

Research Article

# Intimate Partner Domestic Violence in Lockdown Context in Women in the Province of Chimborazo - A Cross-sectional Study

## Violencia doméstica de pareja en contexto de confinamiento en mujeres en mujeres de la provincia de Chimborazo. Estudio transversal

DJ, Guerrero-Vaca<sup>1\*</sup>, L, Cazho<sup>2</sup>, BE, Coello-Viñán<sup>3</sup>, GX, Váscónez-Merino<sup>4,5</sup>

IX CONGRESO  
INTERNACIONAL DE  
INVESTIGACIÓN DE LA RED  
ECUATORIANA DE  
UNIVERSIDADES Y  
ESCUELAS POLITÉCNICAS Y  
IX CONGRESO  
INTERNACIONAL DE  
CIENCIA TECNOLOGÍA  
EMPRENDIMIENTO E  
INNOVACIÓN  
SECTEI-ESPOCH 2022

<sup>1</sup>Grupo de investigación PSYCOMED. Escuela Superior Politécnica de Chimborazo (ESPOCH). Facultad de Salud Pública. Escuela de Medicina. Riobamba, Ecuador.

<sup>2</sup>Hospital de especialidades Carlos Andrade Marín (HCAM). Quito-Ecuador

<sup>3</sup>Ministerio de Salud Pública. Coordinación Zonal 3-Salud. Centro de Salud tipo A Licán. Licán, Ecuador.

<sup>4</sup>Facultad de Ciencias Políticas y Administrativas. Universidad Nacional de Chimborazo. Riobamba, Ecuador.

<sup>5</sup>Instituto Superior Tecnológico José Ortega y Gasset. Riobamba, Ecuador

### ORCID

DJ, Guerrero-Vaca: <https://orcid.org/0000-0002-4444-0070>

Corresponding Author: DJ,  
Guerrero-Vaca; email:  
dario.guerrero@epoch.edu.ec

**Published:** 9 November 2023

**Production and Hosting by  
Knowledge E**

© DJ, Guerrero-Vaca  
et al. This article is distributed  
under the terms of the  
[Creative Commons  
Attribution License](#), which  
permits unrestricted use and  
redistribution provided that  
the original author and  
source are credited.

### Abstract

Intimate partner violence continues to be a public health problem, especially due to persistent increase in violence against women in all contexts and settings. The objective of this study is to explore violence against the female gender considering different sociodemographic contexts during confinement due to COVID-19. The study included 350 female residing in the province of Chimborazo, Ecuador, who lived with their partner or spouse during confinement due to the public health emergency ascribed to COVID-19. An online survey was conducted on physical and psychological intimate partner violence and sociodemographic characteristics as determinants of the prevalence of violence. The Chi2 test was used to assess whether there were differences between the groups that suffered violence before and during quarantine, and the probability of risk of suffering gender violence in different socio-demographic settings was estimated through the logistic regression test. The analyses were carried out using the R statistical software. The findings of this study show that there has been an increase in gender violence during the pandemic, especially on the female gender who live in urban areas, under the age of 30, and with medium or low educational levels. These results provide empirical evidence of the negative impact that confinement and the COVID-19 pandemic have on the presence of violence against women, and that could contribute to the development of preventive interventions to alleviate this social problem with medium and long-term proposals.

**Keywords:** *gender violence, Covid-19, gender, Chimborazo.*

### Resumen

La violencia de pareja sigue siendo un problema de salud pública, especialmente debido al aumento persistente de la violencia contra la mujer en todos los contextos y entornos. El objetivo de este estudio es explorar la violencia contra el género femenino considerando diferentes contextos sociodemográficos durante el confinamiento por COVID-19. La muestra incluyó a 350 personas del género femenino residentes en la provincia de Chimborazo, Ecuador, que vivían con su pareja o cónyuge durante el confinamiento

 OPEN ACCESS



debido a la emergencia de salud pública atribuida al COVID-19. Se realizó una encuesta en línea sobre la violencia física y psicológica de la pareja y las características sociodemográficas como determinantes de la prevalencia de la violencia. Se utilizó la prueba de Chi2 para evaluar si existían diferencias entre los grupos que sufrieron violencia antes y durante la cuarentena, y se estimó la probabilidad de riesgo de sufrir violencia de género en diferentes entornos sociodemográficos a través de la prueba de regresión logística. Los análisis se llevaron a cabo utilizando el software estadístico R. Los hallazgos de este estudio muestran que ha habido un aumento de la violencia de género durante la pandemia, siendo mayor para las personas del género femenino que viven en áreas urbanas, menores de 30 años y con niveles educativos medios o bajos. Estos resultados proporcionan evidencia empírica sobre el impacto negativo que el confinamiento y la pandemia de COVID-19 tienen en la presencia de violencia contra las mujeres, y que podrían contribuir al desarrollo de intervenciones preventivas para aliviar este problema social con propuestas a mediano y largo plazo.

**Palabras Clave:** *Violencia de género, Covid-19, género, Chimborazo.*

---

## 1. Introduction

The violence experienced by thousands of women and people who identify with the female gender around the world, everyday has been aggravated and increased significantly due to confinement by COVID-19 [1, 2]. The measures taken to prevent the spread of the virus have been based on confinement and restriction of mobility, however, these provisions could promote the escalation of gender-based violence, especially intimate partner domestic violence (IPDV) [3]. Many women are forced to remain at home with their aggressors, putting their physical, mental and emotional integrity, as well as that of their families, at risk [1].

Gender-based violence is defined as any violent act or behavior based on gender that causes damage at a physical, psychological, social or sexual level, generally produced by the partner [1]. These types of actions usually last several years, and their sequelae increase progressively, and can lead to femicide or suicide of the victim [2]. The United Nations (UN) mentions that, in the last 12 months, 243 million women and girls around the world, between the ages of 15 and 49, have suffered some type of sexual or physical violence by a sentimental partner. In Ecuador, according to the gender-based violence survey, 65 out of 100 women have suffered some type of violence by their partner throughout their lives [4]. When making a statistical comparison, it is observed that in 2019 there is a decrease of less than 23% in cases of violence compared to this year [5]. In addition, according to the survey carried out by the Ecuadorian Center for the Promotion and Action of Women [6], 28 out of 100 women said they suffered physical violence, and one in ten respondents are victims of sexual violence so far this year.



Within a social and cultural framework, violence against women is based on the idea that women are the property of men. García-Moreno et al 2006, as cited in [7] references that violence against women “is linked to inequities in the power relations between men and women in the social, economic, religious and political settings, despite advances in national and international regulations in favor of equal rights”.

In times of pandemic, the economic situation of families decreases [8]; In this sense, the decrease in economic activity, as an undesired effect of the current situation, increases the levels of violence in homes [9]. 85% of the women surveyed by CEPAM affirmed that the economic situation and unemployment are causing mistreatment of women [6]. In addition to the aforementioned causes, other triggers are added [8]. Another factor associated with the increase in violence against women could be linked to the difficulty of accessing support networks; specifically, due to the confinement, harassment and constant vigil of the aggressor, and the lack of contact with family and close friends, who could provide help to a person living in situations of violence [10].

The relevant clinical manifestations presented by a violent woman are multiple, standing out: low self-esteem, insomnia, loss of appetite, social isolation, relevant psychiatric disorders with symptomatic prevalence of suicidal ideation, anxiety disorders, post-traumatic stress or behavior disorders due to use of substances [11, 12]. In addition, it has been detailed that it can contribute to the development of psychological characteristics that influence the continuity of the cycle of violence, for example, emotional dependence, maladaptive central beliefs or the same learned helplessness [13-15].

Although no less significant, some authors also highlight psychological characteristics associated with a person’s violent behavior. The aggressor is characterized as a person who has emotional dysregulation, jealousy, low tolerance for frustration, low self-esteem, ideas of greatness and superiority, [16, 17]; they are also associated with impulsive and paranoid personality traits [8].

Although there is research on the increase in violence, there is little empirical evidence related to the influence of sociodemographic data on this pandemic-violence interaction. Therefore, the main objective of this research is to explore the increase in intimate partner violence in confinement situations due to the COVID-19 pandemic in women in the province of Chimborazo, Ecuador. The results presented could contribute to the proper management of effective and rapid strategies and/or measures to mitigate intimate partner violence against women in the context of the health emergency and thereby plan actions in the short, medium and long term that contribute to its physical and emotional well-being.



## 2. Materials and Methods

### 2.1. Design

Non-experimental, cross-sectional study.

### 2.2. Participants

Female persons residing in the province of Chimborazo, of legal age, who live with their partner or spouse during confinement due to the health emergency ascribed to COVID-19 were considered. Participants were recruited using non-probability snowball convenience sampling [18]. The inclusion criteria were married or common-law women living with their partner or spouse during confinement for COVID-19, women of legal age (between 18 and 65 years old), women who agreed to answer the virtual survey and who reside in the province of Chimborazo. Seven participants were excluded from the study whose answers were incomplete or showed inconsistencies in the data (age less than 18 years  $n = 3$ , resident outside of Ecuador  $n = 2$  or who did not live with their partner during the period of confinement  $n = 2$ ).

### 2.3. Measures

The data was collected through a virtual survey that was shared via email and social networks during July-September 2020. The data collection instrument was applied based on personal data (which did not include name or any personal identification data), age, sociodemographic data (marital status, current canton of residence, occupation, level of education) and a survey aimed at intimate partner domestic violence, based on the National Survey on Family Relations and Gender Violence against Women [4], questions related to physical and psychological violence were selected from this survey and questions related to patrimonial violence, sexual violence, or gynecological or obstetric violence, which did not correspond to the objective of this research, were excluded. Seven questions about physical or psychological violence were included with response options with three scales, for example: "The aggression suffered seemed: serious, very serious, not important," and it was asked about this situation considering the scenario before and during confinement. A validation of the general questionnaire was carried out through the judgment of 5 experts, using the Delphi method [19].



## 2.4. Procedure

The data was collected through a virtual survey that was shared via email and different social networks (Facebook, WhatsApp, Instagram, Twitter), during July-September of the year 2020. The survey had an average duration of 10 minutes of application.

## 2.5. Ethical Considerations

The participation of the women was absolutely voluntary. The online survey showed women the informed consent model at the beginning of the survey, if the survey was answered negatively, it was automatically closed. This work has the approval of the research ethics committee for human beings of the Carlos Andrade Marín Hospital. Quito- Ecuador code: # 008 of July 16, 2020.

## 2.6. Statistical Analysis

Analyses were carried out with R and R studio software. A normality analysis was performed for all quantitative variables, those that followed a non-normal distribution were represented with descriptive statistics: median, interquartile range, minimum and maximum. Nominal variables were represented by number and percentage. For the hypothesis test analysis, the Chi2 statistical test and logistic regression were used.

Sociodemographic conditions (independent variable) of gender violence were considered as age (over 30 years), the canton of residence, the area of residence (urban or rural) and the level of education (female university students and other levels of education). A statistically significant difference was considered when the p value was <0.05.

## 3. Results

A general analysis of the study group was carried out, finding a minimum age of 18 years, maximum of 65 years, interquartile range 10.38 and median 33.5. (Table I) shows the general and sociodemographic characteristics of the study population, with a maximum age of 65 years, a minimum of 18, and a median of 33.5 years. Of the participants, 41.14%, 31.43% and 27.43% correspond to the cantons of Riobamba, Guano and Chambo respectively. 57.71% of women correspond to the urban sector and 42.29% to the rural sector. The occupation that predominates among the participants is housewife with 51.14%, followed by public or private employee with 27.43% and 21.43% were students.



The level of secondary education (complete or incomplete) stands out with 44.57%, incomplete primary and higher education has a parity of 19.43% and finally 16.57% had complete higher education.

**Tabla 1**

*General and Demographic Characteristics of the Study Population.*

Characteristics of the Sample	n=350 (100%)
<b>Town</b>	
Riobamba	144 (41.14%)
Chambo	96 (27.43%)
Guano	110 (31.43%)
<b>Neighborhood</b>	
Rural	148 (42.29%)
Urban	202 (57.71%)
<b>Occupation or profession</b>	
Housewife	179 (51.14%)
Public or private employee (without quarantine break)	96 (27.43%)
Student	75 (21.43%)
<b>Education Level</b>	
Primary education (complete or incomplete)	68 (19.43%)
Secondary education (complete or incomplete)	156 (44.57%)
Bachelor's or equivalent level	58 (16.57%)
Bachelor's or equivalent level (incomplete)	68 (19.43%)

(Table II) shows the result of gender violence before and during the COVID-19 quarantine, in which, an increase of 53.43% of women attacked during confinement was observed compared to 38.57% before it. Regarding the type of violence, the increase in combined psychological plus physical violence of 62.03% stands out, compared to 47.40% before confinement. 57.75% mentioned that the violence they experienced was unimportant and 45.99% of the women indicated that the scenarios of violence occurred many times. Of the women who experienced violence during confinement, 53.3% reported the incident to a relative or acquaintance and only 20.32% reported the acts of violence. Regarding the consequences of the aggression, 71.66% had psychological and physical consequences.

(Table III) describes the differences in terms of gender violence and different sociodemographic conditions. In this sense, the probability of risk of suffering gender violence was observed, being 23.48 times higher in women living in urban areas compared to women living in rural areas. When adjusting the statistical test for age (over 30 years) and level of education (female university students), the differences continued to be statistically significant ( $p$  value  $<0.05$ ).



**Tabla 2**

*Characteristics of Gender Violence Before and During the COVID-19 Pandemic.*

Characteristics of Gender Violence		n=350 (100,0%)		
	Before Quarantine n (%)	During Quarantine n (%)	P-value	
You have suffered physical or psychological violence	135 (38.57%)	187 (53.43%)	<0.001	
Has not suffered any type of violence	215 (61.43%)	163 (46.57%)		
<b>Types of violence</b>	<b>n (%)</b>	<b>n (%)</b>	<b>P-value</b>	
Psychological violence	51 (37.7%)	27 (14.44%)	<0.001	
Physical violence	20 (14.81%)	44 (23.53%)		
Psychological and physical violence	64 (47.40%)	116 (62.03%)		
Total	135 (100%)	187 (100%)		
<b>Severity of violence during quarantine</b>	<b>Acute 36 (19.25%)</b>	<b>Very acute 43 (22.99%)</b>	<b>unimportant 108 (57.75%)</b>	
<b>Frequency of violence during quarantine</b>	<b>Once 18 (9.63%)</b>	<b>Rarely 83 (44.38%)</b>	<b>Often 86 (45.99%)</b>	
<b>He recounted the incident</b>	<b>Yes 50 (53.3%)</b>	<b>No 137 (46.6%)</b>		
<b>Reported the incident</b>	<b>Yes 38 (20.32%)</b>	<b>No 149 (79.68%)</b>		
<b>Consequences of the Aggression During Quarantine</b>		27 (14.44%)	14 (7.49%)	134 (71.66%)
Psychological				12 (6.42%)
Physical				
Psychological and Physical				
None				

Note: \*\*p < 0,01

**Tabla 3**

*Relationship Between Intimate Partner Violence in Different Socio-Demographic Contexts.*

Variable	P-Value	N=350		
		OR	IC	
			2.5 %	97.5 %
Women living in urban areas	<b>0,000</b>	23.48	14.96	38.92
Women older than 30 years	<b>0,032</b>	12.34	8.61	16.48
College women	<b>0,021</b>	11.67	7.48	15.16

Note: \*\*p < 0.01

## 4. Discussion

Since the current pandemic situation caused by COVID-19 was declared, the different publications on gender violence and intimate partner violence almost always have a global focus and do not delve into other factors that can contribute to this phenomenon, such as the factor of sociodemographic [20]. In this way the present research explored intimate partner violence before and after the pandemic in a non-probabilistic sample of women from the province of Chimborazo. The sociodemographic factor was considered to explore the differences between groups. The findings of this study show that there is an increase in gender violence during the pandemic, being higher for women who live in urban areas and who are comprised of age groups under 30 and women with



medium and low levels of education. Furthermore, we found that aggressive behaviors were more frequent and severe.

The results observed in this research show a 14.86% increase in aggression to the women participating in the study during confinement by COVID-19. These data are supported by previous studies that have found a considerable increase in gender violence in the general population, which show a higher prevalence of violence against women today compared to other times or before the pandemic; specifically, 1 in 3 women, throughout their lives, have suffered some form of violence [21]. In Latin America, the rate of violence has also increased considerably as a result of the COVID-19 pandemic, for example, in Mexico there has been an increase of 70% [22], in Colombia 51% [23], in Brazil a 50% increase is reported, in Argentina a 39%, and in Ecuador, approximately 41 cases of violence against women were reported per day, figures very similar to those observed worldwide [24]. Regarding the greater frequency and severity of violent behaviors, some epidemiological investigations warn that the appearance of COVID-19 influences the development of clinical manifestations such as depression, anxiety or stress, variables that would modulate the loss of impulse control and the increase in aggressive behaviors against women, becoming more serious and more frequent. In addition, the combination of other factors such as confinement, frustration due to job loss, would contribute to making violent behavior greater and constant [25].

Another relevant factor that favors these aggressive behaviors that must be analyzed are the lack of support and response networks in the face of the victim's complaint, especially due to the distancing of family members or friends who were considered a support for the woman. It is necessary to emphasize that not being able to leave home, either due to fear of contagion of the virus or because the spouse carries out some kind of prohibition, means that women do not have contact with people, relatives or close friends who could pay attention to them or help in the situation of violence [10]. Other support networks such as those from the government also act as moderators in the increase in violence, because during the health emergency they focus on caring for infected people and reducing the spread of the virus rather than contributing to the prevention of violence. Indirectly, they would force the woman to stay with her perpetrator, generating a rebound effect on the victim, that is, greater tolerance to abuse, maladaptive core beliefs (e.g. "I deserve this") and, therefore, continuing with the cycle of violence, which would explain the considerable increase in situations of violence [26].

Likewise, recent literature emphasizes that violence revolves around three fundamental axes: direct, structural and cultural violence; the direct being only the testimony of all the parts that make up the dynamics of the violence and not the cause to be



dealt with. [27] indicates that the type of gender violence that is deeply damaging is that which is invisible and that, with the passage of time, becomes normalized; also known as structural violence. In other words, the same social structure contributes to inequality, establishing a hierarchical order and holding of power in terms of gender, which unleash the belief of supremacy and therefore violence against women.

On the other hand, it has been shown that violent behaviors do not appear in a single type, but appear overlapping in this context, the values found in the present research corroborate the literature, finding as a result the combined violence between psychological and physics; in addition to exhibiting an increase of 14.63% due to the impact of confinement when compared with the data prior to the pandemic. Along these lines, Europe has shown an increase from 43% to 70% in the domestic and sexual violence component, a trend that has been notably influenced, among other factors, by confinement, a phenomenon that would be associated with the presence of intense impulsive behaviors, triggering femicide, or even suicide by the victim [28]. Empirical evidence has associated the severity of violent behavior with femicide, the more serious the aggression, the greater the risk of a murder occurring against a woman [28, 29]. Although in Ecuador there have been no femicides directly related to the pandemic, national statistics reveal a notable increase during the months of confinement, specifically from January 1, 2020, to November 16, 2020, 101 femicides were registered in Ecuador, which indicates that every 72 hours a woman, girl or adolescent is a victim of femicide violence [4]. Therefore, isolation could be thought of as a contributing factor for the death of a woman due to violence, associated with the lack of social and cultural support [5].

When analyzing the sociodemographic variables of gender violence that involve women, in this study a higher prevalence of aggression was observed in women within the age range of 18 - 33. These results agree with other studies carried out before the pandemic, reflecting an increase in violent acts in adolescents and young people. Although finding a specific cause that details the initiation of violence against women can be complex, the presence of sociocultural risk factors could be associated with psychological effects caused by the pandemic, and that could favor an increase in aggressive behavior in these age groups; for example, the consumption of drugs or alcohol that are predictors of impulsive and violent behaviors towards another person, with a higher prevalence of men towards women [12]. It should also be noted that the consumption of alcohol and drugs has increased during the pandemic, which would cause a possible association with the increase in gender-based violence against women. In addition, there are psychopathological variables present in adolescents and young people that could be a risk factor for the appearance of violent behaviors,



specifically personality traits of the aggressor, considering that adolescence and part of youth is marked by emotional instability and a greater presence of impulsive behaviors [30, 31].

It is also evidenced that the level of education influences the presence of gender violence, specifically against women. An inversely proportional association was found with the degree of education of women, the most attacked being those women who have low education, in this case who have not finished university or only obtained lower grades (i.e. primary and secondary); while women with higher education degrees presented a lower percentage of aggression. At the global level, these data are similar, where women who have a high level of education are less exposed to acts of violence by their partners. The opposite happens when women have a low sociocultural level, with higher levels of violence, sectors where the social acceptance of violence, the stereotypes of masculinity and social privileges for men is more evident, leaving women in a subordinate position, which translates into a greater risk of intimate partner violence towards women. Although less plausible, these social, cultural and structural factors have been associated with a higher rate of violent behaviors in men who had a dysfunctional nuclear home, with experiences of violence and who also experienced child abuse [32].

The findings of this study also show that there is a greater likelihood for the risk of violence if a woman lives in urban areas, is under the age of 30 and does not have a postsecondary education. These data continue to be contrasted in other previous investigations, where greater gender violence is evidenced in rural sectors with a smaller population and that are isolated from large cities [33]. These data can be explained by the presence of cultural factors and inherited archetypes that even in urban societies are characterized, for example, in role beliefs marked by gender stereotypes, where the man is considered as dominant and who exercises control in a relationship. [34]. These results would be influenced by a higher prevalence of risk factors in the urban sector during the pandemic and which would be linked to the presence of violent and aggressive behaviors, such as alcohol consumption, unemployment, zealotry and interference from other members of the community or the family nucleus in the relationship [35]. It is necessary to clarify that in this study there were a greater number of women who were located in urban areas compared to women who resided in rural areas, so the characteristics of women who reside in rural areas should be assessed in greater depth in later studies.



## Limitations, Strengths and Implications:

The present study presents as strength, the analysis of a topic of social importance in a population that has not been analyzed (women from the province of Chimborazo) and that allows data to be shown on the situation of this population group. It should be noted that this study obtained data by collecting a virtual survey, so it can be thought that the survey was answered only by people with an internet connection, so it is recommended to carry out subsequent studies that consider population groups such as rural population and thus better visualize this reality.

## 5. Conclusion

The health crisis experienced by COVID-19 has put health systems, and social and economic structures to the test. It is expected that inequalities between population groups will increase during current times. Based on the findings of this study, it is concluded that there is an increase in intimate partner domestic violence during the pandemic, being higher for women who live in urban areas, who are under 30 and with average to low levels of education. These results provide empirical evidence on the negative impact that confinement and the COVID-19 pandemic have on the presence of violence against women. In this sense, the most effective political solutions in each country will be those that minimize their impact on the most vulnerable, women and girls, making it necessary to recognize the different sociodemographic factors that could be related to this condition.

## Conflict of interests

The authors declare that there is no conflict of interest both in the preparation and publication of this research work.

## References

- [1] Mas Camacho MR, Acebo Del Valle GM, Gaibor González MI, Chávez Chacán PJ, Núñez Aguiar FD, González Nájera LM, et al. Domestic violence and its repercussions in children in the Province of Bolivar, Ecuador. *Revista Colombiana de Psiquiatría (Engl Ed)*. 2020;49(1):23–28.
- [2] Llosa, Sebastián, Canetti. Depresión e ideación suicida en mujeres víctimas de violencia de pareja. *Psicología, Conocimiento y Sociedad*. 2019;9(1):138-160.



<https://doi.org/10.26864/PCS.v9.n1.1>

- [3] Munir MM, Munir MH, Rubaca U. The shadow pandemic: Violence against women in Pakistan during COVID-19 Lockdown. *Journal of International Women's Studies*. 2021;22(5):229–248. Available from: <https://vc.bridgew.edu/jiws/vol22/iss5/15>
- [4] Instituto Nacional de Estadística y Censos. Encuesta Nacional sobre Relaciones Familiares y Violencia de Género contra las Mujeres (ENVIGMU). 2019. Recuperado de [https://www.ecuadorencifras.gob.ec/documentos/web-inec/Estadisticas\\_Sociales/Violencia\\_de\\_genero\\_2019/Boletin\\_Tecnico\\_ENVIGMU.pdf](https://www.ecuadorencifras.gob.ec/documentos/web-inec/Estadisticas_Sociales/Violencia_de_genero_2019/Boletin_Tecnico_ENVIGMU.pdf)
- [5] Servicios integrados de seguridad ECU 911. Gestión del ECU 911 respecto a violencia intrafamiliar. 2020. Recuperado de <https://www.ecu911.gob.ec/gestion-del-ecu-911-respecto-a-violencia-intrafamiliar/>
- [6] Centro Ecuatoriano para la Promoción y Acción de la Mujer. Violencia contra las Mujeres. 2020. Recuperado de <https://cepamgye.org/es/campaigns/violencia-contra-las-mujeres/>
- [7] Vargas Murga H. Violencia contra la mujer infligida por su pareja y su relación con la salud mental de los hijos adolescentes. *Revista Medica Herediana*. 2017;28(1):48–58. Available from: [http://www.scielo.org.pe/scielo.php?pid=S1018-130X2017000100009&script=sci\\_arttext&lng=pt](http://www.scielo.org.pe/scielo.php?pid=S1018-130X2017000100009&script=sci_arttext&lng=pt)
- [8] Houseman B, Semien G. Florida domestic violence – StatPearls. NCBI. 2020. Recuperado de <https://www.ncbi.nlm.nih.gov/books/NBK493194/#article-40660.s1>
- [9] ONU MUJERES. La respuesta de ONU Mujeres a la crisis del COVID-19. 2020a. Recuperado de <https://www.unwomen.org/es/news/in-focus/in-focus-gender-equality-in-covid-19-response/un-women-response-to-covid-19-crisis>
- [10] Unidas N. Víctimas de la violencia doméstica atrapadas durante la pandemia. 2020. Recuperado de <https://www.un.org/es/coronavirus/articles/un-supporting-trapped-domestic-violence-victims-during-covid-19-pandemic>
- [11] Campbell JC. Health consequences of intimate partner violence. *Lancet*. 2002 Apr;359(9314):1331–1336.
- [12] Velarde RY. Violencia de pareja e ideación suicida en mujeres de la Institución Educativa Adventista 28 de Julio de la Ciudad de Tacna (Tesis de maestría). Recuperado de <http://repositorio.upeu.edu.pe/handle/UPEU/216>
- [13] Molina JE, Moreno JH. Percepción de la experiencia de violencia doméstica en mujeres víctimas de maltrato de pareja. *Universitas Psychologica*. 2015;14(3):997–1008.
- [14] Aiquipa JJ. Dependencia emocional en mujeres víctimas de violencia de pareja. *Revista de Psicología*. 2015;33(2):411–437.



- [15] Huerta R, Ramírez N, Ramos J, Murillo L, Falcón C, Misare M, et al. Esquemas cognitivos disfuncionales y dependencia emocional en mujeres con y sin violencia en la relación de pareja de la ciudad de Lima. *Revista de Investigaciones en Psicología*. 2016;19(2):145–162.
- [16] Cudris L, Mejía J, Barrios Á, Bahamón MJ, Alarcón Y. Sintomatología clínica en víctimas del conflicto armado colombiano e intervenciones psicosociales. In: Cudris L, Barrios Á, Bahamón M, Mejía G, Pérez E, editors. *Afectaciones psicológicas en víctimas del conflicto armado en Colombia*. Bogotá, Colombia: Uniediciones; 2019. pp. 32–36.
- [17] Cudris L, Guzmán CG, González AL, Silvera L, Bola no L. Malestar psicológico en víctimas de violencia sexual, intrafamiliar y del conflicto armado. *Tempus Psicológico*. 2020;3(1):81–102.
- [18] Johnston L, Sabin K. Sampling hard-to-reach-populations with respondent driven sampling. *Methodological innovations online*. 5 (2) 2010. Retrieve from; 2010. pp. 38–48. <http://www.methodologicalinnovations.org.uk/wp-content/uploads/2013/11/5.-Johnston-andSabin-English-formatted.pdf>
- [19] Linstone HA TM. *The Delphi method: Techniques and applications*. Reading. MA Addison WEsley Publ. 1975.
- [20] Wenham C, Smith J, Morgan R; Gender and COVID-19 Working Group. COVID-19: The gendered impacts of the outbreak. *Lancet*. 2020 Mar;395(10227):846–848.
- [21] Bott S, Guedes A, Ruiz-Celis AP, Mendoza JA. Intimate partner violence in the Americas: A systematic review and reanalysis of national prevalence estimates. *Rev Panam Salud Publica*. 2019 Mar;43:e26.
- [22] Pintle F. México se registran 2,500 llamadas diarias al 911 para denunciar violencia doméstica desde que inició la cuarentena. México: Business Insider México; 2020., Recuperado de <https://businessinsider.mx/violencia-domestica-aumenta-mexico-cuarentena-covid19/>
- [23] Ocampo A. Durante la cuarentena aumentaron las denuncias de violencia contra la mujer en un 51%. Colombia: RCN Radio. 2020. Recuperado de <https://www.rcnradio.com/colombia/durante-la-cuarentena-aumentaron-las-denuncias-de-violencia-contra-la-mujer-en-un-51>
- [24] Caivano J, Lalinde S, Ordóñez M. La violencia doméstica en tiempos de Covid-19: Respuestas estatales y alianzas en América Latina. *The Dialogue*. 2020. Recuperado de <https://www.thedialogue.org/blogs/2020/06/la-violencia-domestica-en-tiempos-de-covid-19-respuestas-estatales-y-alianzas-en-america-latina/?lang=es>



- [25] Chai J, Fink G, Kaaya S, Danaei G, Fawzi W, Ezzati M, et al. Association between intimate partner violence and poor child growth: Results from 42 demographic and health surveys. *Bulletin of the World Health Organization*. 2016 May;94(5):331–339.
- [26] Martín-Fernández M, Gracia E, Marco M, Vargas V, Santirso FA, Lila M. Measuring acceptability of intimate partner violence against women: Development and validation of the A-IPVAW Scale. *European Journal of Psychology Applied to Legal Context*. 2018;10(1):26–34.
- [27] Bonifaz R. Violencia contra la mujer. ¿Un problema de falta de normatividad penal o socio cultural? *Vox Juris*. 2019;37(1):163-175. <https://www.aulavirtualusmp.pe/ojs/index.php/VJ/article/view/1446/1218>
- [28] ONU MUJERES. Violencia contra las mujeres: la pandemia en la sombra. 2020b. Recuperado de <https://www.unwomen.org/es/news/stories/20204/statement-ed-phumzile-violence-against-women-during-pandemic>
- [29] Lorente M. Gender-based violence during the pandemic and lockdown. *Spanish Journal of Legal Medicine*. 2020;46(3):139–145.
- [30] Baloyi ME. The escalation of gender-based violence during lockdown as a practical theological concern in the South African Context. *Journal of International Women's Studies*. 2021;22(5):103–115. Available from: <https://vc.bridgew.edu/jiws/vol22/iss5/7>
- [31] Gessner R, Godoy. Atención Primaria de Salud y el tercer sector ante la violencia entre parejas adolescentes. *Revista Latino-Americana de Enfermagem*. 2020;28:e3341.
- [32] Hernández Vinuesa C. Violencia en las relaciones de Pareja de adolescentes (Tesis de pregrado). 2017. Recuperado de [http://193.147.134.18/bitstream/11000/6390/1/TFG\\_CORAL\\_14-06-2017\\_def.pdf](http://193.147.134.18/bitstream/11000/6390/1/TFG_CORAL_14-06-2017_def.pdf)
- [33] Gurrola-Peña GM, Balcázar-Nava P, Moysén-Chimal A, Garay-López J, Esquivel-Santoveña EE. Ecological approach to intimate partner violence on indigenous Mexican women. *European Scientific Journal*. 2016;10(10):568–76.
- [34] González Montes S. La violencia conyugal y la salud de las mujeres desde la perspectiva de la medicina tradicional en una zona indígena. En M. Torres Falcón (Ed.), *Violencia contra las mujeres en contextos urbanos y rurales* (segunda, pp. 153–194). México DF: El Colegio de México; 2006. <https://doi.org/10.2307/j.ctv513792.9>.
- [35] Rodríguez Hernández R, Esquivel-Santoveña EE. Prevalencia y factores asociados con la violencia de pareja en las adultas mayores mexicanas. *Salud Colect*. 2020 May;16:e2600.