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**The Political and Social Perspectives of Intimate Partner Violence
as a Human Rights Issue on Canadian and Brazilian Contexts**

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Abstract. This study is a literature review that aimed to examine the literature on intimate partner violence related to human rights on Canadian and Brazilian contexts published between 2008 and 2013. The search was conducted through electronic databases PubMed, CINAHL, MEDLINE, and EMBASE, resulting in 24 articles: 11 on Brazilian context and 13 on Canadian context. It was done a critical analysis of the data collected. Findings were presented in 5 topics that emerged from the articles: women characteristics, reporting and help seeking behavior, legislation, strategies to deal with violence against women, and IPV and human rights.

Keywords: Intimate partner violence; Violence against women; Human rights.

1. Introduction

Violence is considered a challenge to Public Health, because it happens in different cultures and, most of the time, the victims know their aggressors¹. According to World Health Organization (WHO), violence is defined as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”². This statement affirms that violence is more than physical damage; it also includes the psychological injuries within the participation in abused relationships. Besides that, the aggressor must have the intention to hurt the other person, so accidents are not included in this definition.

There are three different types of violence: self-directed, when a person causes damage to himself or herself; collective, subdivided into social, political and economic violence; and interpersonal, that is when a person commits violence against another person, who can be a member of the family or of the community. Intimate Partner Violence (IPV) is classified as interpersonal violence and is defined as abuse or threatening of abuse perpetrated by a partner within a close relationship to the victim as a spouse or boyfriend/ girlfriend².

This kind of violence brings consequences to different areas that are strongly related to each other, for instance, economically, health issues represent important source of costs to governments. There are direct and indirect costs of violence. Maintaining services to treat and support abused women and their children, and to bring perpetrators to justice are example of direct costs funded by the government. Indirect costs are related to medical and health care services, and losses of productivity because women who leave their jobs. In the United States, these costs exceed \$5.8 billion in a year which \$4.1 billion is to medical and health care assistance³.

Women who experienced IPV get ill-health more frequently than other women, use more often the services of health and present higher rates of chronic illness^{4,5}; these rates increase according to the severity of physical assault⁶. Furthermore, they are also more likely to present depression, suicide attempts, chronic pain syndromes, psychosomatic disorders, physical injury, gastrointestinal disorders, irritable bowel syndrome and problems in reproductive health².

Addressing mental health issues, the consequences of IPV are increased rates of depression, Posttraumatic Stress Disorder^{7,8}, anxiety, phobias and high risk to suicide and suicide attempt^{2,9}. Some articles also discuss the mental health issues as a motive to violent behavior since most of the perpetrators have mental diseases and personality disorders^{10,11,12}.

Admittedly, identifying an efficient intervention to stop IPV against women is a challenge, considering its consequences to a society. Therefore, it is important to addressing this subject as a global health issue, analyzing the strategies and projects in different cultures to improvement of an inner local situation.

Brazil has increased actions on women rights since the 80s through the development of programs and laws to deal to specific women's needs; although there are still some gaps such as the low number of research related to IPV and its measurement¹³.

Canadian women still suffer violence in different ways, and the minorities as aboriginal, immigrant and refugee women are more likely to be the victims, so it is important to improve the policies and programs defending them¹⁴.

1.1 Connecting Human Rights and Health

Starting the discussions on Human Rights and Health, it is important to understand that health is influenced by social determinants and it is strongly related to the living environment of human beings; as a result, the process of ill-health varies according to humans' way of life in their jobs, eating habits, and access to education. For a long time, health has been discussed as a priority on policy issues, since it influences all sectors of life while it is also influenced by them. The Human Rights' declaration is an important document which stands the dignity of all human beings considering their needs, including the access to health. This document does not establish mandatory laws but guidelines with the purpose to encourage peace in the world for all people and all nations¹⁵.

Discussions about health in Human Rights' declaration stand in two items in Article 25, that says that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control"¹⁵. This quote contains ideas that were first proclaimed by United Nations (UN) and WHO, considering health not only related to diseases, but also related and influenced by economic, social and cultural components, and involving mental health issues as well¹⁶. These ideas were essential for the emergence of significant changes, although slowly, in the life of those who had already been excluded from the society; the ideas contained in this declaration represent the appreciation of the human person as an essentially moral being who might be treated with dignity.

As the article 25 of the Universal Declaration of Human Rights reports that everyone has the right to access a standard of living that could improve his or her health, it is possible to affirm that violence against women is a health issue closely related to Human Rights.

Practicing IPV violates not just the article 25 but also articles 1 and 3. Article 1

is about the freedom and dignity of human beings, emphasizing that everyone has the same rights on both. Violence against women reflects gender disparities in a society, and it causes serious injuries which influence the way victims see themselves; resulting in the hurt of women's dignity; article 3 establishes that "Everyone has the right to life, liberty and security of person"¹⁵. Women who experience violence perpetrated by their partner are not safe in their own house; and some violent acts can result in homicides, what means their right to life and security are stolen from them.

Although IPV is related to disrespect regarding many articles of the Universal Declaration of Human Rights, there are only a few studies addressing both issues: IPV and human rights. It is important to promote these discussions to deepen the knowledge in this field and also to recognize the importance of these issues.

Although there are relevant studies about IPV, it was not found any study assessing this problem as a Human Right issue, discussions about violence against women need to be deepened in the current society. Addressing IPV in a human rights perspective means to promote discussions in a global scope, where different nations work together to elaborate strategies to solve this problem.

Considering that, the purpose of this study was to examine the literature on intimate partner violence related to human rights on Canadian and Brazilian contexts published between 2008 and 2013. While the literature review is not systematic, it is sufficiently comprehensive to provide a theoretical backdrop to researches on intimate partner violence and human rights.

2. Method

This study is a literature review, discussing a topic of interest through the development of an analytic summary of the research findings related to it. A review of the literature has the purpose to identify what has been studied in certain field, which subject of study has not been solved in practice, and through this process, to elaborate strategies to solve this problem¹⁷.

For the preparation of this review the following steps were covered: establishment of objective; establishment of criteria for inclusion and exclusion of articles (sample selection); defining the information to be extracted from selected articles; analyzing the results; and discussing and presenting the results.

The search was conducted on the electronic databases: PubMed, CINAHL, MEDLINE, and EMBASE, using the following key words: intimate partner violence,

partner violence, battered women, women, spouse, human rights, women right, law, and Canada or Brazil. To filter the results it was considered the period of five years before the moment of the search, from 2008 to 2013. Some articles were found in more than one database, so they were not considered as new studies.

Inclusion criteria were English or Portuguese language and articles addressing heterosexual couples where women had suffered the violence. A total of 24 articles met these criteria, 13 on Canadian context, and 11 on Brazilian context.

In the analysis process, the important information of the selected studies were collected, included in a synoptic table specially built to organize aspects considered relevant to this study, and then the data was critically analyzed.

3. Findings and Discussion

The articles retrieved from the search have a variety of subjects, and were published in different journals. On Canadian context, only 2 (15.38%) articles are from a journal on nursing, whereas on Brazilian context, 5 (45.45%) articles were published in nursing journals.

About the methodology explored by the articles, 2 Brazilian articles were narrative reviews, 5 were quantitative studies, and 4 of them were qualitative. On Canadian setting, 3 articles were reviews, 3 quantitative, and 7 qualitative.

About the regions where the studies were carried out, on Brazilian context, 3 were in southeast area of the country, other 3 in the south, 1 was in the Northeast region, 1 compared the southeast region to northeast region, and 3 did not present the region where the study was held. On Canadian context, 3 studies were from Toronto, 2 from Ontario and 1 from Montreal; others were from a National sample or did not inform the region they were held. Both countries concentrated the studies in urban areas with huge population; this might influence the finds and its presented characteristics of these countries.

Five main topics emerged from the analysis of the articles: women characteristics, reporting and helping seeking behavior, legislation, strategies to deal with violence against women, and IPV and human rights.

Table 1 and Table 2 present the synthesis of the studies included in the review.

Table 1. Synthesis of Brazilian Studies.

Author(s)/ year Journal Province	Title	Method and Study Design	Purpose	Key Findings	Discussions on Human Rights
18. Alves, Oliveira, & Maffaccioli (2012) Rev. Gaúcha Enfermagem Porto Alegre	Repercussions of Maria da Penha Law on addressing domestic violence in Porto Alegre	Qualitative - exploratory descriptive search and content analysis	To analyze the repercussions of Maria da Penha Law on addressing the issue of domestic violence against women in the city of Porto Alegre based on the view of professionals who constitute the care network for those women.	The professionals reported that this law is an important landmark in Brazilian policy and it is still a challenge to accomplish. The most important result of this law is the prohibition of monetary penalties, before this statement, violence could be punished by payment of food.	The article addresses violence against women as a violation of human rights.
19. da Fonseca, Egry, Guedes, Gutierrez & Tezzei (2011) Journal Midwifery Itapevi – São Paulo	Violence against women: a study of the reports to police in the city of Itapevi, São Paulo, Brazil	Quantitative -exploratory and descriptive	To survey and analyze cases of violence against women reported to the police, as recorded at the Police Stations for Women's Defense, and to reconstruct the procedures that women must go through in order to denounce their aggressors.	Malicious physical injury (49%) and threats (42%) were the most commonly reported types of violence. The victims were aged between 20 and 49 years (93%). Almost all of the aggressors (97%) were men and most had an intimate relationship with their victim. The use of alcoholic beverages was linked to approximately 25% of the cases.	It presents that violence against women is a violation of Human Rights, but it does not explore this issue.
20. d'Oliveira et al. (2009) Rev. Saúde Pública São Paulo and Pernambuco	Factors associated with intimate partner violence against Brazilian women	Quantitative - cross-sectional study	To estimate the prevalence of physical and/or sexual violence by intimate partners and factors associated with this, in different sociocultural contexts.	It was found a prevalence of IPV of 28.9% in Sao Paulo and 36.9% in Zona da Mata. This article also presents the risk factors social characteristics of women who suffer IPV. It also presents the relativization of socioeconomic factors in relation to other factors, particularly those representing gender attributes. Sociocultural differences were found between the two locations.	It presents the term "Human Rights" on conclusion, but it does not explore it.
21. Jong, Sadala, & Tanaka (2008)	Giving up reporting the aggressor: reports of	Qualitative - phenomenological approach.	To describe the experience of female victims of domestic violence who	Results were divided in three themes: time passed from the aggression to the denunciation and then to the forfeiting; the	It does not present it.

<p>Rev. Escola de Enfermagem USP São Paulo</p>	<p>female victims of domestic violence</p>		<p>forfeited the lawsuits against their aggressors.</p>	<p>partner, the family, the women's precinct; and reflecting about the experience. The women expressed ambiguous feelings for their aggressor: affection, anger, humiliation and fear. Some reasons raised to explain women withdrawal of the complaint were concerning to maintain the family, having feelings for the partner, economic dependence, and worrying with the judicial process.</p>	
<p>22. Kiss et. al (2012) Journal Health and Human Rights São Paulo and Pernambuco</p>	<p>Brazilian policy responses to violence against women: Government strategy and the help-seeking behaviors of women who experience violence</p>	<p>Qualitative research. The survey data was collected by WHO in partnership with the Medical School University of São Paulo</p>	<p>To discuss the results of WHO survey related to women's help-seeking patterns and considers these findings in relation to Brazil's policies and strategies on violence against women.</p>	<p>In São Paulo, only 33.8% of women who experienced intimate partner violence sought help from a formal service provider, in the Forest Zone (Pernambuco) the number was even smaller (17.1%). The majority of women were likely to contact only informal sources of support (family, friends, and neighbors). The severity of the violence influenced the help seeking behavior.</p>	<p>The article presents that violence against women is a violation of Human Rights, and associate this behavior to gender inequality in society.</p>
<p>23. Labronici, Ferraz, Trigueiro, & Fegadoli (2010) Rev. Escola de Enfermagem USP Curitiba, Paraná</p>	<p>Profile of the violence committed against women assisted at Pousada de Maria lodging</p>	<p>Quantitative - exploratory retrospective study that used descriptive analysis.</p>	<p>To characterize the profile of the violence practiced against women staying at Pousada de Maria from 1993 to 2007.</p>	<p>In 71.41% of cases of violence, the perpetrators were intimate partners of the victims. The physical and psychological aggressions were the most frequent. The article also raised some strategies to improve training of professionals who work with abused women: to continue educational programs to the family and to include the subject IPV in the curriculum of undergraduate and postgraduate courses.</p>	<p>It does not present the term "human rights". However, in the introduction, the author uses the term "problem of global order" to refer that violence affects people regardless of gender, age and socio-economic conditions.</p>

<p>24. Miranda, Paula, & Bordin (2010) Pan American Journal of Public Health Embu – São Paulo</p>	<p>Life-long domestic violence against women: prevalence and immediate impact on health, work, and family</p>	<p>Quantitative - cross-sectional study</p>	<p>To estimate the lifetime prevalence of domestic violence against women in a low-income urban community and evaluate the immediate impact of violence on health, work, and family life.</p>	<p>The prevalence of Domestic Violence Against Women was 26.0% for any kind of violence and 18.5% for severe cases. Among the victims of any kind of domestic violence, 38.7% judged that they needed medical care, 4.4% were hospitalized, 18.1% were incapacitated for work (paid work or household chores), 51.5% left their partner due to the aggression and 66.7% had children who witnessed the violence. Their shame and fear of retaliation obstructed access to medical care.</p>	<p>It does not present it.</p>
<p>25. Reichenheim et. al (2011) The Lancet National Brazilian sample</p>	<p>Violence and injuries in Brazil: the effect, progress made, and challenges ahead</p>	<p>Literature review - original analyses of secondary data retrieved from the Brazilian Ministry of Health's Mortality Information System</p>	<p>To present an overview of violence and traffic-related events affecting the health of Brazilians.</p>	<p>In 2007, the homicide rate was 26.8/ 100.000 people and traffic-related mortality was 23.5/ 100.000. Domestic violence might not lead to as many deaths, but its share of violence-related morbidity is large. Besides that, poor black women and children are the main victims of domestic violence. Regional differentials are also substantial.</p>	<p>It discusses the importance of Maria da Penha law to consider IPV as a Human Rights issue. However it does not explore it.</p>
<p>26. Vasconcelos, Nery, Ferreira, & Canuto (2012) Journal of Nursing UFPE Teresina-Piauí</p>	<p>Gender violence in the perception from the managers of services to support women</p>	<p>Descriptive study with qualitative approach</p>	<p>To describe and analyze the perception of gender violence from the managers of support services to women in Piauí.</p>	<p>Violence is a social issue; this behavior was constructed through years and needs a change on society to be solved. It is necessary a multiprofessional team to address this issue and nurses are important to establish connections with the patients.</p>	<p>The article presents the term "Human Rights" to address the issue; however it does not explore it.</p>
<p>27. Vieira, Padoin, & Paula (2010) Rev. Ciência, Cuidado e Saúde National Brazilian sample</p>	<p>The quotidian and implications of violence against women: anarrative review of brazilian nursing</p>	<p>Narrative review conducted through statistical mapping and content analysis</p>	<p>To identify the Brazilian Nursing scientific production on the theme of violence against women, to describe the routine of violence and to discuss the implications for women's health.</p>	<p>Violence has been seen as a natural behavior in the relationship and it brings mental health and physical consequences to women. Society needs to change the concept about violence to improve women rights.</p>	<p>This article uses the term "human rights" to describe the importance of improving health professionals care to</p>

	scientific production, 1994-2008				women who suffered violence.
28. Vieira, Padoin, Souza, Paula, & Terra (2011) Uerj Nursing Journal Rio Grande do Sul	Typical actions from women reporting violence: contributions to Nursing	Qualitative research grounded in social phenomenology of Schutz	To identify typical actions from women reporting violence.	It describes the Maria da Penha Law, its purpose and characteristics, considering being a positive solution to IPV. Some reasons to women report IPV were raised: hope to end the violence that do not accept, willing to have peace and resume their plans, intention to separate from their partner, expectations regarding the right to justice, and expectations of personal and children protection.	It does not present it.

Table 2. Synthesis of Canadian Studies.

Author(s)/ year Journal Province	Title	Method and Study Design	Purpose	Key Findings	Discussions on Human Rights
29. Ahmad et. al (2009) Journal Annals of Internal Medicine Ontario	Computer-Assisted Screening for Intimate Partner Violence and Control	Quantitative - randomized trial	To assess whether computer-assisted screening can improve detection of women at risk for intimate partner violence in a family practice setting.	The overall prevalence of any type of violence and control was 22%. The intervention increased opportunities to discuss and detect intimate partner violence and control. It also presents that participants recognized the benefits of computer screening but had some concerns about privacy and interference with physician interactions.	It does not present it.
30. Alaggia, Regehr, & Rishchynski (2009) International Journal of Law and Psychiatry	Intimate partner violence and immigration laws in Canada: How far have we come?	Qualitative - focus group methodology	To understand the impact of Canadian social policies, in particular immigration policies, on the ability of immigrant and refugee women to free themselves	Many women stay in abusive relationships for many reasons as reluctance of police intervention, language barrier to report the police, economic barriers, and lack of knowledge about the immigrant laws.	On the discussion section, the article presents that the vulnerability of immigrant women on

Toronto			from abuse and violence in their own homes.	Staying in an abusive relationship can cause serious negative mental health effects.	Canadian laws is a violation of human rights.
31. Ansara & Hindin (2010a) Journal Social Science & Medicine National Canadian Sample	Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada	Qualitative - latent class analysis	To examine the patterns of formal and informal help seeking associated with different experiences of violence, abuse, and control for women and men.	The most commonly reported source for women were informal sources (i.e., family, friends and neighbors). Shelters and crisis centers were also reported by a notable proportion of women who experienced the most severe pattern of violence and control. Less severe violence does not present significantly difference between women and men whereas women were more likely to report more severe cases of violence.	It does not present it.
32. Ansara & Hindin (2010b) J Epidemiol Community Health National Canadian sample	Exploring gender differences in the patterns of intimate partner violence in Canada: a latent class approach	Qualitative - Latent class analysis. Data from Statistics Canada's 2004 General Social Survey on Victimization.	To map the patterns of physical violence, sexual coercion, psychological abuse and controlling behavior, and examine whether Latent Class Approach can better illuminate the gendered nature of this experience than conventional measures of IPV.	Reported formal sources were health professionals (i.e., doctors, nurses, counselors, psychologists) and the police. For women, informal sources (i.e., family, friends, neighbors) were commonly reported across all IPV subgroups. However, the importance of almost all of the formal sources increased as the severity of the violence and control increased. Shelters and crisis centers were also reported by a notable proportion of women who experienced the most severe pattern of violence and control.	It does not present it.
33. Cook, & Dickens (2009) International Journal of Gynecology and Obstetrics	Dilemmas in intimate partner violence	Narrative review.	To discuss dilemmas in intimate partner violence.	Some dilemmas presented were: special needs of pregnant women, women who do not want to involve the law system because they are afraid for their children and partner, the intervention of a professional without the	It discusses the legal dilemmas in IPV and the involvement of human rights agencies in these cases.

Toronto				victim's approval, and fear of reporting the violence.	
34. Dylan, Regehr, & Alaggia (2008) Journal Violence Against Women Toronto	And Justice for All?: Aboriginal Victims of Sexual Violence	Qualitative - grounded theory	To investigate the experiences that Aboriginal people who are victims of sexual violence have with the Canadian criminal justice system.	Aboriginal people refer suffering a preconception on society regardless reporting violence, even it being perpetrator by their partners. Another problem they suffer is the under protection in the legal system in Canada.	It does not present it.
35. Gauthier (2010) Journal Violence Against Women Montreal	The perceptions of judicial and psychosocial interveners of the consequences of dropped charges in domestic violence cases	Qualitative - thematic content analysis.	To explore the dismissal of criminal charges in domestic violence cases.	It presents the pros and cons on dropping the charge in the perception of interveners of the judicial system. Results conclude that dropping the charge can contribute to make violence against women be seen as trivial by the perpetrator and it can fuel the prejudice. This situation also prejudices professionals who get stressed and can have a burnout.	
36. Girard (2009) Journal Violence Against Women Ontário	Backlash or Equality? - The Influence of Men's and Women's Rights Discourses on Domestic Violence Legislation in Ontario	Qualitative combined method -content and discourse analyses.	To explore the discourses that men's rights activists used to counter feminist constructions of domestic violence.	This article brings a brief explanation about the legislation in Canada, which is provincial. It also contextualizes the history of discrimination against women in the society and defines domestic violence according to provincial laws.	It does not present it.
37. Guillery, Benzies, Mannion, & Evans (2012) Journal BioMed Central Nursing Canadian urban hospitals	Postpartum nurses' perceptions of barriers to screening for intimate partner violence: a cross-sectional survey	Quantitative - cross-sectional survey	To identify the frequency of screening for IPV, the most important barriers to screening, the relationship between the barriers to screening and the frequency of screening for types of abuse, and to identify other factors that contribute to the frequency of screening for IPV.	Screening for sexual and physical abuse is not as often as it should be. The most important barrier is the lack of knowledge and language fluency.	It presents that intimate partner violence is a human rights violation, but it does not discuss it.

<p>38. Guruge (2012) Canadian Journal of Nursing Research PubMed</p>	<p>Intimate Partner Violence: A Global Health perspective</p>	<p>Narrative review</p>	<p>To present a summary of the literature on health consequences, costs, prevalence, risk factors, perceptions, and manifestations of intimate partner violence, and women's responses to it.</p>	<p>It presents a nurse perspective and defends that nurses are the largest health workforce worldwide, so it is important to expand discussions on global health between nurses. It also discusses the need to research the social aspects of violence, not just the biological consequences and its incidence on society.</p>	<p>It presents the term "human rights" and discloses global health.</p>
<p>39. Merali (2009) Journal Violence Against Women National Canadian sample</p>	<p>Experiences of South Asian Brides Entering Canada After Recent Changes to Family Sponsorship Policies</p>	<p>Qualitative research with rigorous and well-established four-step listening guide qualitative data analysis procedure</p>	<p>To examine the understanding of sponsorship and the relationship between this understanding and marital and resettlement experiences among English-proficient and non-English-proficient South Asian sponsored women who entered Canada after 2002.</p>	<p>Some of the women reported being subjected to severe physical and emotional abuse. These women also referred having depression and mental health ill as a consequence of the violence they suffered.</p>	<p>On the discussion section, it addresses the violence suffered by the immigrants as a human rights violation.</p>
<p>40. Varcoe et. al (2011) Canadian Public Policy – Analyse de politiques</p>	<p>Attributing selected costs to intimate partner violence in a sample of women who have left abusive partners: a social determinants of health approach</p>	<p>Quantitative research</p>	<p>To identify costs incurred by women who have separated from abusive partners and to report costs incurred within both private and public domains and across both health and non-health sectors.</p>	<p>Spending money still remains after woman decides to leave her partner and be a part of the violent relationship. It is important to consider the cost of violence to public sectors, but it is still important to consider the individual financial cost to woman who suffered violence.</p>	<p>It does not present it.</p>
<p>41. Weeks, & LeBlanc (2011) Journal of Women & Anging Australia, Canada, Israel, Italy, the United Kingdom, and the United States</p>	<p>Title: An Ecological Synthesis of Research on Older Women's experiences of Intimate Partner Violence</p>	<p>Systematic literature review</p>	<p>To synthesize the current knowledge of IPV among older women using an ecological perspective, to identify directions for future research, and to develop recommendations for policy and practice.</p>	<p>Older women suffer different types of violence, and non-physical is more likely to happen, as emotional and financial abuse. A problem is that older women see themselves as mistreated and not as abused. The consequences of violence to older women are acute anxiety, panic attacks, depression, and drug and alcohol dependencies.</p>	<p>It does not present it.</p>

3.1 Women Characteristics

One of the articles presents that, historically, women were created to be submissive to their partners and it causes fear and silence at home environment, so this violence is related to gender and social aspects of society²⁶.

Proving that, both countries presented similar characteristics of women who suffer IPV. Women with low income, history of violence in the family, depended of the partner, and in a non- marital status relationship, living in rented house, who have suffered childhood sexual abuse, consuming alcohol, drug use and history of violence in family; the risk to suffer IPV is higher if the mother of the male partner has suffered violence before and if the woman has minimum formal education²⁰. IPV was also related to consume of alcohol by the partner and to the submission women have to their partners²⁷; and older women are more likely to suffer non-physical violence and have a high risk to be stalked⁴¹.

In Canada, there are some specific groups more likely to suffer violence, as aborigines, immigrants, and refugees. For a long time, aborigines have faced prejudice in their own country and this reflected in the life of aboriginal women, who also have to combat the sexism in society³⁴.

This situation is no different for immigrants and refugees; they have more difficulties to live outside the country they were born, building new relations in their work and friendship networks and community. Immigrant women are more likely to suffer spousal emotional abuse than Canadian women. However, in some cultures, gender disparities are accepted for people, even to women; then, in case of suffering abuse by their partners, some women agree not to report this to police. Furthermore, some women are afraid of leaving their home because of lack of financial resources and, sometimes, because of religious beliefs^{30,39}.

One study emphasizes the complexity related to the psychological consequences to women suffering violence at home, as the family environment is supposed to provide the feeling of safe and sound²⁶.

3.2 Reporting and help seeking behavior

Women and men are vulnerable to suffer violence in a relationship, however findings show that less severe violence does not present significantly difference between women and men on help seeking behavior, but women were more likely to report

more severe cases of violence than men³¹. The action to report the partner is conscious and always has a focus: situation or person²⁸.

On Canadian context, it was presented that women report more commonly informal sources (i.e., family, friends, neighbors) than formal sources (i.e., health professionals and the police). However, the importance of almost all of the formal sources increased as the severity of the violence and control increased. Shelters and crisis centers were also reported by a notable proportion of women who experienced the most severe pattern of violence and control³².

There is only one article that discusses prevalence of IPV in Brazil, and it used the data collected by WHO in a multi culture research held in 2002. This study reports that the prevalence of IPV varies according to the region. In São Paulo, the most populous city in the country, the rate is 28.9% whereas in the region of Zona da Mata (15 cities belong to this region) the rate increases to 36,9%²⁰. It emphasizes the need of more searches and publications to better evaluation of the real situation of the country, even there is still a low number of women who report the violence.

Both countries presented the importance of creating protective shelters to attend women who does not have social and financial support to leave the aggressor. It is also necessary creating more public policies and women´s police services register the occurrence^{19, 31}.

The findings presented some reasons for women to report the violence: hope on the end of the violence, willing to have peace, intention to separate from their partner, expectations regarding the right to justice, and expectation of personal and children protection²⁸.

Financial problems are related as important concerns to women who want to leave their violent partner. After leaving their violent relationship, they have extended use for resources, affording with costs to medical services, buying medical drugs and they also have much higher health-care utilizatio⁴⁰.

A problem faced on the judicial system is the withdrawal of the complaint against the aggressor. Some reasons referred by the victims are: concerning to maintain the family, still having feelings for their partner, economic dependence of the aggressor, and worrying the judicial process^{21,33}. Dropping the charge can contribute to make violence against women be seen as trivial by the perpetrator and it can fuel the prejudice³⁵.

3.3 Legislation

This topic contains the most differences between the countries. Legislation influences the perception of the violence against women and their strategies to face the problem on the judicial system.

On Brazilian Legislation, articles discuss about Maria da Penha law as a landmark to assist women who suffered violence. One Brazilian article addressed Maria da Penha law as a main topic, and other six Brazilian articles cited this law within the text, as well^{18, 21, 23, 22, 24, 25, 28}.

This law consists of integration of various sectors of society, conducting research and surveys on the subject, in addition to qualifying professionals. It changed the setting of violence in Brazil, it increased the visibility of violence against women and the awareness of the problem, and this also increased the report of violence in health services¹⁸.

In Canada, Criminal laws are created by federal government, and the criminal code offences are prosecuted by the provinces. The criminal code in Canada assesses both genders and includes some acts like sexual assault, mischief and intimidation. The country has improved the legislation related to violence against women through a Legislation Reform that implemented key criminal codes as Bill C-15, Bill C-79, Bill C-27, Bill C-41, Bill C-42, Bill C-126. After this, in 1999, some provinces also formulated legislation on family violence³⁶.

3.4 Strategy to Deal with Violence against Women

It was presented an innovated strategy to deal with violence against women: screening computer-assisted to IPV. This experiment was made with physicians and provided a discussion on IPV regarding the partner behavior. Using an instrument to screen IPV facilitated the discussion on this issue to health professionals and they did not miss an important sign of the violence when they examined the patients²⁹. It succeeded in the experience and could work on Canadian and Brazilian health systems.

Another article discussed the screening for IPV. One article presented postpartum nurses' perceptions of barriers to screening IPV, according to the study, screening sexual and physical abuse is not as often as it should be. The most important barrier is the lack of knowledge and language fluency³⁷. It also presents that is important to implement screening policies and procedures in health unities to make sure professionals will accomplish the screening methods.

3.5 Intimate Partner Violence and Human Rights

Assessing violence against women within a Human Rights perspective implies to look at it as a global issue; for this reason, nations together are responsible for elaborating strategies to solve this problem considering violence against women as a social issue of political and global concern.

Seven of the eleven Brazilian articles retrieved used the term “human rights”. On the Canadian context, five of the thirteen articles used this term. Despite these articles presented the term human rights, none of them really discussed the consequences of IPV on a Human rights´ perspective, and the term was only used in a small piece of the introduction or discussion of the article.

Only one Canadian article discussed IPV in a global health perspective, through an expanded vision about the topic. An expanded vision about IPV not presenting a single culture or peace of the problem was made in one article, but this study discusses the violence against women in different countries, its implications on society, its costs to the government, risk factors and prevalence³⁸.

These results demonstrate that there is a need of more research on this field to identify the perception of health professionals about human rights and its relation to health.

4. Conclusion

Although Brazil and Canada are economically, historically, and culturally much different; still both countries have similarities considering the characteristics of occurrence of IPV, as minorities increased risk of violence, characteristics of women, risk factors, and characteristics of region where the studies were carried out. Most differences are on legislation.

Findings highlighted that violence is a social issue, this behavior was constructed trough years and needs a change on society to be solved; it also allowed to identify an underdevelopment of research in this field. Only one Brazilian study presented statistical frequency of IPV cases, and the search was conducted by an international institution, and even some articles presented the term human rights, they did not explore the implication of intimate partner violence on human rights aspects. It is necessary more studies relating these topics and addressing the action of human rights organizations to contribute to stopping violence against women.

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