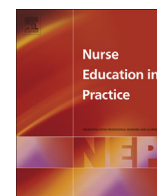


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# Nurse Education in Practice

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## Midwifery Education in Practice

### Intimate partner violence as a subject of study during the training of nurses and midwives in Catalonia (Spain): A qualitative study



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#### ABSTRACT

While nurses and midwives are in a unique position to identify and help victims of IPV, since they are often their first point of contact in the healthcare system, they need appropriate training. This study sought to examine the presence of IPV-related contents and the depth to which they are addressed in the bachelor's degree in Nursing and in the Midwifery specialisation programme. The study also explored lecturers' motivations for including IPV in their subjects. The methodology employed was qualitative. In-depth interviews were conducted with 16 university lecturers who teach IPV contents in the Nursing degree and Midwifery specialisation programme. The study took place in Catalonia (Spain). The research shows that lecturers feel personally committed in the training for prevention and detection of IPV. The main teaching methodology is active, experiential and requires student activity. In all cases, the lecturers call for more time and spaces to be made available to carry out this training. It would be desirable for more time to be dedicated to nurses and midwives' university training in IPV. The topic should be approached with a more cross-disciplinary, systematised focus from all perspectives: health, psychological, social, ethical and legal. It is important that the training of teaching staff in IPV should be fostered and methodised.

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## 1. Introduction

Intimate partner violence (IPV) refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (World Health Organization- WHO, 2016). IPV is the result of power relations in which one person exerts control over the other person (Ministry of Health, Social Services and Equality, 2012).

Worldwide, 30% of women who have been in a relationship have experienced some form of IPV (WHO, 2016). In Spain, a survey conducted in 2015 of 10,171 women over 16 years of age found that 12.5% had suffered IPV at some point in their life (Government Office for IPV, 2015a).

The World Health Organization (WHO) stresses that IPV is a significant cause of death and injury worldwide and defines it as a health problem (WHO, 2013).

IPV affects women's physical and mental health through direct pathways, such as injury, and indirect pathways, such as chronic health problems that arise from prolonged stress (Ministry of Health, Social Services and Equality, 2012; WHO, 2012). IPV is of particular concern during pregnancy when not one, but two lives are at risk. Physical assault to the abdomen may increase the risk of spontaneous abortion, preterm delivery or neonatal death. Adverse

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birth outcomes may also be indirectly engendered through negative maternal behaviours, inadequate nutrition or prenatal care, and increased stress levels (Donovan et al., 2016; James et al., 2013; WHO, 2011).

It is estimated that 38%–40% of all women who attend community health and accident and emergency (A&E) services are suffering or have suffered IPV. The reason for their visit is not always an injury directly related to the aggression, but tends to be a hidden manifestation of it (Sprague et al., 2014). However, only a minority of cases are identified in healthcare services (Coll-Vinent et al., 2008). One of the reasons that explains this low rate of detection is the lack of training in this area of the professionals who provide care to these women (Sundborg et al., 2012).

Nurses and midwives are in a unique position to identify and help victims of IPV, since they are often their first point of contact in the healthcare system (Beccaria et al., 2013; Eustace et al., 2016). In Spain, midwives are primarily responsible for the monitoring and control of normal pregnancies. Along with nurses, they constitute the primary contact point for many young women within the health care system. It is thus of paramount importance that nurses and midwives receive training throughout their degree studies which includes attitudinal changes and education about principles. (Crombie et al., 2016; Hewitt, 2015).

Numerous laws and regulations derived from international references require the compulsory inclusion of training in detecting and addressing IPV in the curricula for healthcare professionals (Council of Europe, 2011; United Nations, 2011). Spain also has specific legislation for the fight against IPV:

“Organic Law 1/2004, of protective measures against gender based violence” (Official State Gazette—BOE, 2004) stipulates that all university healthcare disciplines must include contents for training in prevention, detection and support to victims of IPV. It also states that all universities must foster cross-discipline gender equality and non-discrimination.

Prior to 2007, the nursing qualification in Spain corresponded to a three-year university diploma. Following adherence to the Bologna Process and application of the European Higher Education Area, duration of the course was extended to four years and it became a standard university degree. Listed among the competencies of nursing graduates are: “Understand and identify the psychological and physical problems resulting from intimate partner violence (IPV). Be trained in the prevention, early detection, care, and rehabilitation of victims of this violence” (Ministry of Education and Innovation, 2008).

The European directive relating to the recognition of professional qualifications at the European level allows for two methods of study for becoming a midwife, either as an independent degree or as a specialisation with the nursing degree. In Spain, midwifery is a nursing specialisation: after obtaining their degree in nursing, aspiring midwives take a national exam to access a two-year resident training programme, from which they earn the title of Obstetric-Gynaecological Nurse (Midwife). The programme specialisation in obstetrics and gynaecology is based on the acquisition of knowledge through practical experience and theoretical learning: midwives are equipped with the skills to provide care on the sexual and reproductive health of women in the different phases of their lives, from adolescence to menopause, with particular emphasis on the processes of pregnancy, childbirth and puerperium. Among the competencies they must acquire are: “Identify and advise women about current legislation on the subject of sexual and reproductive health: (...) offences against sexual freedom, IPV (...)” (Ministry of Health and Social Policy, 2009).

Spain is organised politically and geographically into 17 Autonomous Communities (ACs). Catalonia is one of these ACs and has 14 Schools or Faculties of Nursing. The theoretical training of all

nurses engaged in the Midwifery specialisation in the Catalonia AC was presented at the university until 2012, and is currently provided by the Catalan Institute of Health Studies (IES). The IES is a public institution attached to the Catalan Ministry of Health and is responsible for pedagogical promotion and renewal in the field of health sciences.

The aim of this article is to use the reflections and explanations given by lecturers to analyse the presence of IPV-related subjects and the depth to which they are addressed in the bachelor's degree in Nursing and the Midwifery specialisation programme in Catalonia (Spain). The study also explores lecturers' motivations for including IPV in their subjects.

## 2. Method

### 2.1. Design

A descriptive qualitative research methodology with a phenomenological approach was used (Giorgi and Giorgi, 2003). The objective of this study was to gather information on, systematize, and disseminate the types of training on IPV that are undertaken during the education of nurses and midwives in Catalan universities. Further to this was the objective of identifying the concerns and proposals that the teaching staff had in terms of improving the training in this topic.

### 2.2. Scope

The study was conducted from September 2015 to September 2016 in the public and private universities of Catalonia that offer a bachelor's degree in Nursing, and at the Catalan Institute of Health Studies (IES), which provides theoretical training in Midwifery. Previously it also took place in the University of Barcelona, where midwifery training was offered between 1994 and 2013 (the IES has provided theoretical training of midwives since 2013).

### 2.3. Data collection

First, a systematic review was conducted of the institutions' websites to determine IPV contents through document analysis and topic and concept descriptors in the curricula of the Nursing degree and the specialised training course for Midwives in Catalonia. The subject or subjects were identified in which IPV and its characteristics are presented.

Secondly, an email was sent to the directors and/or heads of studies in the case of the Nursing degree, and to the head of the specialised training course for Midwives. The email explained the study, solicited confirmation of the link between subjects and IPV training and asked whether other subjects also addressed the issue. Recipients were requested to furnish the contact details of teaching staff responsible for IPV training in each subject. These lecturers were then sent an email informing them about the study and asking if they would be prepared to take part in an in-person interview.

Table 1 shows the 14 universities with Nursing Schools or Faculties in Catalonia, classified into public or private and showing whether confirmation was given by the director/head of studies or not. The table also indicates the subjects in which IPV-related content is offered in the Nursing bachelor's degree and the specialised training course for Midwives, the academic year in which it is present, the number of European Credit Transfer and Accumulation System (ECTS) credits awarded, whether the subject is compulsory or optional, and if an interview was conducted with the lecturer responsible for the IPV training. Of the 14 Nursing Schools or Faculties, 13 included IPV contents in their curricula, and of the 14

directors/heads of study, five failed to reply to the email (despite a second reminder being sent) and nine confirmed the presence of training and facilitated the lecturers' contact details. Contact was made with a total of 21 lecturers in nursing of whom 14 agreed to be interviewed. The IES training programme also contained IPV-related aspects in one of its subjects, presented by two lecturers, which was confirmed by the head of theoretical training of the Midwifery specialisation. It was possible to interview one of these lecturers and to obtain information regarding the time dedicated to IPV, the methodology employed and the topics addressed by both. An interview was also held with the lecturer responsible for the same subject at the university where the midwifery theory classes had been offered for some 18 years. Consequently, a total of 16 lecturers were interviewed: 14 from the Nursing degree and 2 from the specialised training course for Midwives (identified as i1 – i16).

The same investigator conducted all face to face interviews. Every interview was digitally recorded. The average duration was some 90 min and field notes were taken throughout the process. A guide was used containing open stimulus questions, which are listed in Annex 1.

#### 2.4. Sample

A total of 15 women and one man were interviewed. Their characteristics may be seen in Table 2. Most of the lecturers are currently full-time lecturers, although they also have past experience in clinical care. All of the lecturers have over six years of university teaching experience. Seven of the lecturers belong to public universities, seven to private, and two provided training in Midwifery.

#### 2.5. Analysis

The interviews were transcribed verbatim. The texts were sent by email to the interviewed lecturer for any clarification or modification he or she may have wished to make. The interviews were analysed and conceptualized based on direct responses. Analysis of the data followed an inductive method, in accordance with the recommendations of Taylor and Bogdan (1990): 1) discovery; 2) data coding; and 3) relativization. The researchers made individual identification of the initial codes and subsequently pooled them (Weber, 1990). It is worth pointing out that a great deal of consensus was found. Finally, the information was classified into six code categories and 27 sub-categories or meaning units. Atlas-Ti software, version 7.5.10 was then employed to systematise the coding, establishing the relationships between categories and sub-categories, as shown in Fig. 1. Upon conclusion of the analysis it was possible to identify four themes that stood out in the information collected.

#### 2.6. Quality

To ensure research reliability the following quality standards were taken into account: credibility (contact was made with all Catalan universities that offer the Nursing degree and with the IES, and 16 lecturers of different characteristics were interviewed); dependability (the authors met on several occasions to agree upon the evolution of the work and triangulate application of the codes); transferability (the process of obtaining and analysing the data is described in minute detail); and confirmability (all recordings, transcriptions, field notes, research diary and analysis are available for review) (Graneheim and Lundman, 2004; Skrtic, 1985).

#### 2.7. Ethics

Before initiating the research, approval of the project was obtained from the University of Barcelona's Bioethics Commission. Lecturers who agreed to be interviewed received a full explanation of the study's aims and procedures. They were given an information sheet on the research and their written consent to record the interview was obtained, guaranteeing them confidentiality and anonymity. Any doubts they had were resolved by the interviewer. The researcher's contact details were made available to all lecturers. The interviews were conducted in spaces that offered privacy and confidentiality which were chosen by the interviewees.

### 3. Results

Analysis of the individual interviews with lecturers provided substantial knowledge of their connection to the subject and the way they develop their teaching in relation to the prevention and detection of IPV. Most of the lecturers have a long track record in addressing IPV, on occasions initiated prior to giving classes at the university. It is therefore possible to find a special sensitivity towards IPV-related subjects that transcends the strictly academic field and is rooted in personal experience. The majority have knowledge of IPV deriving from their personal, academic or work-based concerns and commitments. We present this information, organised on the basis of the three themes identified as central in the analysis (*Context of the training, Student's perceptions and experiences and Proposals for improvement*) and of the 11 most mentioned sub-categories.

#### 3.1. Context of the training

*Subjects with IPV contents.* Table 3 shows the main characteristics of the subjects in which the 16 interviewed lecturers present IPV. The following features stand out: IPV tends to be given in Health Sociology subjects (though in some cases it is also addressed in Maternal and Child Health, Health Psychology, Health Ethics and Legislation and Community Health), in the 1st or 3rd academic year and is usually compulsory. The number of students per class in the Nursing degree and Midwifery specialisation ranges from 60 to 100, except in the case of the optional subject, which is taken by an average of 40. There is a clear predominance of active teaching methodology, with group work in which students make presentations to their classmates, individual projects which are handed in to the lecturer or participatory sessions which invite discussion, such as seminars based on external references (films and websites) or analysis of clinical cases. All lecturers ask for some kind of assessment task related to IPV within the continuous assessment system and most also include a written multiple choice test. In terms of time, from 1 to 9 h are dedicated to IPV during the Nursing degree, with an average of 5.5. Teaching hours range from 1 to 6 in each subject, with an average of 3. Five hours are offered in the Midwifery specialisation. Of the 16 lecturers interviewed, 15 consider the time they are able to devote to this subject is insufficient:

*"The number of hours seems totally inadequate, like in many other subjects, subjects like this that make your hair stand on end" (i11).*

*Reason for introducing IPV-related topics.* Of the 16 lecturers interviewed, 7 address IPV in their subject because it already appeared in the curriculum or teaching plan; these teaching plans are drawn up by the academic councils or faculty commissions in each faculty. However, nine lecturers have introduced the subject on their own initiative into the teaching plan of their subject,

**Table 1**  
Characteristics of the universities and subjects in which IPV-related subjects are offered in the Nursing bachelor's degree and Midwifery specialisation.

University			Subject					
Number	Type of University	Director confirmation	Contents	Academic year	ECTS	Type	Lecturer interview	
1	Public	Yes	H Sociology	1st	9	C	Yes (i4) and (i14)	
			H Psychology	4th	6	C	Yes (i8)	
2	Public	Yes	H Psychology	1st	6	C	Yes (i16)	
			H Sociology	2nd	6	C	Yes (i1)	
			Community H	3rd	6	C	Yes (i10)	
3	Public	Yes	Community H	1st	6	C	No	
			H Sociology	3rd	3	O	Yes (i13)	
4	Public	No	Community H	3rd	6	C	∅	
5	Private	Yes	H Sociology	1st	6	C	No	
			Maternal and Child H	3rd	3	C	Yes (i15)	
6	Private	Yes	Maternal and Child H	3rd	2	C	Yes (i6)	
7	Private	Yes	H Sociology	1st	9	C	No	
			H Ethics and Legislation	2nd	6	C	No	
8	Private	Yes	H Sociology	1st	6	C	Yes (i3)	
			H Ethics and Legislation	2nd	6	C	Yes (i2)	
			Maternal and Child H	3rd	3	C	Yes (i5)	
9	Private	Yes	H Sociology	4th	4	O	No	
10	Private	Yes	H Sociology	1st	6	C	Yes (i7)	
			H Psychology	3rd	3	C	Yes (i11)	
11	Private	No	Maternal and Child H	2nd	5	C	∅	
12	Private	No	Community H	1st	6	C	∅	
13	Private	No	H Psychology	1st	6	C	∅	
14	Private	No	∅	∅	∅	∅	∅	
			Midwifery education	H Ethics and Legislation	1st	1.5	C	Yes (i9) and (i12)

Note: To preserve the anonymity of the universities, the name has been replaced by a number.

Key: H = Health, C = Compulsory, O = Optional, ∅: Information not available.

**Table 2**  
Characteristics of the interviewed lecturers.

Interview	Gender	Occupation	Years of experience	Type of University
i1	woman	Full-time	8	Public
i2	woman	Full-time	8	Private
i3	woman	Full-time	9	Private
i4	woman	Full-time	10	Public
i5	woman	Full-time	20	Private
i6	woman	Full-time	22	Private
i7	woman	Full-time	23	Private
i8	woman	Full-time	24	Public
i9	woman	Full-time	25	M (Public)
i10	woman	Full-time	26	Public
i11	woman	Full-time	27	Private
i12	woman	Full-time	29	M (Public)
i13	woman	Full-time	30	Public
i14	woman	Full-time	36	Public
i15	woman	Part-time	6	Private
i16	man	Full-time	>30	Public

Note: M = Midwifery specialisation.

without this meaning modification of the previously-approved curriculum. They added it to the syllabus when they took over the subject because they considered it important for Nursing:

*"(...) It worried me that in all the training offered in Nursing, nobody was talking about it" (i6).*

The change in nursing studies from diploma (3 years) to bachelor's degree (4 years) which took place in Spain in 2007 prompted many lecturers to include IPV in their programmes, though some had already approached the issue in the diploma course. In general, lecturers are unaware of the situation as regards IPV training in the Nursing degree as a whole: they are not sure whether it is addressed in other subjects and do not know exactly when it was first offered:

*"In my case since the degree (...) when I began the degree course I took on the subject of Health Sociology, and that's where I started to teach it, but if it was taught before I have no idea" (i3).*

**Syllabus.** Most of the lecturers focus on the practical application of detection and treatment of IPV in the health area, which means detection, action protocols and the health consequences of IPV. All lecturers emphasise the importance of raising students' awareness and equipping them with tools:

*"Above all make them aware, so they don't find themselves not knowing what to do, so they know that there's a protocol that must be followed, that they have to take it seriously" (i3).*

Some expand upon the above by using a more social focus, addressing inequalities and the susceptibility of certain groups in the community to suffering violence (children, women, the elderly, immigrants and so on). They examine the influence of gender in society and other types of gender-related violence such as homophobia, and teach values and education in equality as a way of preventing IPV:

*"We try to work on preventive and educational measures. We begin by speaking about health inequalities in general, then we go on to address the gender issue and feminist theories, and finally we enter into the subject of IPV" (i1).*

**Diversity of approaches.** In Nursing, IPV is presented as a public health problem in the subject of Community Health. Maternal and Child Health subjects address IPV in pregnancy and its impact on the children. In Health Ethics and Legislation students are informed about legal responsibility and possible ethical conflicts that may be encountered. Health Psychology approaches IPV from the perspective of social inequality derived from patriarchal power and explains that sexist behaviours continue to exist in society. In the

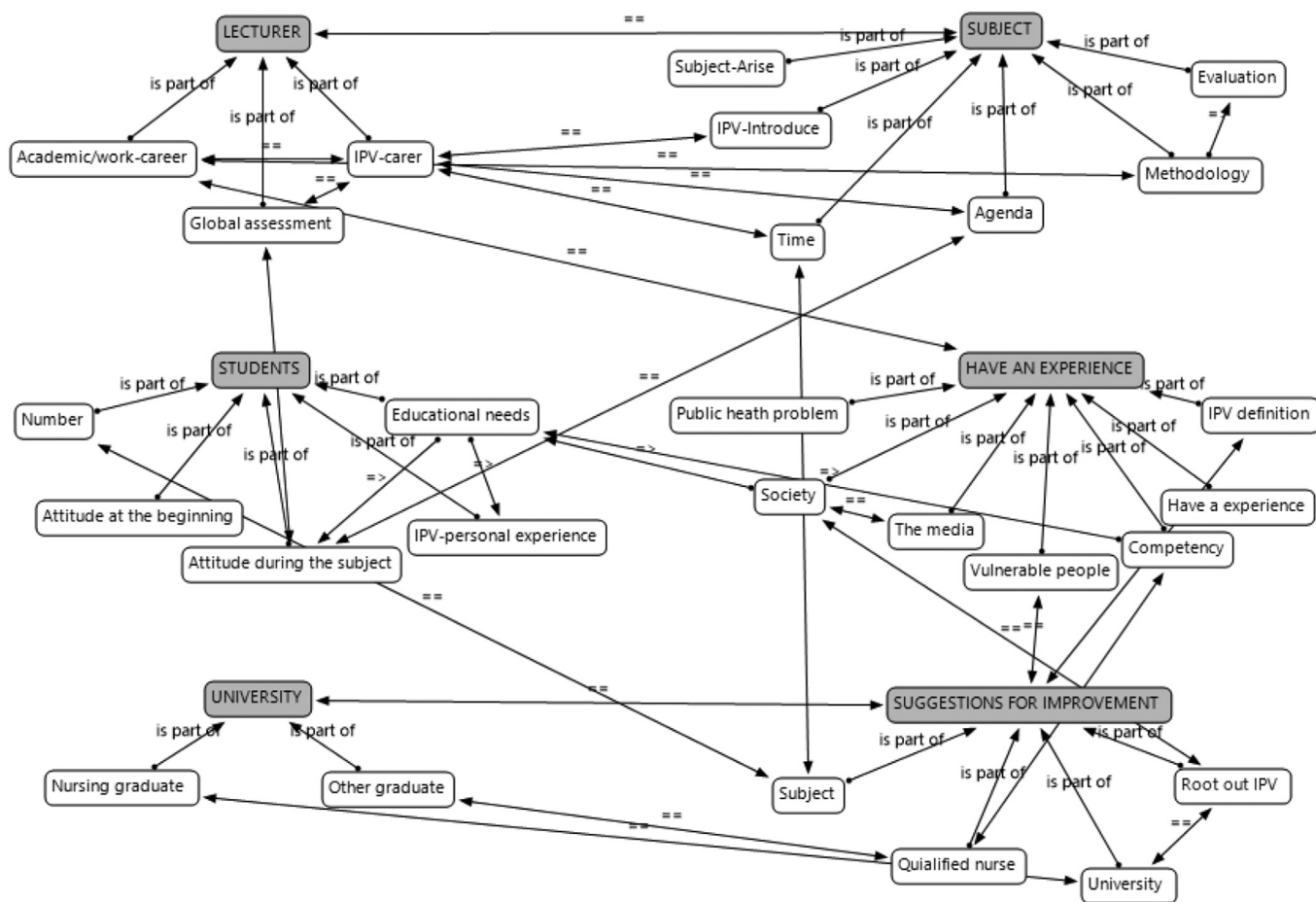


Fig. 1. Code tree: the six code categories and 27 sub-categories, and the relationships between them. Note: = is associated with => is cause of.

**Table 3**  
Characteristics of the subjects in which the 16 interviewed lecturers present IPV.

Interview	Contents	Academic year	ECTS	Type	Student number	Methodology	Evaluation	IPV hours <sup>a</sup> (school hours) <sup>b</sup>
1	H Sociology	2nd	6	C	90	Individual work without presentation and master class	Continuous Assessment with or without test	4 (60)
2	H Ethics and Legislation	2nd	6	C	80	Individual work without presentation and training workshop	Continuous Assessment	2 (60)
3	H Sociology	1st	6	C	80	Group work with presentation and master class	Continuous Assessment and test	3 (60)
4	H Sociology	1st	9	C	90	Individual work, group work with presentation and master class	Continuous Assessment and test	4 (90)
5	Maternal and Child H	3rd	3	C	90	Group work with presentation and master class	Continuous Assessment and test	2 (30)
6	Maternal and Child H	3rd	2	C	80	Group work with presentation	Continuous Assessment with or without test	6 (20)
7	H Sociology	1st	6	C	80	Group work with presentation and master class	Continuous Assessment and test	6 (60)
8	H Psychology	4th	6	C	90	Training workshop and master class	Continuous Assessment and test	ø (60)
9	H Ethics and Legislation	1st	1.5	C	60	Debate and master class	Continuous Assessment and test	5 (15)
10	Community H	3rd	6	C	80	Training workshop	Continuous Assessment	2 (60)
11	H Psychology	3rd	3	C	80	Training workshop and master class	Continuous Assessment and test	3 (30)
12	H Ethics and Legislation	2nd	3	C	60	Training workshop and master class	Continuous Assessment and test	8 (30)
13	H Sociology	3rd	3	O	40	Group work with presentation and master class	Continuous Assessment	2 (30)
14	H Sociology	1st	9	C	90	Individual work, group work with presentation and master class	Continuous Assessment and test	4 (90)
15	Maternal and Child H	3rd	3	C	100	Individual work and master class	Continuous Assessment and test	1 (30)
16	H Psychology	1st	6	C	80	Group work with presentation and master class	Continuous Assessment and test	3 (60)

H = Health, C = Compulsory, O = Optional, ø: Information not available.

<sup>a</sup> Number of hours devoted to IPV.

<sup>b</sup> Number of hours of classroom lessons.



case of Midwifery, the subject of Health Ethics and Legislation covers the responsibilities students have and the protocols they should know, specifically in relation to sexual aggression, and considers the possible ethical conflicts that may arise, most of which are associated with respect for the autonomy of the mother while ensuring foetal wellbeing:

*"I treated sexual aggressions (...), the cycle of violence, detection of the tell-tale signs of violence; we also addressed how to have an influence on violence during gestation (...) and the ethical conflicts that can arise, such as in cases where women don't want to report the aggressor"(i12).*

All concur in insisting that students understand IPV as a health problem and that consequently its detection and treatment is a competency of nursing and midwifery.

### 3.2. Student's perceptions and experiences of IPV

*Initial attitude.* The lecturers point out that, at first, nursing and midwifery students are generally more interested in biomedical problems than the social aspects of health:

*"(...) when the nurses enter the specialisation to be a midwife the aim is to know how to do deliveries, this is the basic objective" (i9).*

They also mention that the attitude of many Nursing degree students when IPV-related topics are introduced at the beginning of the subject is one of indifference or surprise. This is especially the case if the students are young and have little clinical experience. It is less apparent among students on the Midwifery specialisation because their clinical experience tends to be richer and they are usually more sensitive to all issues that affect women:

*"Many young people think that inequality in relation to gender does not exist (...). That now, with the laws, well it no longer exists. Because they think that the vote for women is something that has always been around, and they don't realise what it cost (...)" (i13).*

*"When we speak about the Midwifery specialisation it's as if we were talking about a post-graduate, then they're qualified people, some recently qualified but others not, who already have professional experience (...). Yes, in these subjects the midwives are more or less sensitive, because obviously they are sensitive to all subjects related to women" (i9).*

The lecturers have also detected groups of students with attitudes that normalise or favour IPV, who make sexist remarks, reproduce gender stereotypes or exhibit sexist tendencies. This becomes particularly visible with the normalisation of jealousy:

*"We did a survey and we were quite surprised by what the Nursing students answered, they thought jealousy is a sign of love, that IPV is an issue at home and that it should stay there, (...) And that's when we said this is a problem we have to work on" (i13).*

*Attitude along the course.* In general, all the lecturers express satisfaction with students' progress during the course. The students' perspective changes: they make comments rejecting IPV or develop a more committed, involved attitude.

*Students' individual experiences.* The lecturers mention that some students have had close personal experience of IPV. Moreover, they say that most Nursing and Midwifery students are women and thus more susceptible to suffering IPV, which makes the inclusion of this training even more relevant. In fact, four lecturers explain that they

have had cases of students who are or have been victims of IPV:

*"We began to detect that there were cases amongst the female students themselves, who came to ask for advice, came to ask us where they could get therapy" (i14).*

The lecturers emphasise the importance of students' self-reflection, since if they are unable to identify IPV in themselves they will hardly be able to help women in the healthcare setting.

*Training needs.* The lecturers believe that in general their students should know about issues related to social inequalities and enhance their awareness of ethical values. They should be mindful of the privileged position they have as health professionals. Patients and their families tend to more readily trust their problem to the nurse or midwife than to other medical professionals. So students need to learn how to actively listen to the women and see them holistically. Obviously the lecturers think students should have the healthcare resources to tackle IPV, but also that they should have the psychological resources to recognise the signs or symptoms of non-explicit IPV and be able to ask questions:

*"They need a lot of psychology to be able to see it, but also the sensitivity to think that it may exist, because if you don't know something exists, then you don't see it" (i7).*

Lecturers also mention the importance of students' training through the clinical placements:

*"I think that during the clinical placement (...) at some point they should go through some area where this detection is made. Because it's the best way to ensure they don't forget it" (i8).*

### 3.3. Proposals for improvement

*In the subject.* The time factor stands out above all else. All the lecturers coincide in thinking that despite the increased number of hours with the change from diploma to degree they still have insufficient time to address this and many other subjects in depth. Most lecturers believe that having more time would enable them to work on IPV more extensively, use methodologies that are more interactive and work with smaller groups, which would allow students to express their opinions more freely and reflect upon their own reality. The lecturers would also include audiovisual media like films in their classes, and would invite organisations of female IPV victims to participate with a view to raising awareness of the reality under study from the perspective of experience and the affective dimension.

*In the degree and the midwifery specialisation.* All the lecturers propose that IPV and gender issues should be offered on a cross-curricular basis. In other words, throughout all the years and across the different subjects, as well as in the clinical placements and the final research project. Because the gender factor is present in every aspect of reality.

They also mention that training both in the Nursing degree and in the Midwifery specialisation should have a more humanist, less biomedical focus, with social issues gaining in importance, given that social problems impact upon people's health:

*"As much in Nursing as in the Midwifery specialisation (...) in general we still remain very much in this biomedical paradigm. And in Nursing, which should have precisely that more humanistic part (...)" (i9).*

To achieve this change in emphasis, some lecturers consider that more importance should be given to the social perspective of health from the very outset, when the Nursing degree curricula are designed:

*“In the curriculum, in general everything that has to do with values, with culture and with inequalities should be given a little more weight. What is done in the university has repercussions in the persons” (i7).*

They also argue that the lecturers themselves should be more sensitive and have more training in gender issues in general and IPV in particular. They think that this would better impress upon students the impact social problems can have on people's health and would represent a considerable boost to the cross-curricular focus. They also put forward ideas that would increase the significance of IPV, such as organising workshops, offering more optional subjects and encouraging students to focus their final project on these subjects.

*In the university.* The lecturers propose that IPV issues be addressed in all health-related courses, but consider they should also be approached in those not connected with health, but also as a core subject that should be covered in all university level studies:

*“At the university level, I think that it should be addressed at some point in all courses (...), to raise awareness in society” (i6).*

*In society.* The lecturers stress that male chauvinism still exists in society and that traditional family roles continue to be reproduced; for this reason they emphasise the need for change in the social imaginary in order to reduce the presence of IPV. They also mention that the media contribute to this by, for example, normalising sexist advertising. All the lecturers insist that the way to change this situation is through education. In the universities, but also at home and in school:

*“They should already be made aware of this problem at school, so that here I would only have to emphasise and strengthen their responsibility as nurses. Because of course, the changes we make in young people will be the social changes that will take place in the future” (i3).*

#### 4. Discussion

Like other authors (Fang Hsin et al., 2015), the lecturers in this study insist that the proper detection and treatment of IPV is a competency of nursing and midwifery. If this competency is to be strengthened and people cared for holistically, greater weight must be applied to psychosocial contents during training and less focus given to the biomedical perspective. According to other studies (Government Office for IPV, 2015b), a biologicistic approach to healthcare centred on the physical in detriment to the psychosocial is an obstacle to understanding this health problem. Lecturers do not limit their teaching only to strictly health related functions, rather they also include attitude training, just as in Sawyer et al. (2016). It is the lecturers who introduce sensitisation towards gender equality and the eradication of IPV into nurse and midwife training, an observation which may also be found in other works (Adams et al., 2009).

In our study, detecting and addressing IPV occupies from 1 to 9 teaching hours in the Nursing degree, with an average of 5.5. A total of 5 h is dedicated to the subject in the Midwifery specialisation.

These data are similar to those of other studies: in Hinderliter et al. (2003) 70% of nursing students dedicated 1–4 h; and in Ben Natan et al. (2016) the average number of hours of IPV training in nursing was 4, with a range of 0–10 (no studies were found detailing the hours of training in IPV in midwifery specialisation courses). Lecturers point to the lack of time as the reason why more hours are not devoted to IPV, which coincides with the results obtained by Woodtli and Breslin (2002). The lack of teaching hours dedicated to broadening the scope of the training is structural, important and a difficult to resolve factor given that it affects the teaching programs.

The nursing and midwifery community is primarily made up of women; IPV therefore affects not only their professional but also their personal life. As other authors have stated (Bardina et al., 2013; McKenna and Boyle, 2016; Villiers et al., 2014) and indications in our interviews have shown cases of IPV also exist among the students themselves, which is another compelling reason not to avoid this training.

Some students have little sensitivity to the subject at first. As we have previously indicated, they show attitudes that encourage or normalise IPV, with stereotyped mindsets and mistaken ideas about domestic violence (Doran and Hutchinson, 2016). The lecturers stress however that their attitudes change and their level of engagement rises following IPV training, an assertion which is substantiated by studies conducted with nursing students (Belknap, 2003; Macías et al., 2012) and which underlines the need for such training. Students must have both theoretical and practical knowledge, and this is supported by other studies carried out with other students of nursing and midwifery (see Ben Natan et al., 2016; Bradbury and Broadhurst, 2015). The former concludes that the more training nursing students receive the greater their readiness to screen women for IPV, and that the most influential people in this regard are the clinical trainers. As other authors confirm (Hinderliter et al., 2003), clinical placements are the best way to consolidate what has been learned. In fact, according to Polit and Beck (2008), students are unable to detect indicators of abuse during clinical visits if they cannot link theory with practice.

#### 5. Conclusions

The University is not solely responsible for the cultural and technical training it undertakes, but also for social and civic training. The lecturers consider the inclusion of such training essential in both the Nursing degree and the Midwifery specialisation. The main teaching methodology is actively experiential and requires student activity. It would be desirable for more time to be dedicated to nurses and midwives' university training in IPV. A more cross-curricular and systematised way to address IPV is needed in the programme throughout the entire course, including clinical placements, in both the Nursing degree and the Midwifery specialisation. The subject should be approached from all its perspectives: health, psychological, social, ethical and legal, overcoming the current partial vision given separately in different disciplines. Teacher training in IPV is fundamental and must be fostered and systematised to ensure engaged teaching staff, and that experts in IPV are available for the relevant subjects, rather than this being due to the exclusively personal motivation of the lecturer, as is often currently the case. Education authorities and universities should also guarantee that IPV training is present in all courses, not only those related to health, since the principal means of eradicating IPV is education. While university lecturers increasingly see their students' ethical and social development as teaching goals, an even more necessary and pressing objective is to be found in relation to realities such as IPV.

As future lines of work it would be interesting to design a common programme of IPV training for all universities. This would be applicable to the bachelor's degree in Nursing and all training units in the Midwifery specialisation.

### Declaration of authorship

All of the authors were involved in the conception and design of the study. M<sup>a</sup> Analía Gómez-Fernández was involved in acquisition and processing of the data. M<sup>a</sup> Analía Gómez-Fernández and Montserrat Payá-Sánchez were the authors most involved in the analysis of the data, but the three authors met on several occasions to agree upon the evolution of the work and triangulate application of the codes. All of the authors revised the manuscript and gave final approval of the version to be published.

The authors declare no potential conflicts of interests.

### Declaration of presentation and verification

This article has not been published previously and is not under submission elsewhere.

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### Annex 1: Guide to stimulus questions for the lecturer interviews

Personal details:

- University to which the lecturer belongs.
- How long have you been a lecturer? How many years have you presented a subject with contents specifically related to gender violence?

Focusing now on the subject in which you offer training related to gender violence:

- Tell me how this subject arose.
- Is it a compulsory or optional subject?
- Explain the reasons why gender-violence-related content is addressed in the subject that you present. How did it come about that the subject was included?
- How many hours are dedicated to gender violence in the subject?
- What specific aspects and topics related to the detection and management of gender violence do you address in your subject?
- What methodology do you use to teach these aspects and topics? How do you develop them?
- What assessment system do you use?

In your opinion, what are the students' general training needs as regards gender violence?

- Do you think the number of hours dedicated to gender violence is sufficient?
- If you had more time and resources, what other contents would you address?
- If you had the chance, would you change the methodology? If so, how?

How many students do you have, on average, in each year of your subject?

- Optional subject: according to your experience, what motivates students to choose this subject?
- Compulsory subject: according to your experience, what motivations do students have with respect to gender-violence-related topics?
- What are students' attitudes towards these topics?

Have you done any course or had any particularly significant experience that gave you special knowledge on the subject?

Do you know how long gender-violence-related topics have been presented in the Nursing degree or Midwifery specialisation?

- In your opinion, is enough work done on the subject or should it have a greater presence?
- Do you have any suggestions for improvement?

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