

**Social determinants of health and its influence on the lives of women victims of domestic violence***Determinantes sociales de la salud y su influencia en la vida de las mujeres víctimas de violencia doméstica**Determinantes sociais da saúde e sua influência na vida de mulheres vítimas de violência doméstica***Abstract**

Objective: to know the social determinants of health that influence the lives of women victims of domestic violence. Method: Integrative literature review guided by the following question: What are the social determinants of health that influence the lives of women victims of domestic violence? The search was carried out in the databases: National Library of Medicine National Institutes of Health, Latin American and Caribbean Literature in Health Sciences, Web of Science, Cumulative Index to Nursing and Allied Health Literature and the Cochrane Library; articles published in the period from 2015 to 2019. Results: Ten studies were included in the selection, which after analyzed demonstrated the high prevalence of domestic violence, resulting from physical, sexual, emotional aggressions related to social determinants of health such as low educational level, time marriage, unemployment, culture, housing and food insecurity. Conclusion: The health determinants identified in the studies that most influence violence against women are related to the low level of education, economic condition and unemployment, which affect women are only physically, but psychologically, demonstrating the relevance of the study, in knowing the main determinants and to reverse the situation of violence against women.

**Descriptors:** Social Determinants of Health; Female Violence; Women; Violence; Nursing.

**Resumén**

Objetivo: conocer los determinantes sociales de la salud que influyen en la vida de las mujeres víctimas de violencia intrafamiliar. Método: Revisión integrativa de la literatura guiada por la siguiente pregunta: ¿Cuáles son los determinantes sociales de la salud que influyen en la vida de las mujeres víctimas de violencia doméstica? La búsqueda se realizó en las bases de datos: Biblioteca Nacional de Medicina, Institutos Nacionales de Salud, Literatura Latinoamericana y del Caribe en Ciencias de la Salud, Web of Science, Índice Acumulativo de Literatura en Enfermería y Afines y la Biblioteca Cochrane; artículos publicados en el período de 2015 a 2019. Resultados: Se incluyeron diez estudios en la selección, que luego de analizados demostraron la alta prevalencia de violencia intrafamiliar, producto de agresiones físicas, sexuales, emocionales relacionadas con determinantes sociales de la salud tales como bajo nivel educativo, tiempo matrimonio, desempleo, cultura, vivienda e inseguridad alimentaria. Conclusión: Los determinantes de salud identificados en los estudios que más influyen en la violencia contra las mujeres están relacionados con el bajo nivel de educación, la condición económica y el desempleo, que afectan a las mujeres solo física, pero psicológicamente, demostrando la relevancia del estudio, en el conocimiento los principales determinantes y revertir la situación de violencia contra la mujer.

**Descriptores:** Determinantes Sociales de la Salud; Violencia Femenina; Mujer; Violencia; Enfermería.

**Resumo**

Objetivo: conhecer os determinantes sociais de saúde que influenciam a vida de mulheres vítimas de violência doméstica. Método: Revisão integrativa de literatura norteada pela seguinte questão: Quais os determinantes sociais de saúde que influenciam a vida de mulheres vítimas de violência doméstica? A busca foi realizada nas bases de dados: *National Library of Medicine National Institutes of Health*, *Literatura Latino-Americana e do Caribe em Ciências da Saúde*, *Web of Science*, *Cumulative Index to Nursing and Allied Health Literature* e na *Biblioteca Cochrane*; artigos publicados no período compreendido entre 2015 a 2019. Resultados: Dez estudos foram incluídos na seleção, que após analisados demonstraram a alta prevalência da violência doméstica, resultante de agressões físicas, sexuais, emocionais relacionados com determinantes sociais de saúde como baixo nível educacional, tempo de casamento, desemprego, cultura, insegurança habitacional e alimentar. Conclusão: Os determinantes de saúde identificados nos estudos que mais influenciam na violência contra a mulher se relacionam ao baixo nível de escolaridade, condição econômica e desemprego, o que afetam as mulheres são só fisicamente, mas psicologicamente, demonstrando a relevância do estudo, em conhecer os principais determinantes e reverter a situação de violência contra a mulher.

**Descritores:** Determinantes Sociais da Saúde; Violência Feminina; Mulheres; Violência; Enfermagem.

**Barbara Caroliny Pereira Costa<sup>1</sup>**

ORCID: 0000-0003-3945-5240

**Márcia Maria da Silva Bem<sup>1</sup>**

ORCID: 0000-0002-6051-8739

**Mônica Lá-Salette da Costa Godinho<sup>2</sup>**

ORCID: 0000-0003-0826-402X

<sup>1</sup>Universidade de São Paulo. São Paulo, Brazil.

<sup>2</sup>Universidade Federal de Alfenas. Minas Gerais, Brazil.

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**Corresponding author:**

Barbara Caroliny Pereira Costa

E-mail:

[barbaracarolinypereira@gmail.com](mailto:barbaracarolinypereira@gmail.com)

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## Introduction

Violence is an important factor when discussing the health and disease process. A public health problem and added to other factors significantly and decisively influences the health of individuals.

The World Health Organization (WHO) defines health as a complete state of physical, mental, and social well-being and not just the absence of illness or infirmity. This definition (kept unchanged until today) assumes that an individual's health condition is a complex, multidimensional and dynamic concept<sup>1</sup>.

This concept has been rethought since the 1980s and has expanded since the International Conference on health promotion, which took place in 1986, in Ottawa. In this context, the idea of health promotion arises, conceived with the perspective of a coordinated action between civil society and the State, implementation of public health policies, creation of favorable environments, reinforcement of community action, development of personal skills and reorientation of the health system<sup>2</sup>.

The social production of a disease is something that, in addition to the health field in the biomedical model, social determinants are the foundation for developing public health policies in a country<sup>3</sup>.

The social determinants of health, social, economic, cultural, ethnic / racial, psychological, behavioral factors, influence the occurrence of health problems, and their risk factors in the population have been marked by social inequities that affect the urban periphery and rural areas. most, in Brazil<sup>4</sup>.

Problems that imply in actions of primary health care, including violence against women: harassment, sexual exploitation, rape, torture, psychological violence, aggression by partners or family members, persecution, femicide. Under various forms and intensities, violence against women is recurrent and present in many countries, leading to serious human rights violations and heinous crimes.

In Brazil, statistics on violence against women indicate that rape occurs every eleven minutes, one murder every two hours, five hundred and three assaults per hour and five beatings every two minutes<sup>5</sup>.

Violence against women is nowadays a social inequality, historically constructed, with a cultural character, and which is characterized by a denial of human rights<sup>5</sup>.

Daily, women are being victimized and knowledge of the causes is of paramount importance so that it can be eliminated, it has thus become the main objective of action by the United Nations<sup>5</sup>.

Experts point out that the country has made significant progress in recent decades. It ratified the Convention of Belém do Pará - as the Inter-American Convention to Prevent, Punish and Eradicate Violence against Women became known. The convention is considered a milestone in tackling violence against women,

since it requires States to make an effective commitment to eradicate gender-based violence through the creation of specific legislation - a field in which Brazil has become a reference with the promulgation of Maria da Penha Law (Law nº 11.340), in 2006. In this sense, experts highlight: it is necessary to recognize the different forms of violence, dimension this serious social problem and, thus, advance in conceptions and practices that reverse the discriminatory framework that authorizes and perpetuates repeated aggressions against women and girls<sup>5</sup>.

It is important to highlight domestic violence, highlighting gender differences in Brazil. Understanding the characteristics of women in situations of violence is one of the ways to improve visibility on the subject, society's perception of this situation.

In this perspective, this study was justified by the approach due range, with emphasis on issues related to violence suffered by women interfering with their health and quality of life. It aimed to know the social determinants of health that influence the lives of women victims of domestic violence.

## Methodology

It is an integrative review, in which, for methodological rigor of the study, six steps were covered<sup>6</sup>. In compliance with the first stage, the PICO strategy was used, which is a tool used by evidence-based practice and is represented by the acronym of the English terms "Patient", "Intervention", "Comparison" and "Outcomes". This strategy was applied in the initial phase of this review as a contribution to the elaboration of the research question and due to the need to identify keywords for the location of relevant studies in the selected databases<sup>7</sup>. Chart 1 describes the terms used in the configuration of the PICO strategy of this study.

**Chart 1.** Description of the PICO strategy. São Paulo, SP, Brazil, 2015-2019

Acronym	Definition	Description
P	Patient or problem	Women victims of violence
I	Intervention or indicator	Social determinants of health
C	Comparison or control	Not applicable
O	Outcomes	Know the social determinants of health that influence the lives of women victims of domestic violence

Source: Adapted from Considine et al<sup>7</sup>.



Through the PICO strategy, the following guiding question was formulated for this review: What are the social determinants of health that influence the lives of women victims of domestic violence?

Included in the study were articles published in full, from 2015 to 2019 and written in Portuguese, English or Spanish, and duplicate articles, experience reports, theses, dissertations or articles whose theme were incompatible with the proposal of this study were excluded.

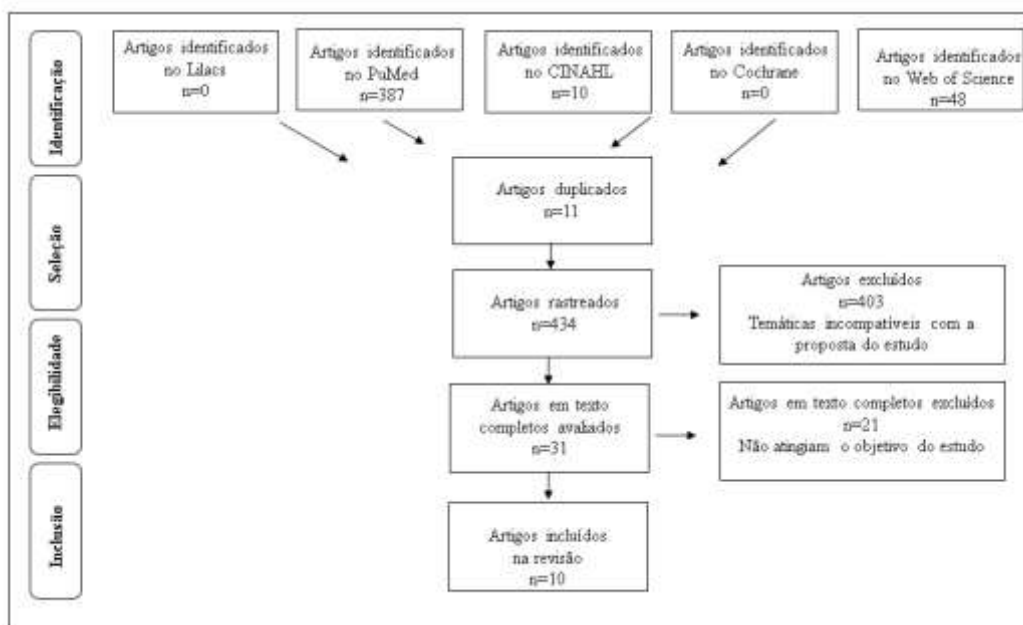
The bibliographic search was carried out in July 2019 in the databases National Library of Medicine National Institutes of Health (PubMed), Latin American and Caribbean Literature in Health Sciences (LILACS), Web of Science, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and the COCHRANE Library. The Health Sciences Descriptors (DeCS) of the Virtual Health Library and Medical Subject Headings (MeSH) descriptors used in the search

were: Women (Women), Violence (Violence) and Nursing (Nursing), thus associations were also used with keywords: "Female Violence" (Female Violence) and "Social Determinants of Health" (Social Determinants of Health), with the application of the Boolean operator "AND" between the terms. The associations used in each database were as follows: "Female Violence" AND "Social Determinants of Health" AND "Nursing"; "Women" AND "Violence" AND "Social Determinants of Health".

The PRISMA recommendation consists of a checklist with 27 items and a four-step flowchart to help authors improve the reporting of systematic reviews and meta-analyses<sup>9</sup>. This recommendation was used to promote the report of this review and assist in the selection of studies.

Figure 1 illustrates the steps in the selection process for the studies included in this review according to the PRISMA recommendation.

Figure 1. Flowchart of the selection process for the studies included in the review. São Paulo, SP, Brazil, 2015-2019



Source: Adapted from Galvão et al<sup>8</sup>.

To extract data from the articles included in the integrative review, an instrument was used that contemplates the following items: identification of the original article, methodological characteristics of the study, evaluation of methodological rigor, of the measured interventions and the results found<sup>9</sup>. The analysis of the data will consist of the exploration of the material after detailed readings of the articles, making cuts in record units.

The works included in the review were analyzed in Levels of Evidence (NE), which the author classifies the quality of studies in seven levels: Level I (systematic reviews or meta-analysis of clinical study with randomization); Level II (clinical study with randomization); Level III (clinical study without randomization); Level IV (cohort study and case control); Level V (systematic review of descriptive /

qualitative studies); Level VI (descriptive / qualitative studies); Level VII (expert opinion). According to this classification, levels I and II are considered strong evidence, levels III and IV are considered moderate evidence and levels V to VII are weak evidence<sup>10</sup>.

The data extracted from the studies were analyzed, interpreted, and presented descriptively in a summary table.

## Results and Discussion

A total of 10 studies were selected to integrate this review, being a systematic review study (10%), an ecological study (10%) and eight quantitative studies (80%).

Regarding the origin of the studies, three were developed in Iran (30%), two in Lebanon (20%), one in Bangladesh (10%), two in the United States (20%), one in



Spain (10%) and one did not make it explicit (10%). In total, the studies were published in English (100%). Data show the scarcity of studies on this theme in Brazil.

About the levels of evidence, one study was classified as level I (10%) and nine were classified as level VI (90%). Ecological and quantitative studies were classified as

descriptive. Chart 2 describes the articles selected in the sample according to title, authors, year of publication, main objective, type of study and main results / conclusion and Chart 3 shows the social determinants related to domestic violence that were identified in the studies.

**Chart 2.** Distribution of articles included in the integrative review according to title, authors, year of publication, objective, type of study and main results / conclusion. São Paulo, SP, Brazil, 2015-2019

Nº	TITLE	AUTHOR/YEAR	OBJECTIVE	STUDY TYPE	RESULTS	CONCLUSION
1.	Prevalence and Risk Factors of Domestic Violence Against Women by Their Husbands in Iran.	JAHROMI, M.K. <i>et al</i> 2016	Determine the frequency and risk factors for domestic violence against women.	Cross-sectional study, quantitative	The prevalence of domestic physical, sexual and emotional violence was 16.4%, 18.6% and 44.4%, respectively, and was associated with age ( $p = 0.002$ ), age of the husband ( $p = 0.001$ ), time of marriage ( $p = 0.002$ ), woman's education with low educational level (OR = 95%. CI = 1.97-11.07), husband's low education (OR = 9.22 95%. CI = 0.69-12.16), were the most important risk factors for violence.	The prevalence of physical, emotional, or sexual violence was extremely high, occurring commonly in Iran. Considering the risk factors that contribute to domestic violence, it is relevant to raise the educational level of men and women to prevent aggression.
2.	Systematic review of structural interventions for intimate partner violence in low- and middle-income countries: organizing evidence for prevention.	BOUREY, C. <i>et al.</i> 2015	To review the quantitative impact of interventions for the prevention of intimate partner violence (IPV) among men and women from low- and middle-income countries.	Review systematic	Twenty articles (16 studies) from nine countries met the inclusion criteria, representing 13 randomized control trials and seven additional studies, all of which reported results of combined economic and social, economic, or social interventions. 13 studies demonstrated statistically significant effects for at least one primary or secondary outcome.	The findings support the potential effectiveness of structural interventions for preventing intimate partner violence. Structural interventions, as an organizing structure to promote the prevention of violence, consolidating the available evidence; highlighting opportunities to assess a broader range of interventions, including political-legal and physical approaches, and emphasizing opportunities to improve the assessment of such interventions.
3.	The Impact of Intimate Male Partner Violence on Women's Sexual Function: A Study in Iran.	JAMALI, S.; JAVAPOUR, S. 2016	Explore the rate of domestic violence against women and its impact on women's sexuality.	Cross-sectional quantitative study	It was found that the prevalence of violence was 43.2%. In addition, there was a significant relationship between violence and age (OR = 1.33 95% CI = 2.22-7.95, $p < 0.001$ ). The rate of violence was found to be 3.1 times more related to the time of marriage (OR = 3.1595% CI = 1.42-4.12, $p < 0.001$ ). In addition, domestic violence was significantly correlated with the woman's education level and the husband's education level.	This study showed that domestic violence is quite high and can increase the risk of sexual dysfunction. Thus, routine screening for violence and sexual dysfunction is recommended for the early detection of violence and dysfunction.

4.	Gender inequality and violence against women in Spain, 2006-2014: towards a civilized Society.	REDDING, E. M. <i>et al.</i> 2017	To analyze the association between gender inequality in the Spanish Autonomous Communities (AC) and intimate partner violence (IPV) from 2006 to 2014 in terms of sociodemographic characteristics.	Quantitative ecological study	In 2006, mortality rates from violence between intimate partners were higher in autonomous communities with greater gender inequality than with more equality (4.1 versus 2.5 × 106 women > 14 years old), as well as rates of violence (OR = 1.49; 95% CI: 1.47-1.50). In 2014, mortality rates from intimate partner violence in the autonomous community with greater gender inequality dropped to slightly below mortality rates in the autonomous community with more gender equality (2.5 vs. 2.7 × 106 women > 14 years).	Gender-sensitive policies can serve as a platform to decrease mortality and reports of violence by intimate partners in Spain, particularly in Autonomous Communities with more gender inequality.
5.	Study of the Types of Domestic Violence Committed Against Women Referred to the Legal Medical Organization in Urmia – Iran.	AGHAKHANI, N. <i>et al.</i> 2015	Determine the types of domestic violence against women who have been referred to the Legal Medical Organization in Urmia-Iran.	Quantitative descriptive study	Participants aged 25 to 30 were assessed, with 38% being beaten by their husbands in various ways. No relationship was observed between violence and unemployment, increasing age and home ownership.	The prevalence of abuse reported by women in this population suggests that many women who are referred to the Legal Medical Organization in Iran may have a history of abuse. Abused women may have different reasons for seeking a divorce.
6.	Impact of intimate partner violence on clinic attendance, viral suppression and CD4 cell count of women living with HIV in an urban clinic setting.	ANDERSON, J. C. <i>et al.</i> 2018	To determine the prevalence of intimate partner violence in the previous year among a sample of women seen at a specialized HIV clinic.	Quantitative cross-sectional study	The sample consisted of 239 women, mainly African American (86.6%) and non-Hispanic (94.5%) with a median age of 50 (IQR: 44–55). More than half of women (58%) have completed high school or obtained a GED. Although we did not include direct income measures, most participants used public insurance, including Medicare, Medicaid or Ryan White (96.7%) and only 12.6% were employed outside the home.	The findings of this study support the biological and behavioral pathways through which intimate partner violence can affect women's HIV care and outcomes.
7.	Economic Insecurity and Intimate Partner and Sexual Violence Victimization	BREIDING, M. J. <i>et al.</i> 2016	Examine the associations between food and housing insecurity and the victimization of intimate partner violence and sexual violence.	Quantitative study using secondary data	The prevalence of housing insecurity in the 12 months prior to the survey was 46.3% for women and 40.5% for men. The prevalence of food insecurity in the 12 months prior to the survey was 31.8% for women and 24.6% for men. Women who reported housing and food insecurity were more likely to experience all examined forms of intimate partner violence.	Both intimate partner and sexual violence are preventable. Prevention approaches that improve economic security and stability for families can reduce the risk of victimizing intimate partner violence and sexual violence and reducing victimization can increase family economic security and stability.
8.	Neighborhood Predictors of Intimate Partner Violence: A Theory-Informed Analysis Using Hierarchical Linear Modeling	VOITH, L. A.; BRONDINO, M. J. 2017	Examine the broader environment, in addition to individual-level factors, to facilitate behavior change, using the Social Determinants of	Quantitative study	In the sample, 2.6% of women endorsed experiencing at least one form of physical or sexual violence in their relationships, compared to the national estimate of 2.1-2.3% of women who have experienced physical or sexual violence in the past 12 months. More than 35% of women in the sample reported at least one form of	This study contributes to the growing body of literature that investigates the effects of individual and neighborhood factors on the use of IPV by men in a risk sample residing in 16 US cities.





			Health and Social Disorganization Theory framework.		psychological aggression in their relationships compared to an estimated 14.2% of women who had suffered some form of psychological aggression in the past 12 months.	
9	Systemic violence against Syrian refugee women and the myth of effective intrapersonal interventions	YASMINE, R.; MOUGHALIAN, C. 2016	Conceptualize violence against Syrian refugee women.	Ecological study	The social ecological model considers multiple levels of influence on health behavior, emphasizing how individual, contextual, and socio-cultural factors act in creating an unequal health situation for marginalized populations.	With unequal health coverage being a longstanding problem in Lebanon, the health of Syrian refugee women, and specifically their sexual and reproductive health, is disproportionately affected. The increase in gender-based violence and early marriage, the lack of access to emergency obstetric care, limited access to contraception, forced cesarean sections and the high cost of health services contribute to poor sexual and reproductive health.
10	Social Determinants of Married Women's Attitudinal Acceptance of Intimate Partner Violence	JESMIN, S.S. 2015	Empirically examine the relevance of the community, which is an "intermediate determinant" of the structure of social determinants of health, in explaining the acceptance of women's attitudes about IPV.	Quantitative study	The sample included 16,480 married women living in 600 communities from 15 to 49 years of age. The results showed that characteristics of the community, such as low income, low education, patriarchy and unemployment, were significantly associated with the attitudes of married women towards IPV.	The implications of the results are of direct relevance to recent global discussions and increase the recognition that violence against women impedes progress in reaching development goals, particularly in low-income countries.

**Chart 3.** Social determinants of health that influence the lives of women victims of domestic violence identified in the studies. São Paulo, SP, Brazil, 2015-2019

Social determinants of health	n (%)
Low educational level	3 (30%)
Economic condition	2 (20%)
Wedding time	1 (10%)
Unemployment	2 (20%)
Culture	1 (10%)
Housing and food insecurity	1 (10%)

The selected articles demonstrated the high prevalence of domestic violence, resulting from physical, sexual, emotional aggressions related to social determinants of health such as low educational level, time of marriage, unemployment, culture, housing, and food insecurity.

As for the levels of evidence, most articles were classified with weak evidence, this portrays biased discussions, requiring more rigorous methods, which enable higher levels of evidence to support safe practices and enable reliable clinical data<sup>10</sup>.

Although most studies have weak levels of evidence, they provide relevant data on the social determinants of health in relation to domestic violence.

In a study in Iran, the average of intimate partner violence is 35% related to the low educational level of men

and women, resulting in sexual dysfunction. To improve this level of violence it is important to invest in education and early detection of cases<sup>11</sup>.

One of the limitations for the prevention of intimate partner violence in low- and middle-income countries is related to the difficulty of comprehensive models of prevention studies, considering that the existing studies are limited to individual intervention strategies. In this sense, interventions must be structural, from organizing structures to consolidate the evidence with emphasis on broader evaluations of interventions, such as political-legal and medical approaches<sup>12</sup>.

Women who have their own income and conditions of subsistence tend not to tolerate and seek measures regarding violence suffered, not accepting the condition of subordination to the husband. Symbolic violence in the form of subordination of women to men, whether their father or husband, can result in controlled access to social and health services and limits women's decision-making and autonomy. The attitude of acceptance of being less in relation to men compromises health and, consequently, the quality of life of women<sup>13</sup>.

Intimate partner violence is also related to women's acceptance of this violence. In a study carried out in Bangladesh, it was interesting to note that violence is less tolerated by women with a low educational level, in which culturally the husband who does not provide economic



security loses the ascension over his wife. On the contrary, in wealthier communities, tolerance of violence is greater due to women's fear of losing social status<sup>14</sup>.

A quantitative ecological study carried out in a Spanish Autonomous Community showed that mortality rates from intimate partner violence were higher in communities with greater gender inequality. In this context, the implementation of public policies focused on gender issues is relevant<sup>15</sup>.

Another social determinant of health is related to the immigration of refugees to various countries in the world. Specifically in Lebanon, an ecological study demonstrated the fragility of Syrian refugees, who have their sexual and reproductive health affected due to gender violence, early marriage, lack of access to emergency obstetric care and contraceptive methods, forced cesarean sections, high cost of Lebanese health services, resulting in uneven health coverage in that country<sup>16</sup>.

In a study conducted in the United States of America, intimate partner violence in women undergoing HIV treatment was related. Violence against these women seriously impacts the treatment of HIV, as alcohol abuse occurs, it worsens mental health, increases the frequency of Sexually Transmitted Infections, increases in risky behavior and difficulty in adhering to Antiretroviral Therapy. The authors highlight the importance of considering physiological mechanisms (immune and inflammatory processes), related to stress that can alter immunological markers. It is worth mentioning that traumatic experiences throughout life and influence on the immune system are not completely unraveled, however more research is needed to examine what may contribute to the increase in low CD4 counts in women victims of intimate partner violence<sup>17</sup>.

Another study carried out in the United States of America shows the economic insecurity related to housing and food with the increase in victims of sexual violence by intimate partners or not. The circumstances that explain this association refer to the vulnerability of women seeking survival strategies such as living in temporary places with unknown people. Public policies for income distribution and community mobilization are needed - leadership, empowerment, and increased community cohesion<sup>18</sup>.

It is necessary to deconstruct the idea that violence occurs only "within four walls", needing to expand research beyond the domestic context, unveiling the social environment, social disorganization (concentrated disadvantage, immigrant population and residential instability), social capital, which translates into relationships between neighbors or social support, the collective effectiveness that is the community's ability to mobilize effectively to regulate local crime. This study was carried out in the United States of America and concluded that in addition to individual factors, the concentrated handicap is a predictor for intimate partner violence, being necessary to involve professionals who work in these communities and implement strategies that guarantee sustainability and effectiveness for all<sup>19</sup>.

Both showed that economic security and stability for families can reduce the risk of victimization for women;

families with better economic conditions have greater stability and strategies for social and health empowerment. Increased risks for domestic violence for women in conditions of vulnerability to food, financial, labor and housing instability<sup>18</sup>.

A study carried out in the United States discusses domestic violence associated with gender and race, highlighting black women as the biggest victims of aggression and mistreatment, which has resulted in early pregnancy and an increased incidence of HIV / STDs, the different levels of racism affect this person's health and quality of life<sup>20</sup>.

In analyzing the various literatures discussed about gender violence that discuss about the emancipation of women from their condition of being oppressed and subordinate to men; gender inequality, violence resulting from oppression, such as violence in different ways, with restrictions on the participation of public, social and political life, discrimination, interdiction of will over fate on the body, occupy the scene of civil society, causing impacts on people's health<sup>21</sup>.

Important highlight in a study carried out in the United States of America for the damage to the mental health of women who are victims of violence, leading to suicidal behaviors among the groups being monitored. The number of violence suffered is a relevant factor for the mental health of these women. Black women are more victimized compared to other ethnic groups<sup>22</sup>.

Thus, the social determinants of health that impact and influence the various forms of intimate partner violence in the lives of women can be related to the low level of education of men and women, age of the partners, length of relationship, structural disorganization, lack of health policies. protection for women, vulnerability to diseases, food and housing vulnerability, social insecurity, unemployment, economic insecurity, family instability, lack of social support or support from the neighborhood, immigration and patriarchy, and more research is needed to understand intimate partner violence, that undermine human capital, as they impede the full development of human beings.

Violence against women, in addition to often influencing a number of physical health problems, such as headache, increased hypertension, chronic fatigue and gastrointestinal problems, can also cause psychological disorders such as phobia and panic, depression, anxiety, post-traumatic stress disorder<sup>23,24</sup>.

In this sense, it becomes clear the need to recognize the different forms of violence, dimension this serious social problem and important public health problem and, thus, advance in health and social conceptions and practices that reverse the discriminatory framework that authorizes and strengthens aggressions and mistreatment of women.

## Conclusion

The health determinants identified in the studies that most influence violence against women are related to the low level of education, economic condition and



unemployment, which affect women are only physically, but psychologically, demonstrating the relevance of the study, in

knowing the main determinants and reverse the situation of violence against women.

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