

## EVERYDAY LIFE OF WOMEN WITH A HISTORY OF DOMESTIC VIOLENCE AND ABORTION<sup>1</sup>

*Telmara Menezes Couto<sup>2</sup>, Rosane Gonçalves Nitschke<sup>3</sup>, Regina Lúcia Mendonça Lopes<sup>4</sup>, Nadirlene Pereira Gomes<sup>5</sup>, Normélia Maria Freire Diniz<sup>6</sup>*

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<sup>2</sup> Ph.D. in Nursing. Adjunct Professor, School of Nursing, Universidade Federal da Bahia. Salvador, Bahia, Brazil. E-mail: telmaracouto@gmail.com

<sup>3</sup> Ph.D. in Nursing. Adjunct Professor, *Universidade Federal de Santa Catarina* (UFSC). Florianópolis, Santa Catarina, Brazil. E-mail: rosanenitschke@gmail.com

<sup>4</sup> Ph.D. in Nursing. Professor, School of Nursing UFBA. Salvador, Bahia, Brazil. E-mail: reginalm@atarde.com.br

<sup>5</sup> Ph.D. in Nursing. Adjunct Professor, School of Nursing UFBA. Salvador, Bahia, Brazil. E-mail: nadirlenegomes@hotmail.com

<sup>6</sup> Ph.D. in Nursing. Associate Professor, School of Nursing UFBA. Salvador, Bahia, Brazil. E-mail: normeliadiniz@gmail.com

**ABSTRACT:** This is a qualitative study based on the Comprehensive Sociology. Aimed to understand the daily life of women with a history of domestic violence who had an abortion. We conducted in-depth interviews with ten women who were admitted to the hospital for abortion and reported experiencing domestic violence. Mostly characterized by being black, low education, between 18 and 40 years. The process of organizing and analyzing the data was based on the notions of Comprehensive Sociology and theoretical sensitivity. The daily life of women who had an abortion is marked by the experience of domestic violence as a child and teenager, expressed by abandonment and rejection, and also by domestic violence. The early sexual activity is related to the unplanned pregnancy and lack of support from family and partner. It is necessary a professional look for recognition of domestic violence as a health condition of women.

**DESCRIPTORS:** Abortion. Violence. Sexuality. Daily living activities.

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## COTIDIANO DE MULHERES COM HISTÓRIA DE VIOLÊNCIA DOMÉSTICA E ABORTO PROVOCADO

**RESUMO:** Trata-se de um estudo qualitativo, com base na Sociologia Compreensiva. Teve como objetivo compreender o cotidiano de mulheres com história de violência doméstica que provocaram aborto. Realizou-se entrevista em profundidade com dez mulheres que estavam internadas na maternidade por aborto provocado e declararam vivência de violência doméstica. Na sua maioria, caracterizavam-se por serem negras, com baixa escolaridade, entre 18 e 40 anos. O processo de organização e análise dos dados baseou-se nas noções da Sociologia Compreensiva e nos pressupostos teóricos da sensibilidade. O cotidiano das mulheres que provocaram aborto é marcado pela vivência de violência doméstica, quando criança e adolescente, expressa pelo abandono e rejeição, e também pela violência conjugal. A atividade sexual precoce guarda relação com a gravidez não planejada e a falta de apoio dos familiares e companheiro. Necessário se faz um olhar profissional para reconhecimento da violência doméstica como agravo à saúde das mulheres.

**DESCRIPTORIOS:** Aborto. Violência. Sexualidade. Atividades cotidianas.

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## COTIDIANO DE MUJERES CON HISTORIA DE VIOLENCIA DOMÉSTICA Y ABORTO CAUSADOS

**RESUMEN:** Investigación cualitativa dirigida a comprender la vida cotidiana de las mujeres con un historial de violencia doméstica que tuvo un aborto. Se realizaron entrevistas en profundidad con diez mujeres que fueron ingresadas en el hospital por el aborto y reportaron haber experimentado violencia doméstica. En la mayor parte, se caracterizan por ser negras, de bajo nivel educativo y con edad entre 18 y 40 años. El proceso de organización y análisis de los datos fueron basados en las nociones de la Sociología Compreensiva y la sensibilidad teórica. La vida de las mujeres que tuvieron un aborto está marcada por la experiencia de la violencia doméstica cuando niña y adolescente, expresado por el abandono y el rechazo, y también por la violencia doméstica. La actividad sexual temprana está relacionada con el embarazo no deseado y la falta de apoyo de la familia y de la pareja. Es necesaria una visión profesional para el reconocimiento de la violencia doméstica como un problema de salud de la mujer.

**DESCRIPTORIOS:** Aborto. Violencia. Sexualidad. Actividades cotidianas.

## INTRODUCTION

Abortion is a major cause of maternal mortality in Brazil, with curettage being the most performed procedure in public health services, after normal childbirth.<sup>1</sup> Approximately 1,054,242 abortions were performed in 2005. However, this number does not reflect reality, due to under-reporting, especially because women feel embarrassed and/or afraid of admitting that they had an abortion.<sup>2</sup>

The abortion process is riddled with negative feelings, fueled by prejudice. A research held in Salvador reveals how difficult the decision to induce abortion is, a painful process for women that perpetuates days of guilt and pain.<sup>3</sup> In this context, women in situations of abortion feel guilty; afraid of being judged by others and of suffering discriminatory actions by having had an abortion. Even before the abortion, many women feel guilty, which can be potentiated by religious, cultural and social values.<sup>4</sup> The effects of criminalizing abortion causing worsening social inequities are unquestionable, contributing to the high maternal mortality rate, according to the World Health Organization.<sup>5</sup> Taking into account the emotional, social, legal and religious aspects, illegal abortion is present in the daily lives of women, perceived as the means of living of the people, through their interactions, pictures, symbols, beliefs and values.<sup>6</sup>

Regarding how these women live, surveys have revealed an association between abortion and violence in family relationships. A study of 130 women showed that 88% had experienced domestic violence at some point in their lives. Research conducted in Salvador, Bahia, Brazil, with 147 women, also lists the phenomena, showing that the experience of domestic violence is related to the decision to abort.<sup>7</sup>

Research shows that women who have abortions, because they are stigmatized, have low self-esteem after an abortion, failing to develop projects that include taking care of themselves and tackling domestic violence.<sup>8</sup> Therefore, the shame of talking about abortion expresses the fear of being exposed and humiliated, arousing the question: how is the life of women with a history of domestic violence who had an abortion?

Faced with such concern, the following subject was outlined: the daily life of women with a history of domestic violence and abortion. It is through human understanding of living that one

can address the daily lives of people in a space where women can talk about their experiences and feelings in their day-to-day life. In this study, we aim to understand the daily life of women with a history of domestic violence that caused abortion.

## METHOD

This is a qualitative study whose theoretical basis is Comprehensive Sociology. This framework presents the notion of spatiality, referring to the perception that the world is permeated by conflicts and strains, hatred and love. It is a dynamic place where everything is together, everything is concrete. It is a mixture of objectivity with subjectivity, that we can call sociality. Daily, we live in a sociality of designed pallor and shine. Hence, every mundane situation is on edge. So is the spatiality that relations are conceived within the limits of sociality.<sup>9</sup> It is "this everyday that social solidarity is present, from attractions, repulsions, emotions and passions".<sup>10,7</sup> It is from the everyday that every human being draws its power, that would be your springboard to face social life. This power is created in its various forms, building in everyday life true works of art.

The collaborators were women hospitalized in the public hospital in the city of Salvador, Bahia, Brazil due to abortion and who reported experiencing domestic violence. High rates of maternal mortality from unsafe abortion in Salvador represent greater risk of dying from maternal causes, especially in the poorest peripheral districts.<sup>11</sup>

Daily visits were conducted during six months of motherhood. During these meetings, we tried to talk to all who were hospitalized in the infirmary for abortion and, thus, we aimed to meet their needs and expectations and routines, especially with regard to the experience of domestic violence at some point in their lives, collecting data for further contact. If we realized some need for care (pain, bleeding, etc.), we informed the nursing staff on duty.

The hospitalization of women in the abortion process varies according to complications. Thus, our meetings were repeated for days and weeks, increasing the bonds of trust and confidence between us. On entering the ward, women who were already admitted for some time introduced the newcomers and spoke positively about our meetings.

Upon being discharged, those who during hospitalization agreed to participate scheduled, via telephone, an appointment for the interview. According to the availability of each contributor, the day and the hour of meeting were set individually. The interviews were conducted in the months of March and April, 2009. Some, however, at that time refused to participate in the interview, explaining that they did not want to talk about abortion or claiming lack of time to participate on account of employment and household chores, while others scheduled the date and did not attend without giving any justification. Their desire, of course, was respected.

In this context, ten women constituted the sample. The women were told that their participation was voluntary and they could withdraw at any time without prejudice to their care in the maternity ward, among other ethical criteria established in National Health Council resolution 196/96 on research involving human beings.<sup>12</sup> After agreeing to participate in the study, the collaborating women signed an informed consent form. The interviews were conducted in a room courtesy of the maternity ward, to ensure information confidentiality and privacy of interviewees.

Data collection was carried out after approval of the research by the Department of Health of the State of Bahia (SESAB) Research Ethics Committee, in opinion paragraph 334/2008, record CEP: CAAE. 0110.0.053.053-08. The technique for data collection was in-depth interviews.

Interviews were conducted with the support of a semi-structured script, containing demographic and gynecological aspects, with the following concern: talk about your family and conjugal daily life before this pregnancy. The discussions were transcribed. Each woman chose a fictitious name, so that the confidentiality of their identity was preserved.

The statements were read thoroughly, classified and organized, following the crossing of images, meanings and ideas, to codify and build conjunctions, based on notions of Comprehensive Sociology and the five theoretical assumptions of sensitivity. They are critical to the schematic dualism, which discusses the complementarity between reason and imagination; a way that reduces the distance between the interviewee and the interviewer, allowing the freedom to look at the daily lives of women who underwent abortion; a relativistic sensitivity, which is about the differ-

ent possibilities of conceiving reality; a stylistic research that promotes a style for the everyday, composed of gestures, words, theatricality, considering communication within science without loss of scientific rigor; and libertarian thought, which states that every authentic piece contains a dose of deductive audacity.<sup>13</sup>

These assumptions permeated the project since the preparation of the design to the analysis phase of conjunctions, unveiling the women's discourse and guiding our analysis, permitting the emergence of three categories: the daily lives of women in family relationships; the daily lives of women in marital relationships; and the daily lives of women in the experience of sexuality.

## RESULTS

The women were between 18 and 40 years and self-declared black. Regarding the educational level, among the ten interviewees, three had completed high school, four had not completed high school and three had incomplete primary education. Only two had paid jobs, both in trade. With respect to abortion, six of them practiced it for the first time, while four women had undergone two to eight abortions.

The women's statements were analyzed based on the notions and the theoretical principles of sensitivity according to Maffesoli's thinking, emphasizing sensitive reason, which permitted the uncovering of their daily lives. Thus, the adoption of these notions and assumptions are relevant because our research object consists of affective and empathic social relationships, which develop at present, in the here and now. The understanding of the daily life of the contributors might be better illustrated by means of the following categories:

### The life of women in family relationships

When talking about their family relationships in childhood and adolescence, women unveil a history of abandonment and rejection, especially by mothers and fathers, as the following statements indicate:

*I do not know what it's like to have a family. I was not raised by my real parents. I was given up for adoption. Then my adoptive parents put me out. I was rejected by all four of them (Adriana).*

*my father left my mother with her two daughters, then she gave me to my grandmother (Camila).*

The helplessness of women is also realized when the family discovers the pregnancy and does not support them:

*I was 16 when I got pregnant and my family did not accept it and put me out of the house (Adriana).*

### The life of women in the marital relationship

It emerges from the study that the women experienced domestic violence. The statements below illustrate the violence practiced by the companions:

*[...] jealousy. He pulled me by the hair, threw me into the house, and I started screaming. My mother and father were at church (Clara).*

*He [partner] drank and beat me. He abused me [...]. I preferred to take it out (Francieli).*

Attention is called to the fact that marital violence is relational, with both partners being involved in the outcomes of conflicts:

*[...] pushing, swearing, slapping: he and I. We still argue, but it is not about hitting and throwing things. He charged at me (Josi).*

*[...] we always fight (Norma).*

*[...] had a day when we fought over a woman. I was on him and he came over me. Then I started feeling pain (Alana).*

### The life of women in the experience of sexuality

The statements given indicate how early initiation of sexual activity occurred among the collaborators. This context is related to the occurrence of pregnancy:

*I started dating when I was 15 years, and he was always trying to have a relationship with me. I got pregnant after the first time (Cheron).*

*We started dating when I was 12 and he was 16. A year later, we had sex. A year later, I got pregnant (Alana).*

The study reveals that, at the stage where they begin their sexual life, women were not prepared to prevent pregnancy, especially regarding the use of contraceptive methods:

*in my first pregnancy, I was still a teenager. I used the wrong medicine (Adriana).*

*[...] 15 years old, I got pregnant again [...]. I did not use any [contraception], had never used. I thought of nothing. [...] I decided alone that I would take it out (Alana).*

*I took injections every three months, but I forgot. Then I did a test, it was positive. It was the first thing I thought: I'll take it out (Josi).*

## DISCUSSION

The study showed that the daily lives of women who aborted was permeated by the experience of domestic violence during their childhood and adolescence, marked by abandonment and rejection by their families. It is noticed that these women had an early disengagement with childhood, by entering into adulthood with the experience of early unprotected sex, which may result in pregnancy and abortion.

Abandonment is one of the most serious forms of neglect. This neglect is characterized by failure, either by the family or the state. The negligence of the family is one of the most evil forms of violence against children, since they depend on family structure for their development.<sup>14-15</sup>

With regard to the negligence of the State, omission means leaving basic needs for physical, emotional and social development of children and adolescents unattended. This includes the deprivation of medicines; the lack of health care and education, the neglect of hygiene, lack of conditions for the child to continue to attend school.<sup>16</sup>

According to the 1988 Federal Constitution, it is the duty of the family, society and the State to ensure children and adolescents, among others, the right to life, health, food, education, besides keeping them safe of all forms of negligence, discrimination, exploitation, violence, cruelty and oppression.<sup>17</sup>

Brazilian and international research reveals the rise of violence in the family.<sup>18-19</sup> It is understood that domestic violence occurs within the permanent coexistence of people, regardless of family ties, with children, women, the elderly and the disabled most commonly left vulnerable. Occurring in the private setting, a protective environment, this type of violence occurs in a cyclical and continuous way by setting up as a matter of public health.<sup>20</sup>

Research conducted in a public hospital with 17 women hospitalized for abortion also showed that family relationships are expressed by the abandonment experienced since childhood, also signaling the neglect of the development process of children, lack of a loving relationship, deprivation of liberty and personal injury, especially because of the perception that their children's education relies on punishments.<sup>21</sup>



Among the repercussions of experiencing violence in childhood and youth, studies point to truancy, among other disabilities in studies and also for human development. It is also worth noting that, when inserted into a context of domestic violence, men and women tend to reproduce the behavior with their children, so that violence and neglect experienced by respondents resonate with their life story.<sup>14-15,22</sup>

Domestic violence was also unveiled in the study. The life of women who had an abortion shows us a way to live with conflicting marital interactions, where both hit each other. In the anthropological view, this can be considered an indivisible aspect of the mundane, where all things exist in a mixture of love/hate, attraction/repulsion and generosity / selfishness.<sup>22</sup> In their daily lives, women live in harsh conditions, in an environment permeated by violence. However, studies on domestic violence reveals that both men and women are seen as agents of aggression, evoking the need for spaces that give the couple the opportunity to reflect on a more harmonious and equitable relationship.<sup>23</sup>

Research also conducted with women who had an abortion showed the experience of domestic violence, including during pregnancy. The women of this study reported that the motivation for the abortion was the violence.<sup>24</sup> Other surveys of women suffering violence in marital relationships unveil how singular the situation is of the woman who suffers violence during pregnancy, which undermines not only her physical but also psychological integrity. The women interviewed decided to abort and expressed feelings such as guilt, fear, insecurity, sadness, shame, low self-esteem, anxiety, depression, post-traumatic stress and suicide attempt. In addition, there are the fractures, bruises, blood pressure, vulnerability to STD / AIDS, unwanted pregnancy, and premature birth and abortion. In this context, the experience of violence triggers several health problems and poses a threat to life.<sup>24-25</sup>

The study conducted in Salvador, Bahia, Brazil identified the experience of domestic violence as a factor that interferes in the woman's decision to abort. This points to the fact that pregnancy and a future child trigger lifestyle changes in women, contributing to the loss of their autonomy, which in turn relates to the decision to abort.<sup>3</sup> Another study reveals reports of abused women with current partners and also with previous ones, and that such situations influenced the decision to abort.<sup>21</sup>

Early sexual initiation, with implications for unplanned pregnancy and abortion, also emerged in the daily lives of the interviewees. In this study, the experience of sexuality occurred at an early age, even as teenagers, and even before marriage, often in an unstable relationship. It is noteworthy that research shows an association between low age for first sexual intercourse and victimization in physical or sexual abuse.<sup>26</sup>

Other studies support the idea that the onset of sexual activity in adolescence is occurring increasingly early.<sup>27</sup> This context makes us wonder about the adolescents' maturity and understanding of the body changes inherent in this phase and of sexual and reproductive rights. The younger they are, the less mature the teenagers are, and therefore most at risk because their incipient abstract thinking does not allow them to prevent themselves from complications.<sup>26</sup>

Research with teenagers, girls between 15 and 19 years, showed different reproductive profiles, ranging from those who have never been involved in a love relationship or even sexual relationship up to those who were pregnant before or opted to abort, surfacing the need to consider these aspects in the elaboration of public policies on reproductive and sexual health in Brazilian adolescents.<sup>28</sup>

It is noteworthy that the distribution of contraceptive methods alone does not ensure that the experience of sexuality in youth is without risk of an unplanned pregnancy. Therefore, it is necessary to consider political actions and value the unique subjectivities and the lives of young people in order to meet their demands. Assuming that unplanned pregnancy, associated with early onset of sexual activity, and the experience of domestic violence are related to abortion, it becomes essential to have spaces for discussions about sexuality in formal education of young people, in order to minimize risky behaviors and create opportunities to build healthier interpersonal relations based on respect and a culture of peace.

## FINAL CONSIDERATIONS

The life of women who had an abortion was marked by the experience of domestic violence through negligence, expressed by abandonment and rejection by parents and also by marital violence and early sexual activity. The precocity of this experience is related to the unpreparedness of women to protect themselves from unplanned

pregnancy and hence to the decision to abort. This decision shows that, in their daily lives, women in this study sought to bring up their power to face the problems of everyday life, expressed in the way they live, according to Maffesoli's thinking.

The focus on these everyday women who experienced violence and abortion showed us that it is imperative that sexual rights are legitimized as an essential part of human rights, so that they are exercised in full, without fears and anxieties, and mostly without risks of unwanted pregnancy.

Considering the magnitude of induced abortion for women's health and its impact on economic productivity and complexity that drives the decision for abortion, it is essential that this perspective is incorporated in health services, especially those that work at the primary level such as the Family Health Strategy, which presupposes the promotion of health and prevention of diseases and disorders.

It is necessary that health professionals are sensitive to the recognition of the issues that may be associated with the decision to abort, such as early sexual intercourse, the experience of domestic violence in childhood and adolescence and violence in the marital relationship. The nurses have led this process, mainly because they are the backbone staff in the Family Health Strategy and largely occupy the management positions of health facilities, and thus incite actions to promote health in this perspective.

It is worth noting that, at the time of the interview, women reported feeling valued because they can talk about their experiences, hitherto silenced in their daily lives. A space where confidence reigned, requiring careful and sensitive listening, guiding us with regard our ways of receiving, researching, teaching and learning in nursing and also to promote health in many different places and situations. After all, ways of living indicating ways of caring.

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