



**STRATEGIES FOR NURSING INTERVENTION IN THE INTEGRAL HEALTH OF WOMEN VICTIMS OF INTIMATE PARTNER VIOLENCE, IN THE PREVENTION OF FEMICIDE IN AREQUIPA, PERU, 2018 – 2020.**

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**Abstract**

The **objective** of the study is to apply nursing intervention strategies for the restoration of the integral health of women victims of intimate partner violence, which will allow them to face such a difficult situation according to their needs, to prevent femicide. The instruments used were a sociodemographic scale to identify the types of intimate partner violence that affect their overall health and the Femicide Risk Prediction Scale. The results show that 70% of women's overall health is affected by physical and psychological violence, 60% by all types of aggression, after applying the nursing intervention strategies to strengthen their overall health, the risk of femicide varies positively by 65.4%, overall health is strengthened with a positive variation of 67.4%, with the application of McNemar, 95% confidence level and 5% error, statistical significance was found (0.0001), before - after application. **Conclusions:** The nursing intervention strategies from the perspective of strengthening the integral health of women victims of violence in the prevention of femicide, reached high significance, concluding that it has been effective. These **results** reveal the seriousness of the incidence of intimate partner violence against the integral health of women in our region and health professionals are in a privileged position to contribute to the solution of this serious public health problem.

**Keywords:** intimate partner violence, integrated health care, nursing strategies

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## INTRODUCTION

Worldwide, violence against women has increased and constitutes a serious human right and public health problem (1) that affects all sectors of society, the WHO states that domestic violence is "any act or intention that causes physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether in public or private life, that is, affects their overall health" (2).

In this regard, integral health or state of ideal well-being is the main condition for human development, achieved with the balance between physical, biological, emotional, mental, spiritual and social factors, which allow for adequate growth and development in all areas of life (3), the WHO considers that the human being as a whole must be taken into account and partner violence causes physical injuries, emotional and social problems and even death or femicide (4).

The violation of integral health produces intimidation and a lack of accurate coping that exposes the victims of violence to the risk of femicide, so this study sought to restore integral health in the physical, mental and social areas so that they feel strengthened and act on time with wise decisions in defense of their lives, through the application of a multidisciplinary program with 27 educational sessions and relaxation and productive workshops.

The cycle of violence, as proposed by Walker, comprises three phases: accumulation of tension, aggression itself, and reconciliation, which is why everything related to intervention in the prevention of femicide is of special interest. Proposals are needed with a specialized focus on comprehensive health care to achieve a successful recovery, otherwise, it contributes to the emergence of cancers, heart disease, stroke and HIV/AIDS, as victims of violence often somatize aggression and try to cope with their traumatic experiences by adopting risky behaviors and even suicide (5).

The types of violence that women suffer and that affect their integral health are: physical violence aimed at controlling the victim through physical force, including psychological coercion, which forces the woman to have sex in a forced manner, the

transmission of sexual diseases, premature abortions, sexual dysfunction, economic subjugation, and hinders her labor development, among others (6).

This problem is present worldwide and it is estimated that 37% of women in the poorest countries have suffered physical and/or sexual violence by their partners. Oceania, South Asia and sub-Saharan Africa have a higher incidence, while in Europe the rate is 16 to 23%, and in Latin America and the Caribbean, the rate is 25%. the episodes occurred from the beginning of the relationship (13.68%) or during a period of 1 to 5 years (30.45%) the most frequent was emotional violence (90%) followed by physical (67%), economic (31%) and sexual (14%) (7).

Femicide, is the last act in a chain of acts of violence against women, attempted femicide occurs when the agent carries out acts aimed at taking the life of a woman but fails because the victim survives the attack, CEIC defines femicide as "the action of killing a woman because of her status as a woman, in any of the following contexts: family violence; coercion, harassment or sexual harassment; abuse of power, trust or any other position or relationship that confers authority to the agent or any form of discrimination against women, usually in a conjugal or cohabitation relationship with the agent (8)

Thus, victims of femicide often have as a precedent several attempts at unaccepted denunciations. In Peru 2021, 147 women were murdered and 5000 disappeared, according to Andrea Pardo, part of the communication team of the NGO Manuela Ramos (9). The Ombudsman's Office reported 141 missing women from January 2022 to date, the regions with the most reports were Lima (66), Puno (11) and Arequipa (8). Regarding femicides and attempted femicides: Lima (4), Cusco (3), Puno (3), Arequipa (2), Apurímac, Lima, Provincias, Huancavelica, La Libertad, Loreto and Tacna (1 each) 2 Lima (4) Lima Provincias, Áncash, Ayacucho and Huancavelica (1 each) Arequipa (2) Ayacucho (2) Lima (1) Madre de Dios (1), (10).

The year 2018 saw the approval of the update of the Inter-institutional Protocol for Action against Femicide, Attempted Femicide and High-Risk Partner Violence to articulate the inter-institutional intervention for comprehensive, effective and timely attention to cases of femicide, attempted femicide and high-risk partner violence, taking into consideration international human rights standards, which allows preventing

femicides or attempted femicides, and adopting timely measures in favor of indirect victims of femicide (11).

Therefore, the specific strategies for the restoration of the integral health of women victims of violence are multidisciplinary, requiring the active involvement of all health service personnel (12), and mainly the nurse applying a comprehensive care model that includes the knowledge of the high prevalence, detection and approach to this problem, the care must be evidenced with ethical and professional responsibility designing, implementing intervention programs that respond to the needs of recovery of the integral health of this group, for Bello Rodriguez, includes actions of promotion, prevention, healing and rehabilitation of health, clinical-epidemiological and environmental thinking (13).

The epistemological aspects of nursing practice that are supported by conceptual models constitute a navigation chart for practice, prevent it from being based on preconceptions, intuitions, routines and rituals, and reinforce the identity of nurses, in the importance of the human being as the center of attention for care (14). Nurses, especially in primary care (PC), are a valuable resource for detecting and addressing intimate partner violence, since they are usually the first contact and their care should have a high degree of human sensitivity.

In reality, lack of training and work overload are obstacles to effective comprehensive care, the perception of cases of violence is insufficient or is detected at late stages (15). Women who are victims of violence go to health centers for years before recognizing and consulting for violence, show a higher prevalence of chronic diseases, and it is also important to consider coordination with educational sectors, social services, legal and police services, as well as the participation of women's associations (16)

The Ministry of Health is responsible for the recovery of the integral health of women victims of violence, but its intervention is deficient, only on August 20, 2020, was approved the technical health standard No. 164 MINSA/2020/DGIESP (18), which is regulated by Law No. 30364 and states that MINSA is responsible for providing free health services for the comprehensive recovery of the physical and mental health of the victim, this standard seeks to standardize procedures for comprehensive care, consists of

6 components: reception, assessment, clinical intervention, monitoring, access, security (17).

Today, professionals, managers and politicians are increasingly interested in the use of the recovery approach as a guiding principle in health policies, professional practices and the direction of services provided, recovery being understood as the "very personal" and unique process of developing new meaning and purpose in life beyond the negative effects of the health problem. which is the purpose of the present study (18).

Primary Care (PC) is the first level of care and is characterized by its high accessibility, capacity to fully address health problems and to attend to the community in a comprehensive, integrated, permanent, continuous and active manner (19). The commitment of nursing to primary health care is incorporated into the Code of Ethics of the International Council of Nurses in 1953, reaffirming the fundamental duties of the profession: to promote health, prevent disease, restore health and alleviate suffering (20).

The nurse must be trained to identify signs in the assessment, as well as to inform the procedures to be performed in an empathetic way that reduces the patterns of fear and anxiety suffered by the victims of violence, have an active role in identifying the needs of people for their well-being comprehensively and holistically (21),

The International Council of Nurses states that nursing focuses on the care of the various stages of life, including health promotion, disease prevention and care of nurses, the disabled, the dying, promotion of a safe environment, and training of new professionals (22). Therefore, it is necessary to strengthen the comprehensive health of victims of violence, in the prevention of femicide.

It is also necessary to know about the creation of institutions that care for the integral health of victims of intimate partner violence, such as the Permanent Training Program for the Integral Care of Victims of Violence of the Faculty of Medicine, Universidad Nacional Mayor de San Marcos, which promotes the training of human resources at both the undergraduate and postgraduate levels to achieve the complete recovery of victims of violence, as well as to promote health, contribute to the construction of healthy communities and the achievement of a culture of peace (23).

In conclusion, the application of nursing strategies through the implementation of a multidisciplinary program with 27 educational sessions, and productive and relaxation workshops, was aimed at strengthening the integral health of women victims of intimate partner violence, in the assessment and decrease of the risk of femicide, given that the professional practice of nursing oriented to recovery and rehabilitation is based on the personal qualities of the professionals, who in their level of academic training should develop the skills of hope, creativity, care, empathy, realism and resilience (24), which is evident in this intervention with holistic treatment and following the health policies and sustainable development goals (SDG) to be achieved by 2030 and the third indicates "ensure healthy lives and promote well-being for all at all ages" (25).

## METHOD

**The design** was quasi-experimental, (pre-post-test), separating the two groups with an equal number of participants into control and experimental groups, and proceeding to data collection using survey, observation and interview techniques.

**The sample** included data from 300 women victims of intimate partner violence, 150-experimental group included from the health institutions (Zamacola, 4 de Octubre and Miguel Grau) and nearby police stations, and another 150-control group included from the community.

The periodicity was weekly, Friday afternoons, with multidisciplinary participation of nurses, police, lawyers, and specialists in productive workshops, evaluated at three milestones, every 6 months

**The instruments** included a data sheet for sociodemographic data and type of violence affecting integral health and the Scale of Prediction of the Risk of Femicide, Universidad de la Costa, Colombia, reliability 0.086 and Kaiser-Meyer-Olkin KMO obtained is 0.899 (Martínez Rudas *et al.*, 2016)

**The program** was structured by a team of researchers with a total of 27 educational sessions and their respective relaxation and reproductive workshops, to strengthen the integral health of women victims of intimate partner violence so that they can develop self-defense capabilities for their lives, to prevent femicide.

The hypotheses proposed were:

**Ho:** The level of comprehensive health in women victims of intimate partner violence remains unchanged after the implementation of Nursing strategies in femicide prevention. Arequipa 2018-2020.

**H1:** The level of comprehensive health in women victims of intimate partner violence varies positively after the application of nursing strategies in femicide prevention. Arequipa 2018-2020.

CHARACTERISTICS		EXPERIMENTAL GROUP	CONTROL GROUP	TOTAL	%
		N=150	N=150		
TYPE OF AGGRESSIONS BY THE	Physical and Psychological	69	66	105	70%
	Psychological	12	15	27	18%
COUPLE	Sexual	12	12	24	16%

## RESULTS

For the analysis of the data, a descriptive analysis of variables was performed, and McNemar was applied for statistical inference for a 2-sample, with a significance level of  $p < 0.05$  and 95% confidence, and the variation was evaluated through pre-and post-test cross tables. Data processing was performed using SPSS software (version 25).

Of the sociodemographic characteristics of women victims of intimate partner violence in Arequipa-Perú 2018-2020, the time of cohabitation was 4 to 10 years and free union 58%, with secondary education 52%.

Economic	12	12	24	16%
All	45	45		
			90	60

**Table 1.** Type of aggressions by the partner that affect the integral health of women victims of intimate partner violence (Zamacola, 4 de October and Miguel Grau) experimental group Arequipa-Peru 2018-2020

Table 1 shows that 70% present physical and psychological aggression and 60% all types of aggression, which affect their overall health.

**Table 2.** Risk of femicide in women victims of intimate partner violence (Zamacola, 4 of October and Miguel Grau) experimental group Arequipa-Peru 2018-2020.

$\chi^2$  McNemar = 54.6  
 $P < 0.05$

$gL(1) \chi^2 = 3.84$   
 65.4 % of variation

$p = 0.001$

After applying the strategies, 47% varied from maximum to minimum risk, and 72% of the experimental group was at minimum risk. With the application of McNemar, 95% confidence

RISK OF FEMINICIDE BEFORE	AFTER Experimental Group				TOTAL	
	Minimal risk		Maximum risk		N°	%
	N°	%	N°	%		
Minimal risk	38	25.0	5	3.0	43	28.0
Maximum risk	70	<b>47.0</b>	37	25.0	107	72.0
<b>TOTAL</b>	108	72.0	42	28.0	<b>150</b>	100.0

al significance was found (0.0001), before - after the application of the model program, there was a positive variation of 65.4%.



**Table 3.** Integral health in women victims of intimate partner violence (Zamacola, 4 of October and Miguel Grau) Arequipa-Peru pilot group 2018-2020.

COMPREHENSIVE HEALTH	AFTER				TOTAL		Mc Ne mar = 17.
	Experimental Group				N°	%	
BEFORE	Deficient		Good				N°
	N°	%	N°	%			
Deficient	28	18.7	58	38.7	86	<b>57.3</b>	
Good	21	14.0	43	28.7	64	<b>42.7</b>	
<b>TOTAL</b>	49	32.7	101	<b>67.3</b>	<b>150</b>	100.0	
3	gL(1) $X^2 = 3.84$		p = 0.002				
P < 0.05	67.4% of variation						

Statistical significance (0.002) was observed after the application of the program with a positive variation of 67.4%.

From the results, 67.4% of the experimental group presents positive variation, while the control group remains immanent, with the application of McNemar, 95% confidence level and 5% error, statistical significance was found (0.0002), accepting the hypothesis of the research that indicates: after the application of nursing strategies for the restoration of integral health in women victims of partner violence in femicide prevention, it varies positively, therefore the program has been *effective*.

## DISCUSSION

The purpose of this study is to empirically evaluate the effectiveness of the application of nursing strategies through a program for the restoration of integral health in women victims of intimate partner violence, focused on the recovery of physical, psychological and social health, that is, with a holistic dimension in the prevention of femicide, with the ultimate goal of helping them to recover their self-confidence, self-determination,

defend their rights, bring them closer to well-being and have control of their own lives in women from vulnerable populations in Arequipa-Peru.

The application of the program was effective given that the women in the experimental group were able to overcome their limitations. showed a statistically significant variation in the different dimensions of integral health, evidenced in the reduction of the rate of risk of femicide, with a positive variation before and after its application.

The results of the research conducted by Baidés Noriega, R (2017), Principality of Asturias, Spain entitled "Gender Violence: Role of Nursing in Secondary Prevention from Primary Care" are similar, since, they point out that gender violence is a complex a public health problem and Nursing has an important role in this serious problem that affects the integral health of women given that, they have great accessibility and frequent contact with women throughout the life cycle, being able to detect gender violence early (26).

Vera (2021), general director of the biopharmaceutical company Órganon in Spain, points out that to improve the integral health of women, different ways must be implemented, such as listening to their health needs, seeking innovation to respond to these needs, and the promotion of health care with perspective, sensitive to the effect on integral health, since the responses of health systems often do not recognize the specific needs of women in a differentiated way (27).

Benalcázar Mancero *et al.* (INEC, 2019), from the National Institute of Statistics and Census of Ecuador showed that 64.9% of women have suffered some episode of violence throughout their lives and proposed to analyze the support networks and coping strategies of women who have suffered gender violence, they conclude that the largest support network focuses on the close environment (mother, sister, best friend, psychologist, father), these networks can become resources for coping with the violence experienced (28).

In another study by Matud *et al.* (2016) analyzing the effectiveness of psychological treatment for women abused by their partner, the results are similar, the women in the intervention group showed significant decreases in post-traumatic stress symptoms of re-experiencing, avoidance and increased activation, also decreased their depressive and

anxiety symptoms and increased their self-esteem and social support, resulting in an effective intervention program (29).

Although the present study has shown efficacy in the experimental group, it has limitations in terms of punctual attendance to the teaching-learning sessions, either because of work or because of the care of their children. In the control group, there was no positive variation.

Therefore, the urgent need is recognized for the application of nursing and interdisciplinary strategies through programs that directly and actively help women victims of violence to reestablish their integral health to prevent the persistence of violence that usually ends in femicide.

The results of the research show that there is a significant change in the integral health in all the dimensions in the prevention of femicide, which is at least 47% in the experimental group. With this result and the corroboration of the statistical test, it is possible to affirm that the program has been effective.

## **CONCLUSION**

The integral health of women victims of violence requires the active participation of nurses and other professionals, taking into account the application of nursing and multidisciplinary strategies that consider biological, psychological and social aspects, being necessary for the active involvement of all personnel, including knowledge of the high prevalence. The care of nursing professionals in the care of women victims of intimate partner violence should be evidenced with responsibility and professional ethics, designing and implementing programs that respond to the needs of restoring the integral health of this group, in the prevention of femicide.

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## **Authors' contributions**

Vilma L. A. Gutiérrez-Araujo: principal investigator, conduct and process of research, conceptualization and design of the article, acquisition of information, analysis and interpretation of the data; drafting and revision of the article; obtaining funding; approval and presentation of the final version.

Vilma Gutiérrez-Araujo, Sandra-María Villanueva-Carrillo, data collection; acquisition of information, critical review of intellectual content, final approval of the final version.

### **Conflict of interest**

The authors of the article indicate that they have no conflict of interest.

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