ISSN 1695-6141
Revista electrónica trimestral de Enfermería
N°51
Julio 2018
www.um.es/eglobal/

REVISIONES

Role of Nursing in Secondary Prevention from Primary Care

Violencia de Género: Papel de Enfermería en la Prevención Secundaria desde Atención Primaria

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http://dx.doi.org/10.6018/eglobal.17.3.307241

Received: 18/10/2017
Accepted: 07/12/2017

ABSTRACT:

Introduction: Violence against women is a complex phenomenon that is related to the present in all cultures gender inequality and has on instrumental character. It's a public health problem in which nurses can perform a important role of secondary prevention.
Methodology: In order to learn about the phenomenon of the gender violence and the procedures for detection and early intervention from primary care nursing, we conducer a literature review through primary and secondary sources.
Results: Secondary prevention of gender-based violence is an essential task from the primary care teams. Indicators of suspicion in the literature are diverse, and its detection depends on the possibility of intervention. The identification of cases is based on the relationship of trust and in techniques such as the use of questionnaires of interview. Before his confirmation procedures are regulated by different legal and deontological rules.
Conclusions: Gender-based violence is a serious problem which affects, significantly, to the health of women suffers it. Primary care nursing plays an essential role, since it possesses great accessibility and direct contact with the women throughout the life cycle, being able to detect early gender-based violence. To promote secondary prevention, is necessary to improve the training among heath professionals.

Keywords: Violence; Gender; Nursing; Detection; Secondary prevention.

RESUMEN:

Introducción: La violencia de género es un fenómeno complejo que se relaciona con la desigualdad de género presente en todas las culturas y tiene múltiples consecuencias para la salud. Se trata de un problema de salud pública en el que la Enfermería puede realizar un importante papel de prevención secundaria.
Metodología: Con objeto de conocer procedimientos para la detección e intervención precoz de la violencia de género desde Enfermería de Atención Primaria se realizó una revisión bibliográfica a través de fuentes primarias y secundarias.
Resultados: La prevención secundaria de la violencia de género es una tarea imprescindible desde los equipos de atención primaria. Los indicadores de VG presentes en la literatura son diversos, y de su

detección depende la posibilidad de intervenir. La identificación de casos se basa en la relación de confianza y en técnicas como la entrevista o el uso de cuestionarios. Los procedimientos establecidos ante su confirmación están regulados por diferentes normas legales y deontológicas.
Conclusión: La violencia de género es un grave problema que afecta, de forma importante, a la salud de las mujeres que la sufren. Enfermería de Atención Primaria juega un papel fundamental por su gran accesibilidad y contacto frecuente con la mujer a lo largo del ciclo vital, pudiendo detectar precozmente violencia de género. Para potenciar la prevención secundaria, se hace preciso mejorar la formación entre los profesionales sanitarios.
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Palabras clave: Violencia; Género; Enfermería; Detección; Prevención; Secundaria..

INTRODUCTION

Gender violence or violence against women (GV hereinafter), is a complex, confused and heterogeneous phenomenon. Defined (UN, 1996) as: "Any act which is, or may have as result a physical, psychological or sexual harm to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public life or in private" [(1)].

The magnitude of the phenomenon around the world is very important, just consider the 2016 who data [(2)], according to which the prevalence of physical GV, psychological and sexual, it was 35%. In addition the GV was the first cause of death of women between 15 and 44 years of age, exceeding the sum of those caused by cancer, malaria, traffic accidents and wars, according to the WHO [(1)]. The GV may occur in any field; however in couple and family is most frequent context [(3)]. There are different types of GV (physics, psychological, sexual, economic…) and levels of severity (from a sexist insult to murder) [(4)]. It is defined as a process "iceberg", in which, most of the cases remain invisible.

The GV produces serious consequences for the health of women and the family, being particularly relevant consequences for health of the children living around the abuse ([(4)]. Health problems causing the GV determined that women go more frequently to primary care services [(1)].

Primary care (PC), from the first level of care, and is characterized by high accessibility, ability to fully address health problems, and serve the community in a comprehensive, integrated, permanent, continuous and active way [(5)].

The Nursing of PC, covers the attention of all people, sick or not, including disease prevention activities, health recovery and maintenance [(5)]. Investment in prevention of GV is highly efficient for the service of health [(4)].

In the field of prevention, secondary prevention, which consists of early detect the problem we find and implement interventions to prevent or delay the development of diseases. Secondary prevention is fundamental within primary care [(5)]. Health centres (Hereinafter HC), are sites privileged to do so, considering that women suffering GV frequently go to the HC [(1)]. According to Cirici et al. [(3)], approximately 90% of battered women go to PC central during the year after having been assaulted (Cirici, 2010).

However, only under-sensing has been taken from the health services of the GV, diagnosed a small percentage with a delay of 6 to 10 years since the beginning to the aggression [(4)].

Approach this topic from the health service of PC is essential to give an adequate response to the problem of the GV and carry out a model interdisciplinary care to the Community [5].

OBJECTIVES

The present work aims to strengthen the knowledge of the guidelines for the secondary prevention of the GV from PC Nursing, to be able to address a more integral way the situation and take an active role.

METHODOLOGY

To achieve the proposed objectives, a rigorous and reproducible bibliographical review of the phenomenon of the GV has been. Relevant aspects are addressed to detect the GV emphasis on detection and early boarding or secondary prevention from primary care.

The following resources have been used to search for documents:

- Scientific databases: Cuiden, Scielo, PubMed and Science Direct.
- Repositories of health: Elsevier.

For the search of information through these resources, has been used controlled language. The controlled language (DeCS-MeSH), has been used for the review of scientific databases of health, using the key words used in the present work and Boolean them “and” and “or” as a mediator between them. The key words were: nursing, violence, gender, detection and secondary prevention.

The criteria for inclusion in the search have been selection of 10 years (2008-2017), giving priority to those with less than 5 years old, reviewing articles in Spanish, English and Portuguese, discarding those that have no relevance regarding the issue to treat, and given priority thematic nurse, especially to documents related to the field in the PC.

We have obtained 574 articles after searching for information with the inclusion criteria set out, discarding those without sufficient relevance or quality.13 articles have been used for the elaboration of this study. In addition to the preparation of the work have been used primary sources, such as the code of ethics of nursing: Resolution 32/89 and community nursing book [5].

We have also obtained documents of interest through free language, in international, national and local government Web pages: World Health Organization (WHO-OMS), State Observatory of violence against women (Ministry of health, social services and equality), Fisterra, AsturSalud, Highlights the health common national protocol for attention to gender-based violence, and the interdepartmental Protocol of Asturias for attention to gender-based violence: Health field.

RESULTS

Secondary prevention of the GV from Nursing of PC

Secondary prevention, detection and early boarding, it is a fundamental task in the primary care teams [5]. Investment in prevention of the GV is very efficient for the

health system, thus it has shown an Australian study [6], the main finding was that the decrease of 5 percentage points of prevalence in GV could produce saving of 377 million of dollars, being able to get to the 2000 millions of dollars if the GV is reduced to zero.

Primary health care centres are privileged places for this purpose considering that approximately 30% of the women, who come to the HC, are suffering GV by her partner [3]. However since health a service only is diagnosed a small percentage with a delay of between 6 and 10 years since the beginning of the aggressions [4].

The under-sensing from the health services has been linked to various factors that impede [4,7,8]. However, all the difficulties to detect the GV, health professionals include lack of training and knowledge as main reason [9-11].

The training is considered essential, since have 21 hours or more of training has partnered with greater probability in professionals inquire about GV. The probability increases progressively with advanced training. However the lack to training of health professionals to deal with the problem is demonstrated in numerous studies [12-14].

Indicators of suspicion of GV

To be able to detect the GV we must know the same indicators of suspicion [4]:

- Woman with a history such as child abuse or family violence.
- Life skills such as the use of alcohol, drugs or psychotropic drugs.
- The impact on the health of the GV can act as indicators of suspicion of GV.
- In the case of pregnancy, gynaecological and obstetrics problems: abdominal injures without appropriate justification, late onset in visit of antenatal care, post-partum depression that does not subside, demand frequent for emergency contraception [4,8].
- Woman who behaves in the following manner: fleeting look, clothes inappropriate at the time of the year, nerve, lack of personal care, attitudes of acceptance of violence. The behaviour of the woman when he attends the query with your partner tends to be with fear by responding, look at your partner before you speak and constantly seeking approval [4,8].
- The use of health services by these women is characterized by alternating periods of much frequentation with others of abandonment, breach of appointments, repetitive use of the emergency services, frequent hospitalizations, come to the couple when before did not [8].
- Man who accompanies his partner and behaves in the following manner: is the couple that explains the symptoms of disease of women, controlled medication, he requested to be present in all primary care visits, in addition it devalues the capabilities of women and tend to be aggressive with health team requesting attention for her [4].

The accumulation of indicators of suspicion of GV should make us suspicious of situation of abuse [4].

Early detection

Early detection of the GV in the early stages is very important, already so physical as psychological consequences under [4]. The programme of preventive activities of health (PAPPS) not recommenders for population screening but yes take posture active and keep guidelines [1]. However, the Spanish protocols indicate that the possibility of abuse must be collected in your medical history in all 14 year-old woman [4,8].

To detect the GV in an opportunistic way is can pose questions of the following type psychosocial approach, "given the high frequency or the serious consequences for the health of abuse, now ask all women the possibility of the same" [4].

GV screening scales applicable to our population include the following for its simplicity and quickness to detect risk of the problem [1]. This is interesting for the short time in consultations. Woman Abuse Screening Tool: consists of two questions adapted to the Spanish population:

Table 1: Woman Abuse Screening Tool. Own elaboration. Source: Adaptation of the Guide to Clinical practice on GV [1]

1- In general, how World you describe your relationship)		
Great difficulty (1points)	Moderate difficulty (0 pts.)	Without difficulty (0 pts.)
2- You and your partner meet its discussions with:		
Great difficulty (1points)	Moderate difficulty (0 pts.)	Without difficulty (0 pts.)

There are two ways of scoring is scale, the most accepted according to Juncal, Hernandez and Ruiz [15], is score of 1 to external responses of "great difficulty" and 0 to all other options. A score of 1 is considered positive in the screening, is much risk of abuse [16].

There are different instruments for the detection of abuse, as the personal interview with the woman and the scales of abuse detection [4]. Eh professional should seek their personal form of situation addressed; there is a perfect pattern [1]. The WHO report on abuse recommends that medical personnel the following: "Don't be afraid o ask, contrary to popular belief, the majority of women are willing disclose abuse when you ask them in a way directly and not evaluative" [4].

The interview is the communication process between the patient and the professional. It is essential to create an open climate of communication with attitude of empathy and active listening. The must avoid paternalistic attitude, blame the women, or to imply that the location has easy solution. Also it is important to take care of non-verbal communication and facilitate the thrill of feelings [4,8].

Follow a logical sequence of questions more open to more concrete but by directly addressing the problem. As a general rule for the protection of the victim never we must verify the testimony talking to the aggressor. In addition when the women go with children they must wait in the waiting room [4,8].

Interview the woman to indicators of suspicion, there are a series of questions that may be helpful for healthcare professionals.

Below, are examples of questions which give us the health common national protocol for attention to the GV [8]:

- "I have reviewed your history and find some things that I would like to discuss with you. I see that: (relate findings) to believe that it is their discomfort or health problem? Find something uneasy what worry him? Is experiencing a problematic situation that makes you feel so? What I can say to this? Do you think that everything is relates?"
- At suspicion by physical injury: "These lesions happen when you receive a blow, push, punch, cut, is that what happened? Have you partner used force against you? How? How long? Would ever have assaulted her more seriously?"
- In the case of suspicion for symptoms or psychic problems encountered: "I would like to your opinion on those symptoms that I had: When you feel so? What you think they are? He relates them with something? Do you have any difficulty to see friends or relatives? What prevents it do it?"

When doctors suspect a situation of GV, you must confirm or rule out such conjecture. It is important to make it clear that any healthy relationship is based on trust and mutual respect [4]. The first signs of abuse can help women to recognize the situation, which tend to be expressed through the following behaviours: ridicule, isolate, humiliate, yelling, insulting, blame, control (money, clothing, mobile phone, social networking), threaten.

New technologies, especially among young people, can be a means to exert or receive GV. According to Ivethe et al [17], between 68 and 92% of Spanish adolescents demonstrated behaviours of jealousy, control and intrusion in this context. So social networks and news technologies must be valued as a means of exercise and receive violence, especially psychological in young people.

There are also scales to detect the GV and their level of intensity for example [1]:

- The Spanish version "Index Of. Spouse Abuse (ISA)". Formed by 30 items. Measures the intensity and the different forms of manifestations of violence against women. Useful for the study of violence.
- The PMWI-SF, it measures the degree of psychological abuse [1]. This is the short version of the original scale.

Whether women recognizes ill-treatment, as if it presents indicators of suspicion but do not recognize it, a series of evaluations should be [1,8]. As a general rule, professionals must never criticize lack of response of the victim and not recommended couples therapy [4].

Before detection of abuse by health personnel but denial of violence by women, we must try to remove the fear of the revelation of the abuse and do understand the woman who is not guilty of the violence suffered, help you make satisfactory decisions. Also must warn of the risks of accepting their situation [4]. Some interventions that help recognize it are: get information about existing resources,

remember that abuse a health problem and that you can count on the plumbing equipment for present or future reference.

The comprehensive assessment of the situation will include 3 ratings [1,4]:

1. Bio-psychosocial assessment: must include an exploration of injury, physical symptoms and situation, family, emotional or economic.
2. Assessment of the situation of violence: type of maltreatment, frequency, intensity, time of evolution and scope of health. Also rating impairment to other members of the family mechanisms of coping and phase of the process of change in which the victim located.
3. Valuation of security and life-threatening: is carried out to assess risk serious injury or danger to life for women, their children or relatives.

To assess the risk is fundamental sense of security of women, so we considerer the situation of risk in the event that the woman: be afraid to go home, it is been threatened, present injury showing serious violence or family or social support is not available. The perception of danger by women directly defines the situation as of extreme danger [8].

Early boarding of the GV

To address the problem, the professional ethical principles set out in the law of autonomy of the patient should be and the code of ethics of Spanish Nursing [18]. First of all avoid prejudices with interventions (principle of non doing wrong), in addition to ensure the benefit of health (principle of doing good) [4]. The code of ethics of nursing points put that Nursing has the obligation to defend the rights of the patient against ill-treatment. Nurses have a fundamental task in the safeguarding of human rights (Art. 53). It also important to bear in minds the rights and obligations in terms of information and clinical documentation (Law of autonomy of the patient and data protection act). Confidentiality, privacy and privacy must be kept in any intervention.

The information in the history log clinic is a document of valid legal that it can determine that women suffer violence [4]. You must respect the autonomy of women to decision-making, in Spain, however medical personnel has the legal obligation to knowledge of the location of possible offence to the judicial authority. Professionals can be found facing the dilemma of communicate the situation or the right of autonomy of women, when it does want to reveal the situation [4]. In this ethical dilemma Protection Act the women of 2004[8] establishes and specifies the safe-ward of confidentiality is not an absolute obligation, healthcare professionals have the obligation to report situations of possible criminal acts to the judicial authorities.

The intervention aims to restore health, and promote the development of a life in healthy environment free of violence.

After the confirmation of a suspected, health personnel must perform a support function in education and information to women, care and referral. The response of the women in a situation of abuse is conditions by the resources psychosocial and support available [4]. It is likely that when the women arrive at the PC already as completed a process of reflection, even making decisions, so it is important to take into account the process of change in which the woman is to not make mistakes in the intervention.

The health intervention will depend on the valuation of life-threatening, when it is negative, will depend on the phase of motivation for the change of women [4].

Negative vital risk assessment

According to the motivation to change phase in which women are the main interventions are as follows [1,4,8]:

- Precontemplation phase, the woman has no awareness of his situation: brief interview as an instrument for the approach, where let us stated our willingness to help. Information should be offered to scan what is abuse and good treatment, relating the consequences for health with the situation of violence [1,4].

- Contemplation phase, the woman begins to become aware of your situation: interview to motivate as a tool for the approach, which is based in reflective listening. Keep follow-up visits to facilitate decision making [1,4].

- Preparation, the woman arises to break the unhealthy relationship: brief interview as a instrument for the approach, but a different interventions, supporting initiatives of change, benefits, and agree on a plan suited to your circumstances [1,4].

- Action, the woman takes the decision to break from the link: as this stage it is important to analyze the cycle of violence affecting the phase of reconciliation as a key moment of relapse. An extreme importance is attached to security by what should be a strategy to possible life-threatening situation [4].

- Maintenance, consolidated change arise new life projects: motivate women to maintain changes, participate in support groups, reevaluating their progress. At this stage the relapses are frequent, which should enhance the self-esteem and confidence of women through participation in social activities [1,4].

- Relapse, do understand that setbacks and insecurities are part of the process and analyze the reasons which led him the same. Keep development interventions give her self-esteem and confidence [1,4].

The process nurse is individualized and each case will be different, there is no standardized care plan [19]. For the integral approach of victims is expected to address the physical, psychic and social problems, form integral and interdisciplinary. These problems can be detected through the assessment of Nursing. Due to the multiple the health consequences of abuse, there are many applicable to violence NANDA Nursing diagnoses of gender [19].

However, according to Holgado, Molina y Pérez [20], present Nursing diagnoses among victims of GV from his Studio were as follows: taking, handling, ineffective therapeutic regimen, risk of suicide, conflict of decisions, situational low self-esteem and anxiety.

Vital risk assessment positive

Should inform women about the situation of danger that is, scenarios of protection and emergency phones (112,016). Is of vital importance to know the situation of women as persons is charge and family and social support.

It should prevail the security by which must arise to the optional to make this issue the medical report to the judge and part of injury if you need [4].

DISCUSSION

Gender-based violence is a major problem of Health publishes. Early detection is essential to prevent potential health consequences. To increase early detection is essential training the professionals that can make an active stance. The personal development of social and communication skills is considered essential for the management of these cases.

In this context, the institutions should facilitate training, consensus with other agencies and official services and protocols. Since after the review of different Spanish health protocols, is deemed insufficient the information on some aspects. For example the ethical dilemma on the right of autonomy of women and the obligation not clarifies disclose the situation to the judicial authorities, since the professional health are not formed to determine what types of violence crime. Are considered necessary guidelines in this respect without forgetting the good link on the health relationship can affect the impact on health [4]. On the other hand the PAPPS not recommended population screening, however, the revised protocols indicate that all 14 years old woman must be recorded in your medical record, the possibility of abuse, which is a screening at this age. The revised information nor establishes patterns of frequency of follow-up visits to battered women.

Moreover, according to the revised protocols, after a firth record will have to maintain an active stance toward abuse. However the majority of professionals are not trained on the subject, so it suggested to have of periodicity to the screening guidelines to help detect abuse, taking into account that according to WHO " the majority of women are willing disclose abuse when you ask them in a way directly and not evaluative" [2]. Health professionals, especially primary care teams are key in detection and early boarding, the GV from nursing care is essential to take account of the ethics of the professions code [18], " The Nurse will have as primary professional responsibility the safeguarding of human rights" (Art. 53), the GV being considered an infringement of such Rights by the United Nations [1].

Limitations of the study

This study is limited by the complexity of the phenomenon and the scarcity of studies, surveys and reviews routine on the secondary prevention of the GV. More research is needed in this field.

CONCLUSIONS

Gender-based violence is a public health problem which consists of production of suffering to a woman by the fact of being a woman caused by the inequalities of gender.

The Nursing of primary care for their great accessibility and frequent contact with women is a fundamental collective.

Comprehensive care to women victims of GV and prevention activities must be contextualized and adhere to legal frameworks, ethical and deontological.

Secondary prevention of abuse is a crucial task in primary care. Detection and early approach is essential to prevent consequences for health and part of well established trust, of privacy and the confidentiality.

The detection of violence is mainly based on the interview, and may rely on scales and questionnaires. The early approach violence is a delicate situation that should be considered on an individual basis, observing the attitude of women in the process of change.

Professionals recognize lack of training on gender violence and this is a situation that can limit the role of secondary prevention. So improve the training is essential to improve detection.

Secondary prevention of violence against women from primary care should be viewed as an aspect more within a framework of global prevention. In which it must prevail the inter-institutional coordination (justice, health and social services, local administrations, etc.)

REFERENCES

(1) Menéndez MI, Elipe P, Fernández E. Guía Clínica de Violencia de Género [Internet]. Madrid: Fisterra.com [actualizado 02 de Mayo de 2014; acceso 15 de Octubre de 2017]. Disponible en: http://www.fisterra.com/guias-clinicas/violencia-genero/

(2) WHO [Internet]. Ginebra: Organización Mundial de la salud; septiembre de 2016 [acceso el 03 de Octubre de 2017]. Centro de prensa: Violencia contra la mujer [aproximadamente 4 pantallas]. Disponible en: http://www.who.int/mediacentre/factsheets/fs239/es/

(3) Cirici R, Querol N, Ripoll A. La consulta sanitaria: ¿un espacio privilegiado para la detección y el abordaje de la violencia de género? FMC [Internet] 2010: [acceso 27 Octubre de 2017]; 17(8): [550-559 Págs.] Disponible en: http://www.sciencedirect.com/science/article/pii/S1134207210702139

(4) Vinuesa MM, Farjas P, López RM, Peláez S, García S, López RM. Protocolo Común para la Actuación Sanitaria [Internet]. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad; 2012 [acceso 03 de Octubre de 2017]. Disponible en: https://www.asturias.es/Astursalud/Ficheros/AS_Salud%20Publica/AS_Promocion%20de%20la%20Salud/Salud%20de%20las%20mujeres%20asturianas/Violencia%20de%20g%C3%A9nero/PSanitarioVG2012.pdf

(5) Alonso F, Anaya F, Casals R, Gálvez F, Montesinos NM. Fundamentos teóricos de Enfermería comunitaria. 1. 1th ed. Madrid: Enfo ed. Para Fuden; 2007.

(6) Cadilhac DA, Sheppard L, Cumming TB, Thayabaranathan T, Pearce DC, Carter R, Maggus A. The health and economic benefits of reducing intimate partner violence: an Australian example. BMC Public Health [Internet] 2015 [acceso 8 de Octubre de 2017]; 15 (625): [7 Págs.] Disponible en: https://www.ncbi.nlm.nih.gov/pubmed/26155794

(7) Rodríguez GM, Vives C, Miralles JJ, San Sebastián M, Goicolea I. Detección de violencia de compañero íntimo en Atención Primaria de salud y sus factores asociados. Gac Sanit [Internet] 2016 [acceso 7 de Octubre de 2017]; [6Págs.]. Disponible en: http://www.elsevier.es/es-revista-gaceta-sanitaria-138-avance-resumen-deteccion-violencia-companero-intimo-atencion-S0213911117300092?referer=buscador

(8) Molejón A, Muslera E, García z ML, González M, Martín D, Bruno J. Ámbito Sanitario del Protocolo Interdepartamental de Asturias de Asistencia a victimas de violencia de género del Principado [Internet]. Oviedo: Consejería del Instituto Asturiano de la Mujer; 2015 [acceso 03 de Octubre de 2017]. Disponible en: https://www.asturias.es/portal/site/astursalud/menuitem.2d7ff2df00b62567dbdfb51020688a0c/?vgnextoid=396bf708c1674210VgnVCM10000097030a0aRCRD

(9) Gracia M. ¿Somos los profesionales sanitarios una barrera para la detección de la violencia de género? Enf Integ [Internet]. 2011 [acceso 22 de Octubre de 2017]; (93): [7 Páginas]. Disponible en: http://www.enfervalencia.org/ei/93/ENF-INTEG-93.pdf

(10) Cabrera M, Granero MJ. Enfermería, maltrato de género y presencia de menores: redescubriendo nuestro papel. Enferm. Glob [Internet] 2011 [acceso 27 de Octubre de 2017] ;(22): [10 Páginas]. Disponible en: http://revistas.um.es/eglobal/article/view/124021

(11) Macías AM. Conocimientos y Barreras de los profesionales sanitarios ante violencia de género. Doc. Enferm [Internet] 2016 [acceso 27 de Octubre de 2017]; (64): [23-25 Págs.]. Disponible en: http://www.colegiooficialdeenfermeriadehuelva.es/images/zoom/PTGAZN/viewsize/DocEnf_0064.pdf

(12) Salcedo DM, Orchiucci P, Dias V, Yoshikawa E. ¿Cómo los profesionales de la Atención Primaria enfrentan la violencia contra las mujeres embarazadas? Enfermagem [Internet] 2014 [acceso el 08 de Octubre de 2017]; 22(3): [448-453]. Disponible en: https://www.ncbi.nlm.nih.gov/pubmed/25029056

(13) Cezar SM, Marques MJ, Filomena M. Representações sociais da violência contra a mulher na perspectiva da enfermagem. Interface [Internet] 2011 [acceso 12 de Octubre de 2017] 15 (37): [16 Pags]. Disponible en: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832011000200007

(14) Valdés CA, García C, Sierra A. Violencia de género: conocimientos y actitudes de las enfermeras en atención primaria. Aten Primaria [Internet]. 2016 [acceso 23 de Octubre de 2017]; [10 páginas]. Disponible en: http://www.elsevier.es/pt-revista-atencion-primaria-27-articulo-violencia-genero-conocimientos-actitudes-las-S0212656716300385

(15) Juncal Plazaola J, Ruiz I, Hernández E. Validación de la versión corta del Woman Abuse Screening Tool para su uso en Atención Primaria en España. Gac Sanit [Internet] 2008 [acceso 04 de Octubre de 2017] 22(5): [415-420 Págs.] Disponible en: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-91112008000500005

(16) Unidad de Apoyo e investigación de la escuela andaluza de salud pública. Catálogo de instrumentos para el cribado y frecuencia del maltrato físico, psicológico y sexual [Internet]. Observatorio de salud de la mujer. Granada: 2015 [acceso el 19 de Octubre de 2017]. Disponible en: https://www.msssi.gob.es/organizacion/sns/planCalidadSNS/pdf/equidad/genero_vg_01.pdf
(17) Ivethe C, Rivera S, Reidl LM, Garcia M. Violence in teenage Mexican couples through electronic/social media. Invest Psico. [Internet] 2017 [acceso 15 de Octubre de 2017]; 7(1): [2593-2605 Págs.]. Disponible en: http://www.sciencedirect.com/science/article/pii/S2007471917300054
(18) Organización colegial de Enfermería de España. Resolución 32- 89 del Código Deontológico de la Enfermería Española: artículo 53 y 55. Ginebra (Suiza): Revisión 2012.
(19) Linares J. Análisis e intervención de Enfermería en la Violencia de Género. Importancia del diagnóstico dentro del Equipo de salud. [Internet] En: III Congreso para el estudio de la violencia contra las mujeres. Granada: Junta de Andalucía, Consejería de Justicia e Interior; 2012. 5 Págs. Disponible en: http://www.violenciageneroasistenciavictimas.es/index.php/lineas-de-actuacion/congreso-vg/iii-congreso/articulos-cientifico-tecnicos/136-analisis-e-intervencion-de-enfermeria-en-la-violencia-de-genero-importancia-del-diagnostico-dentro-del-equipo-de-salud
(20) Holgado M, Molina S, Pérez R. Plan de mejora para el abordaje de la violencia contra la mujer en el área de urgencias. Biblioteca Lascasas, 2015; 11(3). Disponible en: http://www.index-f.com/lascasas/documentos/lc0843.php

ISSN 1695-6141