



Research Article

Volume 24 Issue 5 - April 2023
DOI: 10.19080/JGWH.2023.25.556152

J Gynecol Women's Health

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Prevention of Femicide in Risk Populations



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Submission: April 03, 2023; **Published:** April 10, 2023

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Summary

This research has addressed the issue of femicide as the maximum expression of gender violence perpetrated against women in a context of generalized violence, in this article.

Aim: Review the effects of femicide in the high-risk population.

Material and Method: A documentary research was carried out, through bibliographic review of articles in indexed journals.

Result: the types of violence represent mechanisms to preserve and reproduce the situation of subordination of women to the exercise of male power in different areas. The need to study the phenomenon from those who face it is emphasized, to locate its manifestations and effects in order to avoid femicide.

Conclusion: Violence against women is one of the clearest manifestations of the inequalities they face in the different areas of private and public life, without early attention violence tends to increase, due to the severity of the case, various programs are established to provide advice and accompaniment to women at risk.

Keywords: Gender violence; Psychological aggression; Physical aggression; Cohabitants; Ex-cohabitants; Femicide; Femicide; Risk factors; Prevention

Introduction

Femicide, understood as the murder of women because they are women, is identifiable to a logic linked to unequal power relations. Therefore, it cannot be explained by individual or pathological characteristics of the aggressors, nor can we speak of causes, but of the common substrate as the only cause: situations of control and domination. From its first definitions to its current conception equated with genocide, the phenomenon of femicide is presented in various scenarios [1].

Family, sexual and violence against women could not be understood if it was separated from the cultural patterns that place women in a subordinate position with respect to men and from the social structure that gives them legitimacy and helps to perpetuate it. Gender-related norms and values maintain and reinforce violence against women. This phenomenon of violence causes very serious social and economic impacts that affect society as a whole, the institutions that compose them (families, companies,

communities, among others) and individuals (affected, children, neighbors, co-workers, employers). That is why all people must commit themselves to their prevention. These impacts are mainly found in the fields of health, education, labor, security, values and human rights [2]. That is why femicide is a serious public health problem, an obstacle to development and to a culture of peace and respect for human rights.

The costs generated by this violence are 7 out of 10 women in the world say they have suffered physical or sexual violence at some point in their lives. As many as 1 in 4 women experience physical or sexual violence during their pregnancy. According to the Economic Commission for Latin America and the Caribbean (ECLAC), 2,795 femicides were registered in the region in 2017 [2]. This figure applies only to women aged 15 years and older. Bolivia would be the country with the highest rate of femicides in the region: of every 100,000 women, 2 die because of this crime. It is followed by Paraguay, Ecuador, Uruguay and Argentina.

According to the data of the Action Plan "against femicides and sexist violence". Based on the importance of all the above, the objective of this work is to review the effects of femicide in the high-risk population [2].

Materials and Methods

The study is a documentary research, the information was collected and selected through the reading of documents, books, journals. The bibliographic search that was carried out, was oriented documents with maximum 5 years old for the selection of the information to be reflected in the study, considering that this study is a documentary research, the information was collected and selected through the reading of documents, books, indexed journals, articles from official sources and experts in the field.

Development

Femicide: A Phenomenon of a Thousand Faces

Femicide, understood as the murder of women because they are women, is identifiable to a logic linked to unequal power relations. Therefore, it cannot be explained by individual or pathological characteristics of the aggressors, nor can we speak of causes, but of the common substrate as the only cause: situations of control and domination [3]. Although the concepts to name this phenomenon are new, it is as old as patriarchy, it is evidenced in male dominance and female subordination; in the persecution of women suspected of sorcery, in the lynching of women in slave societies, in female infanticide, in domestic violence, among others. This shows that all patriarchal societies have used this practice as a form of punishment or social control exercised by men towards women.

Another example of this is the case of legal lesbicides (in Anglo-Saxon society, as a form of punishment of women who challenge or seem to challenge masculine forms of the feminine) or historically the rape and death of women in armed conflicts throughout the world [4]. Violence against women has a thousand faces' is the slogan chosen from the campaign, a forceful way "to sensitize citizens against the many ways in which patriarchy materializes". Defined sexist violence "as one of the worst scourges to which society is in front" and that so far this year has already claimed the life of almost 70 women in the country, the Delegation of Women of the consistory of Seville intends with this campaign "to expand awareness of the current macho forms in l to society because, sometimes, they are not perceived as such and, especially, to alert and support women who suffer gender violence in any of its manifestations" [5].

"Sexual harassment, rape in the family domain, prostitution or femicide suffered by many women in this globalized world" are "realities" that the City Council of Seville wanted to capture in the boot that appears on the poster of the campaign as "symbol of a macho power, which threatens us all". "We need to co-educate so that children look at this patriarchal and oppressive reality against

women as a past that they will not repeat" [5]. On the visual level, the campaign has opted for the game between black and white and color "as a reflection of the social hope that should encourage all citizens so that women and men advance in]".

Situation of Gender Violence in Ecuador

Family and gender-based violence is a public health problem due to its magnitude and transcendence, which has implications not only in physical injuries, but also in emotional and economic damage [1]. This diagnosis is based on the results of the National Survey on Family Relations and Gender Violence against Women, which was first conducted in Ecuador at the end of 2011; This is the second country in the region – after Mexico – to carry out an official survey on this social problem.

The name of the National Survey on Family Relations and Gender Violence against Women states that its purpose is to collect information on the aggressions or ill-treatment suffered by girls and women because they are women or, more precisely, because of their gender status. 6 out of 10 Ecuadorian women aged 15 or over have suffered one or more physical aggressions, psychological, sexual or patrimonial, because they are women [5]. The most frequent form of violence is psychological or emotional, as 53.9% of women report having suffered this type of violence. In second place is physical violence with 38%; followed by sexual violence which reaches 25.7%. In the country, at least 109 women or cidos per 100,000 women are reported. Between January 1, 2014 and November 18, 2018, 587 women have been murdered for reasons of gender. Ecuadorian Institute of Statistics and Census INEC. Percentage of adolescent women aged 15 to 19 who are mothers Gender Violence in Ecuador [6].

Ecuador is the third country in the region with the highest rate of child mothers. 17% of Ecuadorian adolescent women between 15 and 19 years old are mothers. 17,448 girls under the age of fourteen gave birth in Ecuador between 2009 and 2016. All victims of sexual violence. At least 1 in 10 women has experienced sexual abuse before the age of 18. Between 2015 and 2017, 27,666 complaints of sexual offences were registered throughout the country; Of these, 4,854 are against children and adolescents, of whom only half have been prosecuted. Of this half, only 817 cases have convictions, while in 271 cases the aggressor was acquitted. Of 4,854 cases of children who were able to break the family, social and institutional silence to report, only 17% of the cases obtained a conviction [5,6].

Prevention of Femicide in High-Risk Populations

The statistics mainly indicate that, among the problems in family relationships, or the so-called family dysfunctions are: lack of communication, economic problems, distrust, overwork, stress, exhaustion, machismo, adultery, alcoholism, dysfunctionality, abandonment, among others. Nursing intervention during the prevention of femicide violence: Identify and intervene in dysfunctional families: conflicts, losses or failures, separation,

moral or economic abandonment. Address the crisis of the current family by understanding that a family in crisis is not capable of protecting its own members [7].

a) Apply strategies aimed at achieving a correct exercise of paternity and a better functioning of the family.

b) Promote the development of healthy, stable and stimulating relationships between children and their parents.

c) It is necessary to promote the exercise of a new family capable of responding or intervening in case of violence, which can have repercussions as a protective factor to avoid being victims of violence.

d) In developed countries there is the NurseFamily Partnership home visiting programme [8] and the Triple Positive Parenting Programme (Triple P) [9].

In home visiting programmes, trained staff visit parents and children in homes and provide them with advice and support on health, educational development for the child and preparation of parents with a view to improving the child's health, building parents' capacity to care for children and preventing child abuse. While child-education programmes, such as Triple P, are usually developed in a centre and offered to groups of parents receiving social assistance; The aim is to prevent child abuse by improving parents' parenting skills, increasing their knowledge about their children's development and promoting positive strategies for dealing with them [8,9].

-Similar programs that may arise must start from the understanding that the approach to reality allows recognizing the cycle of violence and promoting concrete alternatives. Every cycle of family violence is characterized by accumulation of tension, reaction such as physical or verbal aggression, rationalization or justification of what happened and subsequent simulation of normality. In order to prevent their activation, the social isolation of victims' families should be reduced and they should be included in community networks and incorporated into treatments.

Currently, associated with the COVID-19 Pandemic, (10) violence against women is highly prevalent. Intimate partner violence is the most common form of violence. Globally, 1 in 3 women worldwide have experienced physical and/or sexual violence by an intimate person. The WHO [10] reports that intimate partner or sexual violence by any perpetrator in your life. Most of this is intimate partner violence, this violence against women tends to increase during every type of emergency, including epidemics. It affects women who are part of the displaced, refugees and living in conflict-affected areas who are particularly vulnerable.

While data is scarce, reports from China, the United Kingdom, the United States and other countries have seen an increase in domestic violence cases since the COVID-19 outbreak. According

to one report, the number of domestic violence cases reported at a police station in Jingzhou, a city in Hubei province, tripled in February 2020, compared to the same period last year [11].

The impacts of violence on health, particularly partner/ domestic violence, on women and their children, significant Violence against women can result in injuries and serious physical, mental, sexual injuries and reproductive health problems, including sexually transmitted infections, HIV and unplanned pregnancies.

WHO, [12] responds to interventions by health personnel by answering the question: I am a health worker. How can I help victims of violence during the COVID-19 pandemic?

As a health worker, there are things you can do to help reduce violence against women and children, at any time, including the COVID-19 pandemic. Although she may not have much time or resources due to the current health emergency, her duty is to care for women who seek help, often for physical and mental harm as a result of an assault.

If face-to-face care is not possible, you may need to change the way you work. You can study the possibility of using the mobile phone, WhatsApp or other communication channels to provide help, always avoiding endangering the victim. Tell women who may be at risk of any changes in the way they work. If a woman with confirmed or probable COVID-19 infection asks for help for violence, she should care for her in the same way as any other victim. Now, [12] be sure to take protective measures to avoid infection: maintain physical distance when possible, wear protective clothing, follow respiratory hygiene guidelines, and wash your hands regularly with soap and water and clean contact surfaces after touching.

In any situation, including the COVID-19 pandemic, health workers should provide frontline support to victims of violence by applying the following guidelines:

Listen carefully, empathize and do not judge.

Ask the victim what their needs and concerns are.

Give credit to their experiences and show understanding to their story.

Improve your security.

Support you to get in touch with more services.

Conclusion

Violence against women is one of the clearest manifestations of the inequalities they face in the different spheres of private and public life, without early attention violence tends to increase. Quarantine and isolation measures to prevent the COVID-19 coronavirus may lead to increased risks for women living in situations of domestic violence. The actions of nursing and the

health team should be directed to each of the causal factors of the perpetration of violence; as well as emphasizing a democratic cultural change of equity and tolerance, without neglecting the research sustained over time that allows proposing and redirecting the actions taken in this regard.

References

1. Viana M (2018) Femicide, extreme phenomenon of violence against women.
2. (2018) Economic Commission for Latin America and the Caribbean (ECLAC). Femicide, the most extreme expression of violence against women. Notes for Equality.
3. Pre Vi Mujer (2019) The thousand faces of Violence against Women.
4. Secretary of Health (2018) Prevention and Care of Family and Gender Rape 2013.
5. Salgado N (2019) Situation of Gender Violence in Ecuador.
6. García A (2018) Ecuador, third country in the region with the highest rate of pregnancies between 10 and 19 years.
7. Zumba D, "Family functionality as a determining factor of social skills in adolescents of the Don Bosco Project Foundation. Pontifical Catholic University of Ecuador. Ambato Headquarters, USA.
8. Nurse-Family Partnership (NFP) (2020) A lot is going to change. But you have it under control!.
9. Positive Responsibility Program (2020) Triple P Eliminates the guesswork of parenthood.
10. Arévalo J (2018) Proposal: nursing intervention model for the prevention and mitigation of family violence.
11. World Health Organization (WHO) (2020) COVID-19 and violence against women. What the health sector/system can do.
12. World Health Organization (WHO) (2020) Q&A: Violence against women during the COVID-19 pandemic.



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DOI: [10.19080/JGWH.2023.25.556152](https://doi.org/10.19080/JGWH.2023.25.556152)

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