







VULNERABILITY ELEMENTS FOR PERMANENCE IN MARITAL VIOLENCE: SPEECHES OF WOMEN WHO CONSUME ALCOHOL/DRUGS

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ABSTRACT

Purpose: to identify elements of vulnerabilities for the permanence of women who consume alcohol/drugs in marital violence.

Method: an exploratory, descriptive and qualitative study conducted with 16 women over the age of 18 years old, with a history of alcohol and/or other drug use and marital violence, registered in two Family Health Units in the urban area of a municipality of Bahia, Brazil. Women whose signs suggested alcohol use or abstinence and those emotionally unstable were excluded. Data collection took place from October 2016 to February 2017, through in-depth interviews. The data were systematized, based on the Collective Subject Discourse.

Results: economic dependence; the hope that the partner will change; the transgenerationality of marital violence and the non-resoluteness of the care network emerged as elements that make women who consume alcohol/drugs vulnerable to remain in marital relationships permeated by violence.

Conclusion: by pointing to elements that make women who consume alcohol and/or other drugs vulnerable to remain in marital relationships permeated by violence, the findings signal to the need for inter-sectoral articulations. This articulation among the various sectors should promote the implementation and/or deployment of effective actions that provoke reflections on social construction anchored in gender inequality and still assist the demands of women, culminating in the reach of female empowerment.

DESCRIPTORS: Gender-based violence. Violence against women. Intimate partner violence. Drug users. Nursing.

HOW CITED: Carvalho MRS, Oliveira JF, Gomes NP, Matheus FAV, Silva AF, Carvalho CS. Vulnerability elements for permanence in marital violence: speeches of women who consume alcohol/drugs. *Texto Contexto Enferm* [Internet]. 2022 [cited YEAR MONTH DAY]; 31:e20180516. Available from: <https://doi.org/10.1590/1980-265X-TCE-2018-0516en>

ELEMENTOS DE VULNERABILIDADE PARA PERMANÊNCIA NA VIOLÊNCIA CONJUGAL: DISCURSO DE MULHERES QUE CONSOMEM ÁLCOOL/DROGAS

RESUMO

Objetivo: identificar elementos de vulnerabilidades para permanência de mulheres que consomem álcool/drogas na violência conjugal.

Método: estudo exploratório, descritivo e de abordagem qualitativa, realizado com 16 mulheres com idade acima de 18 anos, história de consumo de álcool e/ou outras drogas e violência conjugal, cadastradas em duas Unidades de Saúde da Família da zona urbana de um município da Bahia, Brasil. Foram excluídas as mulheres cujos sinais sugeriam uso ou abstinência do álcool e aquelas emocionalmente instáveis. A coleta de dados ocorreu de outubro de 2016 a fevereiro de 2017, por meio da entrevista em profundidade. Os dados foram sistematizados, baseando-se no Discurso do Sujeito Coletivo.

Resultados: a dependência econômica; a esperança de que o companheiro mude; a transgeracionalidade da violência conjugal e a não resolutividade da rede de atendimento emergiram como elementos que vulnerabilizam mulheres que consomem álcool/drogas a permanecerem em relações conjugais permeadas pela violência.

Conclusão: os achados, ao apontar elementos que vulnerabilizam mulheres que consomem álcool e/ou outras drogas a permanecer em relações conjugais permeadas pela violência, sinaliza para a necessidade de articulações intersetoriais. Esta articulação entre os diversos setores deve promover a implantação e/ou implementação de ações eficazes que provoquem reflexões acerca da construção social ancorada na desigualdade de gênero e ainda assistam as demandas das mulheres, culminando no alcance do empoderamento feminino.

DESCRITORES: Violência de gênero. Violência contra a mulher. Violência por parceiro íntimo. Usuários de drogas. Enfermagem.

ELEMENTOS DE VULNERABILIDAD PARA PERMANECER EN SITUACIONES DE VIOLENCIA CONYUGAL: DECLARACIONES DE MUJERES QUE CONSUMEN ALCOHOL Y/O DROGAS

RESUMEN

Objetivo: identificar elementos de diversas vulnerabilidades que hacen que las mujeres que consumen alcohol y/o drogas permanezcan en situaciones de violencia conyugal.

Método: estudio exploratorio, descriptivo y con enfoque cualitativo realizado con 16 mujeres mayores de 18 años de edad, con antecedentes de consumo de alcohol y/u otras drogas y de violencia conyugal, registradas en dos Unidades de Salud de la Familia de la zona urbana de un municipio de Bahía, Brasil. Se excluyó a las mujeres cuyas señales sugerían consumo o abstinencia de alcohol y a quienes presentaban inestabilidad emocional. Los datos se recopilaron entre octubre de 2016 y febrero de 2017 por medio de una entrevista en profundidad. Los datos se sistematizaron sobre la base del Discurso del Sujeto Colectivo.

Resultados: la dependencia económica, la esperanza de que la pareja cambie, la transgeneracionalidad de la violencia conyugal y la no resolutividad de la red de atención surgieron como elementos que ponen a las mujeres que consumen alcohol y/o drogas en una situación de vulnerabilidad para permanecer en relaciones conyugales permeadas por la violencia.

Conclusión: al señalar elementos que ponen a las mujeres que consumen alcohol y/o drogas en una situación de vulnerabilidad para permanecer en relaciones conyugales permeadas por la violencia, las conclusiones que arroja este estudio apuntan a la necesidad de implementar articulaciones intersectoriales. Esta articulación entre los diversos sectores debe promover la implementación y/o el despliegue de acciones eficaces que provoquen reflexiones acerca de la construcción social anclada a la desigualdad de género y que, además, sirvan de ayuda a las exigencias de las mujeres, culminando en la materialización del empoderamiento femenino.

DESCRIPTORES: Violencia de género. Violencia contra la mujer. Violencia a manos de la pareja íntima. Personas que consumen drogas. Enfermería.

INTRODUCTION

Intimate partner violence is a reality experienced by women around the world, with serious repercussions for women's health, which includes drug use, whether legal or illicit. The effects of marital violence on drug addiction are a concern especially when we consider the female difficulty in breaking with disrespectful and abusive marital relationships.

The occurrence of violence in marital relations is present in the daily lives of many women, often culminating in various repercussions, including death, according to a worldwide survey that found that, in 2016, 87,300 women were killed by violence, most of them murdered by their spouses¹. Those who survive the aggression are usually present physical and/or mental illnesses²⁻³. National and international studies indicate that women in situations of marital violence may present several health problems, such as: bruising, headache, gastrointestinal disorders, body weakness, genital lesions, premature birth, anxiety, decreased libido, Post-Traumatic Stress Disorder (PTSD), inappetence, insomnia, low self-esteem, feelings of worthlessness, depression, suicidal ideation and attempted suicide^{2,4-6}.

In addition to the physical and mental repercussions, staying in an abusive relationship causes many women to resort to excessive consumption of psychoactive substances, including medications, alcohol and illicit drugs, a situation confirmed by studies conducted in Brazil and Nigeria that also warn against the risk of dependence^{2,7}. This coping strategy, however, can have repercussions for women, such as heart problems, aggression, paranoia in daily situations, feelings of loss and humiliation, social isolation and depression⁸⁻⁹.

Despite health impacts, including drug involvement, many women remain in the marital relationship for several years. A study conducted in Salvador, Brazil, which investigated 212 cases of spousal violence registered in a Justice Court for Peace at Home, showed that the mean length of stay in violent relationships is 7 years¹⁰. Internationally, research studies carried out in Iran and Portugal showed a higher permanence than the Bahian study: approximately 10 years¹¹⁻¹².

There are many reasons why women stay in abusive relationships for so long. Among these, research studies conducted in Brazil, Austria and Africa point to the unfavorable socioeconomic condition; the presence of children in the relationship; the hope that the partner will change; fear of reprisal for reporting and/or separation and fear of social judgments¹³⁻¹⁵. However, although studies indicate justifications for the female difficulty in breaking the cycle of violence, there is a lack of knowledge regarding the barriers faced by women who, in addition to experiencing the phenomenon, are involved with alcohol consumption and/or other drugs. Thus, this study aims to identify elements of vulnerabilities for the permanence of women who consume alcohol/drugs in marital violence.

METHOD

An exploratory, descriptive and qualitative study. The research was conducted in the territorial area of two Family Health Units (FHUs) in the urban area of a municipality of Bahia, Brazil, located 384 km from the capital Salvador.

In order to reach the goal, which refers to the interface between marital violence and drug use, the collaborators would have to meet the following criteria. Sixteen women enrolled in either of the two FHUs, aged over 18 years old and with a history of marital violence and alcohol and/or other drugs participated in the study. The number of participants was considered sufficient due to recurrence of information, configuring data saturation. These were identified through home visits made jointly by the researchers and the community health agents (CHAs) of the two FHUs. It is noteworthy that there was no previous approach between the researchers and the collaborators. Women were excluded who presented signs of emotional instability due to the use or abstinence of alcohol and/or other

drugs and/or greater tendency to panic disorders, state of negativity and depression. The evaluation of emotional instability was performed with the support of the psychologists of the Psychosocial Care Center and the Family Health Support Center of the municipality, which are also references for psychological support, if necessary.

Data collection took place from October 2016 to February 2017, through an in-depth, recorded interview, guided by a semi-structured script, containing closed questions to characterize the collaborators and open questions that addressed the problem investigated. The interviews were conducted by two researchers and in spaces defined by the participants (own or friendly residence), while providing privacy. The time of the interview took place according to the progress of information collection and the availability of participants, ranging from 30 to 90 minutes.

The data were systematized, based on the Collective Subject Discourse (CSD), a technique suitable for research that describes and interprets social relations, and can also be understood as a technique for processing individual statements in collective representations. For the construction of the speeches, the methodological figures were extracted: Key Expression (KE) and Central Idea (CI), elements that allowed for the construction of the CSD, which was a synthesis speech written in the first person singular and that encompassed the KEs with the same CI¹⁶.

In the data systematization process, the concept of vulnerability was considered. This comprises the chance of exposure of the individuals to a given event, resulting from individual, collective and contextual aspects that lead to greater susceptibility and, intrinsically, greater or lesser availability of protection resources¹⁷. To contextualize and/or substantiate the findings, it was also articulated the production of knowledge about marital violence and female consumption of alcohol and/or other drugs.

In accordance with Resolution No. 466 of December 12th, 2012, of the National Health Council, all the ethical aspects were observed, as recommended by the guidelines and regulatory standards for research involving human subjects.

RESULTS

The 16 study collaborators were aged between 20 and 69 years old. Most (9) declared themselves black, married or in a stable, domestic union, with up to a high school degree, a monthly personal income below half the minimum wage and standard abuse of alcohol and cigarettes, in addition to the use of benzodiazepines.

The individual interviews were organized into four central synthesis ideas, which allowed to identify elements of vulnerabilities for the permanence of women who consume alcohol/drugs in marital violence.

Central Idea 01 – the economic dependence

According to the interviewees' discourse, economic dependence on the partner, associated with low schooling and insufficient income of the *Bolsa Família* Program (Brazilian program of direct income transfer to families in poverty or extreme poverty), constitute elements of vulnerability to remain in the disrespectful relationship.

Since the beginning of the relationship, my husband was a good provider, never missed anything at home. He always paid everything but also all this time he abused me: cursed me, beat me badly. I suffered so much from these 12 years of violence that today I realize that I don't like him anymore, but I still live with him [...] because I haven't completed my studies, I can't even write! I can't support my children on my own. So better to suffer from the aggressions than to see my children starving, because the only money I had in life was the Bolsa Família, and it is not possible for me

and my children to live. I need him! [...] even the money for my cigarette and drink is he who gives me (E2, E3, E5, E8, E9, E11, E14).

Central Idea 02 – The hope that the partner changes

The speech refers to the participants' hope for changes in their marital relationship, with the consequent end to the practices of violence inflicted by the spouse. Thus, still based on the belief of regret of the partner, women remain in the marital bond, many even making use of alcohol and/or other drugs as a strategy to support such conviviality.

At the beginning of the relationship, he was very loving. Over time, everything changed and he beat me. This was even worse when he drank. Because of these things, we would split up, but he would always go to the door of my house crying, say he would change and I would put him in the house again and we would come back. I always believe that he's going to change! However, when he returns, he becomes the same person. Because of this stress, I live on drugs. [...] when he starts fighting, I already smoke the cigarette, I already turn two glasses to be calm. I do it to endure, because I know someday he will change, be with our family, respecting and loving me just as I respect and love him (E1, E2, E5, E8, E9, E13, E16, E17, E19).

Central Idea 03 – transgenerationality of marital violence

The study highlights the naturalized nature of marital violence influenced by alcohol consumption by men, whose aggressive conduct is expected and accepted by family members and also by women, who admit the increasingly recurring search for drugs in order to avoid conflicts. It draws attention to the transgenerational characteristic of this naturalization, as women tend to reproduce the situation experienced by their mothers: experiencing aggression after alcohol use by their spouse.

The relationship between my father and mother was not good, because he drank a lot and, when he got home, fought, cursed, broke everything and beat her [...] these and other things that are normal of men. She was suffering! What my father did to my mother, today he [spouse] does with me. When he is without drink, he is loving, plays with his children, but when he drinks, he curses, breaks things, attacks me. And when the effect of alcohol wears off, it becomes that love of the beginning again. Men's stuff! My family says I need to "do anything" to keep my marriage because men are like that! In this stress that I live, I am almost always nervous, restless and aggressive. I take the medicine to calm down when he starts fighting or threatens to hit me. If he arrives wanting to fight, I smoke the cigarette to settle down. I realize I'm smoking more and more. With the drink it's the same way. I drink more when he starts with violence, to be quiet and not respond to him (E1, E2, E3, E4, E5, E6, E9, E13, E16, E19).

Central Idea 04 – the irresoluteness of the care network

The discourse reveals that women perceive obstacles in accessing the network's services and criticize the care received, especially when the professionals do not investigate the experience of the offense and end up judging, insulting and sometimes believing in the perpetrators of violence. These situations contribute to women not recognizing services as effective spaces to support people in situations of violence, and predispose to the use of alcohol and/or other drugs, conjunctures that favor the permanence of women in abusive relationships.

[...] I knew I needed help and I decided to seek support from a psychologist. I first went to the health clinic, but the one there was fired. I tried in the CRAS, but the psychologist only met me once. At the post, they already asked about the purple spot, but didn't question who it was. When I went to the hospital because he cut me with the knife, they asked what that was, and I told the truth. But

they [professionals] judged me, thought I deserved it. I was embarrassed! It was worse at the police station when I filed a complaint in 2012 because, instead of getting him arrested, I took a bashing. They still released him the same day, because his father paid the bail. Several times I also sought justice to see alimony, because my ex-husband gives nothing to my son, but I could not. For all that, I gave up on breaking up! Since I have no help, I keep trying to find a way to lessen the fear, to be calmer at home. [...] it's been over ten years that I take medicine and drink so as not to think too much bullshit (E1, E2, E3, E4, E5, E6, E8, E13, E14, E18).

DISCUSSION

The discourse of women who use alcohol and/or other drugs indicates that their dependence on their spouse's finances, resources that make it possible for their children to support themselves, including for the purchase of alcohol and tobacco, represents an element that makes them vulnerable to staying in the disrespectful and violent marital relationship. A study conducted in Pernambuco also reveals drug use by women with the partner's financial resources¹⁸. However, despite this link with drugs, the study does not reveal their use as a reason for women to remain in the relationships, but economic dependence.

Female economic dependence was related to the lack of employment and to low schooling, which is also true for non-drug users. National studies conducted in Vitória and João Pessoa revealed that financial dependence, coupled with low schooling and concern with self-support and support of the children, represents an unfavorable scenario for seeking help and, consequently, it is conducive to the permanence of women in the situation of marital violence, not being a specific element for women who use drugs¹⁹⁻²¹. Financial subjection to the spouse as an element of vulnerability to living and staying in marital violence has also been identified in studies conducted in the United States, Ethiopia, Nigeria and Kenya²²⁻²⁵.

In Brazil, with regard to the income generation policies, we can highlight the *Bolsa Família* Program, an action that assists 13.9 million families and aims to overcome the situation of vulnerability and poverty through monthly financial transfers, which brings certain financial autonomy to women²⁶. This understanding is based on the premise that the family benefit card ownership be oriented to the woman's name, which contributes to the possibility of female autonomy in the direction of values²⁷. Although this political action does not represent an action directed exclusively to people in situations of violence, it is recognized that the family allowance allows reducing the vulnerability of women to financial dependence on their partner. However, although it aims to ensure access to basic social rights for low-income Brazilian families, the value is insufficient to maintain the needs of the household. Although the discourse shows that the *Bolsa Família* Program resource is inefficient to put an end economic dependence, it is important to note that the aid is a supplement to the family's income and, as it does not aim at financial independence, it cannot be held socially responsible for maintaining the dependence of the woman on her spouse.

In light of the concept of vulnerability, in this context it is important to consider financial dependence in both its social and programmatic dimensions, the latter at the national level, as the articulated strategies of income generation are incipient. Faced with a context of marked social vulnerability, the women's discourse reveals the decision to remain in a situation of violence in order to minimally guarantee the subsistence contributed by the partner. This female behavior strengthens the need for effective national employment and income generation policies for women in situations of marital violence, an example of poverty already contemplated in other countries.

As an example, we can cite the experience of the United States, which, in the Federal Work Opportunity Reconciliation Act of 1996, recognized the obligation of the State to associate the monthly benefit with the offer of a work plan and child care, evidencing the inclusion of people in situations of

family violence in the established rights²⁸. By broadening the intervention strategies in Tunisia, public policies for addressing violence encompass the articulation of feminist social movements with income-generating policies, which reduces the asymmetries experienced in households and, consequently, contributes to breaking the cycle of marital violence²⁹.

It is important to relativize that women's income alone is not the way out of the situation of violence. Other cultural, social, individual and gender elements also influence the permanence in daily violence, such as the hope that the partner will change, this being a social dimension of vulnerability, which contributes to the return to the marital bonds, postponing the breaking of the cycle of violence. Believing in the transformation of the partner starts from the premise that women do not perceive themselves as agents of change, identifying only in the other the possibility of ending violence³⁰.

This hope may be associated with the fact that, in the experience of violence, the couple reproduces a cycle. Initially, there are conflicts that generate misunderstandings, mostly expressed in psychological and moral forms. However, these situations worsen continually, until brief episodes of uncontrollability become serious expressions of violence, presented mainly through marked physical aggression. Finally, the honeymoon phase is unveiled, guided by reports of promises of change of the partner and that contributes to marital reconciliation³¹.

It is also noteworthy that this cyclical presentation and the promise of change in the behavior of the spouse lead to the female inference that violence will be something transient, making the woman settle in the ideation of the honeymoon phase, with the glimpse of the ending of the violence, a reality unveiled in the discourse. It is important to highlight that this perception is present even in the face of severe forms of violence, as illustrated by the female discourse pointing to situations of beatings.

It can be seen, therefore, that in the hope of changes in their marital relationship, with a consequent end to the practices of violence inflicted by the spouse, women remain in the cycle, a situation also experienced by non-drug users²⁰⁻²¹. However, notwithstanding the importance of this element for the understanding of the female attachment to the spouse, the allusion to the use of medications, tobacco and/or alcohol was given as a possibility to support the abusive relationship during the waiting period for the spouse's behavior change.

It is important to emphasize that the hope that the partner changes also goes beyond the social perception of aggression as something natural and expected in marital relations. In this regard, the participants' discourse also revealed the transgenerational character of the interface between spousal violence and the use of drugs (alcoholic beverages) by the spouse, the latter being the precipitating and potentializing element of violent episodes. This experience was also visualized in the relationship of family members, a situation that contributed to the naturalization of the experience and, consequently, permanence in the situation of marital violence. Other studies also confirm the transgenerational character of marital violence linked to the use of alcohol and/or other drugs by the spouse as a vulnerable context for the permanence in the situation of violence^{13,32}. It is also noteworthy that the pattern of drug use by the spouse is directly proportional to the intensification of the acts of violence⁷.

The naturalization of marital violence from the experience of having witnessed, in the relationship of the parents, violence precipitated by the use of drugs by men, can be understood from the role of the family to the person. The family represents the first contact institution of the person, being responsible for defining cultural standards and norms to be reproduced in social relations³³. Given the above, and as presented in the speech, witnessing since childhood the relationship of the parents being guided by violence precipitated by drug use helped the women in this study to learn this experience as natural and expected.

Considering this evidence, it is fundamental for the confrontation of violence to break the traditional and stereotypical forms of asymmetrical relationships based on a patriarchal family organization culture that naturalizes male domination, especially in the face of drug involvement. It is

also appropriate to recognize that the naturalization of this type of violence is sustained by a society that perpetuates male power for generations, thus unveiling the social vulnerability inherent in the phenomenon of marital violence³⁰.

Given the individual and social dimensions of vulnerability that drive women who use drugs to remain in the situation of marital violence, there is a need for strategies that allow them to resignify their social role and to perceive themselves as agents of change in the relationship; deconstruct the naturalization of male power; and identify supportive social agents, such as family members and institutions. About the latter, describing access and care in the network services, the discourse reveals that another element of vulnerability to which women are exposed to and that favors their permanence in the situation of marital violence is institutional or programmatic violence. In this study, the programmatic vulnerability reveals the State's failure to ensure the right to qualified health, social and legal care, which is expressed from the lack of professionals in services to the inadequacy of care that does not investigate the experience of violence, they are based on judgment and sometimes seem to defend the perpetrators of violence, as indicated by the discourse.

At the legal, police and health level, the discourse reveals the abuse and rebuke that women are subjected to when seeking care, at which time they believed they would be supported and witnessed their spouse's reprimand and reprimand. This experience of programmatic vulnerability is also present in other national studies with women in situations of violence that also report experiencing in these spaces the reinforcement of women's social and moral disqualification, the minimization of their complaints, the humiliation, the shame and the judgment that could not break the marital experience³⁴⁻³⁷. It is therefore necessary for the professionals to recognize and understand their role and responsibility to intervene, not only as a sensitized citizen, but also as a representative of the government²¹. Moreover, it is reflected that the professionals should understand that their disqualified attention further reduces women's self-esteem, which often leads them to search for drugs.

Considering the context experienced by women who use drugs, the study points to elements that allow us to understand why they remain in disrespectful and violent relationships, all of which are also experienced by non-drug users. However, it is clear that, by not perceiving any way out of violence as they do not feel supported by the institutional bodies, especially in view of the economic and emotional dependence of the spouses, the interviewees admit the increasingly recurring search for drugs such as alcohol, tobacco and sedative and hypnotic medications in order to avoid conflicts and/or withstand daily violence. This reality is also confirmed by a study conducted in Rio Grande do Sul that reveals that, to cope with violent relationships, women resort to drugs, especially the use of hypnotics and sedatives without medical supervision³⁸.

Drug use and self-medication to cope with the experience of marital violence, actions revealed in the interviewees' discourse, although not unveiled as a justification for permanence in the situation of violence, may contribute to such behavior, given the effects of drugs on the organism. Highlighting this interference, a study conducted with women living in the city of São Paulo points out that the use of sedatives causes changes in the neural processes that determine behavior, generating inability to make rational decisions and making them passive to the situations around them. allows us to understand the permanence in marital relations permeated by violence³⁹.

Regarding medications, it should be made clear that they have deleterious effects when used without prescription and follow-up⁴⁰. However, when under professional guidance, their effects catalyze a woman's exit from the place of suffering to make a decision for life, which is a positive effect. With regard to the nurses' performance, in some cases, it is possible to minimize the mental repercussions of the aggressions by guiding the use of prescription drugs, mainly due to the feeling of well-being and tranquility that this therapy causes in the body when used properly⁴¹. Given this scenario, the action

of the health professionals is essential to intervene in favor of the health of women in situations of violence and consequently reduce the indicators of marital abuse, which makes them suffer so much.

The study limits itself by not signaling any cause-effect relationship between experiencing marital violence and drug use. However, although the elements unveiled in this study are also experienced by women who do not use drugs and they were not presented as a reason for remaining with their spouses, it is important to emphasize that their use in the context of experiencing marital violence is taken as a mistaken coping strategy, resulting in escape from the problem. However, drug use, especially through self-medication, tends to make them passive in the face of the phenomenon, which indirectly contributes to remain in the abusive relationship.

CONCLUSION

In the discourse of women who use alcohol and/or other drugs, it is possible to recognize that economic dependence, the hope that their partner will change, even transgenerationality of marital violence and the non-resoluteness of the care network represent individual, social and programmatic elements that make women vulnerable to staying in the situation of marital violence. Identifying these elements reiterates historically constructed gender inequalities that place women in subordinate conditions and vulnerabilities.

The complexity of the problem requires actions from various areas of knowledge, including health, aimed at female empowerment, especially from actions that promote inter-sectoral articulations aimed at meeting women's demands and reflections on social construction anchored in gender inequality. It is also believed that early intervention will prevent the reproduction of the marital context witnessed in the relationship between the parents, which is a way of minimizing the transgenerationality of marital violence permeated by drug involvement.

The findings point to the importance for the health professionals to be alert not only to the early identification of women who experience marital violence, but also of those who use illicit and licit drugs, especially in an indiscriminate and unhealthy manner. It is important to take care of these women in order to strengthen them for the decision to break the cycle of violence, which goes through an accurate assessment of the drugs they are taking and their effects on their behavior in the face of spouse violence.

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NOTES

ORIGIN OF THE ARTICLE

Extracted from dissertation – Experiences, vulnerabilities and coping with marital violence: discourse of women involved with drug, presented to the Graduate Program of Nursing and Health of the *Universidade Estadual da Bahia*, in 2017.

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APPROVAL OF ETHICS COMMITTEE IN RESEARCH

Approved by the Research Ethics Committee of the *Universidade Estadual da Bahia*, under Opinion No.1,731,629; CAAE: 55253116.5.0000.0057

CONFLICT OF INTERESTS

There is no conflict of interest.

HISTORICAL

Received: February 11, 2019.

Approved: June 04, 2019.

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