an important area for future research.

In Mexico, the completion of a study about domestic violence in the general population has been a great challenge, due partly to cultural attitudes in addition to methodological and technical limitations, but due above all to ethical difficulties, since it represents an additional risk for the victims. The safety of the women interviewed and of the interviewers, as well as the adequate referral of cases, must be prime considerations (Saucedo, 1997). Another impediment is that domestic violence has received scant attention from legal, social and health care institutions in Mexico.

The present study indicates that the detection of domestic violence might be accomplished by well-trained interviewers in household surveys. However, it is highly recommended to include a followup phase in similar studies in order to assess the impact of the survey on the lifestyle of the respondents and to evaluate the impact of the information provided about available treatment agencies. This might be especially impor-

tant if jealousy is a dominant characteristic of Mexican aggressive males, since such a study could represent a more severe risk for women.

In sum, our study illustrates the interrelationships of different violent behaviors by husbands as well as the association of violence with drunkenness and jealousy. The findings are consistent with the belief of Kaufman (1995) and other researchers of the need for a theoretical framework that includes cultural, structural and individual factors to identify the psychological variables that serve as mediators between drinking and marital violence. Also, the high rates of women at risk suggest the need for developing programs to prevent violence.

References

- Asociación Mexicana Contra la Violencia hacia las Mujeres, A.C. (COVAC) (1996): *Violencia en la Familia, Este País*, Julio, pp. 20-25.
- Bentler, P.M. (1995): *EQS Structural Equations Program Manual*. Encino, CA: Multivariate Software, Inc.
- Borges, G.; Natera, G.; Garrido, F.; Cardenas, V.; Ibarra, J.; Pelcastre, B. (1991): El Consumo de Bebidas Alcohólicas y la Conducta Violenta en Naucalpan de Juárez, Estado de México. *Reseña de la VI Reunión de Investigación*. Instituto Mexicano de Psiquiatría, pp. 143-152.
- Campbell, J. (1986): Nursing Assessment for Risk of Homicide in Battered Women. *American Nursing Society*, 8:36-51.
- Campbell, J. (1995): Domestic Homicide: Risk Assessment and Professional Duty to Warn. *Maryland Medical Journal*, 43(10):885-889.
- Fromm, E.; Maccoby, M. (1973): *Sociopsicoanálisis del Campesino Mexicano*. Fondo de Cultura Económica, México.
- García, B. y Oliveira, O. (1994): *Trabajo Femenino y Vida Familiar en México*. El Colegio de México.
- Granados, S.M. (1995): Salud Reproductiva y Violencia contra la Mujer. Un Análisis desde la Perspectiva de Género (El Caso del Area Metropolitana de Monterrey). Consejo Estatal de Población.
- González, M.S. (1995): *Las Mujeres y La Salud*. El Colegio de México, México D. F.

- Híjar, M. y cols. (1990): Mortalidad por Lesiones Accidentales e Intencionales en el Distrito Federal, México, 1970-1986. *Salud Pública*, 32(4):395-404.
- Heise, L.; Pintaguy, J.; Germain, A. (1994): Violencia contra la Mujer: La Carga Oculta de Salud. Programa Mujer, Salud y Desarrollo, Organización Panamericana de la Salud, Washington, DC.
- Instituto Nacional de Estadística, Geografía e Informática—Instituto Nacional de Antropología e Historia (1996): *Estadísticas Históricas*, 2 vols., México.
- Kaufman, Kantor G. (1995): Alcohol and Spouse Abuse: Ethnic Differences. University of New Hampshire (mimeo).
- Larraín, S. (1993): Estudio de Frecuencia de la Violencia Intrafamiliar y la Condición de la Mujer en Chile. Panamerican Health Organization, Santiago, Chile.
- Leonard, K.E. (1992): Drinking Patterns and Intoxication in Marital Violence: Review, Critique, and Future Directions for Research. In: Alcohol and Interpersonal Violence: Fostering Multidisciplinary Perspectives, NIAAA Research Monograph 24, pp. 253-280.
- Levinson, D. (1989): Alcohol Use and Aggression in American Subcultures. In: Room, R., Collins, G. (eds.), *ADAMAHA 1981, Alcohol and Disinhibition: Nature and Meaning of the Link*. Monograph 12, DHHS Publication No. ADM 83-1246. Washington, DC, pp. 306-322.
- Lomnitz, L. (1975): *Cómo Sobreviven los Marginados*. Fondo de Cultura Económica, México, D. F.
- Maiden, P.R. (1995): The Impact of Alcoholism Treatment on the Reduction of Domestic Violence. Paper presented at the 37th International Congress on Alcohol and Drug Dependence. San Diego, CA, August 1995.
- Medina Mora, I.M.E. (1994): Los Conceptos de Uso, Abuso, Dependencia y su Medición. En: Tapia, C.R. (ed.), *Las Adicciones. Dimensión, Impacto y Perspectivas*. Ed. Manual Moderno, México, pp. 25-55.
- Medina Mora, I.M.E.; Berenzon, G.S.; López, L.E.K. (1997): Informe a CONACyT del Proyecto de Investigación de Epidemiología Comunitaria. Reporte Interno del Instituto Mexicano de Psiquiatría.
- Naciones Unidas (1989): Violencia contra la Mujer en la Familia. Naciones Unidas, New York.
- Natera, G.; Mora, J.; Tiburcio, M. (1996a): Las Adicciones y la Violencia Familiar en Mexico. En: Jiménez, G.R. (comp.), *¿Y la Familia?*

- Centro Universitario de Estudios para la Familia. Universidad Autónoma de Tlaxcala, pp. 93-107.
- Natera, G.; Mora, J.; Tiburcio, M. (1996b): Familia, Rol y Adicciones: Un Estudio Cualitativo en una Zona Popular del Distrito Federal. Documento Interno, Instituto Mexicano de Psiquiatría.
- Palerm, A.; Viquiera, C. (1954): Alcoholismo: Brujería y Homicidio en dos Comunidades Rurales de México. *América Indígena*, Vol. XIV, No. 1, México.
- Profamilia (1990): Encuesta de Prevalencia, Demografía y Salud. Demographic and Health Survey. Bogotá, Colombia.
- Ramírez, J.G. Vásquez (1992): Mujer y Violencia: Un Hecho Cotidiano. *Salud Pública de México*, 35:148-160.
- Saucedo, G.I. (1995): Violencia Doméstica y Sexual. *Demos*, UNAM, pp. 32-34.
- Saucedo, G.I. (1997): Violencia Doméstica y Salud: Avances y Limitaciones para la Investigación y Atención. Trabajo presentado en el IV Congreso Latinoamericano de Ciencias Sociales y Medicina. Cocoyoc Mor. México, Junio 2-6.
- Secretaría de Salud (1990): *Encuesta Nacional de Adicciones (Alcohol)*. Dirección de Epidemiología, Instituto Mexicano de Psiquiatría.
- Secretaría de Salud (1993): *Encuesta Nacional de Adicciones (Alcohol)*. Dirección de Epidemiología, Instituto Mexicano de Psiquiatría.
- Shrader, C.E.; Valdez, S.R. (1992): Violencia hacia la Mujer Mexicana como Problema de Salud Pública: La Incidencia de la Violencia Doméstica en una Microregión de Ciudad Nezahualcoyotl. Centro de Investigación y Lucha contra la Violencia (CECOVID), México (mimeo).
- Statistics Canada (1993): The Violence Against Women Survey. *The Daily: Statistics Canada*, November 18.
- Straus, M. & Gelles, R. (1990): *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. Transaction Publishers, New Brunswick, NJ.
- Toft, S. (1987): Domestic Violence in Papua New Guinea. Law Reform Commission, Occasional paper 19. Port Moresby, Papua New Guinea.