

Mexico: Alcohol and Partner Physical Aggression in Ciudad Juárez, Monterrey, Querétaro, and Tijuana

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Introduction

In Mexico, partner violence continues to be a social and cultural problem that is often regarded as “normal,” even by the women who have been mistreated, and is often “invisible” to other people around them. Until recent years, the issue’s invisibility and normality has led to an inadequate response. The elements that contribute to this denial and acceptance are manifold as well as involve personal factors, including those linked to individual couples’ relationships, as well as institutional, social, and cultural characteristics of Mexican society (Agoff, Rajsbaum, Herrera, 2006).

Violence against women is a social practice that is understood to involve the exercise of power in asymmetrical social contexts that damage women’s integrity and encourage their subordination and control by men. Such violence includes actions and failure to act that are both real and symbolic (Ramírez–Rodríguez, 2006). However, other aspects and issues related to physical aggression between intimate partners, including aggression by women toward male partners, are not yet well understood.

According to Valdez–Santiago (2004a), attempts to prevent and control domestic violence in Mexico increased significantly during 1976–2001, leading to the introduction of regulations in various sectors and giving rise to national programs, legal reforms in civil and penal codes, and even to the passage of specific laws.

Within the legal sphere, in 1996 the Law of Assistance and Prevention of Intra–familial Violence in the Federal District was approved, comprising 29 articles designed to lay the groundwork and establish procedures for preventing family violence (Mexico, Código Penal para el Distrito Federal, 2006).

In 2000, the Secretariat of Health invited several governmental and nongovernmental organizations to draw up the Mexican Official Norm NOM190–SSA1–199, entitled “Health Services Provision: Criteria for the Medical Care of Family Violence,” which was published on 8 March 2000 in the *Diario Oficial*. In May of that year, state–by–state training regarding the norm began to be carried out.

On 8 March 2001, the National Women’s Institute was created. Its work focuses on issues related to violence against women. Among other actions, it created a System of Indicators for Monitoring Women’s Status, which includes a section that deals with violence

against women by an intimate partner. At this writing, an interactive system for following up on the Convention for Eliminating All Forms of Discrimination against Women (SICEDAW) is being designed, the aims of which include widely disseminating the efforts currently under way at the national and regional level.

On 26 April 2006, the General Law for Women's Access to a Life Free of Violence was approved. This is the first law in Latin America that focuses on the different forms of violence from a gender and human rights perspective: family violence, community violence, labor violence, violence in educational settings, institutional violence, and feminicide¹, and it also establishes the mechanisms for the eradication of each (Mexico, Ley General de Acceso de las Mujeres a una Vida Libre de Violencia, 2006).

Partner Aggression Rates in Various Mexican Cities

According to Ramírez-Rodríguez (2006), studies that have sought to measure the scope of violence against women may be divided into two categories: those referring to the general population and those that study specific populations. Both types of studies display a high degree of heterogeneity in the methodology employed, in the criteria used in the selection and type of population studied, the instrument utilized, the structure of the questions and variables, and the indices for measuring the frequency and duration of the violence exercised by men.

Household Surveys

The 1998 National Survey on Addictions used a version of the Danger Assessment instrument, adapted and used in a previous study by Natera, Tiburcio, and Villatoro (1997), to evaluate partner violence among a sample of 1,149 urban women aged 18–65 who were currently living with a partner or who once lived as a couple. Overall, 45.7% of women reported that they had suffered some type of violence in their lifetime, with 13% reporting having experienced violence within the past year (Natera, Juárez García, Tiburcio, 2004).

Rivera–Rivera and colleagues. (2004) conducted a study to determine the prevalence of and risk factors for violence against women inflicted by their male partners in a representative sample of 1,535 women aged 15–49 years residing in the metropolitan area of Cuernavaca, Morelos state, Mexico. In response to questions from the Conflict Tactics Scale and the Index of Spousal Abuse, 35.8% of respondents reported low-to-moderate levels of violence (e.g., men exerting control over daily activities, not allowing women to hold a job outside the home, verbal insults), while 9.5% reported severe violence (e.g., being struck with an object, burned, or locked up). The main factors associated with violence were lower socioeconomic status, lower educational level, fewer years living with partner, alcohol use (OR = 2.56, 95% CI = 2.02–3.25), illegal drug abuse by partner, history of violence during childhood, and a history of rape.

A 2003 National Survey on the Dynamics of Household Relationships (Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares, or ENDIREH), and a second ENDIREH conducted in 2006, focused specifically on violence against women.

¹A term generally used in Mexico to refer to the murders of more than 400 women in Ciudad Juárez, Chihuahua, Tijuana, and other areas, most of whom were employed in the maquiladora industry, that have occurred over the past decade and a half. Most of these crimes remain unsolved.

The ENDIREH 2003 included females aged 15–69 from 57,230 households who had a partner. Overall, 9.3% of the women reported experiencing an incident of physical violence during the past 12 months, including being pushed (7.1%), being beaten up (6.3%), being kicked (2.2%), having had an object thrown at them (2.8%), being strangled (0.9%), having had a knife (0.8%) or a gun (0.1%) used against them, and being tied up (0.2%) (Mexico, ENDIREH 2004). The ENDIREH 2006 included a sample of 128,000 females over the age of 15 who were married or living with a partner; of this group, 10.2% reported experiencing violence by a partner during the previous 12 months (Mexico, ENDIREH, 2007).

Of the 34% of respondents to a survey conducted in four cities in Mexico (Guadalajara, Hermosillo, Mérida, Oaxaca) who reported some kind of violence in their lifetime, females were significantly more likely than males to report experiences of violence in childhood, intimate partner violence, and family violence, whereas males most often reported violence perpetrated by friends, acquaintances, and strangers (Baker et al. 2005).

The National Survey on Psychiatric Epidemiology conducted in Mexico between 2001 and 2002 evaluated 28 different violent events using the World Health Organization Composite International Diagnostic Interview (WHO CIDI), in order to obtain the prevalence of these events and of post-traumatic stress disorder. Among other findings, 10.7% of females versus 0.8% of males reported “being beaten by one’s partner” during their lifetime. Despite the fact that males and females were both exposed to violence, the proportion of females who developed post-traumatic stress disorder was significantly higher (4.73 females for every male).

Surveys with Special Populations

The National Survey on Violence against Women in Mexico conducted in 2003 found that among 26,042 females requiring treatment at primary- and secondary-level public health care facilities, 7.8% had experienced domestic partner violence (Olaiz et al., 2006).

Pregnant women have been found to be a high-risk group, due to the considerable harm that physical aggression poses for maternal and child health, for the burden that violent acts committed against pregnant women creates for health services, and for the high prevalence of pregnant women who are victims of violence (Castro, Peek-Asa, Ruiz 2003; Freyermuth 2004; Valdéz-Santiago 2004b, Cuevas et al., 2006).

In recent years, there has been growing interest in studying the extent of violence during courtship among young populations. Rivera-Rivera and colleagues (2006) conducted a baseline cohort study of a sample of 13,293 students aged 12–24, measuring violence using the 10 items of the Conflict Tactics Scale for the most recent courtship relationship. Alcohol abuse was defined as getting drunk to the extent of not being able to walk or stand on one’s feet on one or more occasions every two weeks. The total prevalence of dating violence among females was 28%, and alcohol abuse (OR = 1.30, 95% CI 1.12–1.51) was found to be associated with this phenomenon as were depression, smoking tobacco, and poor academic performance.

Alcohol Involvement in Partner Aggression

In a household survey conducted in the southern part of Mexico (Natera, 1997), 544 women currently living with a partner were asked about lifetime violence experiences using the Danger Assessment Scale of 15 items, obtaining the number of violent acts and associated risks such as drunkenness of the partner. The latter was found to be significantly associated with violent acts and threats among the 38.4% of women who suffered some type of violence.

In a study of 717 women admitted to three emergency departments in the city of Pachuca, Hidalgo state, Ramos and colleagues (2002) found that 3.6% were admitted as a result of some form of interpersonal violence. All of these women lived with the aggressor, mainly in the form of common-law marriage, and reported lower educational attainment. Over one-half of the men in the study who physically mistreated their partners were heavy drinkers, with only one being an abstainer.

Recently, in an economic study of alcohol abuse and domestic violence in rural Mexico, Angelucci (2007) found that a “long-lasting 20 dollar monthly increase” in the wife’s income was associated with a 15% decrease in the husband’s alcohol abuse and a 21% decrease in aggressive behavior by the husband.

Methods

Survey and Sample

Data presented in this chapter were taken from the Household Survey on Addictions conducted between October and December 2005 in four Mexican cities: Ciudad Juárez, Monterrey, Querétaro, and Tijuana. The main objective of the survey was to evaluate alcohol, tobacco, and drug use prevalence; consumption trends; and related problems in a representative sample of each of the four cities. Information regarding violence and victimization, suicide, accidents, and diseases was also collected, as well as data on migration to the United States.

This was a cross-sectional epidemiological study based on a household survey. The sample design was probabilistic, multistage, stratified, and by conglomerates.

Sampling Units

During the first sampling stage, 210 Basic Geo-statistical Areas (BGSA) were selected in proportion to the number of dwellings in each, according to the 2000 census (60 BGSA were selected for the Metropolitan Area of Monterrey, and 50 each were selected for Ciudad Juárez, Querétaro, and Tijuana). During the second stage of the sampling, two blocks were chosen from each of the BGSA selected, in order to obtain approximately six dwellings per block (12 dwellings per BGSA), anticipating a nonresponse rate in the order of 17%. These blocks were selected using proportional probability to size (PPT) according to the number of dwellings in each block.

During the third stage, once the BGSA and blocks had been selected, the sampling was divided into segments of approximately six occupied dwellings (excluding businesses, land plots, unoccupied houses, etc.) and one segment was chosen (from the table of random numbers carried by each interviewer) to be analyzed at the same time as the survey was conducted. All household members between the ages of 12 and 65 living in the selected dwellings were eligible to be interviewed.

Finally, during the fourth stage of the sampling, one member of each household between the ages of 12 and 65 was selected using the last birthday technique (i.e., of all the members within that age range, the most suitable respondent would be the one with a birthday closest to the date of the interview). The only case in which a potential respondent to the individual questionnaire could be replaced was if the person was deemed to possess some mental disability that would prevent him or her from being able to adequately answer the interview questions. In these exceptional cases, the household member with the next closest birthday was selected. The household was excluded if there were no members aged 12–65 living in the dwelling. In the event that the selected respondent was not at home at the time of the interview visit, up to four follow-up visits were made on different dates and at different times.

Training Interviewers

Training for the field work took place 17–21 October 2005 on the premises of the Ramón de la Fuente Muñiz National Institute of Psychiatry (INP). INP personnel explained the project's scope and importance, the basic concepts contained in the survey, and the handling of the individual questionnaire. The field logistics, the methodology for selecting appropriate respondents, the instructions for completing the household survey, and the survey's administration were carried out by a private firm. Twenty-three interviewers, four supervisors, and a field coordinator participated in the training. The personnel who would be responsible for evaluating and encoding the questionnaires also participated.

The field work was carried out between 25 October and 10 December 2005, by the respective research teams, each of which was assigned a work route. Eighteen interviewers, four supervisors, and a general coordinator of operational logistics took part in the survey. The team supervisor was responsible for the organization and supervision of the listing and sampling activities, assigning the workload, and verifying the quality of the information collected.

During the operation, the field teams were supervised by INP personnel. During the field work, the following supervisory activities were carried out regarding the interviews.

- Direct or coincidental supervision: each of the interviewers were accompanied to ensure that they were correctly locating the areas within the sample and properly applying the field instruments. In the event of detecting a flaw, supervisors corrected it following the interview and continued to accompany the interviewer until they were satisfied with his or her performance.
- Subsequent supervision: during the field work, supervisors randomly selected questionnaires from each of the interviewers and revisited the dwellings. This technique allowed supervisors to verify that interviewers had indeed visited the dwelling and, after asking a few questions from the original questionnaire, to confirm that the interviewer had actually interviewed the preselected respondent.
- Supervision of all types of nonresponse.

One of the supervisors' routine tasks involved checking that the questionnaires not directly supervised in the field had been completed correctly, prior to their being sent to the INP central office to be encoded and captured.

As Table 1 shows, 36.4% of the total household interviews and 38.3% of the individual interviews were supervised in the field. These figures include both direct supervision (at the time of the interview) and subsequent supervision.

TABLE 1. Percentage of supervised interviews, by city and questionnaire type, Household Survey on Addictions, Mexico, 2005.

City	Type of Questionnaire	Type of supervision		Total
		Direct	Subsequent	
Tijuana	Household	3.3	12.2	15.5
	Individual	12.3	17.0	29.3
Ciudad Juárez	Household	4.5	20.4	24.9
	Individual	6.9	20.3	27.2
Monterrey	Household	18.8	46.0	64.8
	Individual	20.9	38.5	59.4
Querétaro	Household	14.3	26.4	40.7
	Individual	13.8	20.1	33.9
Total	Household	10.1	26.3	36.4
	Individual	13.7	24.6	38.3

Survey Instrument

The questionnaire used in the study was specifically created for the 2005 Household Survey on Addictions for the cities of Ciudad Juárez, Monterrey, Querétaro, and Tijuana and targeted the population aged 12–65. It consisted of 45 pages and contained various areas that were covered in previous National Surveys on Addictions, including alcohol consumption patterns and legal and illegal psychoactive substances use and related problems (México, ENA, 1998; México, ENA, 2002).

The 2005 questionnaire included the following questions on violence:

- (1) People can be physically aggressive in many ways, by pushing, hitting, or slapping. Has someone with whom you have or have had a romantic relationship, such as your spouse, partner, boy/girlfriend, *ever done* any things to you such as: push, grab, slap, punch, kick, slap, throw things, hit with an object, beat up, threaten with a pistol, or actually use a pistol on you?
- (2) The interviewer then used a list to ask about each of these options, allowing the interviewee to add other forms of physical violence.
- (3) The interviewee was then asked about the most violent act he or she had experienced over the past two years.
- (4) On the subject of alcohol: during this event (i.e., the most aggressive act) was either of those involved drinking alcohol at the time? Who?
- (5) Where did the incident take place?
- (6) Did you seek medical assistance from a doctor, nurse, paramedic, or other type of health professional?
- (7) Did you file a complaint?

Respondents were not asked about their own physical aggression toward a partner. In this chapter, only the results of the respondents aged 18 to 65 years are reported. Weights were applied to these analyses to adjust for the selection probability of each individual in the household. Table 2 presents the general characteristics of the population sample participating in the survey.

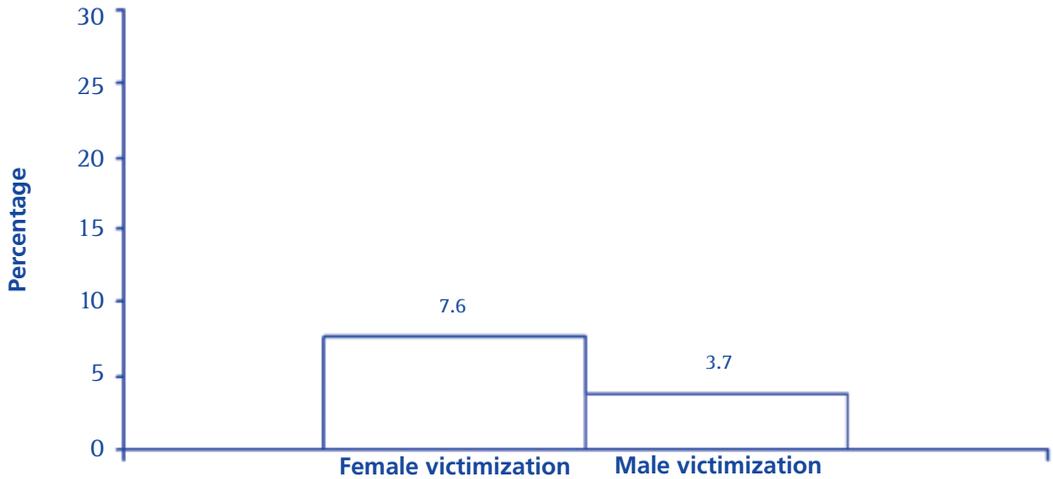
TABLE 2. Age, marital status, employment status, and drinking pattern in the 12 months preceding the survey, for male and female respondents, Household Survey on Addictions, Mexico, 2005.

	Males (weighted N=840)		Females (weighted N=896)	
	Number	Percent or mean	Number	Percent or mean
Age		31.4 years		35.2 years
18–24 years	198	23.6%	214	23.9%
25–34 years	271	32.3%	294	32.8%
35–44 years	182	21.7%	162	18.1%
45–54 years	109	12.9%	138	15.4%
55–65 years	80	9.5%	88	9.8%
Marital status				
Married	398	47.4%	461	51.5%
Cohabiting/Living with partner	129	15.4%	125	14.0%
Separated	26	3.1%	47	5.3%
Divorced	16	1.9%	25	2.8%
Never married	265	31.5%	210	23.5%
Widowed	6	0.7%	27	3.1%
Employment status				
Working for pay	538	71.5%	166	32.7%
Voluntarily unemployed (homemaker or other reasons)	3	0.3%	501	46.2%
Involuntarily unemployed	48	4.5%	17	1.6%
Student	228	21.5%	195	18.0%
Retired	23	2.2%	17	1.5%
Drinking pattern (past 12 months)				
Drank any alcohol during past 12 months	593	70.6%	367	40.9%
Average number of drinking days (drinkers only)		56.57 days		17.49 days
Average number of drinks per occasion (drinkers only)		10.74 drinks		8.27 drinks
Average annual volume (drinkers only)		326.72 drinks		164.78 drinks
Drank five or more drinks on at least one occasion (drinkers only)		77.0%		40.2%

Results

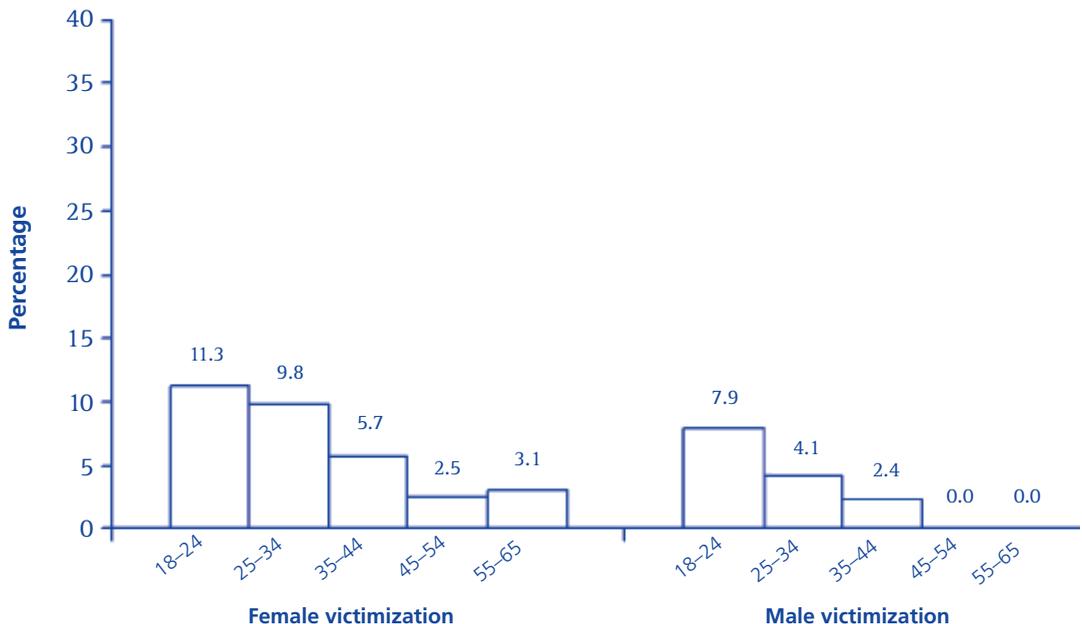
As shown in Figure 1, more males than females reported being the victim of physical aggression by a partner in the past two years ($p < .000$).

FIGURE 1. Percent of respondents who reported having been a victim, by sex, Household Survey on Addictions, Mexico, 2005.



As shown in Figure 2, physical aggression by a partner was higher for the younger age groups than for the oldest age groups; however, these differences did not reach statistically significant levels. The mean age for male victims was 35.1 years, and for female victims it was 34.9 years.

FIGURE 2. Percent of respondents who reported having been a victim, by age group and sex, Household Survey on Addictions, Mexico, 2005.



As shown in Figure 3, the percent reporting partner physical aggression varied by marital status. Cohabiting females, followed by divorced/separated females, were more likely to report aggression by their partner than were women in other marital status categories ($p < .000$). For males, the highest rate of aggression by a partner was among divorced/separated and never-married respondents, but the rates among these two marital status groups were not significantly different statistically from never-married or married males.

FIGURE 3. Percent of respondents who reported having been a victim, by marital status and sex, Household Survey on Addictions, Mexico, 2005.

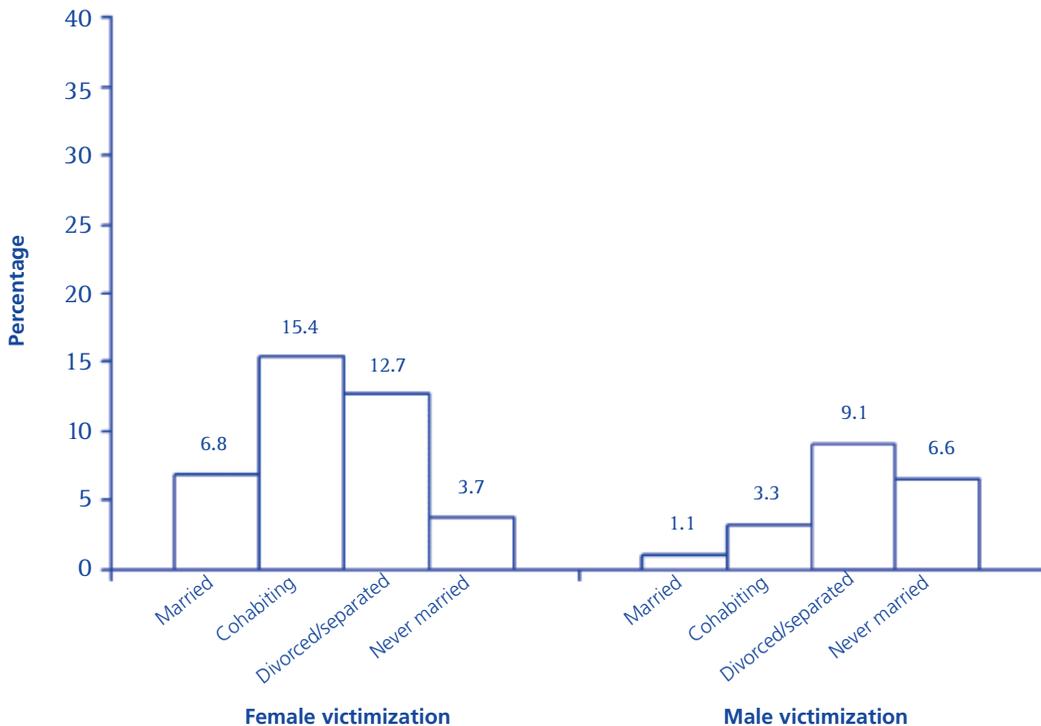
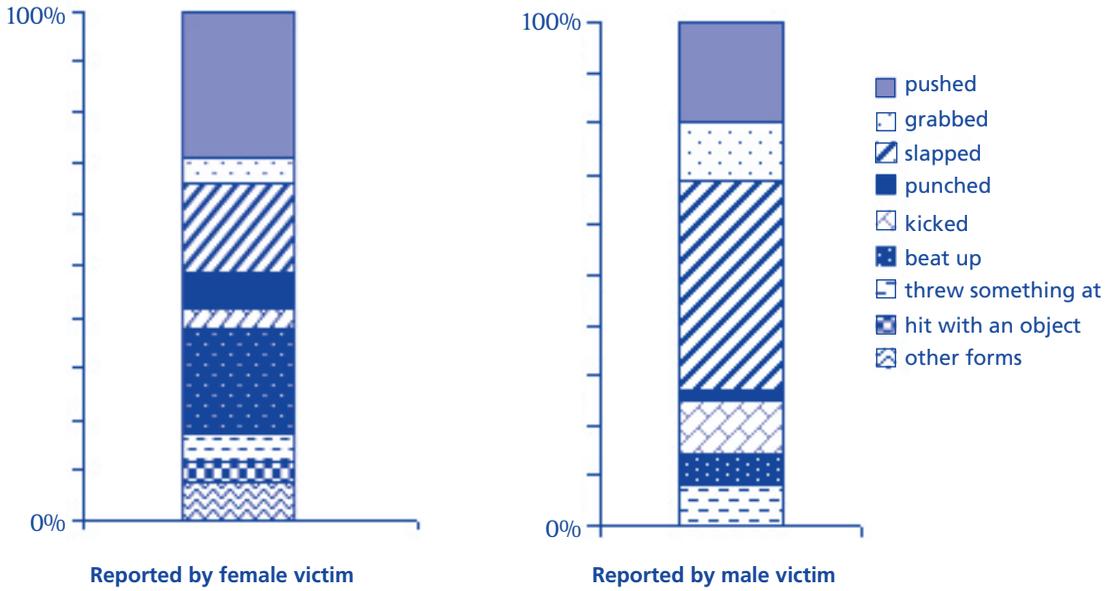


Figure 4 shows the frequency of each type of aggression, by sex. Female victims were more likely than male victims to report that they had been pushed ($p < .001$) or beaten up ($p < .01$). No other significant sex differences between types of aggressive acts were found.

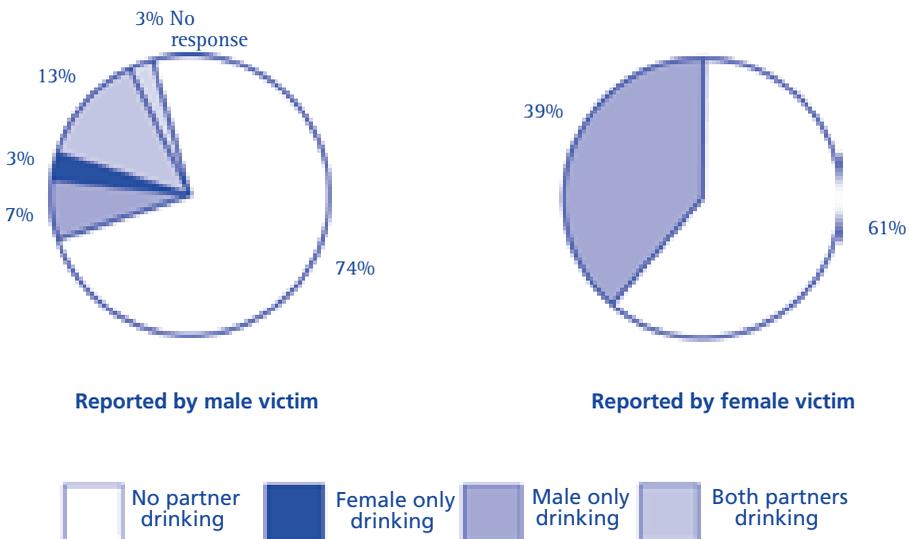
Almost 20% (19.6%) of female victims sought medical attention and 19.2% filed a complaint, while no male victims reported doing either of these things.

FIGURE 4. Type of aggressive act against females and males as reported by victims, Household Survey on Addictions, Mexico, 2005.



As shown in Figure 5, 12.9% of the male victims reported that both persons were drinking at the time the aggression occurred, 6.8% reported that only the male victim was drinking, 3.2 % that only the female aggressor was drinking, and 74.6% reported that neither partner had been drinking. Among female victims, 39.2% reported that only the male aggressor had been drinking, while 60% reported that no one had been drinking.

FIGURE 5. Percent of incidents in which no partner had been drinking, both partners had been drinking, only the male partner had been drinking, or only the female partner had been drinking, as reported by male and female victims, Household Survey on Addictions, Mexico, 2005.



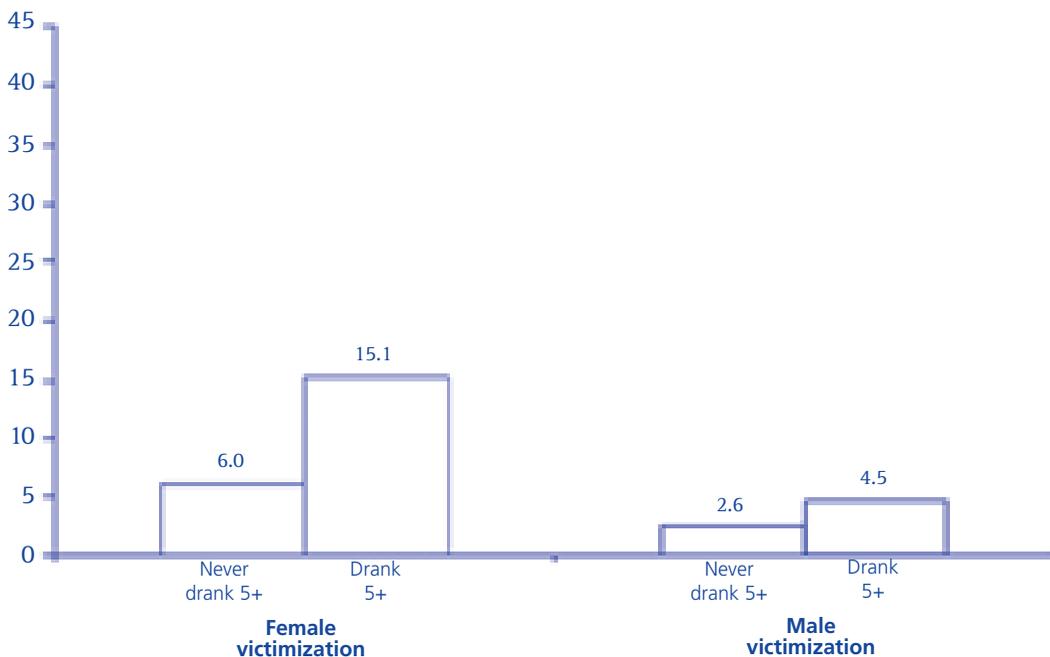
The Relationship between Alcohol Consumption and Partner Aggression

Among male victims, 70.6% reported being current drinkers versus 29.4% who reported being abstainers (5.6% who were lifetime abstainers and 23.8% who defined themselves as being former drinkers). Among female victims, 40.9% reported being current drinkers versus 59.1% who reported being abstainers (28.2% who were lifetime abstainers and 30.9% who defined themselves as being former drinkers).

Respondents' Drinking Pattern and Partner Aggression

Figure 6 shows the percent of drinkers reporting partner physical aggression by whether the respondent had consumed five or more drinks on an occasion in the past year. Both male and female respondents who drank five or more drinks on at least one occasion in the past year were significantly more likely than those who had never consumed that many drinks to report partner aggression ($p < .001$).

FIGURE 6. Percent of respondents who reported victimization (aggression by a partner) by whether respondent had consumed five or more drinks on an occasion or had never consumed five drinks on an occasion, by sex, Household Survey on Addictions, Mexico, 2005.



As shown in Figures 7, 8, and 9, female victims who reported aggression involving alcohol reported drinking more frequently, drinking more drinks per occasion, and having a greater annual consumption of alcohol, compared with females who reported aggression that did not involve alcohol and those who reported no aggression; these differences, however, were not statistically significant.

Male victims who reported aggression in which neither partner had been drinking reported drinking more frequently in the past year, compared with males who reported aggression with alcohol and males who reported no aggression, although this difference

was not significant. Males who reported partner aggression involving alcohol reported more drinks per occasion and more annual consumption than did males who reported aggression that did not involve alcohol or no aggression, but again these differences were not statistically significant.

Because the sample of males who reported aggression by a partner in which one or both persons had been drinking was very small, logistic regression was conducted regressing any aggression by a partner (versus no aggression) on drinking variables and age. The only significant finding was for the number of drinks consumed on usual drinking occasions ($p < .042$) to be significantly greater for males who had experienced aggression by a partner compared to males who reported no aggression.

FIGURE 7. Mean number of drinking days in the year preceding the survey for respondents who had been victims in incidents involving alcohol, in incidents not involving alcohol, or who reported no victimization, by sex, Household Survey on Addictions, Mexico, 2005.

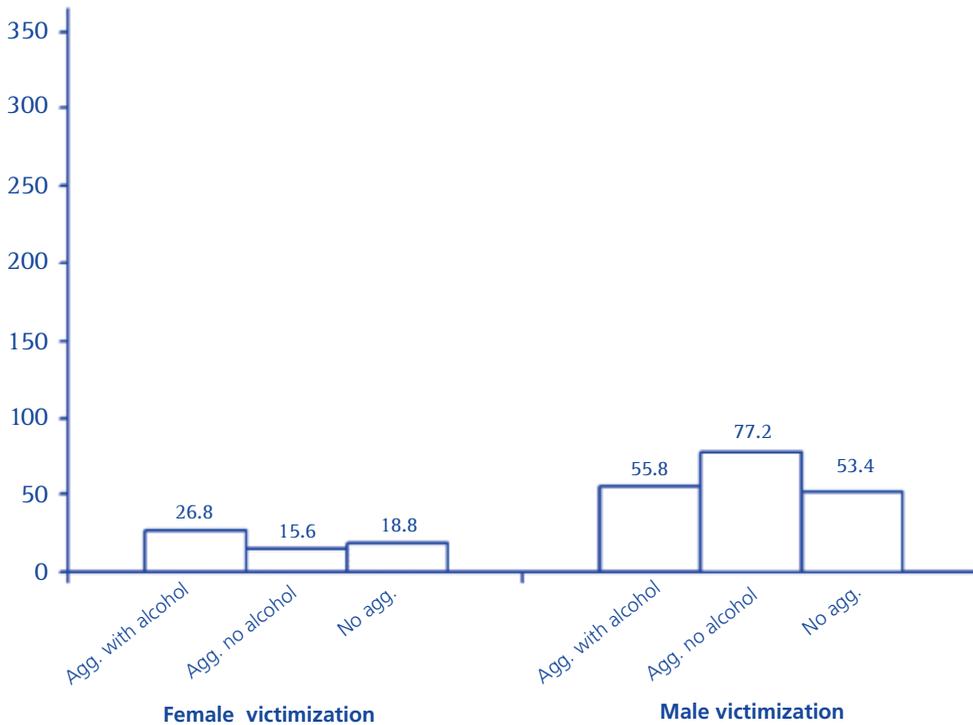


FIGURE 8. Mean number of drinks consumed on usual drinking occasions by respondents who had been victims in incidents involving alcohol, in incidents not involving alcohol, or who reported no victimization, by sex, Household Survey on Addictions, Mexico, 2005.

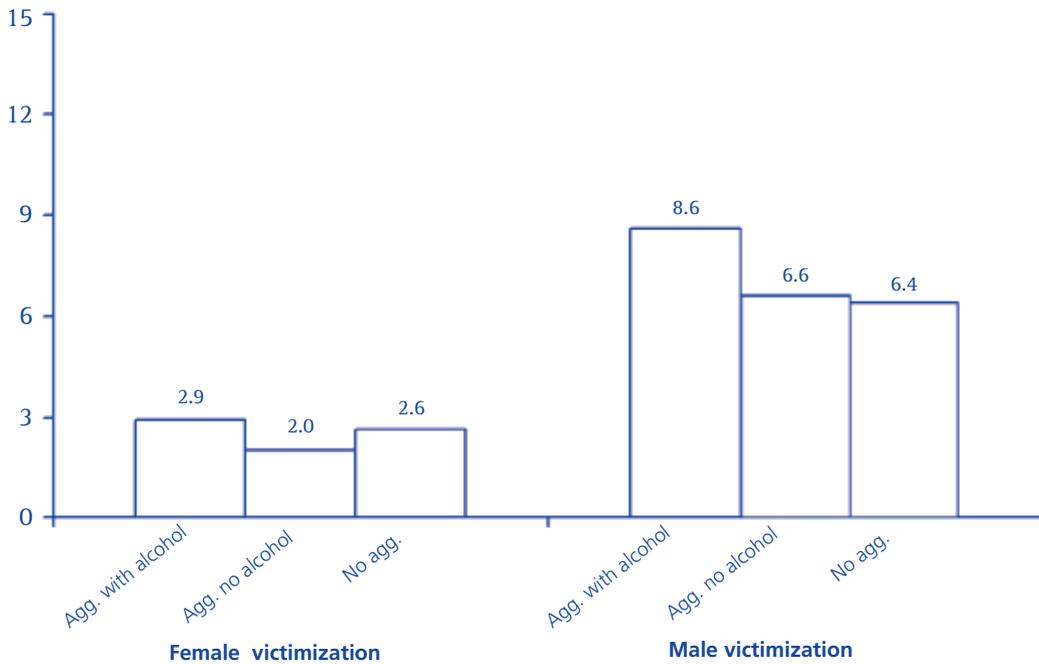
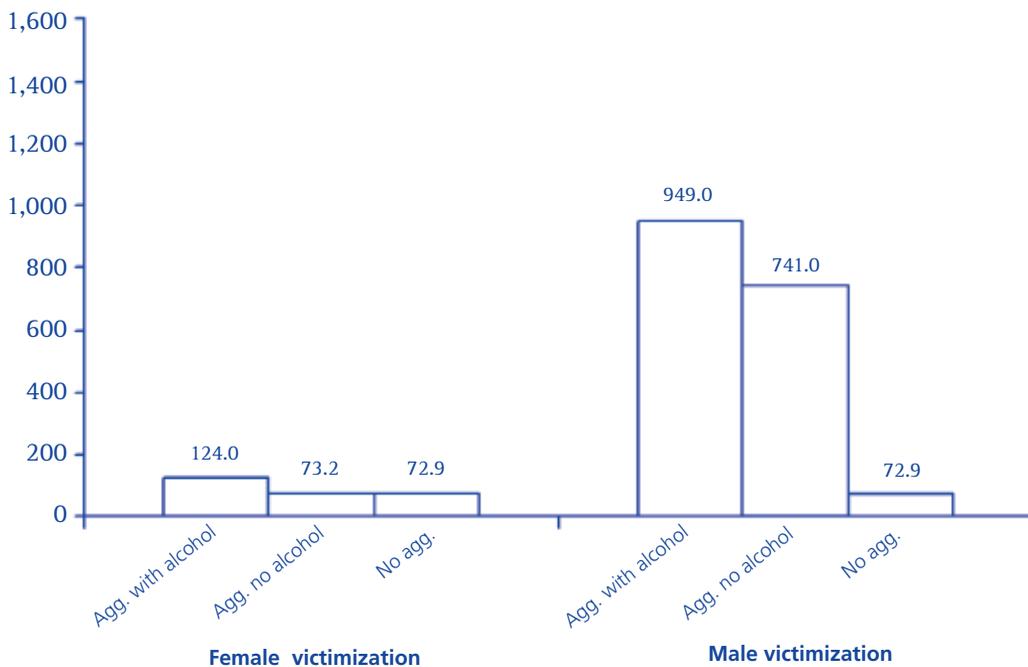


FIGURE 9. Overall mean number of drinks consumed annually by respondents who had been victims in incidents involving alcohol, in incidents not involving alcohol, or who reported no victimization, by sex, Household Survey on Addictions, Mexico, 2005.



Discussion

The rates of partner aggression obtained in this study are somewhat lower than rates found in previous surveys. One reason for the lower rate might be that the results covered only four cities, rather than being national in scope. Another reason is that the survey asked only about physical aggression and did not include questions about sexual assault or other forms of abuse. In terms of aggression type, the type of aggressive acts reported by females were similar to those obtained in the ENDIREH 2003, with the highest rates being recorded for being pushed and being beaten up.

One of the most important strengths of this study is that it includes the prevalence of aggressive acts experienced by males, an issue that had not been addressed by most previous research in Mexico, perhaps because gender studies of masculinity have not achieved the importance that women's studies have. This study confirms that females are more likely than males to be the victims of partner aggression, especially more severe types of partner aggression such as being beaten up. Prevalence is especially high for younger females.

In relation to marital status, it is clear that females living in common-law relationships and divorced males and females are more likely to report partner aggression than are persons from other marital status groups. This pattern with regard to marital status is similar to results from national surveys on violence against women. The question that arises is what might be the reasons for this phenomenon: Legal status? Intolerance to women's autonomy? Traditionalism?

Another strength of the present study is the measurement of usual drinking pattern, which was investigated not in a single question (i.e., presence or absence) as in most other studies, but in a standardized set of questions and international measures that allow comparison with previous National Surveys on Addictions. The results of the latest (2005) study point to a higher risk of victimization among those who drink higher quantities per occasion, suggesting that future interventions need to particularly target heavier drinkers.

Female victims reported that if anyone was drinking during the aggressive incident, it was the male. In relation to female drinking patterns, those experiencing aggression when the male partner had been drinking compared to females who reported no aggression tended to be heavier drinkers themselves. This relationship was not, however, statistically significant. The fact that no female victims reported drinking at the time of the incident of physical aggression deserves further investigation. Other studies have shown that women in Mexico tend to hide their own consumption.

One limitation of this study is that the male and female aggressors' pattern of consumption was not investigated and it was not possible to compare drinking patterns between male/females aggressors and male/female victims.

A further limitation is that the survey asked only about acts of physical aggression and did not include other forms of partner abuse more involved with violence against women. According to Krahe, Bieneck, and Möller (2005), several critics have argued that the picture of gender symmetry with regard to "men's and women's equal

involvement in intimate partner violence portrayed . . . ” by similar questions, “. . . is largely due to the fact that decontextualized instances of violence are recorded that fail to distinguish motivationally distinct forms of intimate partner violence in which men and women are differentially involved.” However, by including information on male victimization, the present study reveals various ways in which partner aggression is similar and how it is different for men and women and points to directions for future research.

The relationship between partner aggression and drinking pattern suggests a need to raise awareness among policymakers regarding the need for further study of the relationship between alcohol and violence, both as part of population-based studies and as part of research in clinical settings. Despite efforts made in Mexico to provide treatment to victims of violence, it is important to point out that a portion of these victims may also have alcohol abuse or alcohol dependence problems that deserve to be treated at the same time. This points to the need for universities, particularly as regards the medical and law professions, to provide adequate training in gender equity as a way to raise awareness regarding partner violence and to encourage the adoption of interventions that address issues of alcohol consumption and violence as interrelated problems.

Acknowledgments

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