

A Social Sciences Perspective For An Expert-Validated Proposal Of A Gender Violence Care Protocol: The Case Of Hospital Verdi Cevallos, Manabí, Ecuador

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Abstract

This study aims to develop and validate a specialized care and prevention protocol to avoid the revictimization of women victims of gender-based violence in the emergency department of the Verdi Cevallos Balda Public Hospital in Portoviejo, Ecuador. Gender-based violence is approached as a structural social and public health problem that transcends individual experiences and is reinforced through institutional practices that may generate secondary and tertiary victimization. The research adopted a qualitative methodology with an action-research design, involving a non-probabilistic convenience sample of eleven multidisciplinary specialists from the health, legal, psychological, and social work fields. Data were collected through documentary analysis, observation, and focus groups, and the proposed protocol was validated using the nominal group technique and Kendall's coefficient of concordance. The findings reveal a high level of expert consensus regarding the

necessity, relevance, and applicability of a context-specific protocol focused on comprehensive, empathetic, and rights-based care. The resulting protocol establishes clear guidelines for medical, psychological, legal, and social intervention, emphasizing institutional coordination, confidentiality, and the prevention of revictimization. The study concludes that adapting national guidelines, such as the “Purple Code,” to local hospital contexts significantly strengthens institutional responses to gender-based violence and contributes to more humane, effective, and gender-sensitive emergency care services.

Keywords: Gender-based violence; Revictimization; Emergency care; Care protocols; Women’s rights; Public hospitals

INTRODUCTION

Violence against women is a social and public health issue of global significance that affects millions of women and girls worldwide disproportionately (Herrera, 2023). Despite legislative and regulatory advances at an international level, the effectiveness of these measures is limited by the absence of adequate care procedures for victims, particularly in public hospitals. These institutions are fundamental to providing medical care to diverse communities and should be safe spaces for everyone. However, in many cases, they perpetuate structural gender inequalities, which can result in women having dangerous medical experiences (García and López, 2021).

In addition, gender-based violence has recently been recognised as a social problem, rather than a private matter, prompting responses from multiple fronts. Currently, research initiatives, national plans, legislative measures and intervention programmes are in place to protect victims (Rodríguez, 2020). One of the instruments available to address these issues is care protocols, which are essential for establishing mechanisms to guide processes of reporting, investigating and punishing harassment, discrimination and gender-based violence (García and López, 2021).

In this sense, formulating and implementing care protocols allows for the adequate structuring of investigative and punitive actions in cases of gender-based violence. It also represents an opportunity to strengthen the institutional framework and promote political decisions aimed at the structural transformation of the health system. As Mantuano (2022) argues, an effective protocol should provide comprehensive reparations for victims, incorporating vital elements such as psychological care, psychosocial support, and legal counsel. However, sustained application of these instruments within public health services with a rights-based approach is essential to ensure they become effective protection mechanisms.

Understanding gender dynamics in the hospital setting is key to generating significant transformations that will enable the creation of safer, more equitable and respectful care environments. In this regard, protocols for the care and prevention of the revictimisation of women who have experienced violence in emergency departments are fundamental tools for ensuring a comprehensive response that considers the needs of the victims (Mantuano, 2022).

In Ecuador, although there is a general protocol for comprehensive care in cases of gender-based violence known as the 'purple code', its implementation in public hospitals does not consider the particularities and specific needs of each institution. At the Verdi Cevallos Balda Hospital in Portoviejo, for example, it has become evident that a protocol adapted to the institution's characteristics, available resources, and the socio-territorial realities of the Manabí province is necessary. This finding gave rise to the present study, which aims to answer the following research question:

How can a care and prevention protocol be developed to avoid the revictimisation of women victims of violence in the emergency department of the Verdi Cevallos Balda public hospital in Portoviejo, Ecuador

THEORETICAL BASIS:

The formation of gender stereotypes begins in the early stages of childhood and is progressively reinforced through socialisation processes that are deeply rooted in family and sociocultural structures. As Fernández et al. (2021) state, gender stereotypes begin to take shape in childhood and are based on parental beliefs regarding socially expected behaviours according to the child's sex. Learning plays a key role in the internalisation of these expectations and norms from an early age.

From this perspective, Galarza and Castillo (2023) argue that the cognitive processing of experiences enables the formation of gender identities, the internalisation of assigned social roles and the assimilation of norms that guide specific behaviours, thereby conditioning actions previously established by society. These statements demonstrate that gender constructions are not only influenced by individual factors, but also by a complex interplay of learning, symbolic representations, and social expectations that take effect from an early age.

This learning directly influences how social roles are conceived and reproduced, particularly with regard to the construction of masculinity. According to Torres (2020), women who internalise these stereotypes tend to perceive men as symbols of power and authority. Meanwhile, masculinity is based on denying the link with the feminine (particularly the maternal figure) and adopting elements considered to be universally masculine. Martínez and Gómez (2022) further elaborate on this by highlighting that this construction creates a system of abstract and impersonal social roles, in which masculinity is associated with behaviours such as aggressiveness, competitiveness, and high expectations of success, intelligence, leadership, bravery, and knowledge. This not only limits the actions of men, but also reinforces power dynamics that profoundly affect gender relations.

Herrera (2023) argues that the hegemonic construction of masculinity shapes not only social dynamics, but also how men who conform to gender stereotypes perceive women as fragile and adverse. This representation impacts not only the general social sphere, but also couple relationships, affecting how men perceive the emotional bond and generating power dynamics that can lead to violence.

Globally, violence against women is one of the most widespread human rights violations. According to Miranda (2020), numerous cases occur daily in all parts of the world, resulting in physical, psychological and economic consequences in the short and long term. This type of violence prevents women and girls from participating fully and equally in society, and its impact affects not only the direct victims, but also society as a whole.

Adopting a structural perspective, Moreira, Zambrano and Lazo (2022) argue that gender-based violence is a systematic violation of women's human rights and a persistent obstacle to achieving substantive equality. This form of violence reflects a social valuation that denies women autonomy and the ability to make decisions about their lives. In the specific context of intimate partner violence, Miranda (2020) suggests that, alongside gender stereotypes and the perpetuation of unequal power dynamics, economic dependence is a key factor preventing many women from leaving violent relationships and perpetuating the cycle of subordination.

From a victimological perspective, the study deepens our understanding of the various ways in which women experience violence, both at the time it is perpetrated

and in their subsequent interactions with institutional and social environments. Within this framework, Moreira, Zambrano and Lazo (2022) identify three levels of victimisation. Primary victimisation refers to the direct harm caused, the consequences of which are not only physical, but psychological too, and may generate feelings of guilt or confusion in the victim. Secondary victimisation occurs when institutions responsible for providing support (such as the judicial, police or health systems) reproduce practices that question or minimise women's testimony, generating new forms of suffering. Finally, tertiary victimisation manifests at a social level through stigmas, prejudices, and discourses that delegitimise the victim and reinforce patterns of structural discrimination.

This chain of violence gives rise to what various authors identify as 'revictimisation', i.e. when the victim is affected again after the crime by the treatment they receive within the system itself, rather than by the aggressor. In this regard, Nombela (2022) warns that revictimisation is caused by the inadequate practices of justice system personnel, such as the police and judiciary, as well as by the absence of specific regulations that provide for the differentiated and sensitive treatment of victims of sexual crimes. Consequently, these women are forced to relive their trauma repeatedly through multiple examinations, statements, interrogations and cross-examinations, exacerbating their psychological and emotional distress.

Vasco et al. (2021) also highlight that revictimisation violates the principle of human dignity and seriously compromises the legal security of those affected. In the context of domestic violence proceedings, this problem directly impacts the victims' right to integrity (in its physical, psychological, and moral dimensions), as they are often required to recount the events experienced at different stages of the proceedings. While this practice responds to procedural requirements, it reveals a structural deficiency that can and should be corrected by adopting specialised protocols. These protocols establish clear action plans to guide justice system operators, ensuring an appropriate approach to cases and preventing new forms of institutional violence while promoting access to justice based on human rights.

In this sense, for authors such as Arriola (2021), the importance of protocols against revictimization lies in the need to support the actions of the professionals involved in these processes. This objective is realised through the implementation of specialised care protocols, with a particular emphasis on the provision of individualised attention to the victim. Such protocols should be institutionalised to prevent the emergence of new forms of institutional violence. Consequently, these protocols facilitate a comprehensive and objective approach to the reality of the victim, acknowledging her not only as an affected individual, but also as a subject of rights, whose dignity must be upheld by the justice system.

According to Fernández et al (2021), violence against women constitutes one of the most egregious violations of fundamental rights. This form of violence has implications for a number of fundamental rights, including the right to life, liberty, personal safety and the free development of personality. It also impacts the right not to be subjected to degrading treatment, the inviolability of the family environment and the protection of the family nucleus.

In the Ecuadorian context, a general protocol for comprehensive care of gender violence in public hospitals has been established. This protocol, entitled "Code Purple", is activated when the institution lacks a specific protocol for care. Galarza and Castillo (2023) posit that, given Ecuador's status as a constitutional state founded on the principles of rights and justice, this instrument constitutes a component of the

national public policy aimed at fostering harmonious social coexistence. The "Purple Code" was conceptualised as an institutional alert system designed to be operationalised in educational and health centres in instances of physical, psychological or sexual violence against women or family members. The objective of the Attorney General's Office is to articulate the reporting, investigation, management and prosecution of such cases. The Attorney General's Office is responsible for executing public actions under the principles of timeliness and minimum criminal intervention to obtain the necessary evidence and ensure access to justice.

Nevertheless, despite its ability to guarantee conception, several studies have highlighted significant limitations in its implementation. Gil and Escrig (2020) posit that, despite the "Purple Code" having been developed with the intention of enhancing the investigative capabilities of the Prosecutor's Office, its implementation has not yielded the anticipated outcomes. This ineffectiveness is attributable to several factors, including the absence of knowledge regarding the protocol among institutional operators, the paucity of coordination between health and education centres and the Prosecutor's Office, and the failure to adhere to inter-institutional cooperation mechanisms.

In this context, and in view of the sustained increase in cases of violence, health centres have implemented the "Purple Code" as an institutional tool for channeling reports of possible aggressions to the Prosecutor's Office, with the aim of initiating the corresponding investigative processes. However, despite its ability to guarantee conception, several studies have highlighted significant limitations in its implementation, as previously mentioned. In a similar vein, Villa (2023) advances the argument that the "Purple Code", despite its initial conception to streamline investigative procedures within the Prosecutor's Office, has not yielded the anticipated outcomes in practice.

It is evident that the focus on female victims of violence in the province of Manabí has demonstrated notable advancements in the domains of inter-institutional coordination and the implementation of protocols grounded in a rights-based approach. Nevertheless, the issue of revictimization persists as a latent problem within health and justice services. As Valerio (2022) contends, intervention in gender-based violence should not be confined to immediate actions following a complaint, but should encompass comprehensive institutional measures to ensure the safety, support and respect for the dignity of the victims. In this sense, the author emphasises that no therapeutic approach should be initiated until a minimum level of emotional safety has been established, given that the recovery of this feeling is a progressive process, conditioned by the severity of the trauma suffered.

In this sense, the existence of action protocols is particularly relevant, as they establish clear and systematised routes for the institutional approach to violence, contributing to the prevention of new forms of victimisation. Galarza and Castillo (2023) posit that the protocol should furnish public institutions with the tools to promote coping skills in victims. These include active listening without prejudice, emotional containment, and immediate action in the face of risk, such as activation of ECU911 or separation from the aggressor. In his most recent study, Cevallos (2023) emphasises that revictimisation not only exposes people to reliving the trauma, but also transforms them into victims again, this time of the institutional system itself. This criticism is corroborated by Carranco (2020), who highlights deficiencies in the actions of authorities who fail to investigate or punish with due diligence, and Nombela (2022), who cautions against the perils of media discourses that distort the

facts and blame the victims, thereby reproducing violence from the symbolic apparatus.

Furthermore, the re-victimization of individuals can elicit profound psychosocial consequences. As Segovia (2023) asserts, this phenomenon engenders sentiments of guilt, isolation and withdrawal, thereby eroding the relationship of trust between the victim and the institutions entrusted with their protection. Rivera (2023) concurred that the crux of ensuring care that does not re-victimize individuals lies in empowering them to regain authority over their circumstances. In contrast, Cepeda (2021) underscored the necessity for interdisciplinary protocols to ensure a comprehensive comprehension of the individual's experience.

From a normative perspective, authors such as López and García (2021) recognise the progress of the Ecuadorian legal framework, especially the Comprehensive Organic Criminal Code. However, they also warn that structural problems still persist in its application. In this line, Vasco (2021) highlights that women's vulnerability to violence persists as a systemic issue, while UN WOMEN (2022) emphasises the necessity to establish novel institutional frameworks capable of addressing the emotional and sexual dimensions of harm. Conversely, Cevallos (2023) emphasises the utilisation of community and rights-based methodologies in Manabí to prevent and address gender-based violence (GBV). Segovia (2023) underscores the significance of inter-institutional coordination among public entities tasked with intervention in such cases. Consequently, Mantuano (2022) contends that it is incumbent upon the State and provincial governments to adopt concrete measures to prevent, eliminate and punish all forms of violence, particularly those directed at women and groups in vulnerable situations.

In this context, the Verdi Cevallos Balda Hospital in the city of Portoviejo, since its foundation, has played an essential role in providing medical care to the population of Manabí, and its emergency rooms have been key in the reception and care of women victims of violence. Martínez and Gómez (2022) posit that such facilities have evolved in response to the increasing demands of the environment, with investments being made in infrastructure, technology, and staff training. Garcia and Lopez (2021) emphasise that the hospital has established rigorous protocols that allow for effective and immediate attention in emergency cases, thus establishing it as a bastion of humanitarian care.

It is evident that, over time, the hospital has strengthened its institutional response to gender-based violence through the implementation of the "Purple Code". The Purple Code is a tool that enables the activation of comprehensive and timely care for women who present to the hospital after suffering physical, emotional or sexual violence. Segovia (2023) has noted that medical and nursing staff have undergone specific training in this protocol, enabling them to provide sensitive and compassionate medical care, identify signs of violence, and articulate psychological and social support mechanisms.

Ortiz and Vives (2022) emphasise that the approach adopted by the hospital is based on patient-centredness, promoting spaces for active listening, respect for autonomy and access to clear information on available resources. The provision of medical care is complemented by the provision of counselling on safety measures and long-term support networks. This multidisciplinary approach involves close collaboration with psychologists, social workers and other specialised organisations, ensuring a comprehensive response.

Similarly, the Verdi Cevallos Hospital has implemented specific measures to prevent the re-victimisation of patients in its emergency unit. As posited by Sancho et al. (2020), the following measures are to be implemented: the ongoing provision of staff training in the area of empathic communication, respect for the victim's decisions, and the establishment of safe and confidential spaces for the provision of care. The author further documents that this approach is consolidated through interdisciplinary coordination, which contributes not only to the physical recovery of the victims, but also to their emotional and social restoration.

It is evident that the measures implemented at the Verdi Cevallos Balda Hospital have established a robust foundation for the formulation of a bespoke protocol for the management of victims of gender-based violence within the emergency department. The integration of a patient-centred approach, the ongoing training of staff in empathic communication, and the establishment of secure and confidential environments are indicative of an institutional commitment to the prevention of revictimisation (García and López, 2021). In addition, the interdisciplinary articulation with psychologists, social workers and support networks serves to consolidate comprehensive and trauma-sensitive care (Segovia, 2023). These advances provide a favourable scenario for the systematisation of existing practices and the structuring of a technical instrument that accurately guides responses to cases of gender-based violence from a human rights and gender perspective.

METHODOLOGY

The present research was developed under a qualitative approach, in accordance with the paradigmatic modality proposed by López (2021), and adopted an action-research design as a methodological strategy. The sample consisted of 11 multidisciplinary specialists, including professionals from the Technical University of Manabí (psychologists, social workers and lawyers) and personnel from the health area of the Verdi Cevallos Hospital in Portoviejo (doctors, nurses, a social worker and a psychologist). A range of data collection techniques were employed for the purpose of this study, including observation, focus groups and the analysis of documents, records, materials and artefacts identified during the bibliographic review. The total number of documentary and normative sources included in the review was 33.

In this study, the identity of the victims was not compromised and no confidential information of the patients was handled because the research did not involve direct interaction with human subjects and no sensitive information was handled. Furthermore, we employed the methodology of collecting information from documents, materials or artefacts. With regard to the methods employed, at the theoretical level of knowledge, the analytical-synthetic, inductive-deductive method was utilised, and at the empirical level of knowledge, the documentary analysis according to the model proposed by Martínez (2022).

The process of conducting interviews with the specialists who constituted the focus groups enabled the formulation of the "Protocol of care and prevention in the revictimisation of women victims of violence in the emergency area of the Verdi Cevallos Balda Hospital". To this end, the nominal group technique was employed, thus enabling the collective evaluation of the judgments made by the experts. This dynamic was complemented with the statistical test of Kendall's coefficient, in order to verify the significant concordance between the average ranges assigned to the different aspects addressed. These elements were derived from two sources: firstly, a thorough bibliographic analysis, and secondly, the questions asked in the interviews.

The following table provides a comprehensive overview of the sample of specialists, accompanied by their respective technical data:

Table 1 Sample of multidisciplinary specialists in areas of care for victims of gender-based violence (data sheet).

SAMPLE OF MULTIDISCIPLINARY SPECIALISTS IN AREAS OF CARE FOR VICTIMS OF GENDER-BASED VIOLENCE (TECHNICAL DATA SHEET)					
N	SAMPLE	SPECIALIST	FOURTH LEVEL	YEARS OF EXPERIENCE	Age
1	Multidisciplinary specialist in victims of gender violence at the Technical University of Manabí.	Lawyer 1	Mg.	5	34
2		Lawyer 2	PhD.	4	33
3		Social Worker 1	Mg.	3	29
4		Social Worker 2	Mg.	6	30
5		Psychologist 1	Mg.	3	42
6	Multidisciplinary specialist in the area of care for victims of gender violence at the Verdi Cevallos Hospital.	Physician 1	Mg.	3	50
5		Physician 2	Mg.	4	45
8		Nurse 1	Mg.	3	43
9		Nurse 2	Mg.	5	40
10		Social Worker 3	Mg.	2	22
11		Psychologist 2	Mg.	4	35

Note: Prepared by the research author.

The sampling strategy employed in this research was non-probabilistic by convenience, a method that enabled the incorporation of specialists who, due to their experience, institutional proximity and willingness to collaborate, were accessible and relevant to the approach of the phenomenon under study. This sampling technique is especially well-suited to qualitative research, as it facilitates access to subjects who possess specialised knowledge and a direct connection to the problem under analysis (López & García, 2023). The interview guide, conceived as a tool for the acquisition of information, encompasses a series of questions that have been meticulously formulated through the analysis of bibliographic documents developed within the theoretical framework of this research, as well as the observation sheet, as illustrated in the subsequent table:

Table 2. Focus Group Interview Guidelines

N	QUESTIONS
1. 1	2. Do you know what gender violence is and can you explain it from your professional perspective?
3. 2	4. Do you know what revictimization is?
5. 3	6. Do you have any knowledge of the gender violence statistics that exist in Manabí?
7. 4	8. Do you know of the existence of a specific protocol for the care of women victims in any hospital in Manabí?

9. 5	10. Do you know what are the main objectives of a protocol for care and prevention of re-victimization of women victims of violence in the emergency area?
11. 6	12. What are the key indicators used to evaluate the effectiveness of the protocol in preventing revictimization?
13. 7	14. How is medical care coordinated with other support services, such as psychological and legal counseling?
15. 8	16. Are there follow-up systems in place to ensure that these women receive the ongoing support they need after their emergency visit?
17. 9	18. Do you think it is necessary to develop a specific protocol for care called "Protocol for Care and Prevention of Revictimization of Women Victims of Violence in the Emergency Department of the "Verdi Cevallos Balda" Hospital?
19. 10	20. Do you think it is necessary to reformulate the criteria, legal measures and procedures that have been developed at the public policy level to address the new perspectives of gender violence and revictimization?

Note: Prepared by the author of the researcher.

In consequence of the aforementioned, the aspects proposed for the "Protocol for Care and Prevention of Revictimization of Women Victims of Violence in the Emergency Area of the "Verdi Cevallos Balda" Hospital, which were submitted to the consensus of the specialists, were as follows:

Table 3. Proposed Aspects

Proposed Aspects
1. Protocol for victims of gender-based violence at the Verdi Cevallos Balda hospital.
2. Gender violence
3. Revictimization
4. Gender equality
5. Effectiveness of protocols for victims of gender-based violence.
6. Medical care for victims
7. Legal care for victims
8. Psychological care of the victims
9. Impact of the protocols on the victims
10. Medical care with other support services, with legal advice.
11. Reformulation of public policies

Note. Prepared by the researcher's author.

DISCUSSION AND RESULTS

Following the administration of the interview guide, the information was analysed by means of a qualitative coding process of the experience gathered in the focus groups, which took place in two separate sessions. The findings were then organised into emerging thematic categories, defined from a systematic coding based on both the research objectives and the theoretical-methodological approach adopted. This process enabled the interpretation of the participants' discourses in a rigorous and coherent manner with the phenomenon under study.

The initial session, conducted with medical professionals from the emergency department of the Verdi Cevallos Balda Hospital, underscored the imperative to enhance staff training on gender-based violence, refine interdisciplinary collaboration, and establish empathetic and secure environments for the care of victims. The second session, which was developed in conjunction with specialists from the Technical University of Manabí, facilitated an in-depth examination of the normative, institutional and psychosocial dimensions of the problem. The codification of both sessions gave rise to analytical categories such as clinical detection of violence, institutional revictimization, human rights-centred care and prevention from a multidisciplinary perspective, which form the basis of the protocol proposal developed in this study. The following table provides a comprehensive overview of the aforementioned codification:

CODIFICATION OF FOCUS GROUPS OF MULTIDISCIPLINARY SPECIALISTS IN THE EMERGENCY AREA AT HOSPITAL VERDI CEVALLOS BALDA AND UNIVERSIDAD TÉCNICA DE MANABÍ.

DATA COLLECTION TECHNIQUES	OPEN CODING		AXIAL CODING	SELECTIVE CODING
	Step 1		Step 2	Step 3
FOCUS GROUP, FOCUS GROUPS	UNITS OF ANALYSIS	CATEGORIES CODES	CATEGORIES REDUCED IN SUBJECTS	CATEGORY O CORE THEME
Multidisciplinary specialists Universidad Técnica de Manabí and Hospital Verdi Cevallos Balda	"Permanent emotional damage to victims." "physical harm to victims of violence" "fear of victims to denounce forms of violence."	Psychological Violence Physical Violence Economic Violence	Violence Against Women	Gender violence
	"Ignorance of the law and processes to be followed." "lack of protocols"	Secondary trauma Double Victimization Lack of health institutions Lack of response from legal institutions	Revictimization	

	that apply to victims". "lack of effectiveness of the rules" "lack of specific processes for the particular situation of Manabí".			

Note: - Format created by the author of the research - Focus Group Interview Guide.

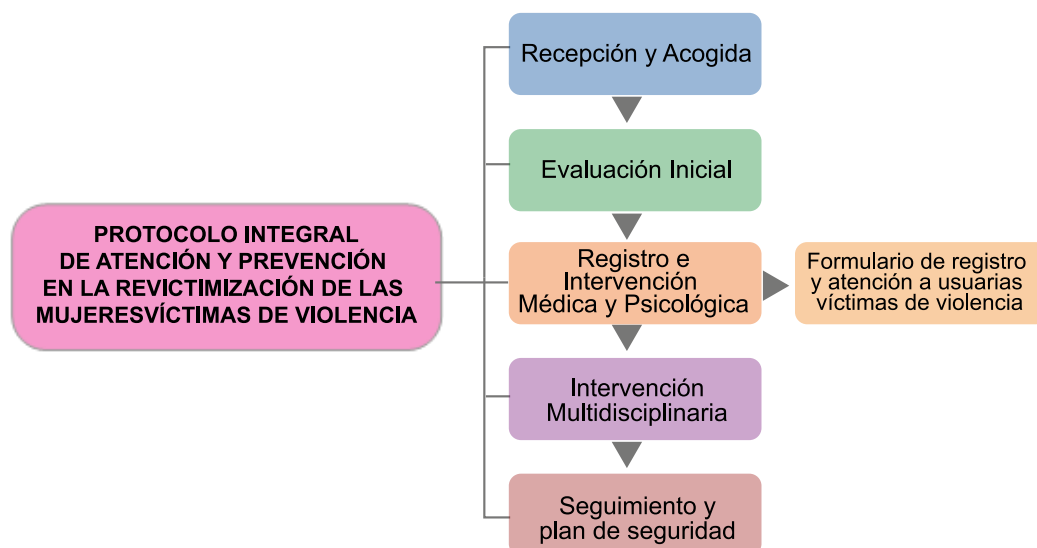
With regard to the aspects addressed in the protocol proposal, gender equality, the prevention of revictimization and the articulation of medical care with other support services, such as legal, psychological and social counselling, were identified as fundamental axes. Furthermore, emphasis was placed on the necessity to raise public awareness of the problem, with a view to promoting an institutional and social culture based on respect, empathy and support for women who have been victims of violence. The specialists reached a consensus that gender violence constitutes a persistent structural problem in our society, thereby reinforcing the necessity to establish effective, comprehensive and human rights-based care mechanisms. These contributions were foundational in the establishment of an evidence-based approach aimed at enhancing the response in hospital emergency services. It is evident that, in consideration of the aforementioned inputs, the "Protocol for the Care and Prevention of Revictimization of Women Victims of Violence in the Emergency Area of the Verdi Cevallos Balda Hospital, Portoviejo, Ecuador" was developed.

In order to validate the aspects proposed in the protocol, the nominal group technique described by Martínez and López (2023) was used to collect the assessments of eleven specialists on each of the criteria defined. To measure the degree of consensus between their evaluations, the Kendall's concordance coefficient (W), calculated using SPSS software, was used. This coefficient evaluates the association between ordinal evaluations made by multiple judges on the same sample. According to Olaz and Ortiz (2021), Kendall values equal to or greater than 0.9 indicate a strong association and, therefore, high concordance. In this research, a level of consensus equal to or higher than 75%, expressed in percentage terms, was adopted as an acceptance criterion.

Table 5. Aspects proposed to be addressed in the "Protocol for care and prevention of revictimization of women victims of violence in the emergency area of the Verdi Cevallos Balda Hospital in Portoviejo, Ecuador".

In order to achieve this objective, the specialists employed a five-level ordinal scale to evaluate the aspects of the protocol. The respondents were invited to indicate their level of agreement or disagreement using a five-point scale ranging from 1 ('strongly disagree') to 5 ('strongly agree'). The results obtained demonstrated a substantial consensus on the necessity to implement the protocol, as well as on its contents, including gender-based violence, revictimization, gender equality, medical care for victims, legal care, psychological care, the impact of the protocols on victims, and the articulation between medical care and other support services. The only aspect that did not reach the minimum threshold of 75% consensus was the reformulation of public policies, which is why it was not considered in the development of the final protocol. Consequently, this proposal has been built exclusively on those aspects that obtained a majority consensus, thus ensuring its relevance, pertinence and applicability in the hospital context under study.

Table 6 Protocol for care and prevention of re-victimization of women victims of violence in the emergency area of Hospital Verdi Cevallos Balda Portoviejo- Ecuador



Flowchart of the protocol for care and prevention of re-victimization of women victims of violence.

The purpose of this protocol is to establish clear and sensitive guidelines for the comprehensive care of women victims of gender violence in the emergency area of the Verdi Cevallos Balda Hospital in Portoviejo. The objective of the initiative is to ensure an immediate medical response, complemented by legal, psychological, and social services, underpinned by a human rights framework. The hospital is thus positioned as an active institution in the prevention of revictimization, promoting a culture of respect, empathy and diligence in care. The effective implementation of the protocol is contingent on the commitment of health personnel and coordination with specialised external entities.

The protocol stipulates five fundamental steps: initial reception and reception by trained personnel; a confidential medical and psychological evaluation; detailed recording of the facts without judgments or interpretations; multidisciplinary intervention with the articulation of external services; and finally, the follow-up of each case, including a personalised safety plan. These phases ensure a comprehensive approach that prioritises the well-being of the victim, thus avoiding unnecessary exposure to situations that may generate new forms of victimisation within the system.

A fundamental tenet of the protocol is the prevention of revictimisation in its various forms: primary, secondary and tertiary. It issues a warning about the risks of institutional practices that may exacerbate the harm suffered by the victim, such as repeated interviews, unnecessary examinations or judgments about their conduct. The provision of specialised care for children and adolescents is of paramount importance, given their elevated level of vulnerability. Furthermore, the programme entails the facilitation of staff training with the objective of cultivating an awareness of these risks and engendering a dignified, humane and empathetic approach throughout the care process.

Ultimately, the protocol dictates the utilisation of suitable recording instruments to document each intervention, thereby ensuring the confidentiality and fidelity of the accounts. A specific form is proposed to integrate clinical, psychological and social information, facilitating coordination between professionals and continuous monitoring of the case. This documentation is also fundamental to legal and investigative processes. The instrument's overarching objective is to enhance the hospital's capacity to respond to gender-based violence, thereby contributing to a more humane, effective and comprehensive approach to care.

CONCLUSIONS.

Gender violence is defined as a structural manifestation of historical inequalities between men and women, constituting one of the most severe violations of human rights and an urgent public health problem. The theoretical analysis developed enabled a more profound examination of the processes of social construction of gender, the naturalisation of stereotypes and the mechanisms of subordination that shape relationships characterised by power and control. The doctrinal analysis of this research demonstrated that women victims not only face the direct harm of the violent act, but also subsequent processes of institutional and social revictimization. These findings emphasise the significance of establishing specialised protocols that ensure dignified, empathetic and effective care, with the objective of achieving comprehensive reparation and eradicating practices that perpetuate violence within the health and justice systems.

In the specific case of the province of Manabí, it was identified that the Verdi Cevallos Balda Hospital does not have a specific protocol for the care of women victims of gender-based violence in the emergency area. This implies the application of the so-called "Purple Code", a general instrument implemented at the national level. Despite this protocol signifying a normative advance in the institutional approach to violence, its generic nature and lack of adaptation to territorial particularities limit its effectiveness in specific contexts, such as Manabí. This normative and operational discrepancy underscores the necessity to devise specialised technical instruments that are attuned to the sociocultural realities and institutional framework of local hospitals. This study proposes a protocol adapted to the context of the Verdi Cevallos Balda Hospital, with the aim of contributing to the closure of this gap, and of strengthening the mechanisms of care and prevention of revictimisation from a situated, comprehensive and rights-based perspective.

From this standpoint, the research adopted a qualitative methodological approach with an action-research design, which facilitated the collection and systematisation of contributions from eleven specialists representing diverse disciplines and fields of intervention. The employment of techniques such as focus groups, nominal groups and the application of Kendall's coefficient rendered it possible to collectively validate the components of the proposed protocol, ensuring its coherence with the needs of the hospital environment. The triangulation of theory, professional experience and context analysis facilitated the construction of an instrument adapted to the reality of the Verdi Cevallos Balda Hospital, based on principles of gender equality, human rights and the prevention of victimisation. This protocol is a pivotal technical instrument that aims to enhance the institutional response capacity to gender violence, thereby promoting comprehensive and coordinated care from emergency services.

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