

Arliton Martins Fonseca<sup>1</sup>

José Carlos Fernandes  
Galduróz<sup>II</sup>

Cláudia Silveira Tondowski<sup>1</sup>

Ana Regina Noto<sup>1</sup>

# Alcohol-related domestic violence: a household survey in Brazil

---

## ABSTRACT

**OBJECTIVE:** To describe situations of domestic violence committed by perpetrators under the influence of alcohol in the largest Brazilian cities.

**METHODS:** A household survey was carried out in the 108 Brazilian cities with more than 200,000 inhabitants in 2005. A multistage probabilistic self-weighted sample stratified in terms of conglomerate units was performed in three selection stages: census tracts, households, and respondents (population between 12 and 65 years old). The instrument to collect the data was the Substance Abuse and Mental Health Services Administration, with questions on sociodemographics and psychotropic drug abuse.

**RESULTS:** The survey encompassed 7,939 households. In 33.5% of them there were reports of domestic violence, 17.1% out of which involving intoxicated perpetrators. The most frequently reported types of violence associated with the use of alcohol were: arguments among the people in the household (81.8%), loud arguments not aimed at a specific person (70.9%), threats of assault (39.5%), and breaking household objects (38.7%). The respondents also reported physical assault (27.8%), physical assault with weapon (5.5%), and sexual abuse (3.2%). More than half of perpetrators lived in the household and 88.8% were male. Most of the victims were female (63.9%); 33.9% were wives and 18.2% were children. In terms of recidivism, 14.1% of the cases lasted for a period between 1 and 5 years, and in 14.3% they lasted for over a decade. Most of the victims (86%) and perpetrators (77.9%) did not look for the help of either the health services or the police.

**CONCLUSIONS:** In addition to the considerable number of Brazilian households with a history of violence involving intoxicated abusers, this kind of abuse has many specific characteristics. The low rate for the search for help at the health services/police stations point to the importance of actively identifying cases of domestic violence.

**DESCRIPTORS:** Domestic Violence. Alcohol Drinking. Family Relations. Urban Population. Health Surveys. Brazil.

---

## INTRODUCTION

Domestic violence affects the entire world population, thus representing a serious social and public health issue.<sup>10,13,14</sup> The World Health Organization (WHO) considers that violence can be prevented and recommends prioritizing research in the field based on Resolution 56.24 issued during the World Health Assembly (WHA) held in 2003.<sup>3</sup>

<sup>1</sup> Programa de Pós-Graduação do Departamento de Psicobiologia. Escola Paulista de Medicina (EPM). Universidade Federal de São Paulo (Unifesp). São Paulo, SP, Brasil

<sup>II</sup> Departamento de Psicobiologia. EPM-Unifesp. São Paulo, SP, Brasil

### Correspondence:

Ana Regina Noto  
R. Napoleão de Barros, 925 – VI. Clementino  
04024-002 São Paulo, SP, Brasil  
E-mail: ananoto@psicobio.epm.br

The association between domestic violence and alcohol intake has been addressed in studies carried out in countries such as the United States, United Kingdom, Australia and Switzerland. Researches carried out in North America show that from 50 to 70% of the cases of domestic violence between couples the husband had been drinking before the assault.<sup>9,14,16,19</sup> Another study in the U.S. looked into calls to the police because of domestic violence and found that in 86% of the cases the aggressors had been drinking on the day of the assault.<sup>3</sup>

In Latin America, in a study involving eight cities (Salvador and Rio de Janeiro, Brazil; Santiago, Chile; Cali, Colombia; San José, Costa Rica; San Salvador, El Salvador; Caracas, Venezuela), it was found that 68% of the aggressors had been drinking before assaulting their wives and partners.<sup>18</sup> In another study carried out in five countries (Colombia, Dominican Republic, Haiti, Nicaragua and Peru), women whose partners drunk on a regular basis were from 2.6 to 9.8 times more likely to be victims of assault compared to women whose partners did not drink.<sup>8</sup> In Brazil, a household survey showed that aggressors committed assaults under the influence of alcohol in 52% of the households with a history of violence.<sup>20</sup>

Alcohol is consumed in almost all the regions of the world and in different cultural contexts. In Brazil, a national household survey with the population in the 12-65 age group estimated a prevalence of 74.6% of alcohol intake and 12.3% of alcohol dependence.<sup>4</sup>

Although there are strong associations between domestic violence and alcohol abuse, there are not many studies addressing the specific features of these associations.

Thus, the objective of this study was to analyze situations of domestic violence that occurred due to the influence of alcohol.

## METHODS

The data used in this study were obtained from the *II Levantamento Domiciliar sobre o Uso de Drogas Psicotrópicas no Brasil – 2005* (II Household Survey on Psychotropic Drugs in Brazil – 2005), no *Centro Brasileiro de Informações Sobre Drogas Psicotrópicas* (CEBRID – Brazilian Center for Information on Psychotropic Drugs).

The studied population was in the 12-65 age group who resided in the 108 Brazilian cities with more than 200 thousand inhabitants. The survey was carried out between August and December 2005. The information was gathered at the households through a multistage

probabilistic self-weighted sample stratified in terms of conglomerate units performed in three selection stages.

In the first stage, census tracts were randomly drawn and represented geographical areas containing approximately 200 to 300 households. The census tract is the smallest study unit for socioeconomic data at the *Instituto Brasileiro de Geografia e Estatística* (IBGE - the Brazilian Institute of Geography and Statistics). This information was used to determine, in each city, through multivariate statistics techniques, groups of homogenous tracts called strata. The number of census tracts per city varied from one to 60 depending on the city's population size.

In the second stage, a systematic random sample was selected and was made up of 24 households per census tract. In calculating the household sample, businesses shops, hospitals, factories, hostels, hotels, among others, were not considered. In the case of buildings, each apartment was counted as a household.

In the third stage, a respondent was selected to provide information on the situations of domestic violence. The selection was random, through an independent mechanism of the interviewer, according to Kish.<sup>11</sup>

The Substance Abuse and Mental Health Services Administration (SAMHSA) questionnaire was applied. This instrument was adapted and validated for the Brazilian context in 1999,<sup>a</sup> with questions on sociodemographic data and on psychotropic drug use. Concerning domestic violence, a questionnaire on the situations of violence taking place in the household was used addressing:<sup>20</sup> frequency, duration and kinds of violence (verbal, physical and sexual) according to WHO standards.<sup>b</sup> Respondents were also asked about the state of the aggressor at the time of abuse (under the influence of alcohol), characteristics of aggressors and victims (age, sex and family relationship), and search for help at the health services/police authorities. The socioeconomic class (high, middle and low) was assessed based on a standardized rating scale issued by the *Associação Brasileira de Institutos de Pesquisa de Mercado* (ABIPEME – Brazilian Association of Market Research Institutes). The socioeconomic ratings were similar to the IBGE 2000 census, which ensures sample representativeness.

The team of interviewers for the 27 Brazilian state capitals received standardized training, aimed at making interview procedures more homogenous, in addition to providing information on applying and filling in the questionnaire.

<sup>a</sup> Galduróz JCF, Noto AR, Nappo AS, Carlini EA. I Levantamento Domiciliar Nacional sobre o uso de drogas psicotrópicas – Parte A: estudo envolvendo as 24 maiores cidades do Estado de São Paulo, São Paulo: CEBRID, UNIFESP, 2000.

<sup>b</sup> World Health Organization. World report on violence and health. Geneva; 2002 [cited 2007 Oct 15]. Available at: [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/](http://www.who.int/violence_injury_prevention/violence/world_report/en/)

The study was approved by the Ethics and Research Committee of the *Universidade Federal de São Paulo* (Registration N. 1895/06). The interviews were carried out in private with the respondent and without the presence of third parties. Respondents were informed about the goals and procedures of the study and were ensured anonymity, and informed of right to stop the interview at any time.

## RESULTS

From the 9,528 households drawn, 7,939 were included in the study. The loss rate was 16.7%, of which 9.6% corresponded to refusals and 7.1% were due to safety issues of the survey team (e.g. households in drug trafficking areas).

Table 1 shows the sociodemographic characteristics of the 7,939 respondents. The distribution of interviewees in terms of sex and marital status (married/single) was similar. More than half of the respondents were age 35 and above. In terms of schooling, 28.3% were illiterate or had not finished elementary school.

**Table 1.** Sociodemographics of the 7,939 respondents surveyed. Brazil, 2005.

Variable	n	%
Sex		
Male	3,301	41.6
Female	4,638	58.4
Marital status		
Married	3,541	44.6
Single	3,411	43.0
Divorced	571	7.2
Widow(er)	416	5.2
Age group (years)		
12 – 17	788	9.9
18 – 25	1,290	16.2
26 – 34	1,787	22.5
≥35	4,074	51.3
Schooling		
Illiterate / Elementary – incomplete	2,245	28.3
Elementary	1,250	15.8
High-school – incomplete	1,130	14.2
High-school	2,051	25.9
Undergraduate – incomplete	529	6.7
Undergraduate	620	7.8
Graduate	114	1.4
Socioeconomic class		
High	1,649	20.8
Middle	2,941	37.0
Low	3,349	42.2

Among the 7,939 households surveyed, in 2,661 (33.5%) some kind of violence was reported, out of which 1,361 (17.1%) households respondents reported the aggressors were under the influence of alcohol at the time of the assault. Among the cases of violence reported, 49.4% took place in the year prior to the survey.

Table 2 shows the various kinds of violence that took place in the households after aggressors had been drinking. The most common kinds of violence were verbal assault (scolding/argument 81.8% and loud argument 70.9%), followed by threats of: breaking objects in the household (38.7%), physical assault (39.5%), and assault with objects in the household (27.9%). Additionally, the survey also considered violent reports of assault involving weapons, sexual abuse and theft of money and objects from the household. All of the respondents reported more than one kind of violence on the same occasion.

Concerning recurrence of violence, among the households with a background in alcohol-related violence, in 14.1%, the violence lasted from one to five years, and in 6.8%, from six to ten years, and in 14.3%, they lasted more than a decade.

The characteristics of the 1,306 aggressors are shown in Table 3. The survey found a higher proportion of aggressors who lived in the surveyed household. Most aggressors were male, and belonged to the 31-59 age-group. Only 10.9% of aggressors looked for some kind of help in cutting down on alcohol intake or quitting.

**Table 2.** Kinds of violence taking place involving aggressors under the influence of alcohol (n= 1,361). Brazil, 2005.

Kind of violence	n	%
Scolding/argument	1,113	81.8
Loud argument	965	70.9
Threats of breaking objects in the household	527	38.7
Breaking objects in the household	435	32.0
Threats of physical assault (punching, slapping, pushing)	538	39.5
Physically assaulted victim (punching, slapping, pushing)	378	27.8
Threats of physical assault with an object	380	27.9
Physical assault with an object	250	18.4
Threats of physical assault with weapon (firearm and white weapon)	175	12.9
Assaulted with weapon (firearm and white weapon)	75	5.5
Attempted sexual intercourse	69	5.1
Forced sexual intercourse	43	3.2
Theft of money/object from the household	87	6.4

**Table 3.** Characteristics of aggressors under the influence of alcohol and kinds of help aggressors looked for (n= 1,306). Brazil, 2005.

Variable	n	%
Connection between aggressor and household		
Dweller	766	58.7
Non-dweller	531	40.7
Not informed	9	0.7
Sex of aggressor		
Male	1,160	88.8
Female	141	10.8
Not informed	5	0.4
Age of aggressor (years)		
Up to 12	2	0.2
13 – 18	22	1.7
19 – 30	365	27.9
31 – 59	802	61.4
60 or more	87	6.7
Not informed	28	2.1
Kind of help		
Did not look for help	1,017	77.9
To cut down on/quit drinking	142	10.9
To reduce aggressiveness	55	4.2
Other	44	3.4
Not informed	48	3.7

Table 4 shows the characteristics of the 1,173 victims identified during the survey. The rate of women was more than two times the rate of men (63.9% *versus* 31.0%) and 49.5% were between 31 and 59 years of age; in 18.2% the children were the victims. Only 8.3% of the victims looked for some kind of help of the police and 3.7% resorted to the health services.

## DISCUSSION

Due to the complexity of the topic, it is possible that the cases of violence have been under-reported. Nevertheless, there was a high prevalence of households with a history of violence associated to drinking. In more than half of the cases of violence reported, the aggressor was under the influence of alcohol. The rate of violent episodes involving alcohol intake corroborates other studies carried out in Brazil and other countries.<sup>6,8,17,20,21,24</sup>

The different forms of violence associated to alcohol use found in the present study have also been described in the literature. Studies have showed that episodes of domestic violence involving alcohol use tend to be more severe and increase the likelihood of co-occurrence of other forms of violence.<sup>7,12,19,22,23</sup>

**Table 4.** Characteristics of the victims of aggressors under the influence of alcohol and kind of help victims looked for (n= 1,173). Brazil, 2005.

Variable	n	%
Sex		
Male	364	31.0
Female	749	63.9
Not identified	60	5.1
Age group (years)		
Up to 12	63	5.4
13 – 18	112	9.5
19 – 30	337	28.7
31 – 59	580	49.5
60 and above	76	6.5
Not identified	5	0.4
Family relationship with aggressor		
Wife	398	33.9
Husband	61	5.2
Child	213	18.2
Sibling	122	10.4
Parent	90	7.7
Other	295	24.3
Not identified	4	0.3
Kind of help		
Did not look for help	1,009	86.0
Police station	98	8.3
Hospital/outpatient clinic	43	3.7
Other	23	2.0

Based on the pharmacological model, alcohol produces disinhibition and impairs judgment, which in some situations can facilitate or justify more aggressive behaviors.<sup>1,7,8,10,16,24</sup> Alterations on the levels of monoaminergic neurotransmitters such as dopamine and serotonin may also be associated with alcohol-related assaults.<sup>2,5</sup>

However, among the many assumptions proposed to explain violence, excessive alcohol use is one of the most controversial. There is no consensus on whether this is a causal relationship or alcohol consumption is an excuse for violent behavior.<sup>15</sup> It is likely to be a complex relationship involving several other biological, psychological and social factors.<sup>2,5,12,17</sup>

In regard to violence recurrence, alcohol use by aggressors seems to increase the impact of violence, its consequences to family health and violence perpetuation. The belief that alcohol use makes people engage in aggressive behaviors alleviates the aggressor's feeling of guilt and increases the victim's tolerance, which may facilitate new violence episodes.<sup>15</sup> In addition, the

chronic pattern of drinking can be a major factor for aggression recurrence, which may be aggravated with alcohol dependence.<sup>9,12,22,24</sup>

As for the characteristics of people involved, more than half of aggressors lived in the same household. It was found a higher proportion of male aggressors and female victims, of which 33.9% were their partners. Many studies on intimate partner violence have reported that most aggressors are males who engage in violent behaviors under the influence of alcohol.<sup>3,7,9,12,24</sup> Overall studies address the association of alcohol and intimate partner aggression but they do not take into consideration other significant family relationships, such as parent-child. It seems that children witnessing violence, in addition to their suffering, are more likely to reproduce this same violent behavior during their adult life.<sup>2,3,9,24</sup> Moreover, alcohol-related violence is often perpetuated throughout childhood and/or adolescence, which are key years for a healthy human development. Further studies and more specific actions targeting alcohol-related violence in the parent-child relationship are needed.

A small proportion of alcoholic aggressors (10.9%) sought help to reduce or stop alcohol use. This finding shows that dependence treatment services can help preventing violence, as suggested in other studies.<sup>15,19,23,24</sup> Yet again it is evident the need for preventive actions to address the overlapping issues of domestic violence and substance dependence.

In addition to the considerable prevalence of violence situations involving aggressors under the influence of alcohol in Brazilian cities, the present study showed many peculiarities common to these violent behaviors. Families should be given more support, including active search of cases, for example through the *Programa Saúde da Família* (Family Health Program). And given that victims usually seek help at health services or police stations, providers at these services should be more aware of that as it may be the only opportunity to intervene.<sup>14,16</sup> Other aspects of domestic violence associated to alcohol use should be further explored such as the amount of alcohol aggressors consumed before engaging in domestic violence and whether victims have also consumed alcohol.

## REFERENCES

1. Bennett L, Williams OJ. Substance abuse and men who batter: issues in theory and practice. *Aggression Violent Behav.* 2003;9(5):558-75. DOI: 10.1177/1077801202250453
2. Boles SM, Miotto K. Substance abuse and violence: a review of the literature. *Aggression Violent Behav.* 2003;8(2):155-74. DOI: 10.1016/S1359-1789(01)00057-X
3. Brookoff D, O'Brien KK, Cook CS, Thompson TD, Williams C. Characteristics of participants in domestic violence. Assessment at the scene of domestic assault. *JAMA.* 1997;277(17):1369-73. DOI: 10.1001/jama.277.17.1369
4. Carlini EA, Galduróz JC, Noto AR, Carlini CM, Oliveira LG, Nappo SA, et al. II Levantamento domiciliar sobre o uso de drogas psicotrópicas no Brasil: estudo envolvendo as 108 maiores cidades do país - 2005. São Paulo: Páginas & Letras; 2007.
5. Chermack ST, Giancola PR. The relation between alcohol and aggression: an integrated biopsychosocial conceptualization. *Clin Psychol Rev.* 1997;17(6):621-49. DOI: 10.1016/S0272-7358(97)00038-X
6. Duarte PCAV, Carlini-Cotrim B. Álcool e violência: estudo dos processos de homicídios julgados nos Tribunais do Júri de Curitiba, PR, entre 1995 e 1998. *J Bras Dep Quim.* 2000;1(1):17-25.
7. Fals-Stewart W, Golden J, Schumacher JA. Intimate partner violence and substance use: a longitudinal day-to-day examination. *Addict Behav.* 2003;28(9):1555-74. DOI: 10.1016/j.addbeh.2003.08.035
8. Flake DF, Forste R. Fighting families: family characteristics associated with domestic violence in five Latin American countries. *J Fam Violence.* 2006;21(1):19-29. DOI: 10.1007/s10896-005-9002-2
9. Irons R, Schneider JP. When is domestic violence a hidden face of addiction? *J Psychoactive Drugs.* 1997;29(4):337-44.
10. Jewkes R. Intime partner violence: causes and prevention. *Lancet.* 2002;359(9315):1423-9. DOI: 10.1016/S0140-6736(02)08357-5
11. Kish L. Survey sampling. New York: John Wiley & Sons; 1965.
12. Klostermann KC, Fals-Stewart W. Intimate partner violence and alcohol use: exploring the role of drinking in partner violence and its implications for intervention. *Aggression Violent Behav.* 2006;11(6):587-97. DOI: 10.1016/j.avb.2005.08.008
13. Koenig MA, Lutalo T, Zhao F, Nalugoda F, Wabwire-Mangen F, Kiwanuka N, et al. Domestic violence in rural Uganda: evidence from a community-based study. *Bull World Health Organ.* 2003;81(1):53-60. DOI: 10.1590/S0042-96862003000100011
14. Kyriacou DN, McCabe F, Anglin D, Lapesarde K, Winer MR. Emergency department-based study of risk factors for acute injury from domestic violence against women. *Ann Emerg Med.* 1998;31(4):502-6. DOI: 10.1016/S0196-0644(98)70261-6
15. Leonard KE. Domestic violence and alcohol: what is known and what do we need to know to encourage environmental interventions? *J Subst Abuse.* 2001;6(4):235-47.
16. Lipsky S, Caetano R, Field C, Larkin GL. Is there a relationship between victim and partner alcohol use during an intimate partner violence event? Findings from an urban emergency department study of abused women. *J Stud Alcohol.* 2005;66(3):407-12.
17. Logan TK, Walker R, Cole J, Leukefeld C. Victimization and substance abuse among women: contributing factors, interventions, and implications. *Rev Gen Psychol.* 2002;6(4):325-97. DOI: 10.1037/1089-2680.6.4.325
18. Martín FM. La Violencia en la pareja. *Rev Panam Salud Publica.* 1999;5(4/5):245-57. DOI: 10.1590/S1020-49891999000400008
19. Murphy CM, O'Farrell TJ, Fals-Stewart W, Feehan M. Correlates of intimate partner violence among male alcoholic patients. *J Consult Clin Psychol.* 2001;69(3):528-40. DOI: 10.1037/0022-006X.69.3.528
20. Noto AR, Fonseca AM, Silva EA, Galduróz JCF. Violência domiciliar associada ao consumo de bebidas alcoólicas e de outras drogas: um levantamento no estado de São Paulo. *J Bras Dep Quim.* 2004;5(1):9-17.
21. O'Leary KD, Schummacher JA. The association between alcohol use and intimate partner violence: linear effect, threshold effect, or both? *Addict Behav.* 2003;28(9):1575-85. DOI: 10.1016/j.addbeh.2003.08.034
22. Testa M, Quigley BM, Leonard KE. Does alcohol make a difference? Within-participants comparison of incidents of partner violence. *J Interpers Violence.* 2003;18(7):735-43. DOI: 10.1177/0886260503253232
23. Thompson MP, Kingree JB. The roles of victim and perpetrator alcohol use in intimate partner violence outcomes. *J Interpers Violence.* 2006;21(2):163-77. DOI: 10.1177/0886260505282283
24. White HR, Chen PH. Problem drinking and intimate partner violence. *J Stud Alcohol.* 2002;63(2):205-14.

---

Study funded by Secretaria Nacional Antidrogas (Research support; Process N. 011/2004).

This paper was based on the master's dissertation by Fonseca AM, submitted to the Psychobiology Graduate Program at Universidade Federal de São Paulo, in 2008.