



Knowledge, attitudes and practices regarding domestic violence among women attending a family support center. A single-center observational study.

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Abstract

Introduction: In Ecuador, 6 out of 10 women are victims of domestic violence. The objective of this study was to identify attitudes, knowledge, and practices related to domestic violence among women who attend a state-run Psychological Support Center in the canton of Gualaceo, Cuenca, Ecuador.

Materials and methods: This was a qualitative, narrative study with an exploratory-descriptive scope, conducted at the "Las Marías" Women and Family Support Center. The study population consisted of 28 participating women. Observation and semi-structured interviews were used. The data were analyzed using Excel and ATLAS.ti software.

Results: Among the participants, married women were the most affected (50%); 32.14% were between 31 and 40 years old; 57.14% had incomplete schooling; 64.29% were homemakers; 32.14% were from Gualaceo; 42.86% resided in Gualaceo; 96.43% were Catholic; and 57.14% had a moderate socioeconomic status. The women who came to the "Las Marías" center believed that domestic violence consisted of physical and psychological aggression, and that those who suffered were those mentioned above due to a lack of communication. Their attitude was one of feeling sad, desperate, and afraid, but they stayed in the relationship believing their partner would change; some left home, and others reported the abuse.

Conclusions: Domestic violence in our society is similar to that in other countries; the difference lies in the educational level of our women, in the lack of means to defend themselves in such a changing world, and in their dependence on other people to live.

Keywords: Knowledge, attitudes and practices in health; Domestic and sexual violence against women; Aggression; Abuse of women; Family violence.



Introduction

Gender-based violence within the family—paradoxically, the environment intended for the protection and safety of its members—constitutes a historical phenomenon and a highly complex social problem [1]. Its nature is multifaceted, shaped by vulnerability factors that include the intergenerational transmission of violence, psychosocial isolation, problematic substance use, and a lack of cultural and socioeconomic capital. However, the core of the problem lies in the structural asymmetry of power and the persistence of a culture of violence that transcends social strata, age groups, and geographic contexts.

This cycle often begins during courtship, where dynamics of control become normalized under a distorted perception of causality: the aggressor justifies it as a reaction, while the victim initially interprets it as a random or situational event [2, 3]. Over time, these aggressions evolve into systematic physical, psychological, and sexual violence. The resulting impact is the erosion of the woman's self-perception, leading her to develop learned helplessness, guilt, and pathological dependence on the aggressor, and to become convinced of her own incapacity for autonomy [4].

In the context of domestic violence, the use of adaptive defense mechanisms, such as denial or minimization, is common, perpetuating the abuse for years [5]. The breakdown of this pathological equilibrium usually occurs in response to the intervention of third parties or the impact of the environment: the secondary victimization of children, social pressure from the immediate environment, or the intervention of legal and therapeutic institutions [6].

Despite the implementation of specialized support programs that have mitigated the incidence of physical injuries, psychological violence persists as a less visible and difficult-to-eradicate dimension. A significant gap remains between the availability of institutional resources and effective reporting, due to the persistence of silence and stigma across regions. Therefore, this research aims to analyze domestic violence by identifying the knowledge, attitudes, and practices of women who experience it, in order to provide data that will allow for the optimization of intervention strategies.

Materials and methods

Studio design

This study is observational and qualitative, with an exploratory, descriptive scope.

Scenery

The study was conducted at the "Las Marías" Women and Family Support Center, located in the Gualaceo canton, Azuay province, Ecuador, from January 1, 2013, to December 30, 2014.

Participants

Women treated at the institution for domestic violence were included.

Variables

Sociodemographic variables such as age, marital status, occupation, education, residence, religion, and socioeconomic level were included. The qualitative analysis variables (CAP Axes) focused on three dimensions.



Knowledge: The information that the women possessed, based on their experience and training, was explored. The subcategories measured included:

Definition or concept of domestic violence.

Identification of the types of violence: physical, psychological, economic, and sexual.

Recognition of causes (lack of communication, machismo, alcoholism).

Knowledge of the consequences (depression, family disintegration, death).

Notion of legality (whether violence constitutes a crime) and the existence of protection laws.

Attitudes: Voluntary dispositions and feelings toward the violent situation were measured.

Variables included:

Feelings of guilt for the violence suffered.

Prevalent emotional states: sadness, despair, and fear.

Perception of the possibility of change in the aggressor.

Practices: referring to the actions taken in response to acts of aggression (inaction or response). The following were considered:

Defense mechanisms (denial, concealment of injuries).

Seeking support (legal complaint, leaving home or remaining in the relationship).

Data sources/measurements

Data collection was conducted using a combination of primary sources and qualitative methods to capture the complexity of the phenomenon. As a primary source, semi-structured interviews were conducted with 28 participating women using a previously validated interview guide that explored dimensions of knowledge, attitudes, and practices regarding violence. Direct observation was also used to record nonverbal behaviors and dynamics during the process. For the processing and measurement of qualitative information, the testimonies were transcribed and analyzed using ATLAS.TI software was used to code units of meaning and to identify thematic categories, while sociodemographic variables were processed using descriptive statistics in Excel.

Biases

To mitigate selection bias, inclusion and exclusion criteria were applied, ensuring that all participants belonged to the community of users of the "Las Marías" Support Center who had experienced domestic violence. Interviewer bias was controlled through a semi-structured interview guide and validated field notes, which allowed for the maintenance of objectivity during the collection of narratives. To reduce recall bias, the interviews focused on significant experiences and were conducted in a trusting environment that facilitated accurate information retrieval. Finally, the interpretation bias of qualitative data was minimized through data triangulation and the use of ATLAS.TI software ensured that the categorization of testimonies was systematic and consistent with the stated objectives.

Study size

The sample was non-probabilistic. All critical cases of domestic violence were included.

Quantitative variables

Sociodemographic results are presented as frequencies and percentages. Variables collected on a scale were not converted into categorical variables.



Statistical analysis

The analysis of qualitative data was structured through the process of categorizing and coding the testimonies obtained during the interviews. The variables were organized into three main thematic axes: women's knowledge, attitudes, and practices (KAP) regarding domestic violence. The qualitative analysis software ATLAS.TI was used to manage and process this information. This software enabled the segmentation of textual quotations, the assignment of specific codes to units of meaning, and the establishment of networks of relationships among emerging categories. This approach facilitated data reduction and the systematic interpretation of the narrated experiences, ensuring rigor in identifying behavioral patterns and participants' perceptions.

Results

Participants

26 women were analyzed for domestic violence.

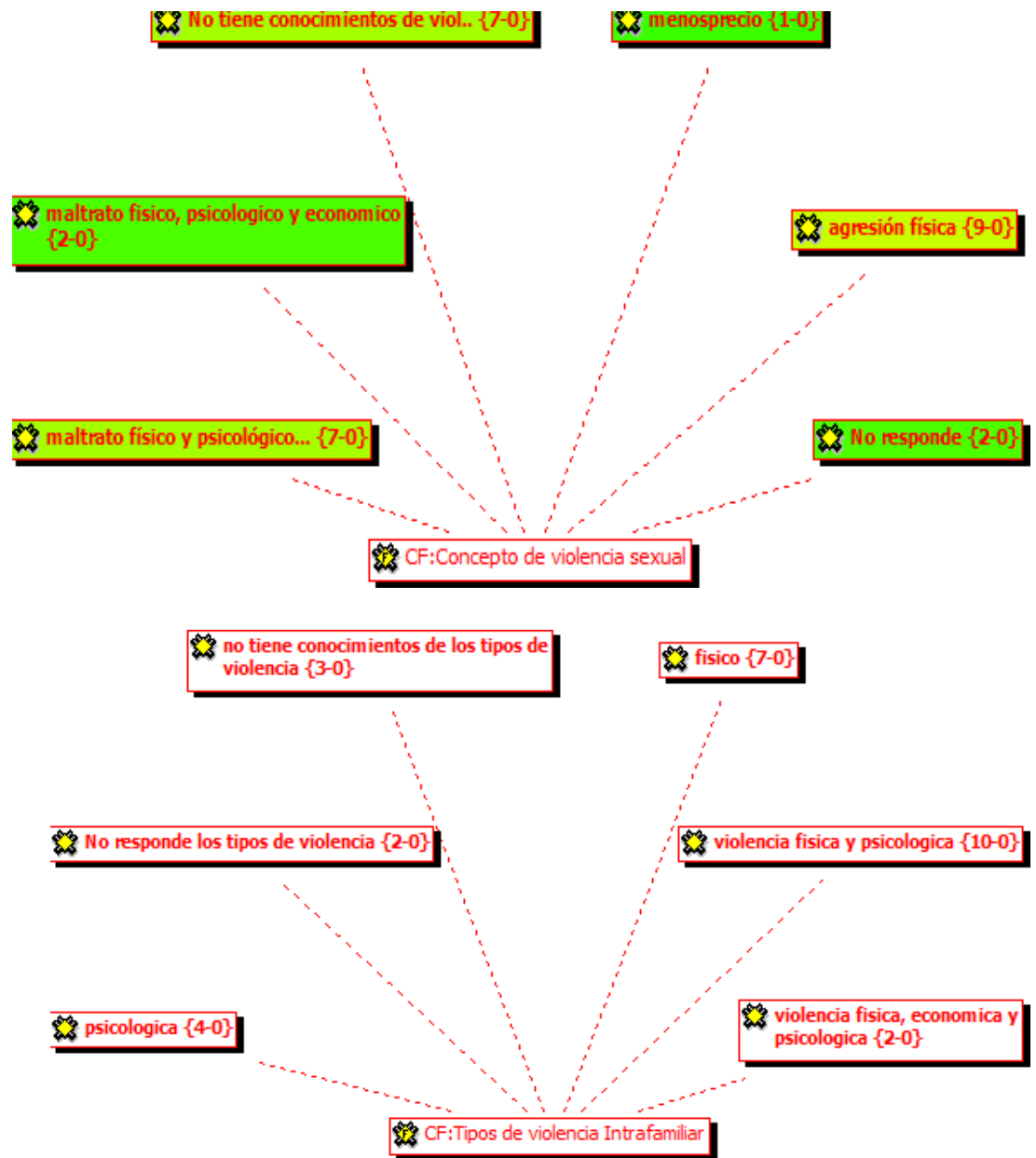
Sociodemographic description of the group

The sociodemographic profile of the 28 participating women revealed that the group most affected by domestic violence is in the 31-40 age range (32.14%). Regarding marital status, the majority of participants are married (50%). A low level of education predominated, with 57.14% having incomplete primary education, and the main reported occupation was housework (64.29%). Geographically, most of the sample resides in the Gualaceo canton (42.86%). Finally, in the socioeconomic and religious sphere, 57.14% identified themselves as having a moderate economic level, while the vast majority of participants profess the Catholic faith (96.43%).

Knowledge of the group of women affected by violence

Regarding the knowledge dimension, the results reveal that all participating women have a clear understanding of the definition of domestic violence, directly linking it to physical and verbal abuse. It was found that victims readily recognize physical violence (hitting, pushing) and psychological violence (insults, humiliation), although they initially show less awareness of economic and sexual violence.

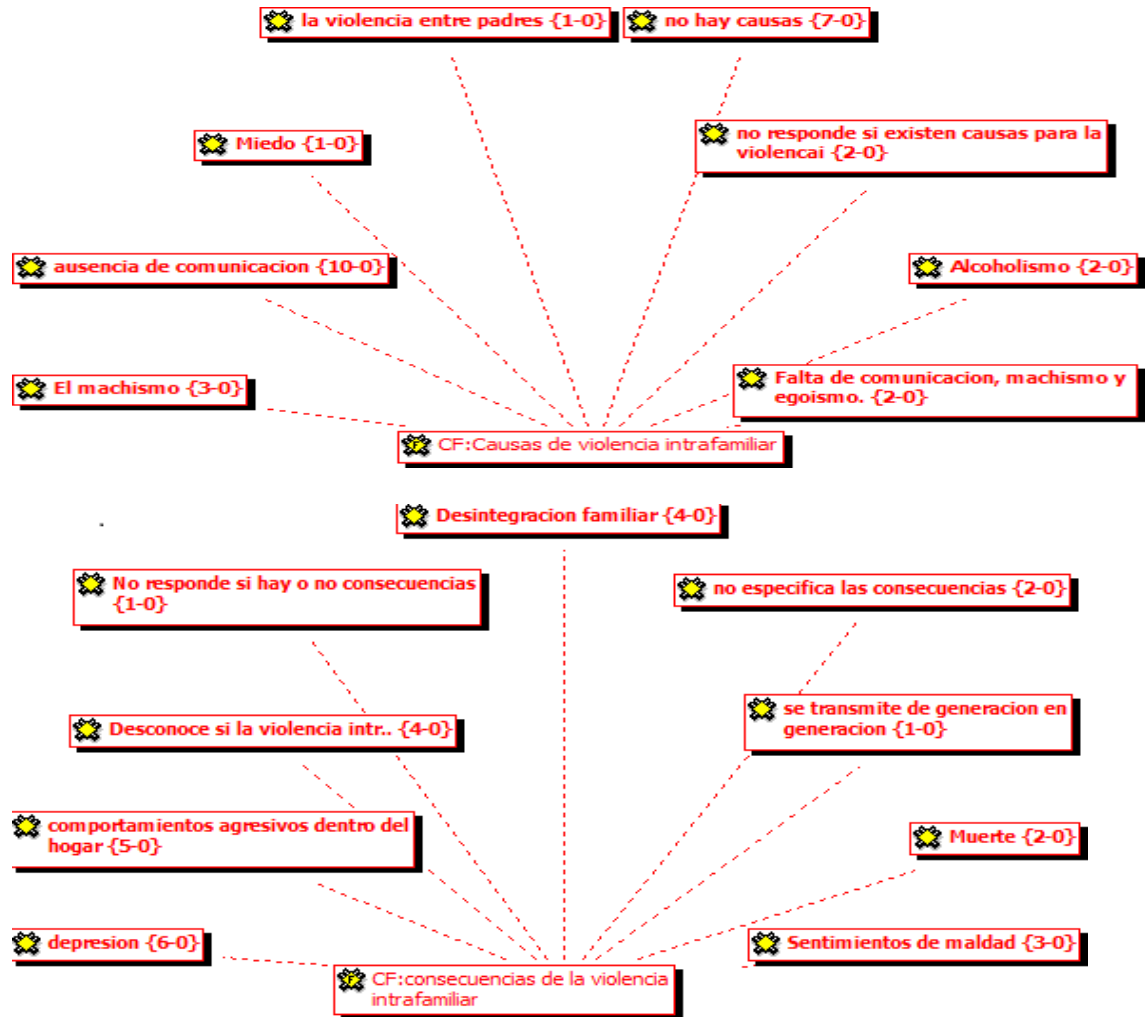
Regarding the causes, the participants primarily associate the phenomenon with sexism, the aggressor's alcohol consumption, and a lack of communication within the couple. In the legal sphere, while most recognize that violence is a "crime" and have some understanding of protective laws, there remains a lack of awareness of the specific procedures for exercising their rights. Finally, the women clearly identify the devastating consequences of abuse, highlighting family disintegration and the negative psychological impact on their children's development as the most serious effects. The survey results with the highest score reveal a competency profile that aligns directly with the objectives of Value-Based Medicine.



Attitudes of the group of women affected by violence

In terms of attitudes, the results of the qualitative study show a marked prevalence of negative emotional states among the victims, with feelings of sadness, despair, and fear predominating in the presence of the aggressor. A relevant finding is that the majority of the women (21 of the 28 participants) reported not feeling guilty for the violence they suffered, although a subgroup persists that still internalizes responsibility for the abuse or has experienced feelings of guilt in the past. Likewise, an attitude of tolerance and maintenance of the relationship was identified, based on the hope of the partner's behavioral change. However, given the persistence of the aggression and the impact on third parties (such as the children), this

disposition evolves into confrontational attitudes that culminate in leaving the home or the decision to file legal complaints to break the cycle of violence.



Practices of the group of women affected by violence

In terms of practices, the results describe a spectrum of actions that evolve throughout the cycle of violence. Initially, concealment of the situation predominates, with women employing mechanisms such as makeup or clothing to disguise physical injuries, thus avoiding social judgment or secondary victimization. Regarding seeking help, it was observed that most participants did not immediately go to health centers after the assaults, but instead chose to remain silent or self-medicate at home. However, the turning point in their practices occurs when the injuries become severe or when they perceive a risk to their children, which motivates them to file a legal complaint and seek specialized support centers such as "Las Marías." In this sense, the practice of temporarily leaving home emerges as a recurring self-protective measure, although many reported having maintained the relationship for extended periods due to economic dependence and the pressure of traditional family structures.



Discussion

Domestic violence is a public health problem worldwide and a serious violation of fundamental rights. In Ecuador, 6 out of 10 women are victims of violence, with a clear increase in rates among mestizo and Afro-Ecuadorian women (7 out of 10). However, information on the types of violence, women's awareness, and their attitudes toward this situation is lacking.

With the emergence of specific support programs for abused women, both those who decide to speak out and those who leave the home, physical abuse has been reduced, though not psychological abuse. Even so, throughout the world, including in our country, women continue to suffer because they remain silent and conceal the acts committed by the abuser. It is observed that, among the women who come to the "Las Mariás" center, most associate domestic violence with physical aggression; in comparison with the theory, they lack knowledge about other forms of violence, such as psychological, sexual, and economic violence, although some mention them [7, 8].

The main cause of domestic violence in our research was the communication deficit, but, as stated, the cause is different, although it could be interpreted that, since the spouse was the one who provided in the home, they did not have the necessary time to communicate [9].

In comparison to what has been described, the consequences of domestic violence are similar: depression, aggressive behavior within the home, family disintegration, feelings of sadness, despair, guilt, malice, and even suicidal tendencies. It can be observed that women often remain in abusive relationships, either because they believe their children would be the most affected, because of threats from their spouses to take their children away, or because they believe their spouses would change [10, 11].

Of the total number of women interviewed, the practices they carried out were similar to those described in the theory, which are, to defend themselves verbally and physically during the aggression, to flee from home in most cases on several occasions and to go to medical personnel for the injuries suffered from said act or to report them legally for one or more reasons, and the attitudes they took were not to talk to anyone about their situation and few sought someone to talk to [2].

Among the women interviewed, most learned about the support center from friends, while others were already aware of its existence. This is helpful, as these establishments are the appropriate place to find refuge for this group of women, according to the findings.

The help they received at the center has helped them recover psychologically and improve their self-esteem. Contrary to popular belief, most women are willing to report abuse when asked directly [12]. In reality, many silently wait for someone to ask them. According to our observation, the women were introverted; they were reluctant to discuss their lives, and, at the beginning of their marital relationships, they viewed violence as normal, since they too had suffered as children and had witnessed their mothers' suffering, and had even been told that marriage was for life, similar to what is stated in theory [12].



Conclusion

The study concludes that, while women possess adequate knowledge of the definition and consequences of domestic violence, the normalization of psychological abuse persists, along with a limited understanding of legal protection mechanisms. The attitudes identified reflect a shift from guilt and despair toward awareness, driven primarily by concern for their children's well-being and institutional support. This transforms initial practices of concealment and silence into concrete actions of reporting and seeking specialized help. Ultimately, the "Las Marías" Support Center plays a crucial role in interrupting the cycle of violence, demonstrating that addressing this phenomenon requires not only legal assistance but also strengthening the emotional autonomy and informational resources of victims to guarantee their safety and that of their families.

Abbreviations

DV: domestic violence.

Supplementary information

Supplementary materials have not been declared.

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Not declared.

Authors' contributions

Maribel Gualpa Cajamarca Transit: Conceptualization, data curation, research, methodology, visualization, original draft writing.

Jessica Natalia Jadan Quituizaca: Conceptualization, data curation, research, project management, and writing of the original draft.

Mónica Alexandra Peralta Tapia: Conceptualization, formal analysis, software, validation, visualization, writing – review and editing.

Manuel Ismael Morocho Malla: Conceptualization, data curation, research, project management, and writing of the original draft.

All authors read and approved the final version of the manuscript.

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Availability of data or materials

Not applicable.

Statements

Ethics committee approval and consent to participate

The study was approved by the Health Associated Bioethics Committee (COBIAS) of the Faculty of Medical Sciences of the University of Cuenca, Ecuador.

Consent for publication

This does not apply when specific patient images, radiographs, or photographs are not published.

Conflicts of interest

The authors declare no conflicts of interest.

Use of generative AI

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provide a service. The accuracy, integrity, and fairness of all AI-generated outputs were carefully reviewed and verified to ensure that the manuscript reflects an authentic and original contribution.

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