

Attention to Gender-Based Violence in Primary Care

La Atención a la Violencia Basada en Género en Atención Primaria

Juan Carlos Mirabal Requena^{1*}, C José Alejandro Concepción Pacheco², Belkis Alvarez Escobar³, Yanara Oviedo Cornelio⁴ and Mirta Santos León⁵

¹Master in Natural Medicine and Bioenergetics, Second Degree Specialist in Comprehensive General Medicine, First Degree Specialist in Physical Medicine and Rehabilitation, Assistant Principal Professor, Assistant Researcher, University of Medical Sciences, Provincial Health Directorate, Sancti Spiritus, Cuba

²Doctor in Pedagogical Sciences, Graduate in Language, Associate Professor, Principal researcher, University of Medical Sciences, Postgraduate department, Sancti Spiritus, Cuba

³Master in Satisfactory Longevity, Second Degree Specialist in Comprehensive General Medicine, Assistant Principal Professor, Associate Researcher, University of Medical Sciences, Faculty of Medicine Dr. Faustino Pérez Hernández, Methodological Department, Sancti Spiritus, Cuba

⁴First Degree Specialist in Comprehensive General Medicine and Internal Medicine, Instructor teacher, University of Medical Sciences of Sancti Spiritus, Dr. Faustino Pérez Hernández Faculty of Medicine, Provincial Health Directorate, Sancti Spiritus, Cuba

⁵Master in Comprehensive Care for Women, First Degree Specialist in Comprehensive General Medicine, Assistant Principal Professor, University of Medical Sciences, Dr. Faustino Pérez Hernández Faculty of Medicine, Provincial Health Directorate, Sancti Spiritus, Cuba

***Corresponding author:** Juan Carlos Mirabal Requena, Master in Natural Medicine and Bioenergetics, Second Degree Specialist in Comprehensive General Medicine, First Degree Specialist in Physical Medicine and Rehabilitation, Assistant Principal Professor, Assistant Researcher, University of Medical Sciences, Provincial Health Directorate, Sancti Spiritus, Cuba

ARTICLE INFO

Received: 📅 November 23, 2023

Published: 📅 December 06, 2023

Citation: Juan Carlos Mirabal Requena, C José Alejandro Concepción Pacheco, Belkis Alvarez Escobar, Yanara Oviedo Cornelio and Mirta Santos León. Attention to Gender-Based Violence in Primary Care La Atención a la Violencia Basada en Género en Atención Primaria. Biomed J Sci & Tech Res 54(1)-2023. BJSTR. MS.ID.008485.

ABSTRACT

Introduction: Gender violence is defined as any act of violence based on belonging to the female sex. Complex phenomenon. In Sancti Spiritus, there are no action protocols for the detection and treatment of this type of violence.

Objective: Propose the strategy for the prevention and attention of gender-based violence.

Methods: Descriptive study where variables related to the characterization of the experts and the proposed actions and activities were considered. The preparation of the strategy was divided into search and compilation of information (bibliographic review on the topic) and design. Theoretical assessment by experts was used.

Results: The strategy and action guidelines that all health personnel must consider for the prevention and care of gender violence were developed and an evaluation of the same is proposed. In the characterization of the selected experts, MGI specialists predominated. The assessment of "very adequate" predominated in all variables.

Conclusions: The strategy for the prevention and care of gender-based violence was designed for the province of Sancti Spiritus. It offers necessary information for health personnel in primary care as a guide to help prevention, timely detection, treatment, rehabilitation, and follow-up of the people involved.

Keywords: Strategy; Gender Violence; Primary Health Care; Design

Abbreviations: NHS: National Health System; FLC: First Level of Care; GBV: Gender-Based Violence; MINSAP: Ministry of Public Health; PHD: Provincial Health Directorate; UMS: University of Medical Sciences; CGM: Comprehensive General Medicine; VA: Very Adequate; QA: Quite Adequate; PA: Poorly Adequate and NA: Not Adequate; PNI: Positive Negative Interesting; TT: Task Team

Introduction

When talking about gender violence, it refers to harmful acts directed against a person or a group of people due to their gender, originating from gender inequality, abuse of power and the existence of unfavorable norms. [1,2] This type of violence is one of the most common human rights violations. In 1993, the United Nations General Assembly defined gender violence as any act of violence based on belonging to the female sex that results in or may result in physical, sexual, or psychological harm or suffering for women, as well as threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life [3]. There are several victims who lose their lives every year due to acts of violence, among which is gender violence. There are other violent acts such as racial violence, religious violence, homophobic violence and to a lesser extent criminal violence [4]. Gender violence is considered a complex phenomenon. This has been addressed in international instruments, national laws and action plans aimed at its prevention, assistance and eradication. [5] The United Nations Committee of Experts made a series of recommendations to the Convention for the elimination of all forms of discrimination against women in 2013. There, the persistence of patriarchal and sexist customs and practices that perpetuate discrimination were revealed. against women and girls, with their consequent disadvantage and inequality in many areas [6].

This problem, due to its complexity and the fact that it is not always reported, is not duly included in statistical reports worldwide. In 2018, the first figures related to the issue in Cuba were released. These served as the basis for public policies with the aim of advancing more fair and equitable relationships for women. [7] Despite the notable progress made by the country in terms of gender, there are still gaps between men and women. [8] In February 2021, by presidential decree 198, the National Program for the Advancement of Women was approved. [9] This program supported the Comprehensive Strategy for Prevention and Attention to Gender Violence and in the family scenario, [10] which was approved by Agreement 9231 of 2021 of the Council of Ministers and put into effect on December 9. December of that year. This strategy articulates the structures of the national health system (NHS), with emphasis on the first level of care (FLC). Actions are proposed that allow in a coordinated and timely manner the detection, identification, prevention, care, support and repair of the damages caused to victims and survivors of gender-based violence (GBV) and those that occur in the family and institutional setting, as well as the treatment of those who exercise violence. The Ministry of Public Health (MINSAP) of the Republic of Cuba incorporates this issue into the health sector through the National Program for the Advancement of Women, the Strategy against gender violence and the Family Code, [11] where These topics are situated with a health interest.

The introduction of this topic for the organization is totally unprecedented. In one way or another, there is care for people

who suffer violence, but there were no protocols that uniformly governed the actions of health personnel in situations of GBV. The implementation of action guidelines and protocols for the timely identification, treatment, control of information and impacts of this problem was identified as a need. Since 2015, the National Sexual Health and Education Program (PRONESS), [12] has raised the need to articulate Comprehensive Sexuality Education strategies from the national level to the community with a gender and rights approach. In 2022, the health Bill will be published, [13] where the issue of violence is addressed both to protect people and to establish mechanisms for the prevention and control of violence, as obligations of the State. In the province of Sancti Spíritus, there is no history of the existence of action strategies specifically aimed at the detection and treatment of this type of violence. Following the implementation of the national strategy, the provincial health directorate (PHD) of this province and the scientific councils of the health units guided gradual compliance with its instructions. This motivated the present study, which aims to: design a prevention and attention strategy for gender-based violence in the province of Sancti Spíritus.

Methods

The preparation of the protocol itself was divided into two stages:

Search and Compilation of Information

A review of the existing bibliography was carried out, which included books, doctoral theses, master's theses, original and review articles, which allowed us to learn about possible research carried out that addressed violence. based on gender. Pages of newspapers and entities, national and international, that disseminate prevention actions against GBV were consulted. Multiple websites were used since they are the ones that offer most of the protocols used in different countries. A review of existing protocols in Europe and America related to GBV was carried out. The protocol of the Supreme People's Court of the Republic of Cuba was reviewed to consider the legal support that protects GBV prevention actions. Digital media sources from the national press, websites of entities recognized for their work against all manifestations of violence, among others, were consulted. Several articles were found that dealt with the topic; after analysis, it was decided to use 32 that were included in the citations of this research. A review of the repository of existing theses in the Library of the University of Medical Sciences of the province was also carried out. PubMed and Google Scholar were used as search engines to find protocols or strategies used at the national and international level related to dealing with gender-based violence. Descriptors such as: gender violence, gender-based violence were used in the search; expressions that could be related to some type of violence such as: sexual assault, domestic violence, sexual abuse, abuse, among others, with the Boolean operators AND and OR.

As inclusion criteria, research that was carried out in health

centers and non-governmental organizations published in the last five years (2018-2022) was considered, as they were the most current on the topic, in Spanish, English or Portuguese. Being able to access them through INFOMED and that they provided relevant information on the topic. Works found on newspaper websites and help sites for these people were included. The exclusion criterion was that the full text, editorials, clinical cases and duplicate articles could not be accessed. Those selected were studied, checking their adherence to the topic addressed, the meanings that were pointed out most repetitively, their consistency, explanations and relationships were identified. The theoretical methods used made the development of the research possible. The historical-logical made it possible to understand the documents consulted for the design of the strategy; the inductive-deductive and the analytical-synthetic allowed the evaluation of the results; the systemic-structural-functional for structuring the strategy, determining the components and the relationships between them, their functions and the level of hierarchy of the proposed actions; the hermeneutic-dialectical, [14] for the understanding and interpretation of the results.

Strategy Design

Biweekly work meetings were held in the months of May to December 2022, where representatives of the PHD departments participated: Primary Health Care, Maternal and Child Program, Hygiene and Epidemiology, Mental Health, Seniors and Social Assistance and Hospitals. Members of the postgraduate department of the University of Medical Sciences (UMS) of the province, heads of teaching departments in the municipalities, responsible for the social communication front in the PHD, among others, also participated in the teaching direction. From these meetings, each of the actions that were considered necessary to include in the strategy was developed by consensus of the participants. These included essential aspects to take into account to put into practice in a homogeneous way in the health sector. Elements used in protocols that were applied in other health systems were taken into account, which were adapted to the Cuban system. Among the proposed actions and activities is the necessary doctor-patient interrelation, in this case victim work team; activities aimed at instruction on ethical and moral principles were directed; to enhance self-esteem as a value judgment, personal usefulness and self-confidence.

It was oriented towards the identification and solution of affected biopsychosocial needs; how to recognize the manifestations of gender violence, causes and consequences, its prevention and attention. The importance of family support for the victim of violence was emphasized. The necessary health surveillance in the identification of problems and execution of control measures to solve them. Encourage community participation aimed at avoiding, identifying or adequately treating people subject to gender violence. The strategy includes training topics for health personnel. To this end, aspects regarding the actions of the health professional in these cases were proposed; What should be the management of gender violence, its consequences on

the health of violated women and their children. Considerations in the event of a possible sexual assault and guidelines for action. How to carry out the risk assessment. It provides guidance on the attitude that should be taken towards the man who abuses, among other topics. Theoretical assessment by experts was used, through the Delphi method, [15] with the criteria of 20 experts in the field (one Doctor of Science and five Master of Science), of which 15 were First- or Second-Degree Specialists in Comprehensive General Medicine (CGM) and five other profiles. All in charge of health programs in the province. They had teaching categories of main professors, Auxiliary 10, nine assistants, one full professor: all with more than 10 years of experience in higher medical education and in their profiles.

They were interviewed to find out about their professional classification, years of experience in their profiles, years of experience as a specialist if applicable, scientific category/degree and teaching category. The experts must be as competent and experienced as possible on the subject and considering their criteria, the products created can be technically restructured or modified in content. [16] In the theoretical assessment by experts, variables measured with a Likert-type scale were considered. [17] They had to express their criteria regarding the actions and activities in the survey prepared for the analysis, rating them Very adequate (VA); Quite adequate (QA); adequate (A); Poorly adequate (PA) and not adequate (NA), based on the aspects expressed above. They were given the possibility of presenting any critical idea, recommendation, other aspect related to the actions and activities or proposing new ones if they considered it so. An observation guide is included in the strategy with the objective of obtaining measurement criteria in the evaluation of results of the biopsychosocial strategy included in the PNI (Positive, Negative, Interesting). An evaluation guide for the actions and activities included in the strategy is also proposed.

The variables used were:

- 1) Form of presentation of the content.
- 2) Fractionation of content.
- 3) Scientific validity of the topics addressed.
- 4) Language.
- 5) Relevance.
- 6) Usefulness for learning.
- 7) Generalizable.

The strategy includes a survey to identify women's level of information about GBV, as well as a survey for its prevention before and after the strategy. The annexes offer information necessary to interact with victims, achieve early diagnosis of risk factors in these situations, as well as the proposal of action algorithms in situations of this nature. Once the initial version of the strategy proposal was completed, it was put up for consideration by decision-makers in the

province. The proposal was socialized at grassroots, provincial and national events.

Results

Protocols put into operation were found in Latin American and European countries. [18-20] A quick search in PubMed returned 116 articles that addressed some type of gender violence and the preliminary search in Google Scholar resulted in 15,900 articles related to gender violence in Cuba. When it was evaluated in more depth, 142 articles were chosen to define by inclusion and exclusion criteria which should be eliminated. Only the Supreme People’s Court of the Republic of Cuba has established a protocol for addressing this issue in the country, [21] according to the bibliography consulted by the authors. It was decided to use 32 articles from those identified that met the inclusion criteria. The strategy was developed with an introductory structure where an outline of the background of GBV, the current state in the world, Latin America and Cuba is made. Its general objectives are established: to establish a standardized and homogeneous guideline for action, both for early detection and for the assessment and action in response to detected cases and their

follow-up, in the different health entities in the province. of Sancti Spiritus. Specific objectives were defined to identify the need to have the strategy; identify the level of information to train and train health professionals; incorporate the gender perspective in the actions of health professionals. These objectives were the basis for responding to the problem of the non-existence of strategies aimed at detecting and treating this type of violence. The justification for its implementation is explained. The approaches with which the topic in question is addressed and the regulatory framework on which it is based are explained. The fundamental ethical principles that were respected in the document are made clear. A series of concepts necessary to understand this topic from different points of view are explained in the section intended for the glossary. Emphasis is given to FLC and GBV, explaining the types of violence, factors that may influence it, symptoms, and actions of the health professional. Aspects to consider in the management of GBV in PHC, the consequences of GBV on the health of women and children of abused women. Considerations were made regarding a possible sexual assault; this aspect has a separate section given the legal and medical implications that this situation brings with it. The algorithm is given to consider with this type of violence. Figure 1 shows the algorithm.

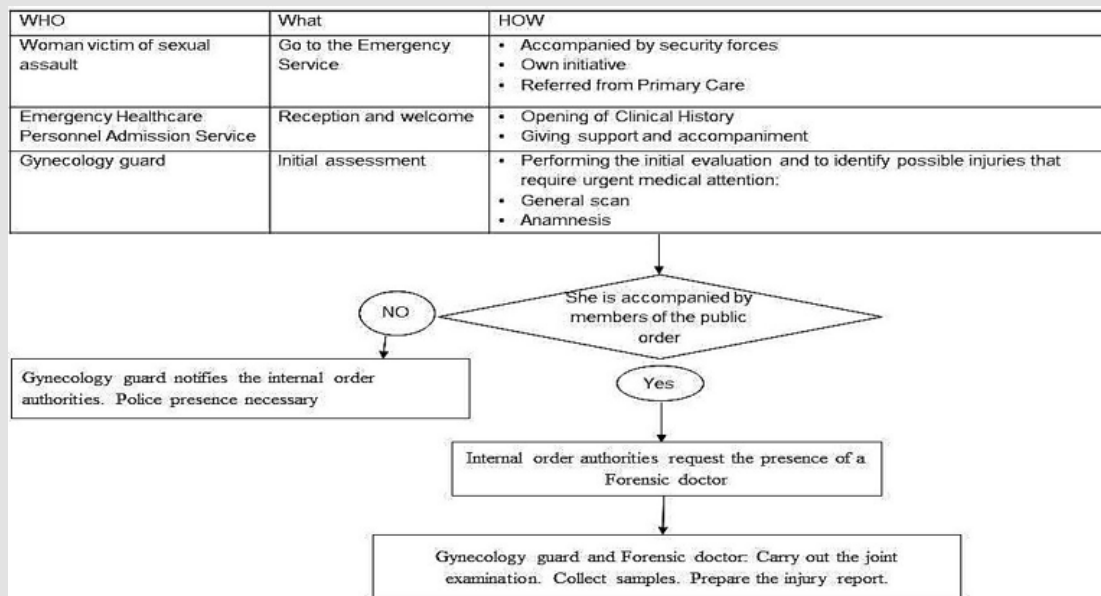


Figure 1: Algorithm for possible sexual assault.

The guidelines for action that all health personnel must consider, specifically the proposed care team, are set out. It is defined what to do with the man who mistreats, since they must also receive qualified help to achieve changes in their behavior. Guidelines for treatment and rehabilitation have also been established. The strategy for action against gender-based violence is established, with actions and activities aimed at changing the way of seeing GBV, eliminating

patriarchal and sexist taboos that persist, and providing the person at risk with adequate preparation to avoid and seek help in any manifestation of violence. To implement this strategy, it is necessary to form a Task Team (TT), in charge of caring for women who suffer from some type of gender violence. This team must be made up of specialists in Comprehensive General Medicine, Gynecology and Obstetrics, Internal Medicine, Nurse, Pediatrician, Psychologist and

Social Work. A bibliography is provided, which is not the only one available for consultation on this topic. Finally, in the annexes, you can find information that serves to raise the level of knowledge and manner of action of the personnel in charge of providing monitoring and attention to these cases. The high academic level and experience in relation to the strategic direction of scientific activity of the

selected experts made it possible to establish, with high approval, the determination of the actions and activities proposed in the strategy for the prevention and care of GBV and others that They occur in the family and institutional setting for the province of Sancti Spíritus. The characterization of the experts selected to participate in the research is shown in Table 1.

Table 1: Characterization of the experts. Provincial Health Directorate of Sancti Spíritus. January to November 2022.

Variable	No.	%
Professional Classification		
Physician Specialist in Comprehensive General Medicine	15	75
Specialists in Sexology	2	10
Internal Medicine Specialist Physician	1	5
Medical Specialist in Physical Medicine and Rehabilitation	1	5
Pedagogical Sciences	1	5
Years of experience as a doctor		
0-4	0	0
9-May	5	25
10 and more	12	60
Years of experience in non-medical profiles		
0-4	0	0
9-May	0	0
10 and more	3	15
Category/Scientific Degree		
Master of Science	5	25
Doctor of Science	1	5
Teaching Category		
Assistant	6	30
Assistant	13	65
Headline	1	5
Total	20	100

Table 2: Evaluation by experts of the actions and activities proposed in the strategy for the prevention and attention of gender-based violence and others that occur in the family and institutional setting for the province of Sancti Spíritus.

Actions and Activities	VS		LA		A		PA		NA		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Form of content presentation	10	50	5	25	2	10	0	0	0	0	20	100
Fragmentation of content	16	80	4	20	0	0	0	0	0	0	20	100
Scientific validity of the topics addressed	20	100	0	0	0	0	0	0	0	0	20	100
Language	19	95	1	5	0	0	0	0	0	0	20	100
Relevance	20	100	0	0	0	0	0	0	0	0	20	100
Utility for learning	19	95	1	5	0	0	0	0	0	0	20	100
Generalizable	20	100	0	0	0	0	0	0	0	0	20	100

MGI specialists predominated 75 % of the experts. Those with more than 10 years in their profiles, both medical and non-medical, were the majority with 60 and 15 % respectively. The category of Master of Science predominated with 25 % and the teaching category of Assistant with 65 %. The experts gave positive evaluations to the protocol in all the variables measured (Table 2). The assessment of Very adequate predominated in all variables with more than 50% in all. These results demonstrate that the proposed strategy would be capable of generating changes towards GBV manifestations as a fundamental and necessary concession in PHC. The strategy is pertinent because it constitutes an opportunity to improve care and detection of any manifestation of GBV in PHC, which is addressed systemically through biological, psychological, and social dimensions. The proposed actions and activities are in correspondence with the necessary actions of all sectors of the population and government, where health plays a primary role, with emphasis on the NPS. The approach to detection, prevention and treatment of victims and perpetrators constitutes an assertive approach to improve actions to eradicate GBV.

Discussion

The strategy for the prevention and attention of gender-based violence for the province of Sancti Spiritus does not have a rigid structure. It will be related to the organizational complexities and the economic infrastructure that allows supporting the services that each health institution can provide, as expressed by Rojas, et al. [22] The strategy was assessed through expert judgment using the Delphi method, which allowed the final version of the proposal to be prepared that was presented to health and government decision-makers in the province. The experts surveyed issued constructive criteria and evaluations, which allowed the final product to be perfected. By proposing this strategy, a tool is provided as a line to follow in the PHC with its procedures in the situation described. It defines how to address specific situations. Similar purposes were achieved in consulted protocols. [23] The implementation of the strategy would allow GBV to be identified in a timely manner. Like the protocol developed by Lozano, et al. [24] this strategy provides adequate treatment to be followed in these situations by the personnel responsible for caring for the victims. It guides how to prevent situations of violence, how to act and where to go to seek protection if necessary. All actions that make up the action strategy are aimed at preserving the lives of those affected, their rights and their integrity. Health institutions must commit to providing adequate support for the construction of safe spaces free of GBV. [25] The authors of this document agree with the above and assume the need to incorporate this vision in the daily work of health personnel, so it is considered necessary to unify the mode of action.

GBV is present in all spheres of society. Despite the guidance to all health institutions, fundamentally those of the NPA, to implement measures to treat GBV situations in any area where it is evident, it

is pertinent to have the guide that standardizes the procedures in the face of these manifestations. what the proposed strategy would achieve. Perojo, [26] in his work raises points with which he agrees for the proposal of the current strategy. This is a complex problem that can be detected and addressed by a wide spectrum of professionals. It is necessary to unify criteria for both detection, action, coordination and referral to other resources, with emphasis on the NPA, in its PHC program, so that it reaches each of the medical offices, whose responsibility in this battle is essential [27]. Reviewed research points out the need to implement action protocols for comprehensive (physical, psychological, emotional, and social) and integrated care for GBV and those that occur in the family and institutional setting [28]. Review studies consulted raise the effectiveness of dating violence prevention programs, which demonstrates the need to maintain a guide to carry out the different actions that can be developed against this social problem [29,30]. With the implementation of the proposed strategy, these objectives could be met. The authors of this article hope that it will be useful for health services professionals in their daily consultation. It is pertinent to thank all those who collaborated in the design of the proposed strategy for the effort made.

In summary, this action strategy responds to the need to provide information for the management of situations that involve GBV. It makes clear the types of violence exerted on women, the professional role in notifying suspicion or case, identifying the risk and protecting women and their daughters and sons; the specific socio-health resources, the required coordination, and the referral criteria. It tries to ensure that the same guidelines of action are followed, giving information to the victim of violence, involving health professionals in the eradication of this serious problem as one more element of the awareness that society must show to end this social scourge. The authors agree with what Vallejo expressed in his thesis [31]. The limitations of the study are based on the non-implementation of the strategy that will provide insight into its effectiveness. It was prepared considering the needs of a specific province whose proposed actions are designed by professionals from the province itself, which could constitute an element of bias. This strategy must be evaluated after its implementation to determine the necessary modifications for its continuous improvement. At this stage, the adequate collection and interpretation of results plays a decisive role, which will allow for better knowledge about the behavior of this scourge in health institutions in the region. It would be appropriate for these facts to be recorded as a health problem in Cuba from a statistical point of view. The health yearbook reports violent deaths in women but does not specify whether they were based on gender [32].

Conclusion

The strategy for the prevention and attention of gender-based violence was designed for the province of Sancti Spiritus. The experts considered the proposed strategy to be very appropriate since it seeks to ensure that the same guidelines for action are followed to

identify GBV in a timely manner. In addition, it offers necessary information for health personnel in primary care as a standard guide that helps prevention, timely detection, treatment, rehabilitation, and monitoring of the people involved.

Recommendations

Despite the mitigating factors mentioned above, the implementation of the strategy is proposed in a phased manner. It could start from a polyclinic and its offices, and then be generalized to all NPA institutions in the province and others in the country, with the aim of achieving its implementation and better evaluation.

Conflict of Interests

The authors declare no conflict of interest.

Author Contributions

- Juan Carlos Mirabal Requena: conceptualization, data curation, formal analysis, research, project administration, writing the original draft and Writing – review and editing.
- José Alejandro Concepción Pacheco: Methodology, Validation, Writing – review and editing.
- Belkis Alvarez Escobar: Conceptualization, data curation, Writing – review and editing.
- Yanara Oviedo Cornelio: Conceptualization, Writing – review and editing.
- Mirta Santos León: Conceptualization, Writing – review and editing.

References

1. (2019) UN Women Annual Report 2018-2019.
2. Chhabra M, Fiore LB, Pérez-Villanueva S (2020) Violence Against Women: Representations, Interpretations, and Education. *Violence Against Women*. 26(14): 1743-1750.
3. United Nations Human Rights. Declaration on the elimination of violence against women. United Nations.
4. (2022) Kimirina International Day of Non-Violence. Corporation Kimirina.
5. Bastida Aguilar L La (2019) "lupa antropológica" como herramienta para la investigación de actos de violencia derivados de la orientación sexual y/o identidad o expresión de género. *Instituto nacional de antropología e historia* 1(10).
6. Del Pozo Franco PE, Peñafiel Palacios AJ, Cruz Piza IA (2022) The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the rights of girls and women. *Contemporary dilemmas educ. politics values* 9(1).
7. Sarduy Pérez G, Beltrán González BM, López Espinosa GJ (2022) Violence against women: a view from the Cuban health system. *EDUMECENTRO*. 14: e2418.
8. Odrizola Guitart S, Imbert Mayola JC (2020) Work, gender and care: a vision from the contemporary reality of Cuba. *Economy and Development* 163(1): e10.
9. (2021) Ministry of Justice Republic of Cuba. Presidential Decree 198. National Program for the Advancement of Women. *Official Gazette*.
10. (2021) Ministry of Justice of the Republic of Cuba. Comprehensive Strategy for Prevention and Attention to gender violence and in the family scenario. *official Gazette* 101.
11. (2022) Ministry of Justice of the Republic of Cuba. Family Code. *official Gazette* 99.
12. (2015) Castro Espín M, Rivero Pino R. Government responsibility and comprehensive sexuality education in Cuba. *CENESEX*. [61].
13. (2022) Noda Alonso S. They present the draft Public Health Law before deputies. *Ministry of Public Health of the Republic of Cuba*.
14. (2021) López Falcón AL, Ramos Serpa G. About theoretical and empirical research methods: significance for educational research. *Conrado Magazine* 17(3).
15. (2022) Cañizares Cedeño EL, Suárez Mena KE. The Qualitative Delphi Method and its Scientific Rigor: An argumentative review. *SOCIETEC*.
16. Martínez Ezquerro JD, Ruiz Cejudo SM, Bustamante Fuentes A, Díaz Badillo Á, García Oropesa EM, et al. (2021) Expert consensus in times of COVID-19: applications of the Delphi method in health matters. *Cir Cir* 89(1): 120-129.
17. Canto de Gante AG, Sosa González WE, Bautista Ortega J, Escobar Castillo J, Santillán Fernández A (2020) Likert scale: An alternative to develop and interpret a social perception instrument. *Magazine of High Technology and Society*.
18. Arismendi M, Olivera A (2019) Protocol for action in situations of gender-based violence. *Ministry of Social Development*.
19. (2019) National Autonomous University of Mexico. Protocol for the Attention to Cases of Gender Violence at UNAM. *UNAM General Counsel Office*.
20. Acuña Kaldman C, Román Pérez R, Cubillas Rodríguez M J, Abril Valdez E (2022) Action protocol to analyze preventive actions in gender violence in a public university. *Journal of Psychology and Behavioral Sciences of the Academic Unit of Legal and Social Sciences*. 13(1).
21. (2022) Popular Supreme Court of the Republic of Cuba. Action protocol of the Court System for the incorporation of the gender perspective, and the prevention and attention of gender-based violence in the administration of justice.
22. Rojas Herrera I, Morales Navarro D, Rodríguez Soto A, Hernández Pedroso W (2021) Teaching evaluation of protocols for the care of medical emergencies during dental practice. *Higher Medical Education* 35(2).
23. (2019) Ministry of Tourism and Sports. Guide to build a prevention and intervention protocol in situations of gender violence in sports institutions. *Argentina*. Disponible en.
24. Seguí León GC (2022) Gender violence in rural communities. Differentiated attention. *Social Development Studies Magazine: Cuba and Latin America* 10(1): e10.
25. (2019) Ministry of Public Health. Comprehensive care for victims of gender-based violence and serious human rights violations. *Technical rules*. National Directorate of Human Rights, Gender and Inclusion.
26. Morel Batista C, Oten Bonino L (2022) Education in situations of gender-based violence as a path towards equal rights. *Steps Magazine of social sciences and education*.
27. Saletti Cuesta L, Ferioli A, del Valle Martínez F, Viel E, Baudin V, et al. (2020) Addressing gender violence from the perspective of the communities of northern Córdoba, Argentina. *Public Health Cad* 36(1).

28. (2022) General Directorate of Migration and Immigration. Protocol for detection, care and referral for national and foreign women victims of gender-based violence. DGME.
29. Piolanti A, Foran HM (2022) Efficacy of Interventions to Prevent Physical and Sexual Dating Violence Among Adolescents: A Systematic Review and Meta-analysis. *JAMA pediatrics* 176(2): 142-149.
30. Okasako Schmucker DL, Cole KH, Finnie RKC, Basile KC, DeGue S, et al. (2019) Remington PL. Using a Community Preventive Services Task Force Recommendation to Prevent and Reduce Intimate Partner Violence and Sexual Violence. *Journal of women's health*. 28(10): 1335-1337.
31. (2018) Vallejo Bernabé I Campaigns against Gender Violence in Spain. Evaluation and diagnosis. [Thesis]. Spain: University of Valladolid Disponible en.
32. (2022) Directorate of Medical Records and Health Statistics. Health Statistical Yearbook 2021. Ministry of Public Health of Cuba, p. 43-44.

ISSN: 2574-1241

DOI: [10.26717/BJSTR.2023.54.008485](https://doi.org/10.26717/BJSTR.2023.54.008485)

Juan Carlos Mirabal Requena. *Biomed J Sci & Tech Res*



This work is licensed under Creative Commons Attribution 4.0 License

Submission Link: <https://biomedres.us/submit-manuscript.php>



Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles

<https://biomedres.us/>