

# Femicides and Victim's age-Associated Factors in Peru

Hispanic Health Care International

1–8

© The Author(s) 2023

Article reuse guidelines:

[sagepub.com/journals-permissions](https://sagepub.com/journals-permissions)DOI: [10.1177/15404153231163324](https://doi.org/10.1177/15404153231163324)[journals.sagepub.com/home/hci](https://journals.sagepub.com/home/hci)

**Antonio M Quispe, MD, PhD<sup>1</sup> , Victor Roman-Lazarte, MD(c)<sup>2</sup>,**  
**Deysy K Cornelio, MD(c)<sup>3</sup> , Yohaida M Florez, MD(c)<sup>4</sup>,**  
**Abigail Romero Q, MD(c)<sup>5</sup>, Lucía Vargas, BSc<sup>6</sup>,**  
**and Claudia A Sedano, MD<sup>7</sup>**

## Abstract

**Background.** Femicides are an increasing social problem worldwide. In this study, we aim to describe the trend of femicides in the prepandemic decade and characterize the femicide victims and their perpetrators. **Methods.** We assessed the trend of femicides in Peru during 2010–2019 and performed a cross-sectional study to analyze the femicides reported in 2019 using open data.

**Results.** We analyzed 166 femicides reported in 24/25 regions of Peru in 2019 and calculated a yearly incidence of 1.01 femicides per 100,000 women. This incidence level represents an increase of 38% compared to the mean annual incidence from 2010 to 2018 (0.74 femicides per 100,000 women). Most femicides occurred in urban areas (64%), through strangling/asphyxiation (25.9%), stabbing (23%), and shooting (16%). Most victims were mothers (61%) 30 years old or over (51%). Most perpetrators have had a partner history with their victims (69%), 30 years old or over (62%), employed (57%), and consumed enablers (51%). Our regression analysis observed that the victim's age was associated with the perpetrator's age and partner history.

**Conclusions.** Femicides are endemic in Peru, and the main characteristics of the victims and their perpetrators offer opportunities for tackling this social problem in Peru and similar low- to middle-income countries.

## Keywords

femicide, intimate partner homicide, domestic homicide, violence against women, risk factors

## Introduction

Femicides are the most extreme consequence of gender-based violence, and society condemns it as an increasing social problem worldwide (Devries et al., 2013). Operationally, femicides are defined as the intentional murder of women because they are women or girls (World Health Organization, 2012). In 1993, the United Nations alerted the world that violence against women has become a public health, social policy, and human rights concern (UN, 1993). Globally it is estimated that one out of three women (35.6%) have experienced physical or sexual violence in their lifetime, usually perpetrated by their intimate partner (Stockl et al., 2013). In developing countries, it is common to observe higher femicide rates, particularly in Latin America (Bott et al., 2019). Femicides are an under-reported public health problem with significant physical, mental, and reproductive health outcomes (Clayton et al., 2017; Wuest et al., 2008).

Prepandemic statistics show that most Peruvian women (58%) reported being exposed to intimate partner violence of some form, including psychological abuse (53%), physical violence (30%), and sexual abuse (7%) (INEI, 2019a). However, few victims of intimate partner violence (29%) between 15 and 49 years old, seek help at any public institution after

being physically assaulted (INEI, 2021). A critical factor that may explain this lower help-seeking rate is the high social tolerance (59%) against gender-based violence (INEI, 2019b). Regardless, there is an increasing need to further understand the extent of this problem, as doing so is the first step in prevention and the main way to raise awareness and advocacy in low-to middle-income countries (Shai et al., 2022).

Most scientific literature on femicides is biased towards Anglo-Saxon countries or non-representative populations, resulting in unexplained cultural variation in data (Hernandez, 2021). Such cultural variability is significant in Latin America and Africa, where male domination and gender-based

<sup>1</sup> Universidad Continental, Lima, Peru

<sup>2</sup> Universidad Nacional Daniel Alcides Carrión, Pasco, Peru

<sup>3</sup> Universidad Nacional Hermilio Valdizán Medrano, Huánuco, Peru

<sup>4</sup> Universidad Nacional del Altiplano, Puno, Peru

<sup>5</sup> Universidad Ricardo Palma, Lima, Peru

<sup>6</sup> Universidad Nacional Mayor de San Marcos, Lima, Peru

<sup>7</sup> Instituto Nacional de Enfermedades Neoplásicas, Lima, Peru

## Corresponding Author:

Antonio M Quispe MD, PhD, Calle Roma 359, Miraflores, Lima, 15074.  
Email: drantonioquispe@gmail.com

inequalities are largely present (Hernandez, 2021). Further understanding of femicide characteristics and their regional variability may help policymakers improve the regulations to prevent these serious crimes. Consequently, in this study, we aim to assess the trend of femicides during the 2010–2019 period and perform a cross-sectional analysis to characterize the femicides reported in 2019 and characterize the victims and perpetrators.

## Methods

### Ethics

The Peruvian government released the database for this study for the Open Data Day Peru 2020. The victims' and perpetrators' identities were masked, and the dataset was published in the Peruvian National Open Data Repository public domain. For this reason, the approval of an ethics committee was not required.

### Study Design and Population

We assessed the trend of femicides during the 2010–2019 period and performed a cross-sectional study to analyze the femicides reported in 2019. First, we evaluated the statistics reported by the National Observatory of Violence against Women and the Members of the Family Group. This Peruvian multisectoral government organization revised and published the statistics on femicides yearly. Second, we analyzed the femicides dataset released via open access by the Peruvian government during the Open Data Day Peru 2020. We use this dataset to characterize the femicides reported in 2019, as well as to characterize femicide victims and perpetrators.

### Data Source

We obtained the study data from various open data sources, whose metadata and weblinks are detailed in Supplemental Table 1. First, we obtained the femicide annual cases from the annual reports from the National Observatory of Violence against Women and the Members of the Family Group (MIMP, 2019a). Second, we obtained the women population estimates from the National Institute of Statistics and Informatics (INEI, 2019c). Third, we originally obtained the 2019 femicides dataset from the organizer of the Open Data Day 2020, but it can now be downloaded from the Peruvian National Open Data Repository (MIMP, 2019b). And fourth, we obtained info on Peru's regional boundaries for our maps from the Peruvian Ministry of the Environment (MINAM, 2007).

### Statistical Analysis

First, we performed a descriptive data analysis summarizing the annual incidence of femicides during the 2010–2019 period at

**Table 1.** Criminological Characteristics of the Femicide Reported in Peru, in 2019.

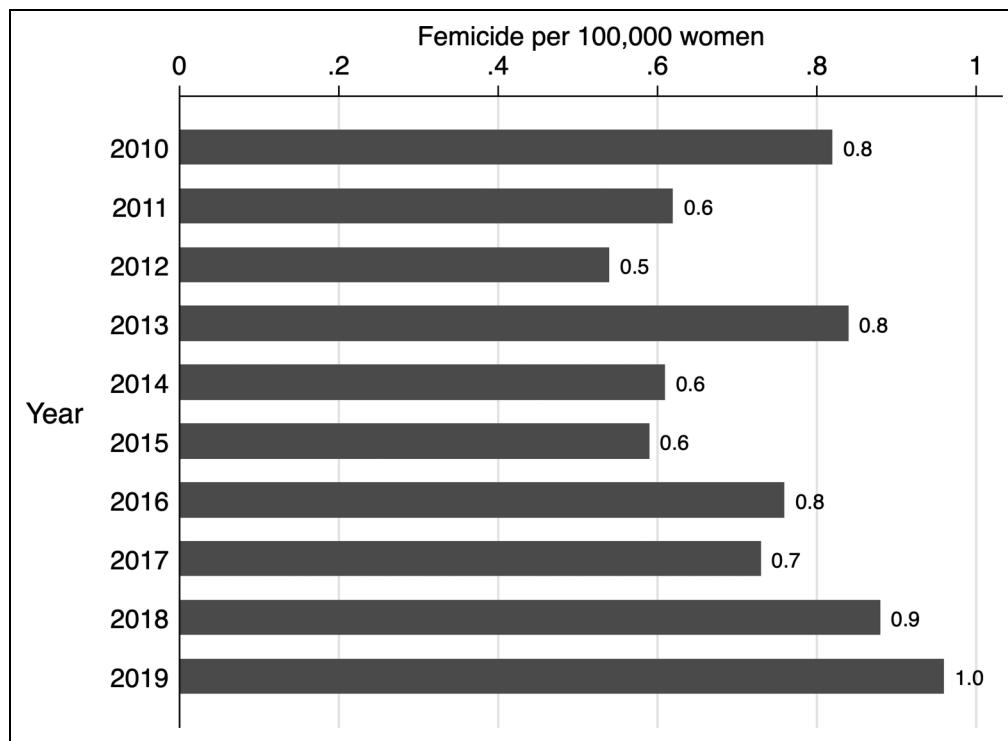
Characteristics	n	%
<b>Location urbanicity</b>		
Urban area	104	63.7
Rural area	56	33.7
Periurban area	6	3.6
<b>Homicide mechanism</b>		
Strangled/asphyxiated	43	25.9
Stabbing	38	22.9
Bullet shot	27	16.3
Beating	14	8.4
Burn	4	2.4
Poisoning	3	1.8
Vehicular run over	3	1.8
Undetermined	35	21.1
<b>Crime scene</b>		
Corpse moved away from	52	31.3
Victim independent house	41	24.7
Victim's workplace	19	11.4
On the street	15	9.0
Victim/aggressor's common home	11	6.6
Aggressor's independent house	10	6.0
Hotel/hostel	9	5.4
Relative's house	6	3.6
Victim's academic center	3	1.8

the national level. Second, we assessed the regional distribution of femicides in 2019 by mapping the regional incidence using the QGIS program 3.22. Third, we evaluated the criminological characteristics of the femicides, the femicide victims, and the perpetrators. Finally, we performed a regression analysis of the age of the femicide victim to assess associated factors. We conducted all these analyses using STATA™ MP version 16.0 (Stata Corp., College Station, TX) and a 95% confidence interval (95% CI).

## Results

### Study Population

We analyzed 166 femicide cases reported by 126 reporting centers in 2019 (Table 1). The average count of femicides reported by these centers was 1.3 (standard deviation [S.D.] = 0.6; range: 1–5). Based on these reports, we calculated a yearly incidence of 1.01 femicides per 100,000 women in Peru. In 2019, Peru recorded a 38% increase in incidence compared to the mean annual incidence of 2010–2018 (0.74 femicides per 100,000 women) (Figure 1). At the regional level, the regions that reported the highest incidence of femicides in Peru were Puno (2.39 femicides per 100,000 women), Moquegua (2.23 femicides per 100,000 women), Huancavelica (2.21 femicides per 100,000 women), and Huánuco (2.13 femicides per 100,000 women). However, Lima, the capital of Peru, was the region with the highest



**Figure 1.** Femicide annual incidence in Peru during the 2010–2019 period. The figure shows the evolution of the femicide annual incidence (femicide cumulative counts per year/100,000 women in Peru) during the 2010–2019 period.

count of femicide cases in Peru ( $n=46$ ; 28% of the total). Comparably, the regions with the lowest incidence of femicides were Madre de Dios (0.00 femicides per 100,000 women), Ancash (0.34 femicides per 100,000 women), Lambayeque (0.45 femicides per 100,000 women), and Piura (0.49 femicides per 100,000 women) (Figure 2).

### Criminological Characteristics of the Femicides

Femicides are highly variable in terms of the location of the victim's corpse, the homicide mechanism, and the location of the crime scene (Table 1). Of the 195 provinces of Peru, 39% reported at least one femicide in 2019. Most femicides were reported by centers located in urban areas (63%). The most common homicide mechanisms used by perpetrators were strangling/ asphyxiation (26%), stabbing (23%), and shooting (16%). However, in 21% of cases, the homicide mechanism remains undetermined. Most crimes occurred away from the location of the corpse (31%), at the victims' houses (25%), or on the street (11%). Most femicides in 2019 were reported in August (11%), June (10%), and December (10%) (Supplemental Figure 1).

### Characteristics of Femicide Victims

The age of the femicide victims was highly variable (range: 1 to 82 years old), with a mean age of 31.9 years old (S.D.=14.0) (Figure 3). Most victims were adult women 30 years old or over (51%), and most were mothers (61%), with an average

number of children of 2.1 (S.D.=1.1; range: 1 to 6). Among the femicide victims, eight (5%) were pregnant, including two women that were pregnant for the first time. Most victims did not file a police report, leave their partners, get a restraining order, leave their home, or take other similar measure (64%) (Table 2).

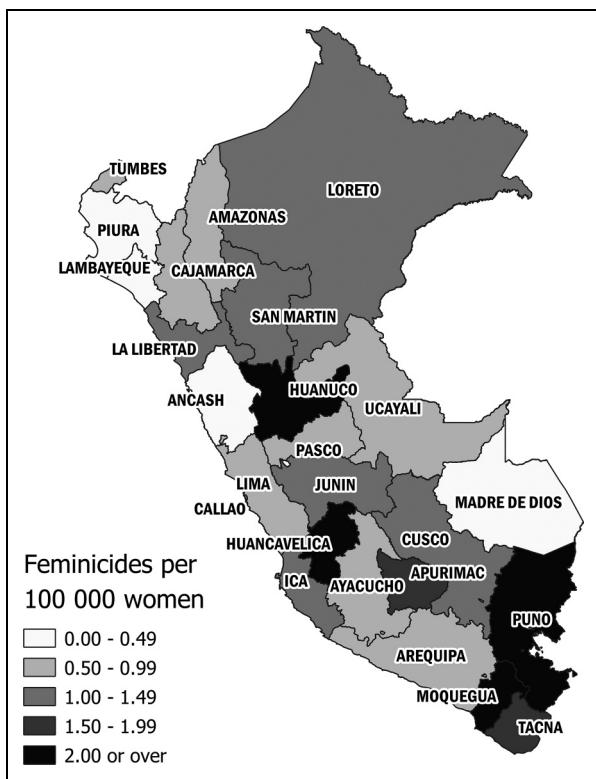
### Characteristics of Femicide Perpetrator

The perpetrators had a mean age of 34.9 years old ( $SD=11.5$ ), and the most frequent age group was 20–29 years old (33%). Most perpetrators (57%) declared they had a job at the time of the crime, and upon police investigation, 25% reported consuming enablers like alcohol or drugs. Most perpetrators had either a partner history (69%) or a family bond (40%) with their victims (Table 3).

**Regression Analysis of the Femicide Victim's Age.** We observed in our multivariate linear regression analysis ( $R^2=0.39$ ) that a victim's age is significantly associated with the perpetrator's age ( $\beta=0.70$ ; 95% CI: 0.56–0.85) (Supplemental Figure 2) and their partner history with the perpetrator (negative [ref.]; positive [ $\beta_1=-9.43$ ; 95% CI: -13.8 – -5.09]; unknown [ $\beta_2=-9.88$ ; 95% CI: -16.1 – -3.69]) (Table 4).

### Discussion

In the last decade, Peru registered over 1100 femicides, reaching its highest annual incidence in 2019 with over one femicide



**Figure 2.** Map of the femicide annual incidence by region in Peru in 2019. The figure shows the map of the regional femicide annual incidence (femicide cumulative counts per year/100,000 women per region) in Peru in 2019.

**Table 2.** Characteristics of the Femicide Victims in Peru, in 2019

Characteristics	n	%
Age		
0–19 years old	26	15.7
20–29 years old	55	33.1
30–39 years old	48	28.9
>60 years old	37	22.3
Pregnant		
No	158	95.0
Yes	8	5.0
Children		
None	65	39.0
1 to 3	91	55.0
>3	10	6.0
Crime prevention measures		
None	106	64.0
Police report	19	11.0
Couple separation	8	5.0
Restraining order	5	3.0
Left her home	4	2.0
Others	24	14.0

per 100,000 women. In 2019, although Peru's capital reported the highest number of femicides in the country, with 46 femicides, four regions reported over two femicides per 100,000

**Table 3.** Characteristics of the Femicide Perpetrators in Peru, in 2019.

Characteristics	n	%
By age group		
0–19 years old	8	4.8
20–29 years old	55	33.1
30–39 years old	50	30.1
>60 years old	53	31.9
Alcohol or drug consumption		
No	42	25.0
Yes	84	51.0
Unknown	40	24.0
Aggressor's job status		
Employed	94	57.0
Unemployed	45	27.0
Unknown	27	16.0
Partner history with the victim		
Negative	32	19.3
Positive	114	68.7
Unknown	20	12.1
Family bond with the victim		
Negative	99	59.6
Positive	47	28.3
Unknown	20	12.1

women. Overall, femicides are highly variable in terms of the location of the victim's corpse, the homicide mechanism, and the location of the crime scene. However, in over two-thirds of the femicides, the crimes were reported by centers located in urban areas; the victims were either strangled/asphyxiated, stabbed, or shot to death. Most victims were adult women 30 years old or over, and most were mothers of two children. Regardless, most did not file a police report, leave their partners, get a restraining order, leave their home, or take other similar measures before their femicides. Most femicide perpetrators were adult working men with a partner history or a family bond with their victims. Furthermore, a victim's age was significantly associated with her perpetrator's age and her partner history with the perpetrator.

In 2019, Peru exceeded the threshold of one femicide per 100,000 women, with four regions doubling that rate, calling for further research on femicide characteristics and a more robust response from the Peruvian government. However, to fully understand Peru's high femicide incidence, it is essential to understand the increasing endemicity of gender-based violence in Peru. Gender-based violence refers to the violence women experience due to gender norms (True, 2012), which are determined by society and often portray women as inferior and submissive to men (Piper, 2014). Gender-based violence is rooted in gender inequality, abuse of power, and harmful norms, with an increasing number of women and girls disproportionately experiencing violence but rarely seeking help (Saint Arnault & Zonp, 2022). Many obstacles, such as prejudice, shame, fear, and social pressure, prevent women from reporting being victims of gender-based violence and from potentially preventing femicides (Souza & Fabro, 2022).

**Table 4.** Regression Analysis of the age of the Femicide's Victim in Peru, in 2019.

Factors associated	$\beta$ (95% CI)	p value	$\beta_a$ (95%CI)	p value
Perpetrator's age	0.69 (0.53–0.84)	<0.001*	0.70 (0.56–0.85)	<0.001*
Partner history				
Negative	Reference		Reference	
Positive	-7.96 (-13.4 to -2.57)	0.004*	-9.43 (-13.8 to -5.09)	<0.001*
Unknown	-10.4 (-18.0 to -2.67)	0.062	-9.88 (-16.1 to -3.69)	0.002
Family bond				
Negative	Reference		—	—
Positive	7.45 (2.69–12.2)	0.001*	—	—
Unknown	-1.74 (-8.33 to 4.85)	0.603	—	—
Perpetrator's job status				
Unemployed	Reference		—	—
Employed	-3.92 (-8.87 to 1.02)	0.119	—	—
Unknown	-8.02 (-14.7 to -1.38)	0.018*	—	—
Alcohol or drug abuse	3.04 (-1.88 to 7.97)	0.224	—	—
Number of children	0.21 (-1.43 to 1.85)	0.801	—	—
Pregnancy	-0.33 (-10.4 to 9.71)	0.948	—	—

\* p value <0.05; CI, confidence interval.

Furthermore, this problem is exacerbated by bureaucratic challenges with competent authorities, primarily because of a refusal to accept that the problem of gender-based violence exists (Neumann, 2016).

Femicides are defined as the intentional murder of women because they are women or girls (World Health Organization, 2012), and in practice is the continuum of gender-based violence (Swemmer, 2019). In Peru, gender-based violence is increasing, and some of the main factors that influence this social problem are gender inequality, the lack of adequately trained police officers and properly equipped police stations, the failing education system, and, to some extent, the poor budget of social policies (Zachariassen, 2020).

In our study, we observed that femicides are more frequent in urban areas compared to rural areas. Cities themselves do not cause femicides, but it seems that the processes of urbanization can create high-risk factors for women. While these risk factors make women more vulnerable to gender-based violence and femicides, they may simultaneously create opportunities for women to more effectively deal with gender-based violence through informal and formal means (McIlwaine, 2013). Previous studies report that social isolation in low-income, racially segregated urban neighborhoods, and limited residential mobility are associated with higher rates of gender-based violence (Mitchell & LaGory, 2002). Furthermore, in urban areas, some upstream neighborhood factors such as local alcohol-consuming environments, neighborhood social capital, neighborhood crime and disorder, and unemployment also increase gender-based violence (Alderton et al., 2020). Regardless, rural, and urban femicides require further research in Peru to adequately address them and more efficiently prevent further femicides.

In Peru, most femicides are physically violent, with strangulation and stabbing (or using a knife) being the most frequent homicide mechanism. This observation is essential because

femicide mechanisms are dependent on the country, region, and even the profile of the aggressor (Caicedo-Roa et al., 2019; Cruz Guisbert, 2019). For example, in the U.S. and in some African and Asian countries the most common femicide mechanism is gunshot (Abrahams et al., 2010; Goodyear et al., 2020; Salameh et al., 2018). However, in other countries such as Brazil, most femicides are committed by strangulation and stabbing (Caicedo-Roa et al., 2019).

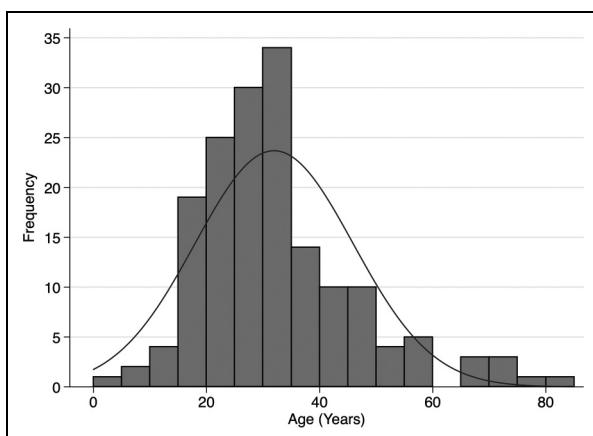
Most femicide victims in our study were adult women 30 years old or over. Furthermore, the age of the femicide victim was associated with the perpetrator's age and their partner's history. More specifically, in Peru, femicide victims were 5 to 14 years younger if they had a known partner history with their perpetrator. This data emphasizes the importance of age differences in gender-based violence (Adebawale, 2018; Volpe et al., 2013). This association is more noticeable in adolescent girls partnered with an older male, which are at greater risk for gender-based violence and femicides than other adolescent girls (Volpe et al., 2013), but also extends to younger women (Adebawale, 2018). The younger the victim and the larger the age difference between victim and perpetrator, the higher the risk of gender-based violence and the more severe the consequence (Islam et al., 2021). Therefore, partner age difference might be an essential femicide risk factor, but more research is needed to better understand this association.

Most femicide victims have a known partner history with their perpetrator (Edelstein, 2018; Karbeyaz et al., 2018). In our study, we observed that two-thirds of the femicide victims had a known partner history with their perpetrator. This finding led to the introduction of the term intimate partner violence, indicating that the most common form of violence against women is domestic violence perpetrated by an intimate partner or ex-partner. This represents a significant step in the fight against femicide because it stresses the importance of domestic violence as one of the significant femicide risk factors (Campbell et al., 2003).

In Peru, most femicide perpetrators were working adult men, 30 years old or over, and a quarter of them consumed enablers upon the police investigation. Consumption of enablers, such as alcohol and drugs, is another well-established femicide risk factor (Cunradi et al., 1999; Oliveira et al., 2019; Orellana et al., 2019). The relationship between femicides and enablers is highly complex, for example, consumption of alcohol and drugs can increase the femicide risk either by enabling the perpetrator or by exposing the victim (Sharps et al., 2001). However, despite evidence associating enabler use with intimate partner violence and femicides, there is a lack of data regarding the impact of drug or alcohol policies on the incidence of intimate partner violence and femicides (Wilson et al., 2014).

### **Limitations**

This study increases the knowledge about femicides in a country with one of the highest incidences of gender-based violence worldwide; however, several study limitations need to be considered. First, our study used secondary data, so the study is prone to selection and information bias. This is a standard limitation in femicide studies because national registries serve as a primary data source for this scope of research. Regardless, femicide secondary data analysis is of great value and contributes evidence for better understanding this serious social problem. A second limitation is that our study lacks a comparison group, so we could not assess femicide risk factors. However, we could determine femicide victims' age-associated factors, which are informative regarding the femicide victims' and perpetrators' profiles. Regardless, further research is required to understand the complexity of this relationship. Finally, the study does not include cultural or ethnic information, which may allow us to further characterize the femicide victims and perpetrators. Despite these limitations, our results may help identify opportunities to prevent future femicide cases but evaluating more extensive and detailed registries is necessary.



**Figure 3.** Age distribution of the victims of femicide in Peru in 2019. The figure shows the distribution of the femicide victim's age in Peru in 2019.

### **Conclusion**

Femicides are endemic and increasing in Peru, with at least one woman per 100,000 women being a victim of femicide in 2019. Furthermore, at least four regions of Peru doubled that incidence, raising concerns about a further increase in femicides during the coronavirus disease 2019 (COVID-19) pandemic. The registry of femicides in Peru was severely impacted during the COVID-19 pandemic, so the data from 2019 remains of great value in assessing this social problem. According to this data, femicides are highly variable in terms of the location of the victim's corpse, the homicide mechanism, and the location of the crime scene. Over two-thirds of the femicides were reported in urban areas, and the victims were either strangled/asphyxiated, stabbed, or shot to death. Most victims were mothers 30 years old or over, and most did not take any preventative measures before their femicides. Most femicide perpetrators were adult working men with a partner history or a family bond with their victims. Furthermore, the victims' age was significantly associated with the perpetrator's age and her partner's history with the perpetrator. These characteristics of the femicides, the victims, and their killers offer opportunities for implementing interventions, informing policymakers, and potentially contributing to decreasing the number of femicides in Peru and similar low- to middle-income countries.

### **Acknowledgments**

The authors won the Peruvian government's Open Data Day Peru 2020, which was specifically devoted to gender-based violence. Hence, we thank the organizers, particularly the Ministry of Women and Vulnerable Populations, for their diligent work supporting the National Observatory of Violence against Women and Members of the Family Group. We also acknowledge the staff and community workers from the Women's Emergency Centers that procure first aid and legal support to the victims of gender-based violence in Peru.

### **Declaration of Conflicting Interests**

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### **Funding**

The authors received no financial support for the research, authorship, and/or publication of this article.

### **Source Data**

The data used in our study is open data curated by the Peruvian government and is freely available using the references presented in Supplemental Table 1. The official administrative boundaries for Peru's regions are owned by the Ministry of Environment and can be accessed through <https://www.geogpsperu.com>. Data are available under the terms of the Creative Commons Zero "No rights reserved" data waiver (CC0 1.0 Public domain dedication).

### **ORCID iDs**

Antonio M Quispe  <https://orcid.org/0000-0003-2100-7423>  
Deysy K Cornelio  <https://orcid.org/0000-0002-3520-317X>

## Supplemental Material

Supplemental material for this article is available online.

## References

- Abrahams, N., Jewkes, R., & Mathews, S. (2010). Guns and gender-based violence in South Africa. *South African Medical Journal*, 100(9), 586–588. <https://doi.org/10.7196/samj.3904>
- Adebawale, A. S. (2018). Spousal age difference and associated predictors of intimate partner violence in Nigeria. *BMC Public Health*, 18(1), 212. <https://doi.org/10.1186/s12889-018-5118-1>
- Alderton, A., Henry, N., Foster, S., & Badland, H. (2020). Examining the relationship between urban liveability and gender-based violence: A systematic review. *Health & Place*, 64, 102365. <https://doi.org/10.1016/j.healthplace.2020.102365>
- Bott, S., Guedes, A., Ruiz-Celis, A. P., & Mendoza, J. A. (2019). Intimate partner violence in the americas: A systematic review and reanalysis of national prevalence estimates. *Revista Panamericana de Salud Pública*, 43, 1. <https://doi.org/10.26633/rpsp.2019.26>
- Caicedo-Roa, M., Cordeiro, R. C., Martins, A. C. A., & Faria, P. H. d. (2019). Femicídios na cidade de Campinas, São Paulo, Brasil. *Cadernos de Saúde Pública*, 35(6), e00110718. <https://doi.org/10.1590/0102-311x00110718>.
- Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health*, 93(7), 1089–1097. <https://doi.org/10.2105/ajph.93.7.1089>
- Clayton, H. B., Lowry, R., Basile, K. C., Demissie, Z., & Bohm, M. K. (2017). Physical and Sexual Dating Violence and Nonmedical Use of Prescription Drugs. *Pediatrics*, 140(6), e20172289. <https://doi.org/10.1542/peds.2017-2289>
- Cruz Guisbert, J. R. (2019). Factores frecuentes del feminicidio en Bolivia. *Revista Médica La Paz*, 25(2), 42–46. [http://www.scielo.org.bo/scielo.php?script=sci\\_arttext&pid=S1726-89582019000200006](http://www.scielo.org.bo/scielo.php?script=sci_arttext&pid=S1726-89582019000200006)
- Cunradi, C. B., Caetano, R., Clark, C. L., & Schafer, J. (1999). Alcohol-Related problems and intimate partner violence among white, black, and hispanic couples in the U.S. *Alcoholism: Clinical and Experimental Research*, 23(9), 1492–1501. <https://doi.org/10.1111/j.1530-0277.1999.tb04672.x>
- Devries, K. M., Mak, J. Y. T., García-Moreno, C., Petzold, M., Child, J. C., Falder, G., Lim, S., Bacchus, L. J., Engell, R. E., Rosenfeld, L., Pallitto, C., Vos, T., Abrahams, N., & Watts, C. H. (2013). The global prevalence of intimate partner violence against women. *Science (New York, N.Y.)*, 340(6140), 1527–1528. <https://doi.org/10.1126/science.1240937>
- Edelstein, A. (2018). Intimate partner jealousy and femicide among former Ethiopians in Israel. *International Journal of Offender Therapy and Comparative Criminology*, 62(2), 383–403. <https://doi.org/10.1177/0306624X16652453>
- Goodyear, A., Rodriguez, M., & Glik, D. (2020). The role of firearms in intimate partner violence: Policy and research considerations. *Journal of Public Health Policy*, 41(2), 185–195. <https://doi.org/10.1057/s41271-019-00198-x>
- Hernandez, W. (2021). Violence with femicide risk: Its effects on women and their children. *Journal of Interpersonal Violence*, 36(11-12), NP6465–NP6491. <https://doi.org/10.1177/0886260518815133>
- INEI (2019a). Demographic and Health Survey. (Report Lima, Peru: Peruvian National Institute of Statistics and Informatics (INEI). Retrieved from [https://www.inei.gob.pe/media/MenuRecursivo/publicaciones\\_digitales/Est/Endes2019/](https://www.inei.gob.pe/media/MenuRecursivo/publicaciones_digitales/Est/Endes2019/).
- INEI (2019b). [National survey on social relations]. (Report Lima, Peru: Peruvian National Institute of Statistics and Informatics (INEI). Retrieved from [https://www.inei.gob.pe/media/MenuRecursivo/boletines/presentacion\\_enares\\_2019.pdf](https://www.inei.gob.pe/media/MenuRecursivo/boletines/presentacion_enares_2019.pdf).
- INEI (2019c). [Peruvian Population] <https://www.datosabiertos.gob.pe/dataset/poblaci%C3%B3n-peru>.
- INEI (2021). Demographic and Family Health Survey. (Report Lima, Peru: Peruvian National Institute of Statistics and Informatics Retrieved from [https://proyectos.inei.gob.pe/endes/2021/INFORME\\_PRINCIPAL/INFORME\\_PRINCIPAL\\_ENDES\\_2021.pdf](https://proyectos.inei.gob.pe/endes/2021/INFORME_PRINCIPAL/INFORME_PRINCIPAL_ENDES_2021.pdf).
- Islam, M. M., Khan, M. N., & Rahman, M. M. (2021). Attitudes to and experiences of intimate partner violence among rohingya women who married before eighteen years of age. *Global Health Action*, 14(1), 1943852. <https://doi.org/10.1080/16549716.2021.1943852>
- Karbeyaz, K., Yeti, S. Y., Gunes, A., & Si Msek, U. (2018). Intimate partner femicide in eskisehir, Turkey 25 years analysis. *Journal of Forensic and Legal Medicine*, 60, 56–60. <https://doi.org/10.1016/j.jflm.2018.10.002>
- McIlwaine, C. (2013). Urbanization and gender-based violence: Exploring the paradoxes in the global south. *Environment and Urbanization*, 25(1), 65–79. <https://doi.org/10.1177/0956247813477359>
- MIMP (2019a). [National Observatory of Violence against Women and the Members of the Family Group] <https://observatorioviolencia.pe/>.
- MIMP (2019b). Number of cases of victims of femicide attended by the CEM, according to age group, relational link and MIMP department <https://www.datosabiertos.gob.pe/dataset/n%C3%BAmerode-casos-de-v%C3%A9ctimas-de-feminicidio-atendidas-por-los-cem-seg%C3%BAn-grupo-de-edad-vinculo>.
- MINAM (2007). [Peru regional boundaries] <https://geoservidorperu.minam.gob.pe/geoservidor/download.aspx>.
- Mitchell, C. U., & LaGory, M. (2002). Social capital and mental distress in an impoverished community. *City & Community*, 1(2), 199–222. <https://doi.org/10.1111/1540-6040.00017>
- Neumann, P. (2016). When laws are not enough: Violence against women and bureaucratic practice in Nicaragua. *Social Forces*, 95(3), 1105–1125. <https://doi.org/10.1093/sf/sow082>
- Oliveira, C. A. B. d., Alencar, L. N. d., Cardena, R. R., Moreira, K. F. A., Pereira, P. P. d. S., & Fernandes, D. E. R. (2019). Perfil da vítima e características da violência contra a mulher no estado de Rondônia - Brasil. *Revista Cuidarte*, 10(1), e573. <https://doi.org/10.15649/cuidarte.v10i1.573>
- Orellana, J. D. Y., Cunha, G. M. d., Marrero, L., Horta, B. L., & Leite, I. d. C. (2019). Violência Urbana e fatores de risco relacionados ao feminicídio em contexto amazônico brasileiro. *Cadernos de Saúde Pública*, 35(8), e00230418. <https://doi.org/10.1590/0102-311X00230418>.
- Piper, A. V. M. (2014). *Autonomy, Oppression, and Gender*. Oxford University Press.

- Saint Arnault, D., & Zonp, Z. (2022). Understanding help-seeking barriers after gender-based violence: Validation of the barriers to help seeking-trauma version (BHS-TR). *Archives of Psychiatric Nursing*, 37, 1–9. <https://doi.org/10.1016/j.apnu.2021.12.004>
- Salameh, H. O. G., Salameh, R. J., Shwaiki, M., & Abder-Rahman, H. (2018). Forensic medical aspects of femicide in Jordan. *Journal of Forensic and Legal Medicine*, 56, 90–93. <https://doi.org/10.1016/j.jflm.2018.03.015>
- Shai, N., Ramsoomar, L., & Abrahams, N. (2022). Femicide prevention strategy development process: The South African experience. *Peace Review: A Journal of Social Justice*, 34, 227–245. <https://doi.org/10.1080/10402659.2022.2049001>
- Sharps, P. W., Campbell, J., Campbell, D., Gary, F., & Webster, D. (2001). The role of alcohol use in intimate partner femicide. *American Journal on Addictions*, 10(2), 122–135. <https://doi.org/10.1080/105504901750227787>
- Souza, M. J. M., & Fabro, E. A. (2022). Becoming unbecoming: Graphic novel, gender-based violence and resistance. *Revista X*, 17(1), 213–230. <https://doi.org/10.5380/rvx.v17i1.84395>
- Stockl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C., & Moreno, C. G. (2013). The global prevalence of intimate partner homicide: A systematic review. *The Lancet*, 382(9895), 859–865. [https://doi.org/10.1016/S0140-6736\(13\)61030-2](https://doi.org/10.1016/S0140-6736(13)61030-2)
- Swemmer, S. (2019). Femicide and the Continuum of gender based violence. In Leal Filho, W., Azul, A., Brandli, L., Özuyar, P., & Wall, T. (Eds.), *Gender equality* (pp. 1–12). Springer.
- True, J. (2012). The Political Economy of Violence Against Women. In *The Political Economy of Violence against Women* (pp. 3–16). Oxford University Press.
- UN (1993). Declaration on the Elimination of Violence against Women. Report Geneva, Switzerland: United Nations Retrieved from [https://www.un.org/en/genocideprevention/documents/atrocities/Doc\\_21\\_declaration%20elimination%20vaw.pdf](https://www.un.org/en/genocideprevention/documents/atrocities/Doc_21_declaration%20elimination%20vaw.pdf).
- Volpe, E. M., Hardie, T. L., Cerulli, C., Sommers, M. S., & Morrison-Beedy, D. (2013). What's age got to do with it? Partner age difference, power, intimate partner violence, and sexual risk in urban adolescents. *Journal of Interpersonal Violence*, 28(10), 2068–2087. <https://doi.org/10.1177/0886260512471082>
- Wilson, I. M., Graham, K., & Taft, A. (2014). Alcohol interventions, alcohol policy and intimate partner violence: A systematic review. *BMC Public Health*, 14, 881. <https://doi.org/10.1186/1471-2458-14-881>
- World Health Organization (2012). Understanding and addressing violence against women: femicide. <https://apps.who.int/iris/handle/10665/77421>.
- Wuest, J., Merritt-Gray, M., Ford-Gilboe, M., Lent, B., Varcoe, C., & Campbell, J. C. (2008). Chronic pain in women survivors of intimate partner violence. *The Journal of Pain*, 9(11), 1049–1057. <https://doi.org/10.1016/j.jpain.2008.06.009>
- Zachariassen, S. K. (2020). *The Prevalence of Gender-Based Violence In Peru: Risk factors and influence of historical memory* Aalborg UniversityJ. Aalborg University.