Training in Research in Sexual Health
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Assessment of sexual violence within heterosexual intimate partners in Mures county Project proposal

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Background

Violence against women constitutes a violation of the rights and fundamental freedoms of women; it is one of the social mechanisms by which women are forced into a subordinate position compared with men.

The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (*Declaration on the Elimination of Violence against Women G.A. res. 48/104, 48 U.N. GAOR Supp. (No. 49) at 217, U.N. Doc. A/48/49 (1993), Article 1*). It derives from cultural patterns, in particular the harmful effects of certain traditional or customary practices and all acts of extremism linked to race, sex, language or religion that perpetuate the lower status accorded to women in the family, the workplace, the community and society. It is exacerbated by social pressures, notably the shame of denouncing certain acts that have been perpetrated against women; women's lack of access to legal information, aid or protection; the lack of laws that effectively prohibit violence against women; failure to reform existing laws; inadequate efforts on the part of public authorities to promote awareness of and enforce existing laws; and the absence of educational and other means to address the causes and consequences of violence.

One of the most common types of violence against women is domestic violence. In many countries, the prevalence of domestic violence is still very high. The main issue is that because of poor or inadequate education of women and men from their family, as well as from the local governments, domestic violence remains a Public Health issue. There are 4 types of domestic violence: physical, psychical (or emotional, verbal), economical and sexual violence. There are 2 types of sexual violence within a couple: rape and sexual harassment.

The absence of adequate gender-disaggregated data and statistics on the incidence of violence makes the elaboration of programmes and monitoring of changes difficult. Lack of or inadequate documentation and research on domestic violence, sexual harassment and violence against women and girls in private and in public, including the workplace, impedes efforts to design specific intervention strategies.

In order to prove the high prevalence of sexual violence within heterosexual intimate partners, I made a literature review on Medline and PsycINFO, trying to find the studies that have been done until now, concerning this important issue. The keywords I used were: prevalence of sexual violence with intimate partner, and the limits I established were: humans, gender and age 19+years (all adult). I found 52 articles on Medline and 13 on PsycINFO.

From the articles published on Medline, those considered irrelevant for not having any direct connection to sexual violence with intimate partner are treating: the correlation between severe intimate partner violence and alcohol use among female trauma patients, identification of victims of intimate partner abuse in medical practice, a determination of the prevalence of gender-based violence among conflict-affected populations; assessment of the effect of abuse cessation on depressive symptoms

among women abused by a male intimate partner; examine how violence co-occurs with drug use and HIV/AIDS high-risk behaviors among women incarcerated for drug use; global overview of the extent of violence against women; physical health consequences of physical, intimate violence in the lives of homeless and poor housed women; prevalence and patterns in an ethnically diverse sample and family violence, an overview and psychological intimate partner violence; partner violence may be associated with HIV risk behavior and drug use among women in methadone maintenance treatment programs.

Studies dealing with same-sex relationships were also excluded: partner violence in same-sex relationships and measure of the prevalence of battering victimization (i.e., experience of psychological/symbolic, physical, and sexual battering) among men who have sex with men.

Other exclusion criteria were studies that did not refer to intimate relationships: estimate the frequency of different forms of sexual violence and its association with mental health problems, such as depressive symptoms, suicidal ideation and attempt, and alcohol and drug use; the connection between transactional sex, gender-based violence and HIV infection; the association between sexual identity and physical and sexual abuse among Puerto Rican drug users.

Results

The studies taken into consideration used quantitative methods to determine the prevalence and risk factors of sexual violence; they used questionnaires [26], self administered questionnaires [2, 17], mail questionnaire survey [36] or telephone survey [21, 28 and 10]. Their target group consisted of: women [26, 18, 30, 34, 22, 7, and 24], men [1] or women and men [21, 11, and 28]. The group age they considered was: 18 + years [26], 18-36 years [30], 18-59 years [23], 18-64 years [25, 35], 18-65 years [11, 15, and 14], women age 50 and older [34]. The subjects were recruited from: gynecology clinics [33], community hospitals [16], drug treatment centers [20], emergency room, primary care centers [6, 27], family doctors [15, 14], special centers or shelters [35] for victims, among prostitutes [19] or at home [28, 10].

The studies concluded that some groups of women, such as women belonging to minority groups, indigenous women, refugee women, migrant women, women living in rural or remote communities, women in institutions, female children, women with disabilities and elderly women are especially vulnerable to violence.

The study in Texas, USA [26], concluded that 68% of the psychically abused women reported sexual assault: 15% of the women attributed 1 or more sexually-transmitted diseases to sexual assault and 20% of the women experienced a rape-related pregnancy. Sexually assaulted women reported significantly ($P = 0.02$) more Post-traumatic stress disorders symptoms compared to non-sexually assaulted women. The risk of sexual reassault was decreased by 59% and 70% for the women who contacted the police or applied for a protection order, after the first sexual assault. Receiving medical care decreased the woman`s risk of further sexual assault by 32%.

The study in Milwaukee, USA [22] revealed that 50-57% of the women had experienced physical and/or emotional abuse and 26% reported sexual abuse in their lifetime. In the past year, 28% reported emotional abuse, 12% physical abuse, 6%

severe physical abuse and 4% sexual abuse. Logistic regression models found that younger, less-educated, less-affluent women presenting to urban emergency departments reported the highest rates of physical abuse. Abused women reported significantly lower health status ratings than non-abused women ($p < 0.001$).

Using a 1997 national probability sample, the study in Atlanta, USA [3], revealed that 34% of women were victims of some type of sexual coercion with a husband or partner in their lifetime. Of these women, 10% experienced rape by a current partner. This rate increased to 13% when only victims of rape by a current husband were included. Other findings reveal that women had unwanted sex with a current spouse or partner in return for a partner's spending money on them (24%), because they thought it was their "duty" (43%), after a romantic situation (29%), after the partner begged and pleaded with them (26%), and after their partner said things to bully them (9%).

The study in South Carolina, USA [11], concluded that a total of 28.9% of 6790 women and 22.9% of 7122 men had experienced physical, sexual, or psychological Intimate Partner Violence (IPV) during their lifetime. Women were significantly more likely than men to experience physical or sexual IPV (relative risk [RR] =2.2, 95% confidence interval [CI] =2.1-2.4) and abuse of power and control (RR=1.1, 95% CI=1.0-1.2), but less likely than men to report verbal abuse alone (RR=0.8, 95% CI=0.7-0.9). For both men and women, physical IPV victimization was associated with: increased risk of current poor health, depressive symptoms, substance use and developing a chronic disease, chronic mental illness and injury. In general, abuse of power and control was more strongly associated with these health outcomes than was verbal abuse. When physical and psychological Intimate Partner Violence scores were both included in logistic regression models, higher psychological IPV scores were more strongly associated with these health outcomes than were physical Intimate Partner Violence scores.

Use of cocaine was significantly associated with an increased likelihood of experiencing IPV compared with no drug use. Similar results were found for women using both cocaine and heroin [18].

Another study in Atlanta, USA [35], concluded that compared to women experiencing physical abuse, women experiencing both sexual and physical abuse were more likely to: have a history of multiple sexually transmitted diseases (STDs) in their abusive relationships, have had an STD in the past 2 months, be worried about being infected with HIV, use marijuana and alcohol to cope, attempt suicide, feel as though they had no control in their relationships, experience more episodes of physical abuse in the past 2 months, rate their abuse as more severe, and be physically threatened by their partner when they asked that condoms be used.

The study in Africa [13] found that 66.7% of the 144 women surveyed in a study on HIV/AIDS knowledge, attitude, and behaviors, report being beaten by an intimate male partner and 50.7% report having ever been forced to have sexual intercourse; 76.6% of women report either forced sex or intimate partner violence. Circumcised women were most likely to report intimate partner violence and forced sexual intercourse.

Sexually abused women had more difficulties in interpersonal relationships, including lower perceived health care quality even with self-esteem and depressive symptoms controlled. Implications for prevention, training, and future research as well as methodological issues in research on violence against black women are discussed [31]. All women should be asked about a recent history of abuse so that individuals identified can be counseled appropriately and attempts can be made to intervene to prevent further episodes of abuse [33]. Socio-cultural factors unique to Japanese women's experiences of male violence are identified and discussed along with their implications for prevention and intervention [36].

None of those studies involved in-depth interviews; they were quantitative studies, measuring prevalence and risk factors of sexual violence. No study was conducted until now in Romania concerning the sexual violence within couples, not even concerning domestic violence. To be able to make recommendations for the policy makers, we must prove that sexual violence is present in most of the couples experiencing domestic violence. In order to do this, we can assess the background of victims, to find out which factors are involved in perpetrating sexual violence.

The hypothesis of the study is that many women involved in an intimate relationship with a violent partner are also exposed to unwanted sexual relationships, with important consequences (physical and psychical) on their health. Therefore, the prevalence of sexual violence might be even higher; one of the reasons I consider it is not revealing the real situation is concerning the methods used (questionnaires: self administered, with interviewers, by mail or telephone survey). In-depth interview is the best method to be used when dealing with such a sensitive problem because the subjects would be more confident and the data obtained would be closer to reality.

Local context of the project

At the East European Institute for Reproductive Health the victims are given psychological and juridical support and a shelter for those who need it. In 2004, 164 new cases of domestic violence were registered; among them, 86% were women and 14% men (23 cases). The number of people in Mures County is 580851 (year 2002), of which around 300000 live in urban area; the population of Targu-Mures is appreciatively 160000. The ages of assisted persons were between 15 and 82 years; most of them were 26-35 years old. The relationship between the victim and the aggressor was: marriage in 89 cases (54%), filiations in 30 cases (18%, the aggressor was one parent or one of the children), ex-married (divorced) in 21 cases (13%), consensual union 21 cases (13%), and relatives in 3 cases (2%).

In Romania prevention and combat of family violence issue is addressed in a law (*Law Nr. 217/22 may 2003*), which mentions: family violence consists in any physical or verbal action, done with intention by a family member against another member of the same family, and has physical, psychical, sexual or material consequences. The family member could be the husband or a close relative. The law also applies for people who have relationships like the one within a marriage, proved by a social investigation. The law also sends the reader to the 197 Article of The Penal Code, which incriminates rape as being any kind of sexual act with a person of opposite or the same sex, against her/his wish or by taking profit of her/his impossibility to protect herself/himself and to express the wish; it is punished with 3 to 10 years of prison and some rights are forbidden. One of the reasons to get a bigger punishment

(prison from 5 to 18 years) is if the victim is a family member. Therefore, a well skilled lawyer would always know how to avoid punishment.

The East European Institute for Reproductive Health is developing the Management Information System – Domestic violence project, aiming to facilitate the activity of all people and institutions involved, such as: family doctors, school doctors, hospitals, psychologists, Police, Court, city hall. No educational system is developed by the policy makers to help sexual violence victims realize that rape is not a normal behavior and encourage them to report the aggressors.

Goal

To assess the possible factors associated with sexual violence against women, in Mures County, who are involved in an intimate heterosexual relationship with violent partners.

Objectives

1. To find the factors associated with sexual violence within a heterosexual couple (alcohol, drugs use, childhood abuse, unemployment, lack or low income, previous marriages, conflicts outside marriage, extra-marriage relationships, etc.);

2. To evaluate: domestic violence, gender issues, women's and their husbands childhood, sexuality issues, possible children involved;

3. To see if they are also exposed to unwanted sexual relationships (intramarital rape or sexual harassment);

4. To see what they perceive as unwanted sexual experience, or if they perceive it as rape or as normal sexual behavior.

Target groups

- Women involved in a marriage with a violent partner in Mures County, addressing East European Institute for Reproductive Health for psychological and juridical support;

- Women at risk (not married yet), involved in an intimate relationship with a violent partner in Mures County, addressing East European Institute for Reproductive Health for psychological support.

The subjects will be selected among the female victims addressing for support; we should choose those who came more than once, to make sure they are confident. They should be of similar material condition, with ages 18+years, but to be comparable, we shall choose women 20-40 years old.

Methodology

- In-depth interviews with 20 victims, involved in an intimate relationship with a violent partner.

Since no study involving sexual violence within heterosexual intimate partner was conducted in Romania until now and domestic violence is a very sensitive issue to be discussed, I considered qualitative study, including in-depth interviews, might be the most appropriate approach. It is an exploratory study; I shall use semi-structured interviews, because I already established the research topics.

In order to do this, the room used should give them confidence, so it is better to use the room they are already used to, where they are counseled by the psychologist and they already know it as a safe space. The interviewers should be well experienced psychologists women, who know very good how to conduct such an interview; no obstacle should be between victim and interviewer (table). The position of the body is very important; she should be sitting and directed a little bit to the front, so that the victim knows she has complete attention. Direct eye-contact is, also, very important. There must be silence in the room and none should come in and interrupt; no phone must be ringing. There should be napkins, water or whatever she would need.

The interviewers should audiotape the discussion and take notes about details like: what is the person wearing, all the gestures and changes that might appear when a new subject is approached (how she is sitting, position of the hands, face changes). The interview should be written as soon as possible (within the same day) to make sure no data is lost.

Research topics

- domestic violence generalities;
- gender issues: their “role” at home;
- men’s childhood;
- women’s childhood;
- possible risk factors: alcohol, drug use, lack of or low income, conflicts outside marriage, extra-marriage relationships, previous marriages etc.;
- sexuality issues: how they perceive the man in their life (the husband or intimate partner);
- sexuality issues: how they perceive themselves (self-esteem, attractive/repulsive);
- sexuality issues: satisfaction with intimate life (if she considers her partner finds her attractive, if he sexually harasses her, calls her names, makes impolite appreciations concerning her body, e.g.: tells her she is ugly, fat…; if each time the sexual intercourse happens it is wished by both of them, if he ever forced her to have oral or anal sex, if any child was the result of such a contact);
- abortions: if she ever had to perform an abortion because the pregnancy was not wanted (if the husband knew/not about it), why she did not want the

pregnancy, if there was any conflict in the couple (physical, emotional, sexual) resulting in pregnancy loss;

- details about their children (if they have): if they are happy/unhappy, silent/violent/agitated, their school results (concentrating capacity), if they are also beated or just witnesses to violence, if they witnessed sexual harassment or rape in the family.

Ethical issues

The privacy of the subjects is very important; they have the right to know details about the project, to be explained why they have been selected, what is the purpose of the study and they have the right to refuse, withdraw or avoid answers if they feel uncomfortable. They must read an informed consent which should cover all these issues.

ASSESSMENT OF SEXUAL VIOLENCE WITHIN HETEROSEXUAL INTIMATE PARTNERS IN MURES COUNTY

INFORMED CONSENT

Dear madam/ miss,

We invite you to participate in the study "Assessment of Sexual Violence within Heterosexual Intimate Partners in Mures County", conducted by The East European Institute for Reproductive Health in collaboration with The World Health Organization. The purpose of the research is to raise data about the possible factors that might perpetrate inappropriate sexual behavior.

The study will include women. We are going to talk about aspects of your life that are connected to intimate life. We want to let you know that the topics we are going to approach are sensitive and you might feel discomfort, but we shall offer you full support: psychological and, if needed, juridical and medical. Your participation to the study is voluntary and you have the right to refuse it. You can withdraw at any moment if you feel the problem is too sensitive and don't want to continue. You can also avoid some subjects if reminding those makes you feel uncomfortable. You must know that it might take you 1 or 2 hours.

The information that you will provide will be kept confidential. Only the interviewer and researchers will have access to the information. The discussion will be audio-taped and, after we will collect data from the tape, it will be deleted. All information will be destroyed after the study.

This study is meant to help you and other women who are in similar situations to have a better life, and to assure your well-being. With the data we shall collect, we are going to prove that sexual violence exists and to reveal which are the factors that perpetrate it. We are going to show our findings to the policy makers in order to improve the existing laws, so that no such violence to exist in the future or, at least, to reduce it. We also want them to improve the education among women, men and children concerning domestic violence and especially sexual violence. Your children should grow and live their lives with better lows and more informed, so that they can recognize an aggressor before getting into an intimate relationship.

If you have any question before we start, or you need further information, please feel free to ask.

For further information, you can contact:

Mihaela Ghemes, MD, Research Assistant, East European Institute for Reproductive Health, 1 Moldovei Street, Targu-Mures, Mures County, Telephone: 255 532.

Declaration of the volunteer:

I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntary to participate as a subject in this study and understand that I have the right to withdraw from the study at any time without in any way affecting my further care.

Activities

1. Development of research topics;
2. Pre-testing the research topics;
3. Testing and hiring the interviewers;
4. Interviewing the victims (appreciatively 20 victims, who are women with same group characteristics: 20-35 years, same material condition);
5. Transcript of interviews;
6. Coding analysis of transcript (it is an ongoing process, which is developed while interviews are done);
7. Comparison of results with literature findings;
8. Report writing;
9. Publishing newspaper and medical journal articles, attendance of conferences.

Duration and timetable of activities

Activity/Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Development of research topics	X											
Pre-testing the research topics	X	X										
Testing and hiring the interviewers		X										
Interviewing the victims			X	X	X	X	X	X				
Transcript of interviews				X	X	X	X	X	X	X		
Coding analysis of transcript				X	X	X	X	X	X	X	X	
Comparison of results with literature findings								X	X	X	X	
Report writing											X	X
Publishing articles; attendance of conferences												X

Budget

Line	Unit costs (€)	No of units	No of months	Total (€)
Personnel				
Project coordinator	260	1	12	3120
Project assistant	230	1	12	2760
Interviewers	130	2	6	1560
Data entry clerk	190	1	3	570
IT specialist	230	1	2	460
DTP	230	1	1	230
Personnel subtotal				**8700**
Administrative costs				
Office supplies	100	1	12	1200
Communications	80	1	12	960
Travel	80	1	12	960
Administrative costs subtotal				**3120**
Indirect costs				**1940**

Total **13760**

References

1. Abrahams N, Jewkes R, Hoffman M, Laubsher R. Sexual violence against intimate partners in Cape Town: prevalence and risk factors reported by men. Bull World Health Organ. 2004 May; 82(5):330-7. (PubMed)
2. Barnes SY. Physical and psychological abuse among a predominantly African American sample.ABNF J. 2001 Mar-Apr; 12(2):36-41. (PubMed)
3. Basile KC. Prevalence of wife rape and other intimate partner sexual coercion in a nationally representative sample of women. Violence Vict. 2002 Oct; 17(5):511-24. (PubMed)
4. Basile KC, Arias I, Desai S, Thompson MP. The differential association of intimate partner physical, sexual, psychological, and stalking violence and posttraumatic stress symptoms in a nationally representative sample of women. J Trauma Stress. 2004 Oct;17(5):413-21. (PubMed)
5. Bauer H.M., Gibson P., Hernandez M., Kent C., Klausner J., Bolan G. Intimate partner violence and high-risk sexual behaviors among female patients with sexually transmitted diseases. Sex Transm Dis. 2002 Jul; 29(7):411-6. (PubMed)
6. Bauer H.M., Rodriguez M.A., Perez-Stable E.J. Prevalence and determinants of intimate partner abuse among public hospital primary care patients. J Gen Intern Med. 2000 Nov; 15(11):811-7. (PubMed)
7. Bender M, Cook S, Kaslow N. Social support as a mediator of revictimization of low-income African American women. Violence Vict. 2003 Aug; 18(4):419-31. (PubMed)
8. Bennice JA, Resick PA. Marital rape: history, research, and practice. Trauma Violence Abuse. 2003 Jul;4(3):228-46. (PubMed)
9. Bennice JA, Resick PA, Mechanic M, Astin M. The relative effects of intimate partner physical and sexual violence on post-traumatic stress disorder symptomatology. Violence Vict. 2003 Feb;18(1):87-94. (PubMed)
10. Bensley L, Van Eenwyk J, Wynkoop Simmons K. Childhood family violence history and women's risk for intimate partner violence and poor health. Am J Prev Med. 2003 Jul; 25(1):38-44. (PubMed)
11. Coker AL, Davis KE, Arias I, Desai S, Sanderson M, Brandt HM, Smith PH. Physical and mental health effects of intimate partner violence for men and women. Am J Prev Med. 2002 Nov; 23(4):260-8. (PubMed)
12. Coker AL, Derrick C, Lumpkin JL, Aldrich TE, Oldendick R. Help-seeking for intimate partner violence and forced sex in South Carolina. Am J Prev Med. 2000 Nov; 19(4):316-20. (PubMed)
13. Coker AL, Richter DL. Violence against women in Sierra Leone: frequency and correlates of intimate partner violence and forced sexual intercourse. Afr J Reprod Health. 1998 Apr; 2(1):61-72. (PubMed)
14. Coker AL, Smith PH, McKeown RE, King MJ. Frequency and correlates of intimate partner violence by type: physical, sexual, and psychological battering. Am J Public Health. 2000 Apr; 90(4):553-9. (PubMed)
15. Coker AL, Smith PH, Thompson MP, McKeown RE, Bethea L, Davis KE. Social support protects against the negative effects of partner violence on mental health. J Womens Health Gend Based Med. 2002 Jun; 11(5):465-76. (PubMed)
16. Dearwater SR, Coben JH, Campbell JC, Nah G, Glass N, McLoughlin E, Bekemeier B. Prevalence of intimate partner abuse in women treated at community hospital emergency departments. JAMA. 1998 Aug 5; 280(5):433-8. (PubMed)

17. Diaz-Olavarrieta C, Paz F, de la Cadena CG, Campbell J. Prevalence of intimate partner abuse among nurses and nurses' aides in Mexico. Arch Med Res. 2001 Jan-Feb; 32(1):79-87. (PubMed)
18. El-Bassel N, Gilbert L, Frye V, Wu E, Go H, Hill J, Richman BL. Physical and sexual intimate partner violence among women in methadone maintenance treatment. Psychol Addict Behav. 2004 Jun; 18(2):180-3. (PubMed)
19. El-Bassel N, Witte SS, Wada T, Gilbert L, Wallace J. Correlates of partner violence among female street-based sex workers: substance abuse, history of childhood abuse and HIV risks. AIDS Patient Care STDS. 2001 Jan; 15(1):41-51. (PubMed)
20. Frye V, El-Bassel N, Gilbert L, Rajah V, Christie N. Intimate partner sexual abuse among women on methadone. Violence Vict. 2001 Oct; 16(5):553-64. (PubMed)
21. Harwell TS, Moore KR, Spence MR. Physical violence, intimate partner violence and emotional abuse among adult American Indian men and women in Montana. Prev Med. 2003 Oct; 37(4):297-303. (PubMed)
22. Kramer A, Lorenzon D, Mueller G. Prevalence of intimate partner violence and health implications for women using emergency departments and primary care clinics. Womens Health Issues. 2004 Jan-Feb; 14(1):19-29. (PubMed)
23. Lown EA, Vega WA. Intimate partner violence and health: self-assessed health, chronic health, and somatic symptoms among Mexican American women. Psychosom Med. 2001 May-Jun; 63(3):352-60. (PubMed)
24. Martin SL, Beaumont JL, Kupper LL. Substance use before and during pregnancy: links to intimate partner violence.Am J Drug Alcohol Abuse. 2003 Aug; 29(3):599-617. (PubMed)
25. McFarlane J, Hughes RB, Nosek MA, Groff JY, Swedlend N, Dolan Mullen P. Abuse assessment screen-disability (AAS-D): measuring frequency, type, and perpetrator of abuse toward women with physical disabilities. J Womens Health Gend Based Med. 2001 Nov; 10(9):861-6. (PubMed)
26. McFarlane J, Malecha A, Watson K, Gist J, Batten E, Hall I, Smith S. Intimate partner sexual assault against women: frequency, health consequences, and treatment outcomes. Obstet Gynecol. 2005 Jan; 105(1):99-108. (PubMed)
27. McNutt LA, van Ryn M, Clark C, Fraiser I. Partner violence and medical encounters: African-American women's perspectives. Am J Prev Med. 2000 Nov; 19(4):264-9. (PubMed)
28. [No authors listed] Intimate partner violence among men and women--South Carolina, 1998.MMWR Morb Mortal Wkly Rep. 2000 Aug 4; 49(30):691-4. (PubMed)
29. Plichta SB, Falik M. Prevalence of violence and its implications for women's health.Womens Health Issues. 2001 May-Jun; 11(3):244-58. (PubMed)
30. Raj A, Silverman JG, Amaro H. Abused women report greater male partner risk and gender-based risk for HIV: findings from a community-based study with Hispanic women.AIDS Care. 2004 May;16(4):519-29. (PubMed)
31. Russo NF, Denious JE, Keita GP, Koss MP. Intimate violence and black women's health. Womens Health. 1997 Fall-Winter; 3(3-4):315-48. (PubMed)
32. Schultz PN. Rape in the context of intimate partner violence. Dissertation-Abstracts-International:-Section-B:-The-Sciences-and-Engineering. Feb 2003; Vol 63 (7-B)
33. Smikle CB, Satin AJ, Dellinger CL, Hankins GD. Physical and sexual abuse. A middle-class concern? J Reprod Med. 1995 May; 40(5):347-50. (PubMed)

34. Sormanti M, Wu E, El-Bassel N. Considering HIV risk and intimate partner violence among older women of color: a descriptive analysis.Women Health. 2004; 39(1):45-63. (PubMed)
35. Wingood GM, DiClemente RJ, Raj A. Adverse consequences of intimate partner abuse among women in non-urban domestic violence shelters. Am J Prev Med. 2000 Nov; 19(4):270-5. (PubMed)
36. Yoshihama M, Sorenson SB. Physical, sexual, and emotional abuse by male intimates: experiences of women in Japan. Violence Vict. 1994 Spring; 9(1):63-77. (PubMed)