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QUASI-FEMINICIDAL VIOLENCE EXPERIENCED BY WOMEN IN THE STATE OF HIDALGO

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Abstract: This article analyzes the quasi-femicidal violence that women in Hidalgo, Mexico, experience with their partners. This term is used to refer to the violence exercised by the man on the woman to the point of almost killing her, mainly through punches, kicks, blows with an object, sharp objects or firearms. Data from the National Survey on the Dynamics of Household Relationships (ENDIREH) 2021 of the National Institute of Statistics and Geography (INEGI) were used. A sample of 1 thousand and one cases was obtained. The data were interpreted, mainly, with the theory of Dobash, Dobash, Cavanagh, and, Lewis (2004), Dobash, Dobash, Dobash, Cavanagh and, Medina-Ariza (2007) and, Dobash, E. and Dobash, R. (2011) who argue that abusers make statements that implicate their partner and others to reduce or eliminate their own guilt. Among the most important findings, it was found that femicidal violence occurs in rural areas with indigenous women who have little schooling. In addition, 60 women stated that their partners have caused them bruises and swelling in various parts of the body in the last 12 months. In addition, nine of them also stated that they were suffering from cuts, burns, loss of teeth, hospitalizations or bone fractures. Although this figure is very small with respect to the total sample, what is significant is that these women can die at any time as a result of the power exercised by their partners to control or punish them.

Keywords: femicide, uxoricide, intimate partner violence, Hidalgo, Endireh.

INTRODUCTION

There are many terms that address violence against women. Each of them does so from a specific theoretical and methodological perspective. Their analysis can focus on the causes, the aggressor or the victim (Dobash and Dobash, 2004). Among the best known terms are: spousal abuse, nonlethal violence, gender violence, extreme violence, domestic violence, etc.

Although the forms of violence against women are diverse, at least seven can be identified (Kennedy, 2021): the partner goes so far as to hit, strangle, kick, push or, suffocate; it is based on coercive-psychological control through constant criticism or nagging; the victim is forced to have unwanted sexual relations; access to economic support is controlled by preventing the victim from working outside the home, or by threatening to harm the victim's children, pets or property unless the abuser has complete financial control; stalking, harassment or cyberstalking of the partner; sexual exploitation; and; it can occur in all genders.

Early studies of violence against women focused on violence perpetrated by men. The first findings of violent men showed that they belonged to a low socioeconomic level, had a history of criminal behavior, and had a history of alcohol abuse. Later, in the middle of the 20th century, new studies emerged. The theory of intergenerational transmission of violence prevailed. This theory postulated that children who saw their fathers beating their mothers learned from them and repeated these actions as adults. These studies looked at batterers and their link to poverty and how early childhood beliefs and behaviors were transferred to adulthood. The causes were due to alcoholism, brutal violence or parents who served as models of violence for their children (Dobash and Dobash, 2004).

Later, the term domestic violence was used to refer to any action that uses power in an abusive manner to dominate and control a person against his or her autonomy and physical, psychological, sexual, social and spiritual integrity. These abuses occur gradually and increasingly. Domestic violence occurs in a relationship of family closeness which makes this type of violence become more impactful (Núñez, 2016).

The United States, during the 1970s, conducted the first National Family Violence Survey. The survey found that at least 16% of couples had experienced physical domestic violence in the past year. Physical violence included both married and cohabiting couples (Cares, Reckdenwald and Fernandez, 2021).

In that same decade, studies of violence against women from a feminist perspective showed battered women as victims because male batterers were in a social context of male authority and dominance (Dobash and Dobash, 2004). The battered women's movements in Britain and the United States at the time sought to change the patterns of the criminal justice system that neither protected the victim nor acted against the batterer (Dobash and Dobash, 1992). For example, if women were intelligent, strong, independent, and refused to be dominated by men, they were considered to have sought their own death. Similarly, the police did not arrest male aggressors and rarely helped women. Judges, prosecutors and other criminal justice officials also did not consider the complaints to be worthy of criminal justice sanction (Radford and Russell, 1992).

Therefore, many feminist activists and scholars have pointed out that the law and the legal apparatus have been filled with patriarchal beliefs and structures. They have proposed a feminist jurisprudence based on custom, public opinion, women's needs, or an alternative moral discourse. For them, legal practice

should be presented as gender-neutral and not male-centered, characterized by abstract morality and basic principles of autonomy and impartiality. Justice for women's jurisprudence would be grounded in an ethic of care and governed by principles that seek forgiveness, reconciliation and healing (Radford and Russell, 1992). Criminal justice systems and domestic violence services should diminish and eliminate patriarchal and intimate terrorism (Cares, Reckdenwald, & Fernandez, 2021).

Subsequently, the term battered women was used to describe women who are systematically dominated and physically assaulted by their male partners. In Latin America, the term domestic violence has long been used to refer to the mistreatment of women by their current or former male partners. The term also includes violence against children and the elderly. Other terms that have been used interchangeably are spousal abuse, sexualized violence, partner violence, wife abuse or wife assault (Ellsberg and Heise, 2005).

There is currently a wide range of research on violence against women, which studies the situation, nature, contexts, motivations and reactions of those affected, as well as the responses of the community and state institutions (Dobash and Dobash, 2004). Since 1993, the term gender-based violence has been used to refer to the subordinate status of women in relation to men. In that year, the concept was introduced at the United Nations, which approved the Declaration on the Elimination of Violence against Women. This definition includes "wife-beating, sexual assault, dowry-related murder, marital rape, selective malnutrition of girls, forced prostitution, female genital mutilation and sexual abuse of girls" (Ellsberg and Heise, 2005).

DOBASH'S ANALYTICAL APPROACH

The work of R. Emerson Dobash and Russell P. Dobash is prolific. Both their books and written articles provide key concepts for understanding nonlethal and lethal intimate partner violence. For them, non-lethal violence factors refer to factors related to violence against women such as sociodemographic, personal, situational and situational factors, generally related to men's expectations of what their partner should have done.

Non-lethal violence against women at the sociodemographic level refers to young, poor, disadvantaged and unemployed men. On a personal level, they abuse alcohol and experienced or witnessed family violence in their childhood. At the situational and circumstantial level, violence emerges in men mainly due to separation with their partner, jealousy or possessiveness towards her (Dobash, Dobash, Cavanagh and Medina-Ariza, 2007). In the same sense, they have also studied the expectations of domestic work, the perception of the right to punish their wives for bad actions perceived on the part of men. The response of battered women has been to remain silent in the face of these facts, either out of shame or fear of reprisals (Dobash 1992).

People who witnessed these sources of violence, such as neighbors, children, relatives or friends, may offer support to the women, or they may challenge the violent man. In the first case, there may be positive support and negative support. Positive support consists of those who seek to calm the violent woman and even ask her to overcome the situation. Negative support consists of criticizing and blaming the woman for her bad behavior. Or not saying or doing anything. In the second case, challenging the violent man, consists of calling the police or taking the woman away from the violent partner to keep her safe (Chatzifotiou, Dobash and Tsougas, 2001).

Repeated male-on-female violence results in death. In contrast, repeated violence by women against men rarely occurs. When the woman assaults the man, she does so as an act of self-defense after a long history of attacks by the man. This is a common pattern known in the United States since the 1950s (Dobash 1992).

Similarly, the majority of men who murder their intimate partner previously had a history of violence towards her (Dobash and Dobash, 2011). On average, men who murdered their intimate partners were about the same age as the victim and, at the time of their murder, occurred in a dispute and had previous violence related to the woman's possessiveness, jealousy and perceived or real infidelity. The abuse of substances such as alcohol or drugs has little influence on the murder of women by their partners (Dobash, Dobash, Cavanagh and Lewis, 2004).

When it comes to the murder of the woman, perpetrators generally deny it in an attempt to avoid prosecution, conviction and long-term incarceration. However, from trial to incarceration, they exhibit various forms of denial of responsibility. These abusers are thoughtless, do not acknowledge their problematic behaviors and, are not self-critical. Violent offenders' narratives are often distorted and oriented to deny, deflect and/or mitigate their responsibility. They present no remorse or remorse for the killing (Dobash and, Dobash, 2011).

The childhood of men who murder their intimate partner provides the context for learning. There the man may have observed parental separation, lived with an alcoholic parent, or had multiple caregivers. The caregivers may have sexually or physically abused them. Similarly, the child may exhibit problematic behaviors at school, have psychological problems, or initiate alcohol or drug abuse. After the age of 16, men who kill an intimate partner do not have any distinguishing factors in their education, employment, or adult problems that stigmatize them as future intimate partner killers (Dobash, Dobash, Cavanagh, & Lewis, 2004).

METHODOLOGY

We used the database of the Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares (ENDIREH) 2021, which is divided into four separate databases. To achieve the objective of this article, the demographic section and the intimate partner violence section were unified. Subsequently, a filter was applied to the unified database and women who currently have a partner in the state of Hidalgo were selected. In total, the ENDIREH 2021 yielded 1,000 and one case. The article presents the results of question 14.23 which states: "Due to problems or aggressions with your husband or partner...did you have...". Although the question presents 14 response complement options, only the results of eight options that correspond to physical violence are presented here.

In absolute numbers, there were 60 cases of women reporting bruising or swelling from their current partner. There were nine cases of fractures and hospitalizations. There were eight cases of cuts, burns or loss of teeth, and fainting. There were six cases of bleeding. Although there were only three cases, the after-effects were permanent because the women cannot move any part of their bodies. Finally, two women reported other physical injuries. One of them stated that, due to the blows received, she can no longer hear, and another stated that she has permanent pain in her neck. See Table 1.

Subsequently, the socioeconomic characteristics of the 60 battered women were identified. It was found that they belonged to 26 of the 84 municipalities in the state of Hidalgo. The four municipalities with the highest number of women who have experienced quasi-femicide violence were: Huejutla de Reyes (16.7%), Tezontepec de Aldama (10.0%), Xochiatipan (8.3%) and San Agustín Tlaxiaca (6.7%). These four municipalities represent 51.7% of the women who have experienced

quasi-femicide violence. There were four more municipalities, which each registered 5% of the respondents: San Salvador, Tasquillo, Tepehuacán de Guerrero and Tlanchinol. If these last municipalities are added together, the eight municipalities mentioned above account for 71.7% of the women who experience quasi-femicide violence.

RESULTS

The marital status of the sample obtained is composed of 60.0 % of married women and the rest live in a common-law relationship. 58.3% live in rural areas and the rest in urban areas. No one lives in urban areas. All the women in the sample consider themselves indigenous. However, only 45% of them speak an indigenous language.

The age at which quasi-femicide violence increases occurs after the age of 40. The sample from 40 to 47 constitutes 21.7%. Subsequently, this type of violence increases significantly from 52 to 66 years of age. In these 14 years, 48.4% of the sample is concentrated. Finally, it decreases after 66 years of age. See graph 1.

Quasi-femicide violence decreases with a woman's level of education. The more schooling a woman has, the lower the percentage of women who experience quasi-femicide violence. Seventy percent of the indigenous women who experienced quasi-femicide violence have only primary and secondary schooling. Of these, 15.0% have high school and technical studies. Only 3.3% of women with higher education reported having suffered quasi-femicide violence. See graph 2

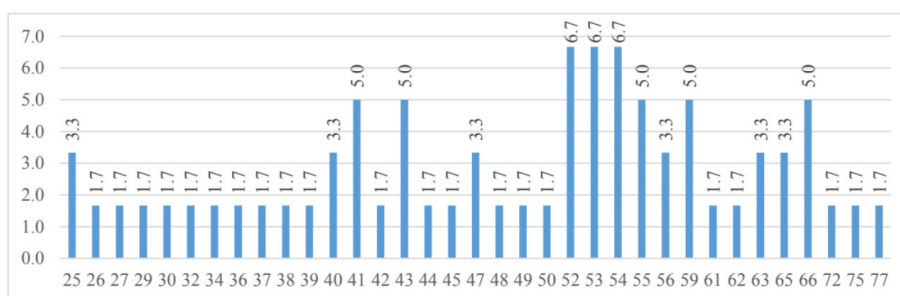
With respect to their occupation, 60.0% did not state whether they have any work activity, which could be interpreted as not having an employment relationship. 18.3% are self-employed, 16.7% are employees, and 1.7% are day laborers, employers or unpaid workers, respectively.

	No	Yes	N.E./N.C.
Bruising or swelling	33.5	6 (n=60)	60.5
Fractures	38.6	0.9 (n=9)	60.5
Had to be hospitalized or undergo surgery	38.6	0.9 (n=9)	60.5
Cuts, burns or loss of teeth	38.7	0.8 (n=8)	60.5
Fainting spells	38.7	0.8 (n=8)	60.5
Hemorrhages or bleeding	38.9	0.6 (n=6)	60.5
Cannot move any part of your body	39.2	0.3 (n=3)	60.5
Had other physical injuries	39.3	0.2 (n=2)	60.5

N.E. = Not specific. N.C. = No answer

TABLE 1. PHYSICAL CONSEQUENCES OF MALE AGGRESSIONS AGAINST HIDALGO WOMEN BETWEEN 25 AND 77 YEARS OF AGE

Source: Own elaboration based on INEGI (2022).



GRAPH 1. AGE OF HIDALGO WOMEN WHO EXPERIENCED QUASI-FEMINICIDAL VIOLENCE IN 2022

Source: Own elaboration based on INEGI (2022).

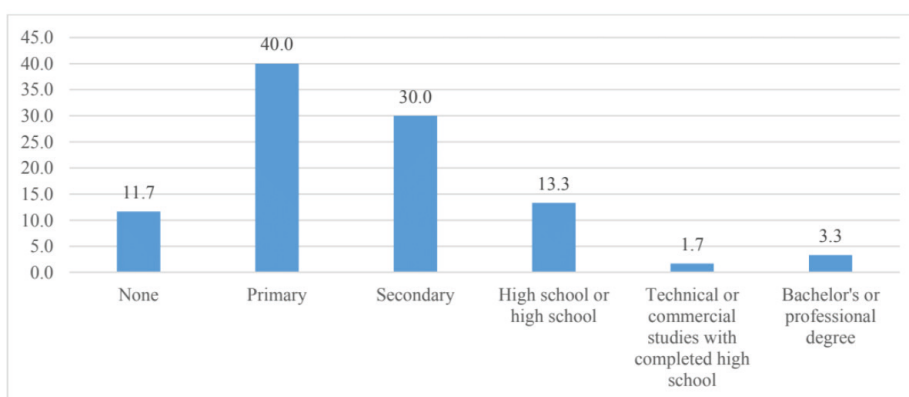


FIGURE 2. SCHOOLING OF HIDALGO WOMEN WHO EXPERIENCED QUASI-FEMINICIDE VIOLENCE IN 2022

Source: Own elaboration based on INEGI (2022).

	No	Yes
Fractures	90.0	10.0 (n=10)
Had to be hospitalized or undergo surgery	91.7	8.3 (n=5)
Cuts, burns or loss of teeth	88.3	11.7 (n=7)
Fainting spells	90.0	10.0 (n=10)
Hemorrhages or bleeding	91.7	8.3 (n=5)
Cannot move any part of your body	98.3	1.7 (n=1)

HIDALGO WOMEN WHO, IN ADDITION TO HAVING EXPERIENCED BRUISES, HAVE RECEIVED OTHER TYPES OF QUASI-FEMINICIDAL VIOLENCE

Source: Own elaboration based on INEGI (2022).

In addition to the fact that the sample is composed entirely of women who reported that their partners beat them to the point of bruising or swelling, 27 of them also received fractures, fainting spells, cuts, burns or loss of teeth. Ten women had to be hospitalized or hemorrhaged. It is noteworthy that one of them stated that she could not move any part of her body. See Table 2.

DISCUSSION

Bruises or swellings are generated by strong and direct blows, not necessarily with an object. They can be caused by punching, squeezing, pulling, kicking or pushing. Or, the aggressor causes the victim to bump into an object. A bruise is caused by a blood clot and may disappear in a couple of days or weeks, depending on its depth. In cases of intimate partner violence, batterers commonly tend to hit areas of the body that can be easily covered by clothing, such as the back, arms or legs. As the violence escalates, the blows may be directed at the face, leaving visible marks such as bruises over the eyes.

The aggressor's use of physical force on the woman may occur after an attack of jealousy towards his partner. He may push her to the ground and kick her in the back, making sure that the marks are not visible. It may also happen that the aggressor will lock the victim up for several days until the bruises disappear, thus preventing her from denouncing him.

Fractures are breaks or cracks in the bones and can be classified as exposed (when the bone goes through the skin) or internal (when the broken bone remains inside the body). Fractures usually occur due to severe blows. In the face, a fracture of the nose or jaw may be caused by a direct impact with fists or blunt objects. In the body, fractures can be generated by blows from metal objects, such as bats, or very hard kicks. Although leg bones are more resistant, arms, wrists, hands, shoulders, ribs and clavicles are more vulnerable,

and can be fractured by falls caused by thrusts or direct impacts.

It has come to light that the men intercept his ex-partner on the street as she is returning from work at night. In a fit of rage, he brutally beats her with a bat, causing fractures to her ribs and wrists as she tries to protect herself with her arms.

Hospitalizations and operations occur when the victim suffers serious aggressions that put his or her life or physical integrity at risk. These situations usually require the intervention of family members, neighbors or even the aggressor himself, who may feel remorse after the fact. Serious injuries such as fractures, deep wounds or internal damage may require reconstructive or emergency surgery to avoid permanent consequences.

In these situations, neighbors sometimes hear the screams of a woman being assaulted by her husband. They only hear that the aggressor is beating her. Upon hearing the arrival of the police and ambulance, the aggressor flees. The woman is taken to the hospital, where doctors perform emergency surgery on the affected organ or part.

Perpetrators may cause cuts, burns or loss of teeth with the purpose of damaging the victim's physical appearance for life. Cuts may be inflicted with sharp objects, or by pushing the victim into glass or sharp surfaces. Burns can be inflicted with boiling liquids, acids or hot instruments such as irons. Tooth loss occurs after direct blows to the mouth, either with fists, blunt objects or weapons.

An example of this type of aggression occurs when a woman argues with her ex-partner who tries to force her to return to him. When no favorable result is obtained, the argument ends in physical violence. The aggressor may hit her in the face, knock her teeth out, or throw acid in her face. It may also happen that the woman, while trying to flee, stumbles and falls on a glass table, whose broken shards cause deep cuts

Fainting can be caused by asphyxiation, blows to the head, extreme pain due to injuries, exposure to toxic substances or even emotional shock. In severe cases, the victim's health conditions may deteriorate rapidly, increasing her vulnerability. Occasionally, the woman attempts to escape from her controlling husband, who has isolated her from her family for several months. Upon discovering her attempting to flee, he suffocates her in a fit of rage, leaving her lying there unconscious from lack of oxygen.

In contexts of violence, the most common hemorrhages occur in the nose and eyes as a result of severe blows. In pregnant women, blows or stress can cause spontaneous abortions accompanied by severe hemorrhages. Internal bleeding can also occur from severe blows to the abdomen. When a man hits his pregnant partner in the abdomen during an argument because she does not want to agree

to have an abortion, it causes internal bleeding, which can lead to the loss of the baby and hospitalization of the young woman

CONCLUSIONS

Dobash's analytical approach describes the profile, context and background of a potential rapist, identifying common patterns. This approach could be useful in empowering women to facilitate the early identification of dangerous behaviors. In that sense, it would promote crime prevention and encourage the design of public policies aimed at early intervention before violence escalates.

Quasi-femicidal violence will require broadening its analytical fields and taking into account the cultural factors, beliefs and traditions that influence the perpetuation of violence in indigenous communities. It is also necessary to study the psychological impact, how violence affects survivors emotionally and mentally.

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