

Prevalence of Suffering from Partner Violence in Women

Helena Román Palacios¹, Gilberto Cruz Arteaga^{2*}, Olivia Guadalupe Villanueva Martínez², Cristian Mercado Esquivel², Elsa Susana Nava², Infante Miranda Miriam Idalith², Daniela Leticia Castañón Sánchez², Arturo Andrade Sanchez³, Daniela Villar Hernández¹ and Paola Salinas Rodríguez⁴

¹Resident physician specializing in Family Medicine, México

²Medical specialist in Family Medicine, Admission: Family Medicine, México

³Specialist in Emergency Medicine, México

⁴General Practitioner, México

*Corresponding author: Gilberto Cruz Arteaga, Medical specialist in Family Medicine, Admission: Family Medicine, Family Medicine Unit No. 20, Calzada Vallejo 675, Col. Nueva Vallej CP 07750, Gustavo A. Madero Delegation, Mexico

ARTICLE INFO

Received: 📅 April 16, 2024

Published: 📅 April 25, 2024

Citation: Helena Román Palacios, Gilberto Cruz Arteaga, Olivia Guadalupe Villanueva Martínez, Cristian Mercado Esquivel, Elsa Susana Nava, Infante Miranda Miriam Idalith, Daniela Leticia Castañón Sánchez, Arturo Andrade Sanchez, Daniela Villar Hernández and Paola Salinas Rodríguez. Prevalence of Suffering from Partner Violence in Women. Biomed J Sci & Tech Res 56(2)-2024. BJSTR. MS.ID.008835.

ABSTRACT

The World Health Organization establishes intimate partner violence against women as a severe and growing Public Health problem worldwide, also considering it a serious violation of Human Rights, which translates into a negative impact on their quality of life, their decisions, their attitudes, and their physical, mental, sexual, reproductive, and economic well-being. This is why the timely detection of possible cases of violence is of vital importance. The objective was to identify the prevalence of female patients aged 20-59 years from the U.M.F. 20 "Vallejo" who are at risk of suffering from intimate partner violence. Material and methods: This is a descriptive cross-sectional study, with prior informed consent in 1043 patients the WAST instrument was applied to screen for intimate partner violence against women, performing descriptive statistics on age, occupation, education, marital status, and monthly income; with bivariate analysis compared by age groups and chi-square statistics using SPSS version 26.0. Results: Of 1043 patients, the predominant age group was 25 to 29 years, 19.2% (n=200). There were 20.7% (n= 216) of suspected cases according to the WAST instrument as a method to detect intimate partner violence, predominating in the age group of 55 to 59 years with 24.5% (n= 53). This group being primary school, service employees, separate marital status with p = .000, 95% CI (0.000 - 0.003); and low monthly income, p = .000, CI (0.037 - 0.051), p = 0.037, as predominantly suspected cases compared to negative cases.

Keywords: Violence; Couple; Women

Abbreviations: ISA: Index of Spouse Abuse; PVS: Partner Violence Screen; AAS: Abuse Assessment Screen; WAST: Woman Abuse Screening Tool; IMSS: Mexican Social Security Institute

Introduction

The Royal Spanish Academy defines "woman" as "a person of the female sex," "who has reached adulthood" and/or "who has the qualities considered feminine par excellence." [1]; Sex" is the biological, anatomical and genetic characteristic with which a person is born [2] and "gender" is the dynamic, psychological and cultural construct to which one is rooted, susceptible to transformation and variable according to the sociodemographic conditions of each region. of the world [3]; without necessarily existing a dependency between the two [4]. The archetype of the word comes from an uncertain etymological

root of the Latin "mulier" or "Mulieris", and has had different interpretations, in Rome, during the 1st century BC, as something "soft or watery"; at the beginning of the 20th century in Europe, as "weaker and more tender"; America, as "soft and delicate"; In the 21st century, it begins to be understood as "being feminine", but without complete attachment to Latin [5]. Women have fought to change the concept in an erroneous way, such as the "weaker sex" [6], with "enlightened feminism" [7] women have shown to have outstanding intellectual, strategic, and artistic capacity [8], with the arrival of the Industrial Revolution women have acquired an economic independence never

seen before [9]. In Mexico, there are traditional ideas that the function of women is reproductive and domestic [10], with the decree of women's right to vote, [11] the presentation of voluntary motherhood, the end of sexual violence and the right to free choice sexual, [12] the creation of norms for Equality between Women and Men, [13] it has been possible to modify that notion [14].

However, the growing wave of violence that women currently face, inside and outside their home, must be considered [15]; acts of multi-causal origin to regain the physical, economic, sexual, and psychological submission of women [16]. The World Health Organization refers to a Public Health problem in women, called violence within the couple. In 2018, 2.7 out of every 10 women between 15 and 49 years old experienced physical, sexual or both violence at the hands of your romantic partner at some point in your life [17]; This act being a behavior of the partner or ex-partner that causes physical, sexual, psychological and economic harm to the woman [18], of multi-causal origin [19], with repercussions on the quality of life of the woman and those around her, mainly her children [20]. However, culture and social environment for women have an important role, considering religion, ideology, customs, and traditions [21]. The most common prevalence and characteristics of intimate partner violence against women have been identified [22]. Some studies refer to the age of 15 years or less, sexual violence prevails [23], physical violence in young adults [24], and psychological violence at older ages [25]. Predominant in married [26], separated, and divorced women [27], with low or no schooling [28], correlated with unemployment, low or no monthly income and little opportunity for the victim to become independent [29]. A history of having experienced some type of domestic violence increases the risk of exposure to a new violent episode [30]; and especially if the victim's mother also suffered some type of abuse [31].

The use and abuse of addictive substances is also closely related [32]. Referring as the most frequent violence to psychological violence, followed by physical and sexual violence [33]. Various instruments have been used to measure violence against women, such as the Index of Spouse Abuse (ISA) [34]; the Partner Violence Screen (PVS) [35], the Abuse Assessment Screen (AAS) [36]. However, due to the small population studied and the few items they cover, their uses have been limited [37]. The Woman Abuse Screening Tool (WAST) instrument has been the most appropriate questionnaire for screening intimate partner violence against women [38], presenting added items to leave eight items on sexual violence [39], evaluating whether there is confrontation with the couple [40]. This instrument is practical, flexible, easy to understand and use in non-established contexts of violence [41], with a Cronbach's alpha of 91.5% [42]. In Mexico, in 2019, psychological violence is identified as the most common exercised by the current partner [43]. In 2022, in a Family Medicine Unit of the Mexican Social Security Institute (IMSS), the emotional dependence between the victim and their perpetrator is reported as a risk factor [44]. Also implementing in the IMSS the virtual help module [45], with a gender violence detection system through the resolu-

tion of a variant of the WAST instrument [46]. Therefore, the present objective is to identify the prevalence of female patients aged 20-59 years from the U.M.F. 20 "Vallejo" who are at risk of suffering from intimate partner violence.

Materials and Methods

This is an observational, cross-sectional, descriptive study, carried out with prior informed consent in 1,043 women between 20 and 59 years of age, users of the U.M.F. No. 20 "Vallejo", first level care unit of the Mexican Social Security Institute, in both care shifts, within the period from March 2023 to February 2024.

Method

If the patient, with prior informed consent, agreed to participate in the study according to the following inclusion criteria: women between 20 and 59 years of age who were beneficiaries of the Family Medicine Unit No. 20 Vallejo, of the IMSS in any care shift, who were in a heterosexual romantic relationship currently or within the previous year 2022. Exclusion criteria: illiterate women; who came to the consultation accompanied by their partner or children; who presented severe cognitive impairment or with mental health disorders and those who found it difficult or impossible to sign the informed consent or complete the instrument. And elimination criteria: female patients who did not sign the informed consent due to forgetfulness, error or own desire and those who decided to withdraw from the study even after providing personal information, signing the consent or answering the instrument.

Variables

In the questionnaire used as the first part, sociodemographic and employment data were collected from the women surveyed, identifying the following variables: age, which was defined as the number of years of existence of the woman expressed as the period from her birth to the current moment, with interval measurement scale categorized as 20-24 years of age, 25-29, 30-34, 35-39, 40-44, respectively; civil status defined as the legal status of the person in the family and society, determining her capacity to exercise certain rights and obligations, with a nominal measurement scale categorized as single, married, common law, divorced, separated, widowed.; schooling defined as the highest level of studies carried out by a student within an educational establishment and that has already been completed, with an ordinal measurement scale categorized as preschool, primary, secondary, technical baccalaureate, high school, university, post-graduate or master's degree.; occupation defined as the job, job or trade performed by an economically active person, with a nominal scale categorized as legislator or manager, professional, technician, office worker, service or sales employee, farmer or fisherwoman, artisan, machinery operator or assembler, merchant, cleaning worker, security guard, armed forces, unemployed.; average monthly income defined as different human groups into which a given society is stratified, based on their related social and economic conditions, based on

their similar social and economic conditions, with an ordinal scale categorized as A/B: Upper class (\$51,100/month), C+: Lower upper class (\$27,800/month), C: Upper middle class (\$19,900/month), D+: Lower middle class (\$12,300/month), D: Upper lower class (\$8,900/month), E: Lower class (\$5,400/month).

The variable that describes Intimate Partner Violence against women, defined as any deliberate act or omission that causes psychological, physical, patrimonial, economic, sexual harm or death to the woman, simply due to her gender condition and that occurs within of an intimate relationship, current or past, with an ordinal scale categorized as a suspicious case if the score is 15 points or more and a negative case if the score is 14 points or less. Using the WAST questionnaire as the second part of the questionnaire to measure this last variable, containing 8 Likert-type questions, from 1 to 3 where 1 is the least intense option or “never”, 2 is “sometimes” or “some difficulty” and 3 “many times; obtaining a minimum score of 8 and a maximum of 24. The cut-off points are: 14 or less, negative case; 15 or more points indicates a suspicious case. The time given to patients to complete the test was approximately 5 to 10 minutes.

Statistics

To calculate the sample size, statistical data from the U.M.F. No. 20 “Vallejo” on the number of female users between 20 and 59 years of age, within the year 2022; determining a total of 45,964 women. Subsequently, using the formula of finite populations, with a Confidence Interval of 95%, a maximum accepted estimation error of 3%, assuming a probability of success of 50%, it was established that it was necessary to survey the number of 1,043 women, to carry out the study. Descriptive statistics were used for the variables age, marital status, education, occupation, and monthly income. For the variable

intimate partner violence against women, indicated as a suspicious case if a score of 15 points or more is obtained and a negative case if a score of 14 points or less is obtained, according to the WAST instrument and age by age group, a contingency table using the Pearson Chi-square test, adding in this contingency table demographic variables (education, occupation, monthly income, occupation) in bar graphs, considering a value $p < 0.05$, as statistically significant, using the IBM SPSS statistical package version 26.0 for the analysis.

Results

In the present study, 1043 women from the Family Medicine Unit Number 20 were analyzed, predominating the age group of 25 to 29 years, 19.2% (n=200), followed by 50 to 54 years, 13.2% (n=138) and in last place the group of 20 to 24 years old 8.8% (n=92); respectively; marital status with the same frequency in Married and Single 31.3% (n= 326) and lastly divorced 5.1% (n=53); Schooling predominated bachelor’s degree 31.4% (n=327) followed by high school 23.9% (n=249), lastly preschool 0.5% (n=5); occupation predominantly unemployed 27.0% (n= 282), followed by professional 24.5% (n= 256); monthly income predominated lower lower class 41.4% (n=432) and lastly the upper upper class 2.0% (n=21) (Table 1). It was reported in the outcome of women by age group from 20 to 59 years according to the WAST instrument as a method to detect intimate partner violence in the U.M.F. 20 Vallejo 20.7% (n= 216) of suspicious cases and 79.3% (n= 827) of negative cases, with p value=0.000. Suspected cases predominated in the age groups of 55 to 59 years, 50 to 54 years and 45 to 49 years, with 24.5% (n= 53), 18.5% (n= 40) and 12.5% (n= 27); respectively. Negative cases predominated in the age groups of 25 to 29 years, 40 to 44 years, and 30 to 34 years, with 20.6% (n= 170), 14.0% (n= 116) and 12.3% (n= 102); respectively (Table 2).

Table 1: Demographic characteristics of the of the female population between 20 and 59 years old at risk of suffering intimate partner violence from the U.M.F. 20 Vallejo.

Characteristic	n= 1043	%	Characteristic	n= 1043	%
Age			Occupation		
20 to 24 years	92	8.8%	Manager	7	0.7%
25 to 29 years	200	19.2%	Professional	256	24.5%
30 to 34 years	122	11.7%	Technical	47	4.5%
35 to 39 years	113	10.8%	Clerk	132	12.7%
40 to 44 years	136	13.0%	Service employee	153	14.7%
45 to 49 years	107	10.3%	Craftswoman	8	0.8%
50 to 54 years	138	13.2%	Machine operator	44	4.2%
55 to 59 years	135	12.9%	Businessman	113	10.8%
Civil Status			Armed forces	1	0.1%
Single	326	31.3%	Unemployed	282	27.0%
Married	326	31.3%	Monthly income		
Free union	212	20.3%	A/B: Upper upper class	21	2.0%
Divorced	50	4.8%	C+: Lower upper class	67	6.4%

Separate	76	7.3%	C: Upper middle class	113	10.8%
Widower	53	5.1%	D+ Medium.low class	138	13.2%
Scholarship			D: Upper low class	272	26.1%
Preschool	5	0.50%	E Lower lower class	432	41.4%
Primary	67	6.4%			
Secondary	176	16.9%			
Technical	158	15.1%			
Preparatory	249	23.9%			
Degree	327	31.4%			
Postgraduate	61	5.8%			

Note: A/B \$51.100/ month; C+ \$ 27.800/month; C \$ 199800/month; D+ \$ 12.300/month; D \$ 8.900/month; E \$ 5.400/month.

Table 2: Contingency table of woman aged 20-59 years according to the WAST instrument as a method for detecting intimate partner violence at the U.M.F. 20 Vallejo.

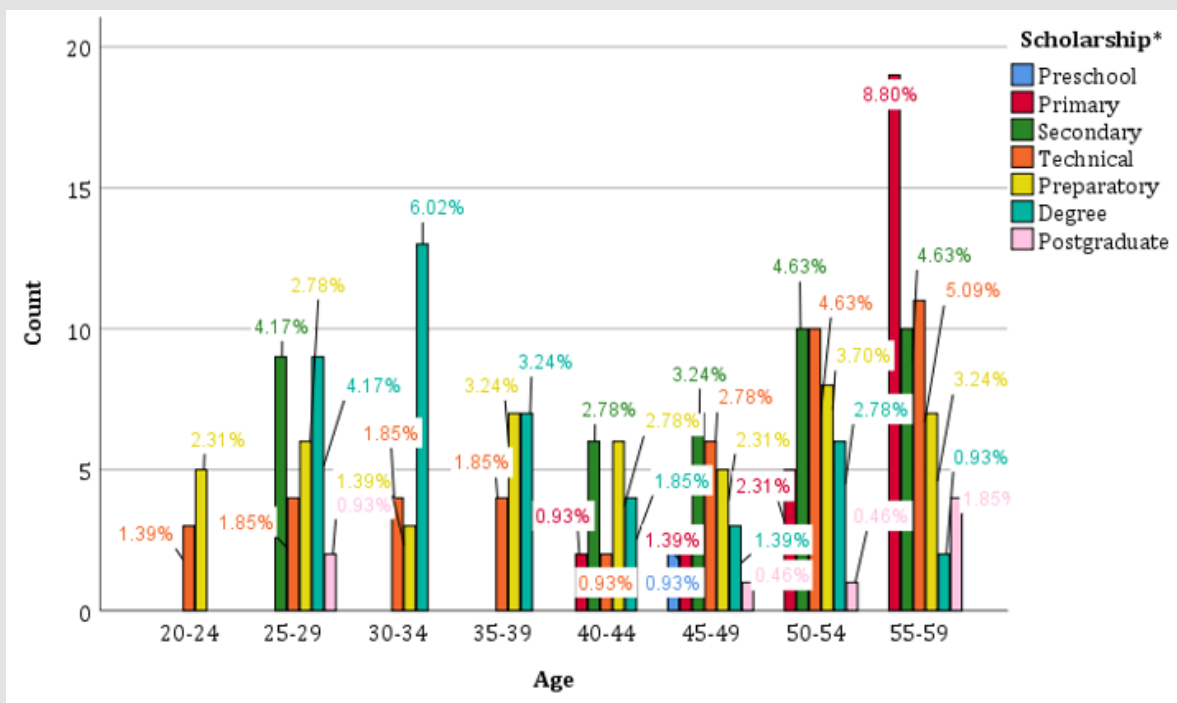
Wast Instrument					
Negative Case			Suspicious Case		
Age	n= 827	%	n= 216	%	Valor p*
20 to 24 years	84	10.2%	8	3.7%	
25 to 29 years	170	20.6%	30	13.9%	
30 to 34 years	102	12.3%	20	9.3%	
35 to 39 years	95	11.5%	18	8.3%	0.00
40 to 44 years	116	14.0%	20	9.3%	
45 to 49 years	80	9.7%	27	12.5%	
50 to 54 years	98	11.9%	40	18.5%	
55 to 59 years	82	9.9%	53	24.5%	

Note: *p< 0.05 Pearson Chi-square test

Suspected cases in women in the age group of 20 to 59 years by education according to the WAST instrument as a method to detect intimate partner violence at the U.M.F. 20, primary education predominated 8.8% (n= 19) in the age group 55 to 59 years and bachelor's degree 6.02% (n=13) in the age group 30 to 34 years, 95% CI (0.000 - 0.003), p =0.000 (Figure 1). The negative cases predominated in the bachelor's degree 11.85% (n= 98) in the age group 25 to 29 years and high school 5.80% (n= 48) in the age group 20 to 24 years, 95% CI (0.000 - 0.003), p =0.000 (Figure 2). Suspected cases in women in the age group of 20 to 59 years by occupation, reported to service employees 6.02% (n= 13), followed by unemployed 5.09% (n= 11) in the age group 55 to 59 years and professional 5.09% (n=11) in the age group 25 to 29 years; 95% CI (0.000 - 0.003), p =0.000 (Figure 3). Negative cases predominated in professional occupation 8.46% (n= 70) in the age group 25 to 29 years, 95% CI (0.000 - 0.003), p =0.000. Suspected cases in women in the age group of 20 to 59 years by mar-

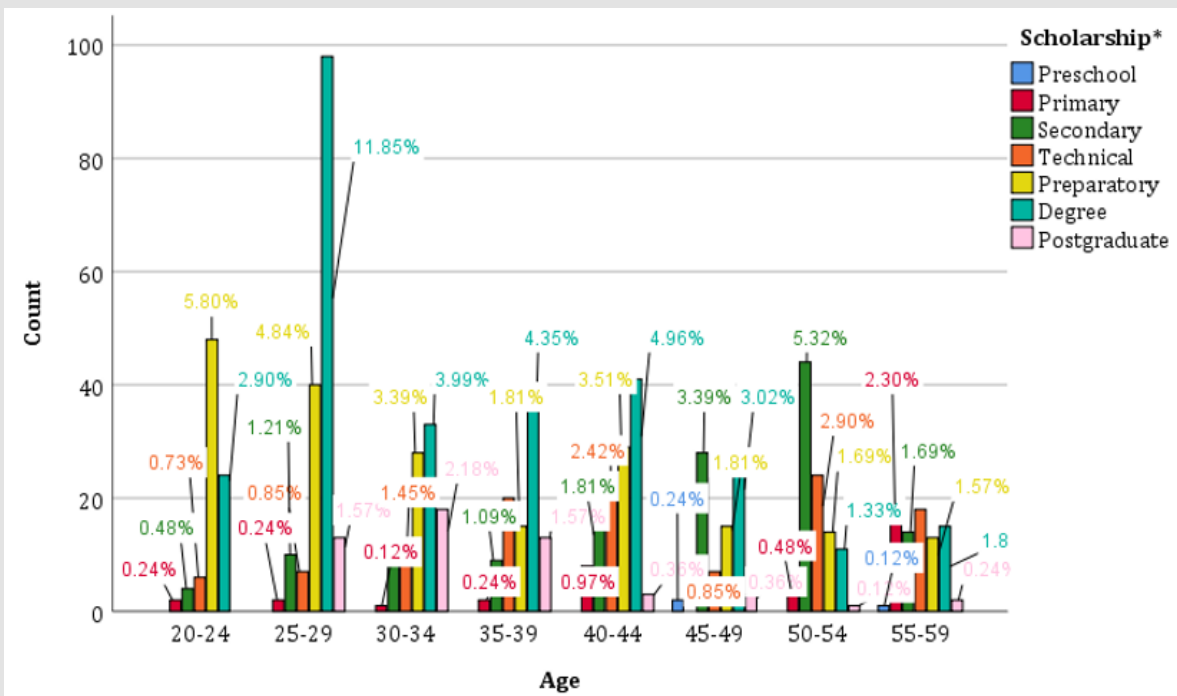
ital status, predominance separated in first place 7.87% (n= 17), followed by widowed 6.02% (n=13) in age group 55 to 59 years; single 7.41% (n=16) in age group 25 to 29 years, 95% CI (0.000 - 0.003), p =0.000 (Figure 4).

The negative cases were dominated by single marital status 14.03% (n= 116) and 7.50% (n=62) in the age group 20 to 29 years and 20 to 24 years; respectively, 95% CI (0.000 - 0.003), p =0.000 (Figure 5). The behavior of suspected cases in women in the age group of 20 to 59 years by monthly income, reports monthly income E: Low lower class with first place 12.50% (n= 27) in age group 55 to 59 years and 7.87 % (n= 17) in age group 50 to 54 years, 95% CI (0.000 - 0.003), p =0.000 (Figure 6). Negative cases also predominated E: the lower lower class 7.50% (n= 62) in the age group 50 to 54 years and second place 7.13% (n= 59) in the age group 20 to 24 years; respectively, 95% CI (0.037 - 0.051), p=0.037.



Note: *Pearson’s Chi-square test with p value < 0.05

Figure 1: Frequency of suspected cases of woman aged 20 to 59 years according to the WAST instrument by education as a method of detecting intimate partner violence at the U.M.F. 20 Vallejo.



Note: *Pearson’s Chi-square test with p value < 0.05

Figure 2: Frequency of negative cases of woman aged 20 to 59 years according to the WAST instrument by education as a method of detecting intimate partner violence at the U.M.F. 20 Vallejo.

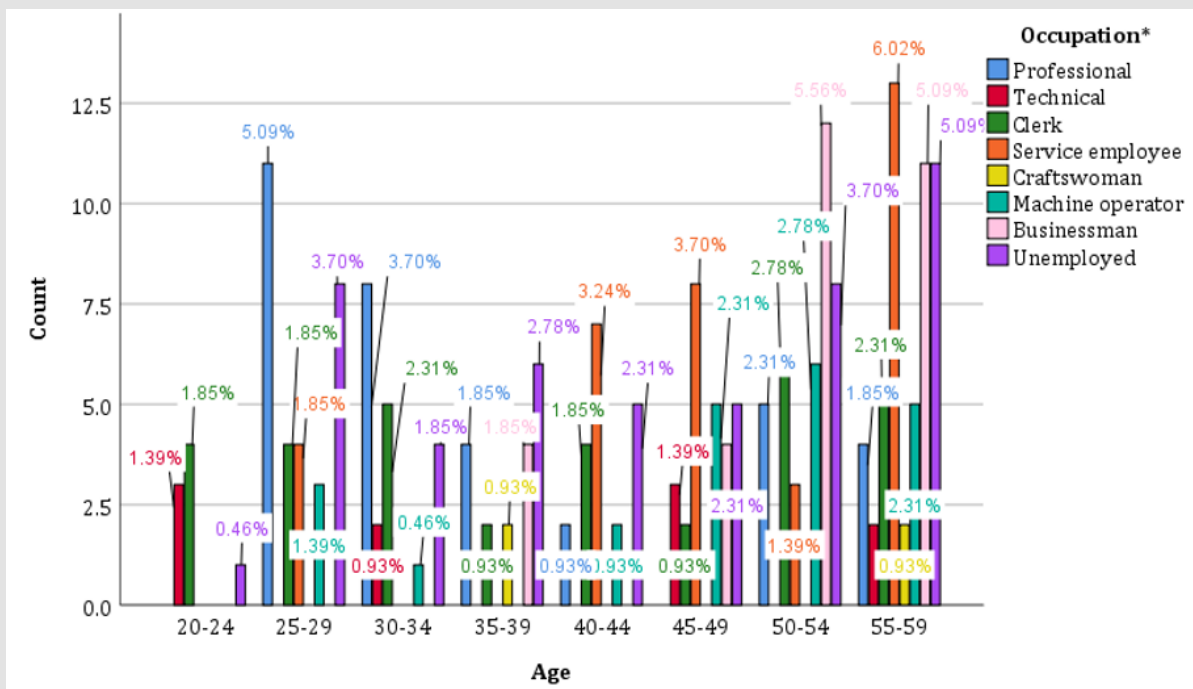
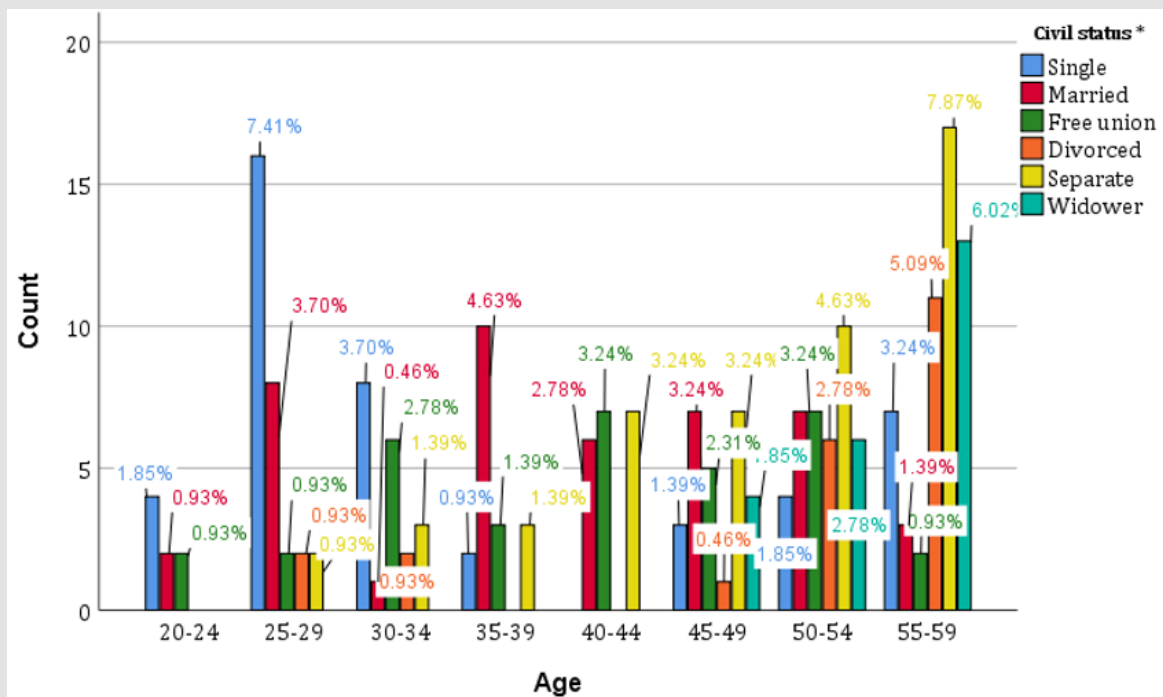
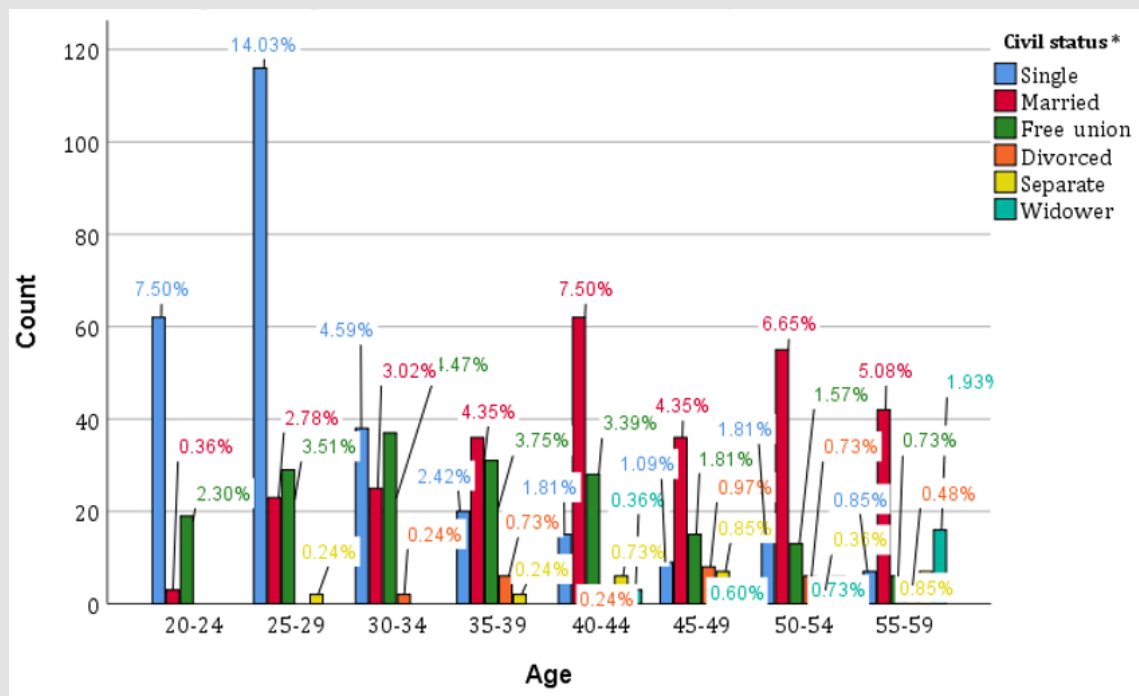


Figure 3: Frequency of suspected cases of woman aged 20 to 59 years according to the WAST instrument by occupation as a method of detecting intimate partner violence at the U.M.F. 20 Vallejo.

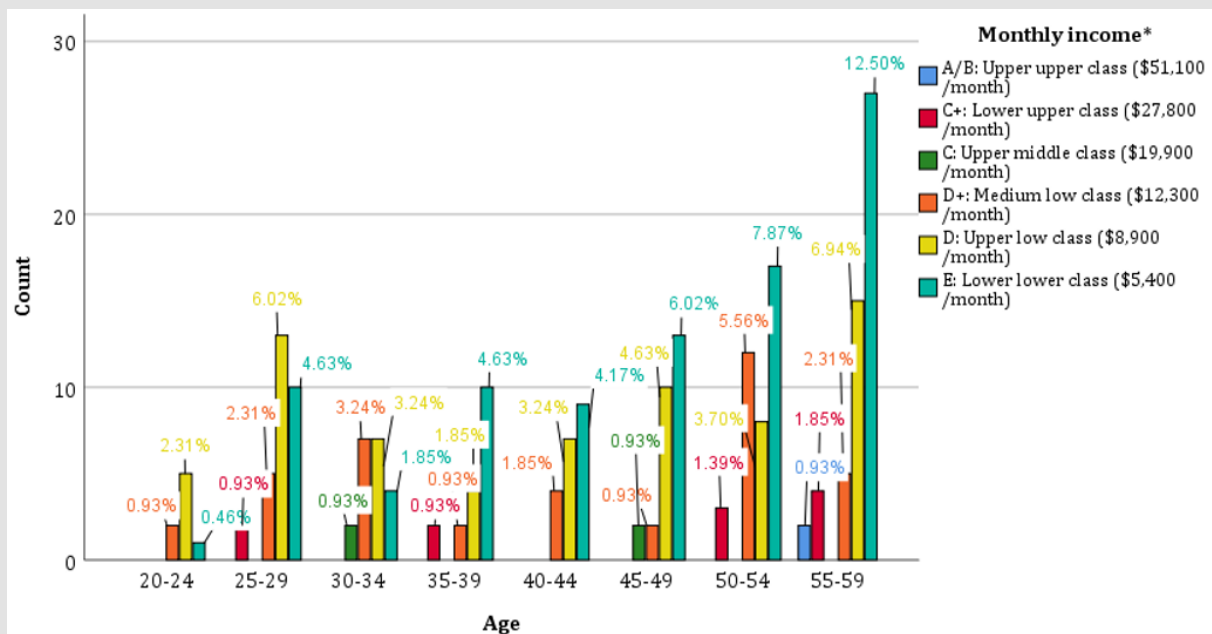


Note: *Pearson’s Chi-square test with p value < 0.05
 Figure 4: Frequency of suspected cases of woman aged 20 to 59 years according to the WAST instrument by civil status as a method of detecting intimate partner violence at the U.M.F. 20 Vallejo.



Note: *Pearson’s Chi-square test with p value < 0.05

Figure 5: Frequency of negative cases of woman aged 20 to 59 years according to the WAST instrument by civil status as a method of detecting intimate partner violence at the U.M.F. 20 Vallejo.



Note: *Pearson’s Chi-square test with p value < 0.05

Figure 6: Frequency of suspected cases of woman aged 20 to 59 years according to the WAST instrument by monthly income as a method of detecting intimate partner violence at the U.M.F. 20 Vallejo.

Discussion

It is important to consider the social context of the present study in relation to the place where it was carried out as a method to detect intimate partner violence in women in suspected cases where significant differences were reported in separated marital status, primary schooling and age from 55 to 59 years. with 24.5% (n=53), unlike a study carried out on women in Brazil where post-traumatic stress disorders due to sexual assault were studied, which contrasts with age (24.4 years), education (secondary) and marital status [47] (single); without significant difference for education and marital status., another study from Brazil reports physical violence against women where married marital status, occupation as a housewife and ages between 20 and 40 years predominate [48]. Similar psychological dimensions involved in the WAST instrument of our study were developed in a study from Chile with gender violence in university students, reporting psychological violence through emotional blackmail and threats with a prevalence of 28% and 30.4%, respectively. Also highlighting that higher education is not a protective factor against gender violence [49], however there are mechanisms such as reporting to respond and preventive actions with care workshops [50].

In Spain, a study carried out on childhood victimization reported an increase of 4.7 times the risk of presenting a risk of victimization in the partner (p=0.002) and 3.1 times the risk of presenting it in women vs. men (p=0.016). [51] In Colombia, it was determined that those who seek social support for gender violence are separated-divorced people [52]. In Ecuador, the poverty factor has a risk of presenting violence against women, being consistent with our study, with reporting of E: low lower class in suspected cases as a method to detect intimate partner violence in women with 12.50% (n= 27), predominantly [53].

Conclusion

In the present study, it was possible to identify a prevalence of 20.7% in women aged 20 to 59 years in the context of the U.M.F. 20 "Vallejo" who are at risk of suffering intimate partner violence, with specific characteristics in certain age groups, education, occupation and monthly income, this corresponds to continuing with prevention actions in social, psychological and clinical aspects on the risk of suffer intimate partner violence to avoid recurrence and improve the quality of life of users.

Gratefulness

To the management staff of the OOAD DF Norte, director of the UMF 20, to the medical staff who contributed as a work team to make this article a reality for the benefit of IMSS users.

Ethical and Legal Aspects

Data was included in a registry approved by the ethics and health research committee.

Conflict of Interests

The researchers of this article declare that there is no financial interest or conflict of interest.

References

- (2023) REAL ACADEMIA ESPAÑOLA: Diccionario de la lengua española. Madrid.
- Kaufman M, Eschliman E, Sanchez Karver T (2023) Differentiating sex and gender in health research to achieve gender equity. *Bull World Health Organ* 101(10): 666-671.
- Sánchez-Sánchez T (2020) Sexo y género: una mirada interdisciplinar desde la psicología y la clínica. *Sex and gender: an interdisciplinary vision from psychology and the clinical practice. Rev Asoc Esp Neuropsiq* 40(138): 87-114.
- Díaz Martínez JA, Rodríguez Rodríguez RM (2022) Introducción a la sociología actual. Primera edición. UNED.
- García-Hernández B (2020) Mujer o la edad de la pubertad: significado primario y origen etimológico. *Revista de Estudios Latinos (RELat)* 20: 11-32.
- Misses-Liwerant JB (2020) Dossier: Pensar mujer y género en el siglo XXI. *Mujer y género en el siglo XXI. Perspectivas, implicaciones y dilemas. Revista Mexicana de Ciencias Pol* 65(240): 9-24.
- Ahmad J (2017) Feminism: An Overview. *International Journal of Research* 4(13): 3372-3376.
- Ranjan R (2019) Understanding feminism. *International Journal of English Language, Literature and Translation Studies (IJELR)* 6(4): 120-122.
- Ferrer Valero S (2017) El Siglo XIX. Primeros feminismos. En: Ferrer Valero S, Íñigo-Fernández LE. *Breve historia de la mujer. Primera edición. Madrid: Ediciones Nowtilus, S.L., pp. 219-232.*
- (2018) Universidad Nacional Autónoma de México-Instituto de Investigaciones Históricas. *La historia de las mujeres: Una historia social o una historia de género. Históricas Digital*, pp. 159-169.
- Galeana P (2017) La Historia del feminismo en México. En: Esquivel G, Ibarra-Palafox FA, Salazar-Ugarte P (Eds.). *Cien ensayos para el centenario Constitución Política de los Estados Unidos Mexicanos, tomo 1: Estudios históricos. BIBLIOTECA JURÍDICA VIRTUAL*, pp. 101-19. ISBN tomo 1: 978-607-02-8671-1.
- García MAG (2017) Breve recorrido por la historia del Feminismo. *HA*. 3(35): 106-113.
- (2020) Programa Nacional para la Igualdad entre Mujeres y Hombres 2020-2024. México: Instituto Nacional de las Mujeres. Secretaría de Gobernación. Página Web.
- Bokser Misses Liwerant J (2020) Mujer y género en el siglo XXI. *Perspectivas, implicaciones y dilemas. Rev Mex Cienc Polit Soc* 65(240): 9-24.
- Valles Ruíz RM (2015) Primer Congreso Feminista de México: Los primeros pasos hacia la conquista del sufragio femenino. En: Galeana P (Edt.), *Historia de las mujeres en México. Primera edición. México: Instituto Nacional de Estudios Históricos*, pp. 250-263.
- Villagrán AM, Santirso FA, Lila M, Gracia E (2023) Attitudes toward intimate partner violence against women in Latin America: A systematic review. *Trauma, Violence, & Abuse*.
- Sardinha L, Maheu Giroux M, Stöckl H, Meyer SR, García Moreno C (2022) Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet* 399(10327): 803-813.

18. (2015) Cámara de Diputados del H. Congreso de la Unión. Ley General de Acceso de las mujeres a una vida libre de violencia. Secretaría de Servicios Parlamentarios.
19. Zhao Q, Huang Y, Sun M, Li Y, Lommel LL (2022) Risk factors associated with intimate partner violence against Chinese women: A systematic review. *Int J Environ Res Public Health* 19(23): 16258.
20. Duran S, Eraslan ST (2019) Violence against women: Affecting factors and coping methods for women. *The Journal of the Pakistan Medical Association* 69(1): 53-57.
21. Avellaneda F, Torres L (2023) VIOLENCE AGAINST WOMEN IN MEXICO CITY: A Cry for Change. En *International Responses to Gendered-Based Domestic Violence: Gender-Specific and Socio-Cultural Approaches*. Taylor and Francis, p. 51-57.
22. Garcia Esteve L, Torres A, Navarro P, Ascaso C, Imaz ML, et al. (2011) Validación y comparación de cuatro instrumentos para la detección de la violencia de pareja en el ámbito sanitario. *Medicina Clínica* 137(9): 390-397.
23. Yemane REH, Sokkary N (2022) Sexual assault/domestic violence. *Obstet Gynecol Clin North Am* 49(3): 581-590.
24. Chhabra M, Fiore LB, Pérez Villanueva S (2020) Violence against women: Representations, interpretations, and education. *Violence Against Women* 26(14): 1743-1750.
25. Choque O, Pilco RM, Flores J, De La Macarena LA (2019) Determinantes sociodemográficos y la violencia contra la mujer. Tacna Perú: un análisis retrospectivo de los datos de los centro de emergencia mujer. *Rev Peru Investig Matern Perinat* 8(3): 34-39.
26. Edeby A, San Sebastián M (2021) Prevalence and sociogeographical inequalities of violence against women in Ecuador: a cross-sectional study. *Int J Equity Health* 20(1).
27. Skandro S, Abio A, Baernighausen T, Michael Lowery Wilson (2024) Socio-demographic determinants of intimate partner violence in Angola: a cross-sectional study of nationally representative survey data. *Arch Womens Ment Health* 27: 21-33.
28. Restrepo A, Montoya N, Zuluaga L (2022) Typologies of Intimate Partner Violence Against Women in Five Latin-American Countries: A Latent Class Analysis. *Int J Public Health* 19(67).
29. Tullio V, Lanzarone A, Scalici E, Vella M, Argo A, et al. (2021) Violence against women in heterosexual couples: A review of psychological and medico-legal considerations. *Med Sci Law* 61(1_suppl): 113-124.
30. Keating C, Treves Kagan S, Buller AM (2021) Intimate partner violence against women on the Colombia Ecuador border: a mixed-methods analysis of the liminal migrant experience. *Confl Health* 15(1): 24.
31. Bott S, Ruiz Celis AP, Mendoza JA, Guedes A (2022) Correlates of co-occurring physical child punishment and physical intimate partner violence in Colombia, Mexico and Peru. *BMC Public Health* 22(1).
32. Aboagye RG, Ahinkorah BO, Tengan CL, Salifu I, Acheampong HY, et al. (2022) Partner alcohol consumption and intimate partner violence against women in sexual unions in sub-Saharan Africa. *PLoS One* 17(12): e0278196.
33. Bott S, Guedes A, Ruiz Celis AP, Mendoza JA (2022) La violencia por parte de la pareja íntima en las Américas: una revisión sistemática y reanálisis de las estimaciones nacionales de prevalencia. *Rev Panam Salud Publica* 45: 1.
34. Começanha R, Maia Â (2018) Screening tool for psychological intimate partner violence: Portuguese validation of the Psychological Maltreatment of Women Inventory. *Violence Vict* 33(1): 75-90.
35. Hegarty K, Spangaro J, Kyei Onanjiri M (2021) Validity of the ACTS intimate partner violence screen in antenatal care: a cross sectional study. *BMC Public Health* 21(1733).
36. Zapata-Calvente AL, Megías JL, Velasco C, Caño A, Khan KS, et al. (2022) Screening for intimate partner violence during pregnancy: a test accuracy study. *Eur J Public Health* 32(3): 429-435.
37. Cjuno J, Rengifo CA, Palomino EB, Ramírez RG, Bardales RP, et al. (2022) Adaptation and validation of the woman abuse screening tool (WAST) in peruvian university students 41(5): 462-467.
38. Brown JB, Lent B, Brett PJ, Sas G, Pederson LL, et al. (1996) Development of the Woman Abuse Screening Tool for use in family practice. *Fam Med* 28: 422-428.
39. Fogarty CT, Brown JB (2002) Screening for Abuse in Spanish speaking Women. *Journal of the American Board of Family Practice* 15(2): 101-111.
40. Pichiule-Castaneda M, Ana GG, Marisa PA, Luisa LL, Maria OG, et al. (2020) Validation of the short version of the Woman Abuse Screening Tool (WAST) in the general population. *Gac Sanit* 34(6): 595-600.
41. Rabin RF, Jennings JM, Campbell JC, Bair-Merritt MH (2009) Intimate partner violence screening tools: a systematic review. *American journal of preventive medicine* 36(5): 439-445.
42. Binfa L, Cancino V, Ugarte I, Mella M, Cavada G, et al. (2018) Cultural adaptation and translation of the Woman Abuse Screening Tool. *Revista médica de Chile* 146(3): 331-340.
43. Medina Núñez I, Medina Villegas A (2020) Violencia contra las mujeres en las relaciones de pareja en México. En: *Estudios de género: mudanças e permanências nas relações de poder*. Editora Artemis, p. 39-66.
44. Rosas-Muñoz OA, Arrambí-Díaz C, Luna-Bernal IJ, Lugo-Valenzuela R (2022) Dependencia emocional y violencia de pareja en usuarias del primer nivel de atención. *Rev Mex Med Fam* 9(1): 5-11.
45. (2022) Instituto Mexicano del Seguro Social. Implementa IMSS módulo para la detección de violencia familiar en su aplicación digital. México: Gobierno de México.
46. (2021) Instituto Mexicano del Seguro Social. Encuesta sobre Violencia Contra la Mujer. México: Gobierno de México.
47. Yeh MSL, Poyares D, Coimbra BM, Mello AF, Tufik S, et al. (2021) Subjective and objective sleep quality in young women with posttraumatic stress disorder following sexual assault: a prospective study. *Eur J Psychotraumatol* 12.
48. Ribeiro Ferreira PG, Patrocino L, Dumont-Pena Érica, Ferreira Lachtim SA (2024) Violência física contra mulheres: revisão integrativa no campo da saúde: Physical violence against women: integrative review in the field of health. *Rev. Saúde Col. UEFS* 14(1): e8366.
49. Trujillo Cristoffanini M, Hernández P (2020) Violencia de género: prevalencia, imaginarios sexistas, y mitos en la juventud universitaria. *Apuntes. Revista de ciencias sociales* 48(88).
50. Ramis Bravo ME, Castillo Gil CI (2023) Violencia de género en el contexto universitario: revisión sistemática. *REPSI - Revista Ecuatoriana de Psicología* 6: 240-255.
51. TasaVinyals E, Emma PJ, Pere RP, García E, M Jose AA, et al. (2021) Prevalencia de victimización por violencia infantil y de pareja en mujeres y hombres que viven con un diagnóstico de trastorno mental grave. *Psicosomática y Psiquiatría* 15.
52. Reina Barreto JA (2021) Relación entre violencia de género por la pareja y apoyo social en mujeres colombianas. *Análisis con perspectiva de género. Cuad Trab Soc* 34(2): 301-315.
53. Pérez-Martínez A, Rodríguez-Fernández A (2024) La violencia contra la mujer, una revisión sistematizada, pp. 139-158.

ISSN: 2574-1241

DOI: 10.26717/BJSTR.2024.56.008835

Gilberto Cruz Arteaga. Biomed J Sci & Tech Res



This work is licensed under Creative Commons Attribution 4.0 License

Submission Link: <https://biomedres.us/submit-manuscript.php>



Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles

<https://biomedres.us/>