

ORIGINAL

Community Intervention Programme. Domestic violence against women

Programa de intervención comunitaria. Violencia intrafamiliar contra la mujer

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ABSTRACT

Violence against women is an obstacle to achieving equality, equity, development, peace and social participation. It is multidimensional so its response must be global, systemic and holistic from prevention, assistance and protection to recovery. A descriptive, prospective, cross-sectional research was designed in the period from January to December 2023, in Villa 1 Popular Zone, in Consolation del Sur Municipality, Pinar del Río Province, where a group of women victims has been identified of domestic violence. The general objective was aimed at analyzing the perception that women who are victims of domestic violence have about the suffered violence. The population was made up of 40 women who demanded specialized care, to which an anonymous psychosocial survey was applied. Data analysis was performed using the SPSS statistical package. Outstanding results were obtained such as: in the studied women, young adults predominated, with partners, a high level of education, with or without a work relationship, from the urban area, the nuclear family predominated, being the aggressor the current partner, jealousy was the cause of abuse and its obvious link to alcohol. The most frequent type of violence was psychological or emotional. It reacts with more violence in the response of the victims, it was related to ingestion of alcoholic beverages and they told her that they should report and seek help. A Community Intervention Program is proposed.

Keywords: Violence; Gender; Prevention; Strategies; Community; Program.

RESUMEN

La violencia hacia la mujer es un obstáculo para el logro de la igualdad, la equidad, el desarrollo, la paz y la participación social. Es multidimensional por lo que su respuesta debe ser global, sistémica y holística desde la prevención, asistencia y protección hasta su recuperación. Se diseñó una investigación de tipo descriptiva, prospectiva, de corte transversal, en el período de Enero a Diciembre del 2023, en el Consejo Popular Villa 1, del municipio Consolación del Sur, en la Provincia Pinar del Río, donde se han identificado un grupo de mujeres víctimas de maltrato intrafamiliar. El objetivo general estuvo dirigido a analizar la percepción que poseen las mujeres víctimas del maltrato intrafamiliar acerca de la violencia recibida. La población quedó conformada por las 40 féminas que demandaron atención especializada, a las cuales se les aplicó una encuesta anónima psicosocial. El análisis de los datos se realizó utilizando el paquete estadístico SPSS. Se obtuvieron resultados destacados tales como: en las mujeres estudiadas predominaron las adultas jóvenes, con parejas, alto nivel de escolaridad, con o sin vínculo laboral, de la zona urbana, predominó la familia nuclear, como agresor la pareja actual y los celos la causa principal del maltrato y su vinculación evidente al alcohol. El tipo de violencia más frecuente fue la psicológica o emocional. Se reacciona con más violencia en la respuesta de las víctimas, se relacionó con ingestión de bebidas alcohólicas y refieren ante ella que se debe denunciar y buscar ayuda. Se propone un Programa de Intervención Comunitaria.

Palabras clave: Violencia; Género; Prevención; Estrategias; Programa; Comunitario.

INTRODUCTION

Violence is present in everyday life. It is even more relevant in today's world because never before has the increase in aggression towards others been so clearly evidenced. The costs of violence to women's lives can be seen in various forms in all parts of the world. Of course, it is impossible to calculate the human cost of grief and pain. This issue has for years been an invisible problem, so it is difficult to recognize the many faces of violence, and only the physical marks that cannot be hidden can be identified.^(1,2)

During the last 25 years, the problem of domestic violence has become an internationally recognized social problem and has been contemplated in different academic, judicial, and psychosocial spheres. However, there are still individual, sociocultural, family, and legal factors that conspire to perpetuate the invisibility of abusive relationships in general and especially those within the family.⁽²⁾

Knowing its effects on health will make it possible to get even closer to the reality of the phenomenon and to establish care programs that will make it possible to provide guidelines for the well-being of women in the family and society.

Violence against women is an obstacle to the achievement of equality, equity, development, peace, and social participation. It is multidimensional, so its response must be global, systemic, and holistic, from prevention, assistance, and protection to recovery.

In the 1990s, it was recognized as a health problem due to its frequency, severity, and magnitude, as well as its impact on health. When it is not fatal, it increases the risk of ill health. It increases the risk of suicide by four times, and the need for psychiatric treatment becomes three times greater. Women victims may suffer from depression, post-traumatic stress, anxiety disorders, sexually transmitted diseases, chronic diseases, and disabilities.⁽³⁾

This purpose in Cuba is based on several strengths: the interest, governmental commitment, and political will to reduce this health problem; the allocation of resources; the establishment of legal legislations for the protection of battered women; the Family Code; free services, their availability, accessibility, quality and total coverage, the existence and operation of Health Promotion and Education Centers; counseling services, confidential assistance; Community Mental Health Centers, health consultations, in which specialists in Legal Medicine and instructors from the National Revolutionary Police participate; the presence of the Federation of Cuban Women and its Family Guidance Centers.⁽³⁾

However, there are also weaknesses, such as insufficient preparation of professionals at the undergraduate level; the possibilities for specialized training of health service providers are reduced, which hinders thinking of it as a health problem in itself and decreases its detection and the quality of care; absence of a platform of articulated services; poor integration in women's care programs and in strategies for action to assist battered women at all levels of incidence; insufficient knowledge of how service providers and the community should treat these women; insufficient intersectoral coordination in their approach; few protocols for integrated care, appropriate to our reality.

Abused women are responsible for the prestige of the research. Our objective was to describe the perception that women victims of domestic abuse of the Popular Council of Villa 1 have about violence, establishing an intervention program for their attention. The results of the studies allowed us to determine the psychological qualities of women abused by their partners, the beliefs, knowledge, perceptions, myths, prejudices, and arguments that the population holds on the subject, as well as the need to learn about specialized training in the psychological management of those demanding services for this social phenomenon.

A program of community intervention and attention to the victims is applied, promoting psychological resources to these women that allow them to develop better levels of well-being; establishing actions of promotion and education for health in these patients with risk that are previously identified in the communities, potentiating their capacity to prevent and avoid circumstances that favor the appearance of a violent event. The capacities and abilities of these women are developed to function adequately in a community space and to face the problem in a correct way through this community project.

METHODS

Theoretical methods such as analysis, synthesis, and historical logic were used to explain violence as a social phenomenon. They were used in the study of the printed sources of information, the elaboration of the theoretical framework, and the general approach to analyzing the results.

Empirical methods were also used, applying an anonymous psychosocial survey for victims of abuse to the 40 women studied, which supported the practice of the research.

The statistical method used for the analysis of the data obtained was descriptive statistics through frequency analysis (absolute and relative).

The data were processed using the SPSS statistical package.

A program of attention to victims is applied, promoting psychological resources to these women that allow them to develop better levels of well-being; establishing actions of promotion and education for health in these

patients at risk that are previously identified in the communities, strengthening their capacity to prevent and avoid circumstances that favor the appearance of a violent event. The capacities and abilities of these women are developed to function adequately in a community space and to face problems appropriately.

RESULTS

Table 1. Female victims of abuse distribution according to age

Age group	Under 20 years of age	From 20 to 29 years old	From 30 to 39 years old	From 40 to 49 years old	From 50 to 59 years old	60 years and over	Total
No. n=40	2	17	11	5	4	1	40
%	5,0	42,5	27,5	12,5	10,0	2,5	100,0

Of the 40 women in the population, the majority belonged to the 20-29 age group: 17 (42,5 %), followed by the 30-39 age group with 11 (27,5 %). In other words, young women predominated.

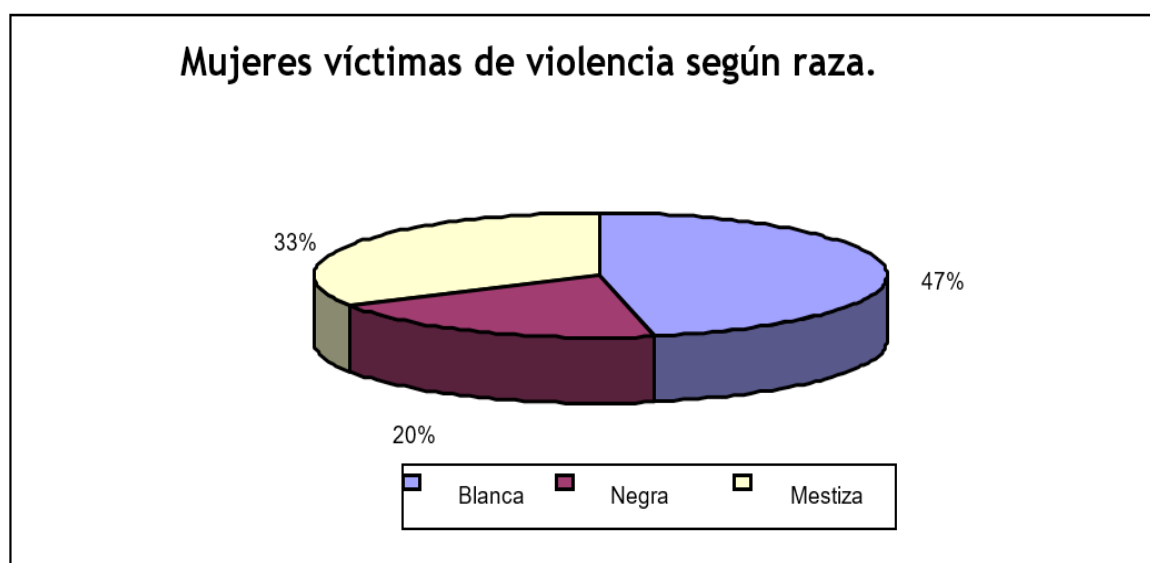


Figure 1. Female victims of maltreatment distribution according to race

Of the 40 women in the population, 47 % are white, followed by the black group (20 %).

Table 2. Women victims of violence according to marital status

Marital Status	No.	%
Single	5	12,5
Married	18	45,0
Divorced	4	10,0
Accompanied	12	30,0
Widowed	1	2,5
Total	40	100,0

Regarding the marital status of the victims, the largest number of women are married 18 (45,0 %) followed by those accompanied, who maintain this consensual union in 12 (30,0 %) cases.

Current partners are the most frequent perpetrators (45,0 %). It is worth noting that within the various categories, 7 women (17,5 %) may have coexisted with partner abuse or abuse by another family member; this is noteworthy because it demonstrates their vulnerability due to the possibility that they may be abused at any given moment by the people with whom they establish ties in the intrafamily context.

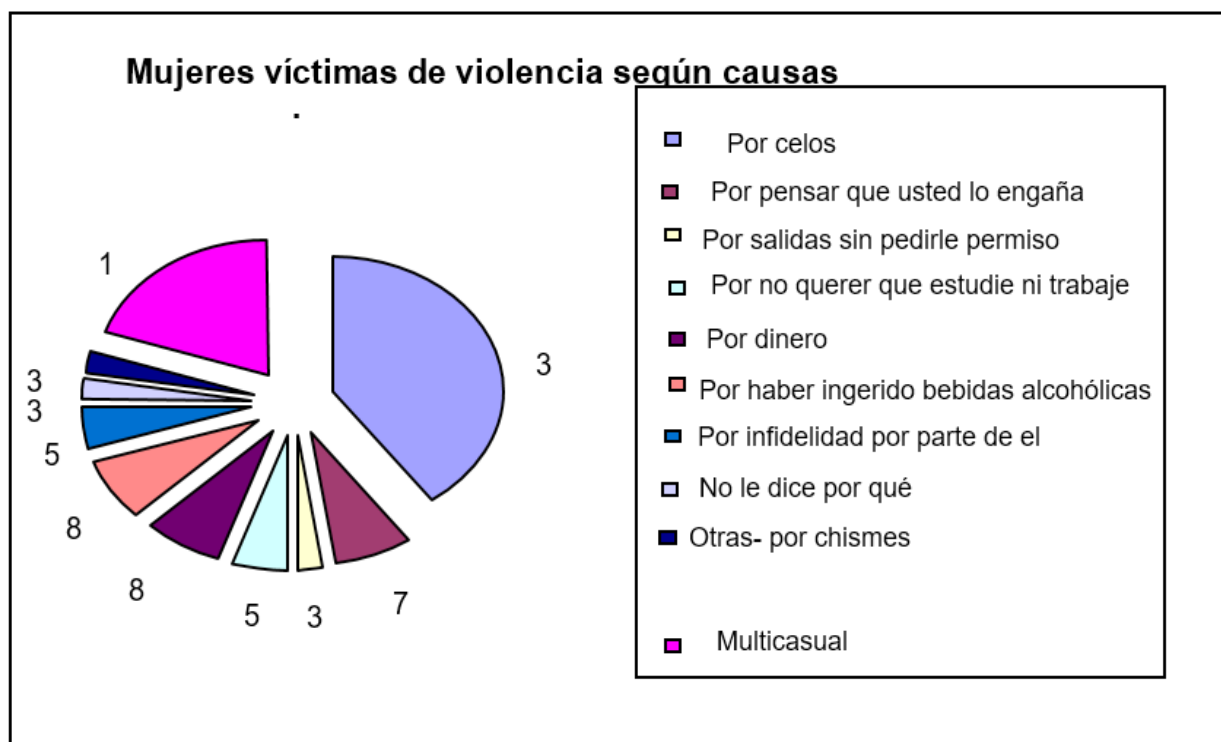


Figure 2. Women victims of violence according to causes

Mujeres víctimas de maltrato su tipificación

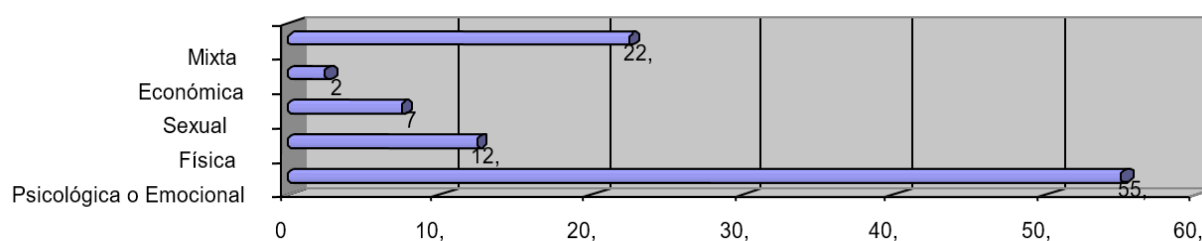


Figure 3. Women victims of mistreatment and its typification

In the analysis, the results show that there was a predominance of psychological and emotional violence (22 for 55,0 %), followed by mixed violence with 9 (22,5 %) and physical violence with 5 women (12,5 %).

Community Intervention Program: Proposed objectives:

- Active screening of families with risk factors.
- Development of health promotion actions to foster healthy attitudes and lifestyles, highlighting the role of the family.
- Establish a pilot program for the promotion and prevention of domestic violence.
- Design of a special information system aimed at schools, work centers, and popular councils, highlighting the importance of the family.
- Training of the EAPS, formal and non-formal leaders, as well as health promoters on this topic.
- Present the adoption of attitudes, values, and healthy practices in the people involved as risky in the Family Orientation House, women, and community work groups.
- Utilize counseling services, either by telephone or face-to-face, at the CCSMs.
- Increase qualitative and quantitative research developed in the community.
- Consultation of attention to all women who are victims of domestic violence; we must emphasize the role of the primary health care team.
- Targeted social communication strategy supported by the mass media.

The assessment for the establishment of a psychological care modality was based on the following:

- Identification of the upward trend of harm to women who receive intimate partner violence by the Department of Forensic Medicine and documentary reviews of the PNR.
- Research carried out in this group showed the felt needs of women who come to report partner violence to receive psychological and legal help.
- Research carried out on battered women showed that they do not perceive or receive social support.
- Study of the scenarios, exploring those that favor or speed up, clarify or hinder, delay or hide the set of structural, organizational, operational, and logistical conditions that interact in the re-victimization.
- Study some relevant particularities of the personality, mediating behavior, emotional states, and personological resources, which allowed us to understand them in their reality.

Why an interactive approach? Taking into account its multicausal and multidimensional nature, the response must be global, interprofessional, and multifaceted, allowing the different dimensions of its approach to be contemplated. Assuming the proven fact that no particular approach can be considered as the most appropriate for all cases and especially for this type of problem, as well as the recognition of the use of those psychological resources of intervention that have demonstrated their effectiveness, with the goal of taking advantage of the usefulness of each approach or model of intervention and placing them in unity, in order, with internal logic, is that it is considered to integrate procedures.

Program

A program aimed at these women victims of domestic violence was established, incorporating the cases that agreed to participate, a total of 35 cases. This project is developed for 6 weeks, with a frequency of 3 times a day for a maximum of 3 hours a day. Psychiatric consultation will be maintained as required by the case during the morning hours.

Attention and training for an adequate quality of life for women at risk and victims of domestic violence. Duration: 6 weeks. Cost of the program: Minimal cost. Areas to be stimulated: Affective, Cognitive, Behavioral, Communication, and Relationships.

Evaluation of the project: At the beginning of the cycle, an individual interview will be conducted on the subject of violence, collecting the necessary information for our performance because there, we will draw the actions of each day of the program, stimulating and reinforcing at the end of the cycle thus obtaining the effectiveness of the same, where we will also evaluate in the course of the program the changes in each case, referring to mode and lifestyles, motivations, coping, communications and self-esteem, affectivity, assertiveness among other aspects to fulfill in this planned time and qualitatively obtain this information. In addition, we will apply a survey with quantitative data search related to the home, their job position, and the knowledge achieved to quantitatively evaluate our work and its effectiveness. Participants: Patients, Mental Health Team, Psychologist, Esp. or Lic. in MNT, Social Worker, Family Doctor, Lic. in Physical Culture, Health Promoter, FMC in charge of the Women and Family Orientation House.

Table 3. Sample afternoon work session: day: Monday week 2

Time	Activity to be developed	Execute
2:00pm	Arrival at the venue	Patients and Staff.
2:10pm	Informative Space	Patients and staff.
2:15pm	Health Education	FMC FMC Orientation House. Family.
2.30pm	Physical Exercise System	Physical Culture Lic. and patients.
3:00pm	Digitopressure or Massage	Lic. in Physical Culture, Lic. in MNT and patients.
3:30pm	Hatha Yoga or Tibetan Rites	Lic. in Physical Culture, Lic. in MNT and patients.
4:00pm	Relaxation exercises and breathing control.	Social Worker.
4:30pm	Participatory Technique: Theme Self-esteem.	Psychiatrist, Psychologist and CMP Doctor.
5:00pm	Exit.	

DISCUSSION

Since the triumph of the revolution, the Cuban government has paid great attention to women, their human rights and freedoms, and has confronted any manifestation or act of discrimination. Nevertheless, attitudes, behaviors, and manifestations of gender inequality persist.

The 1990s marked the beginning of studies on gender violence in Cuba due to the growing interest and concern of the scientific community (Women's Chair, University of Havana, Institute of Psychological and Sociological Research, the Oscar Arnulfo Romero Center, Center for Women's Studies, the Women and Family

Guidance Center (FMC), etc.) to delve into the causes and causes of gender violence in Cuba.) to delve deeper into the causes and characteristics of violence against women so that the result could contribute to the need to devise strategies to address the problem.⁽⁴⁾

It is a necessity of these times the vigilance and evolution in all health programs and policies from the gender perspective so that the principles of equity, justice, dignity, and education in values prevail as a theoretical and methodological basis for integral and healthy development, as a tool for the analysis of existing health problems. In this sense, it is a duty to urgently establish capacities that guarantee the elimination of any gender inequity that manifests itself in the different areas of health, providing more generalizing elements to analyze and understand the characteristics that define women and men specifically and the relational connotation of these. Otherwise, there is a risk of assuming a sexist attitude.

Studies carried out in Cuba coincide with our results, finding that the highest percentage of women who seek help for an act of mistreatment received or who make calls addressing this issue to have guidance on the same corresponds to the ages ranging between 20 and 29 years, perhaps because they are more active and conditions discomfort and dissatisfaction with what they have suffered. With respect to the population under 20 years of age, it may be that a low percentage (5,0 %) has been found, demonstrated by the stage of life of the same, wherein adolescence, there is more ignorance of the facts, there is no well-defined self-awareness about the magnitude of these events, there is not an adequate perception of the world about what happened. With respect to the ages of 50 years and older, it could happen that the cases found are not higher because there is a certain tendency, perhaps, to maintain socially established and historically conditioned patterns of behavior where women have to maintain a certain degree of permissive behavior in situations that harm them but that they have become accustomed to seeing as something "natural in everyday life".⁽⁵⁾

According to the author's criteria, taking into account daily practice, there is a tendency to have permissive behavior in situations such as these, fundamentally due to demographic patterns where the female sex predominates and the possibility of maintaining a stable partner becomes difficult, and therefore they may allow and tolerate situations of abuse in order to maintain "stability" in their relationships and within their family ties.⁽⁶⁾

Racial discrimination exacerbates this problem, exacerbated by xenophobia towards Latinas, mestizos, or blacks from other regions of the world who migrate to developed countries and are abused in different ways. Furthermore, in these countries, it has been suggested that women living in urban areas (more industrialized) may be experiencing violence more frequently.⁽⁷⁾

In many countries, studies that address this problem express that consensual unions (non-legal) establish forms and practices of the couple relationship that differ from the cultural patterns of traditional marriage, in some (which) raises greater occurrence of violence in legal unions, in others, they refer that it occurs more frequently in consensual unions, the author considers that taking into account the study and performance in daily practice, the couple relationship constitutes an element of risk in all cases in everyday life to live at any time a situation of mistreatment.⁽⁸⁾

The educational level was as follows: 12 (30,0 %) at pre-university and secondary level and 9 (22,5 %) at university level. In general, they had a good level of education since 33 had schooling ranging from high school to university level, with a percentage of 82,5 %. This is related to the high educational level of the female population in our country and its growing incorporation into all levels of education through the existing improvement programs.

These data coincide with other research carried out in Cuba where women victims, even if they have a good educational level, are exposed to domestic violence without any distinction and differ from international research where under-culturalized women are mostly abused. Cuban women have all the potential to achieve their maximum development. There is no evident link between the educational level of women and the exercise of violence.⁽⁹⁾

Regarding occupation, 16 (40,0 %) work outside the home, 15 (37,5 %) are homemakers, and 9 (22,5 %) are students. These data are related to the reality of women in Cuba, where more than 70 % of the technical force is made up of women; there is wide incorporation in the field of research and economy, as well as participation in important government tasks. In women, there are many associated prejudices, as well as an economic dependence generally on the husband; this makes them "incapable" of manifesting themselves against the abuse that is sometimes exercised on them even more if they do not work outside the home, that is to say, to have an economic income of their own. There is also a predisposing factor that may be related to the victim's childhood, which plays a role of inferiority in the future, of not complaining, typical of an established and traditional idiosyncrasy or the myth of "I am to blame" or "this is what I get" and what happens in the home is my responsibility, so everything that happens there is my problem. Studies reviewed in this regard suggest that economic, social, and housing problems are capable of causing women to continue living in a situation of violence, adding the fear factor as a very important factor in the research.⁽¹⁰⁾

In the study, the difference between working women and homemakers is minimal, so it is not significant

to compare these two categories, only to insist that all women in the family were exposed to mistreatment regardless of their work relationship, and this behaved similarly between the places of residence (urban and rural). A total of 26 women (65,0 %) lived in urban areas and 14 (35,0 %) in rural areas. Epidemiological reports of the Pan American Health Organization state that there are more women victims of violence and even death by homicide in urban areas because the large migratory wave justifies it and subsists formations of violent cultures and other social phenomena such as drug addiction, drug trafficking and greater technological development that supports this situation.⁽¹¹⁾

Cuba is no stranger to this situation; there is an emigration to the cities, which corresponds to the higher figures of occurrence of domestic violence. The criteria of other Cuban authors who have devoted themselves to the study of this social phenomenon coincide with the author's criteria. Regardless of taking into account the practice in rural areas, the demand has always been less than in urban areas, which may have greater accessibility to centers where they can demand and receive help.

Regarding the type of family according to its structure, nuclear families predominated, with 19 (47,5 %), extended families 16 (40,0 %), and extended families 5 (12,5 %). According to research, this type of family is led mainly by men, active and married or consensually united, which could lead to a hierarchy, which could result in the use of force or abuse of power in the home, causing violence in any of its forms of manifestation. The extended family is an element of risk in other cultures. However, according to the author, the idiosyncrasy of the environment acts as a protective element because it gives a greater possibility of interaction with the family support network where it is not allowed for some abuse or harm to others. After all, they are all family. They tend to try to take care of each other.⁽¹¹⁾

Current partners are the most frequent perpetrators (45,0 %). It is valid to point out that within the category, several in the 7 women (17,5 %) may have coexisted with partner abuse or abuse by another family member; this is noteworthy because it demonstrates the vulnerability of these women due to the possibility that they may be abused at a given moment by the people with whom they establish links in the intrafamily framework.

Cuban authors report that spousal abuse is the most frequent form of intra-family violence, coinciding with the study. As for the causes for which these women were victims of domestic violence, in 16 (40,0 %) cases, they refer to jealousy as the main motive and point out the multi-causality in 8 women (20,0 %) followed by the ingestion of alcoholic beverages with 3 (7,5 %). In the multicausal variant, the combination of jealousy and ingestion of alcoholic beverages was present in 5 women for 12,5 % in the presentation of this causal binomial.

Studies carried out in Cuba place this cause among the most frequent homicides of passion, and we have even reached a rate of 7,7 per 100 thousand inhabitants for this reason. Jealousy is closely related to factors that engender violence, especially in cultural aspects linked to gender roles that are almost non-discriminatory for women.^(5,8)

Drinking alcoholic beverages is present in 15 respondents (37,5 %), and with an association of more than one toxic habit, we have 13 aggressors (32,5 %), where alcohol and smoking are the most used intoxicants. Studies in the country presented by specialists show that more than 25 % of the cases of homicides of passion in the home would not have occurred if the intoxicant had not been present in the victimizer and even in third parties who encouraged the confrontation in all of them.

The abusive consumption of drugs, and in this case alcohol, is considered by several international authors as the gateway or gateway drug for the abuse of other substances that encourages violent behavior, coinciding with our opinion that this promotes the indiscriminate increase of domestic violence and is a conditioning factor for the reproduction of this behavior.⁽¹²⁾

It is valid to point out that psychological violence was the one that was presented in greater measure, coinciding with other investigations in Cuba; its manifestations of mistreatment within the intra-family environment is quite an extended reality and sadly becomes a daily behavior cause of bad quality of life, homicide, physical and mental illness, with loss of productivity, potentially lost years of life, suicides, being considered a social and public health problem.^(4,7)

It is alarming that even though the physical type is in third place, it stands out for its repercussions on bio-psycho-social health because it can lead from disability and handicap to being a cause of death in women; this has been analyzed by other authors of research on the subject who coincide with these considerations.

CONCLUSIONS

- Among the sociodemographic characteristics, it was found that the women studied were predominantly young adults with partners, with a high level of schooling, with or without work ties, from an urban area, from a nuclear family, with the current partner as the aggressor and jealousy as the main cause of mistreatment and its evident link to alcohol.
- The most frequent form of expression of domestic violence in the women investigated was psychological or emotional. Jealousy, the ingestion of alcoholic beverages, and a combination of both were identified as the causes for which women victims of domestic violence are mistreated.

- As for the reaction, the victims' response is more violent, related to the ingestion of alcoholic beverages, and they refer to the fact that they should denounce and seek help, being the cases studied this behavior (demand for attention) what they assume in the face of the situations of abuse they have experienced.

A Community Intervention program was implemented as an experience in the prevention and follow-up of domestic violence against women.

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