



**PRO TRAIN: Improving multi-professional
and health care training in Europe –**

**Building on good practice in violence
prevention**

Trainingprogramme

March 2009

Acknowledgements

We would first like to thank the European Commission for funding the Project *PRO TRAIN: Improving multi-professional and health care training in Europe – Building on Good practice in violence prevention* (2007-2009) within the Daphne II Programme and the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (Germany) as well as the Ministry of Social Affairs and Health (Finland) for their co-finance.

Appreciation also goes to the contributing authors of the training modules, Hildegard Hellbernd (S.I.G.N.A.L. e.V., Germany), Judit Wirth (NANE Women's Rights Association, Hungary), Dr. Cécile Morvant (INSTITUT DE L'HUMANITAIRE, France), Beatrice Biggio (Associazione GOAP, Italy), Dr. Jana Seblová (Emergency Medical Services of Central Bohemian Region, Czech Republic), Rosa Logar (Austrian Women's Shelter Network/WAVE, Austria), Marion Steffens (Gesine – Frauen helfen Frauen e.V., Germany), Sirkka Perttu and Tiina Savola (University of Helsinki, Finland), Patricia Gozalbez Cantó (University of Osnabrück, Germany).

We are also very grateful to Prof. Barbara Kavemann (SoFFI.F-Berlin, Germany) for the evaluation of the pilot trainings in Germany, Hungary, Czech Republic, Italy, France, Austria and Finland.

Many thanks also to our advisory group: Dr. Inge Baumgarten, Dr. Freja Kärki, Dr. Hedda Bie (WHO-Euro Prevention of Violence), Nancy Gage-Lindner (Hesse Department of Social Welfare, Germany), Prof. Marianne Hester (School for Policy Studies, University of Bristol, UK), Prof. Patrizia Romito (University of Trieste, Italy), Prof. Marianne Springer-Kremser (Medical University Vienna, Austria), Kirsi Sirola (Diaconia University of Applied Sciences Pori Unit, Finland), Marianne Kristiansson (Department of Forensic Psychiatry, Stockholm, Sweden).

Concerning the training we did in Germany, Hungary, Italy, France, Austria, Finland and the Czech Republic we are very grateful to all the experts for bringing their expertise into the work. Also we would like to thank all the participants of the trainings for their creative involvement.

Deepest appreciation and respect goes to Prof. Renate Klein (London Metropolitan University, UK), who did the final editing of the modules.

We would also like to thank especially Patricia Gozalbez Canto, Simone Bahr and Kathrin Borg (University of Osnabrück, Germany) for supporting the coordination work.

Especially thanks to those women who are or were survivors of domestic violence because without their "expert knowledge" what is needed for appropriate support, such material could not exist.

Sabine Bohne, *Coordinator of PRO TRAIN*
University of Osnabrück
Prof. Christine Freitag, *Project leader*
University of Paderborn, Germany

Introduction

The project *Project PRO TRAIN: Improving multi-professional and health care training in Europe – Building on Good practice in violence prevention* (2007-2009) was funded by the European Commission and was part of the Daphne II Programme. The Daphne II programme ran from 2004 until 2008 with a budget of EUR 50 million. It aimed at supporting organisations that develop measures and actions to prevent or to combat all types of violence against children, young people and women and to protect the victims and groups at-risk. A further, Daphne III programme is running from 2008 - 2013¹.

Background

Despite international normative guidance on the need for comprehensive, multi-professional strategies to combat domestic violence, most capacity building teaching measures continue to train relevant professions separately. A multi-professional approach most readily helps professionals develop a mutual understanding of interpersonal violence and domestic violence. Specific contributions of diverse actors and their interconnectedness become clear, increasing co-ordinated cooperation in theory and in practice. The project aims to foster the multi-professional approach in training contexts and strengthen cooperation skills, paying special attention to training of health care providers as they have a key role in the intervention and prevention of domestic violence (see module 2 for health care professionals).

PRO TRAIN

The Daphne project PRO TRAIN aims to strengthen violence prevention by developing a multi-professional training programme based on promising practice and designed for key professionals involved in domestic violence prevention and/or services. The programme offers specific training modules for health care professionals. At the beginning of the project (2007) the expert group first mapped existing training materials in their respective countries for health care providers, primarily train-the-trainer and multi-professional programmes. Existing published training programmes were rarely found in the partner countries (Germany, Austria, Finland, Italy, Czech Republic, France and Hungary) and neighbouring countries, but some material was published at websites of institutions in the UK and United States. The expert group reviewed and analyzed the material and identified promising and verified good practice. Based on the existing training materials new directions for multi-professional training programmes were developed as were specific modules for the health care sector. The developed training material and selected parts of the whole programme was pilot tested in existing community level networks in seven European countries (Germany, Austria, Finland, Italy, Czech Republic, France and Hungary). All pilot training has been evaluated by an external evaluator.

The Pro-Train-project was a great forum for the experts to exchange their knowledge of and expertise in information and research on domestic violence issue in different countries. These professionals gave their knowledge and ideas to produce the material,

 http://ec.europa.eu/justice_home/funding/daphne3/funding_daphne3_en.htm

which covers the central points of the information required in the educational field. The main project product is the training programme, which covers theory and methods from a multi-professional perspective but also geared specifically to trainers in the health care sector.

Terms used in this manual

Violence against women is defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (General Assembly Resolution 48/104 of 20 December 1993²)

The definitions of domestic violence are explained in more detail in module 1 for multi-professional training. It is used synonymously with interpersonal violence throughout the whole manual and is in this context defined as a pattern of perpetrator behaviours used against a victim. The pattern consists of a variety of abusive acts, occurring in multiple episodes over the course of an intimate relationship, including physical, sexual, and psychological attacks as well as economic coercion. This definition of domestic violence does not include abuse, neglect or sexual assault of children. However, when women suffer violence in a partnership, children are also affected in different ways and child abuse is often closely connected to violence in an intimate partnership (see topic 3 of module 1 for multi-professionals).

This definition of domestic violence also does not encompass what is traditionally thought of as abuse of the elderly by a caregiver (individual or institutional) unless the caregiver is also the intimate partner of the elderly victim. The distinction between these issues is important because the interventions and legal issues differ.

Intimate partner denotes current or former, dating, cohabiting or marital, heterosexual, gay or lesbian relationships.

Victim of domestic violence refers to adults or adolescents who are being abused or have been abused by their intimate partners. In the training programme the terms survivor and victim of domestic violence are used.

Domestic violence perpetrator is a person who uses assaultive and coercive tactics against an intimate partner.

The training programme focuses on female victims of domestic violence as the analyses of prevalence data on violence against women in several European countries shows that women experience sexual as well as physical and psychological violence to a higher extent and more severely than men, mostly through intimate partners (for an overview see module 1 for multi-professionals).

² [http://www.unhchr.ch/huridocda/huridoca.nsf/\(Symbol\)/A.RES.48.104.En](http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/A.RES.48.104.En)

According to general police crime statistics, men are more frequently the victims of violence, however, this relates to violence mainly exerted by non-intimate perpetrators in public settings. Women, in comparison, are far more frequently abused and injured in the immediate social environment by the men they are in intimate or familial relationships with, or with whom they are closely acquainted.

Training materials (multi-professional and health care training)

The training programme is designed to provide the information needed for changes both in the practice of individual professionals dealing with violence victims as well as institutional changes. The programme is divided into basic modules for multi-professional training (I) and specific modules aimed at health care professionals (II). Within the multi-professional training there are five modules and the health care training consists of four modules. The fifth module for multi-professional and the fourth module for health care focus on institutional approaches.

Each module contains the following three files: (1) theoretical background for trainer, including references, (2) interactive exercises with notes for the trainer and (3) handouts and/or powerpoint presentations.

I. Multi-professional training

The first module of the multi-professional training is a theoretical section called *Basic information on gender based violence*. It consists of three topics: (1) *Violence against women as a human rights violation – forms and prevalence of violence*, (2) *consequences of violence and domestic violence* and (3) *effects on children*, which provide general information about the subject. The authors responsible for this module are Sabine Bohne with contributions from Rosa Logar, Hildegard Hellbernd, Marion Steffens and Patricia Gozalbez Cantó.

The second module is entitled *Interpersonal Violence: Dynamics, needs of women and diversity*. It contains the following four issues: (1) *Dynamics of violence and barriers to leaving a partner*, (2) *the needs of women*, (3) *how to identify victims and perpetrators* and (4) *domestic abuse and diversity – women with specific needs*. The authors of this section are Judit Wirth and Beatrice Biaggio with contributions from Sabine Bohne.

Within the third module, called *Risk assessment and safety planning*, the focus is on: (1) *Risk Assessment*, (2) *safety planning with survivors* and (3) *safety planning for agencies*. The fourth module contains *Communication skills and guidelines for adequate support of survivors*. There the instructors will find information about (1) *Communication Skills* and (2) *Guidelines for adequate support of survivors*. Module three and four were written by Rosa Logar.

The last module within the multi-professional training (module five) focuses on *legal frameworks, multi-professional work and multi-agency cooperation*. There the trainers will find material about: (1) *Legal framework and national legal measures*, (2) *cooperation with*

community services for victims and perpetrators, (3) basics for multi-professional cooperation, the role of the different professions in intervention, tasks and limits and (4) standards for multi-agency cooperation. The authors for this module are Sirkka Perttu and Tiina Savola with contributions from Barbara Kavemann.

II. Health care training

The second part of the training programme is dedicated to professionals within the health care sector. It focuses on specific knowledge health professionals need in their daily practice in order to recognize women affected by violence and to respond appropriately.

Module one draws attention to *Health consequences of violence and the current situation of medical care.* This module consists of the following five topics: (1) *Health consequences of violence*, (2) *prevalence of victims in health care institutions/settings*, (3) *risk of inappropriate health care response*, (4) *barriers to effective care* and (5) *key role of health professionals.* It was written by Hildegard Hellbernd with contributions from Sabine Bohne, Jana Seblová, Cécile Morvant, Sirkka Perttu and Tiina Savola.

Within the second module of the health care training, entitled *Domestic violence and appropriate responses in medical health care settings*, the trainers will find information about the following four issues: (1) *Intervention steps and screening tools*, (2) *identifying victims/red flags*, (3) *interviewing the victim and further appropriate response* and (4) *risk assessment and safety planning/referral to supporting systems.* The authors for this section are Sirkka Perttu and Tiina Savola with contributions from Sabine Bohne, Jana Seblová, Cécile Morvant and Hildegard Hellbernd.

The third module concentrates on *Medico-legal aspects.* It focuses on the (1) *Medical certificate* and the aspects of (2) *notification and professional confidentiality.* This module was elaborated by Cécile Morvant with assistance by Jana Seblová and Hilde Hellbernd.

In the last module (module four) entitled *Improving Quality and Good Practice* the health professionals will find information about the following topics: (1) *Facilitating institutional accountability and commitment by establishing approved strategies and policies*, (2) *good practices for emergency services (first aid, emergency departments etc.)*, (3) *promising clinical practice examples (intervention programme in hospitals)* and (4) *evaluation of domestic violence programmes.* This module was designed by Hildegard Hellbernd and Jana Seblová.

How to use this manual

This manual should help you to create successful training on domestic violence for different professions. As the multi-professional training covers the basics of necessary knowledge for every profession dealing appropriately with consequences of domestic violence, the health care modules cover advanced information just for health professions.

The structure of this curriculum gives you a high flexibility to fit the timeframe of the training into the needs and resources of the targeted groups as there is the possibility to combine as many modules as appropriate to design the training. You have also the possibility to combine different topics of different modules for one training session.

There are examples provided of programmes for one day multi-professional training and one day for health care sector. These programmes have been successfully tested in the pilot tests in different countries (see appendix 1).

General notes for trainers

Recommendations

It is strongly recommended to build a “team” of trainers where at least one trainer is expert of specific women support services or domestic violence intervention projects.

The trainer should be familiar with all issues concerning domestic violence and experienced in continuing educational training.

It is also strongly recommended to invite additional experts on specific issues, e.g. legal rights and intervention. For the health care training a physician or other health professionals for documentation issues should be involved in the training setting.

How to organize and prepare training on violence against women

Checklist

- ❖ Identify target group
- ❖ Clarify financial resources
- ❖ Analyze the context in which the training will take place
- ❖ Is it integrated in institutional training, is it voluntary or compulsory etc
- ❖ Identify specific benefits for the targeted professions in the community where the training will take place
- ❖ Recruit participants by reaching out
- ❖ Identify needs of the trainees, i.e. gaps in knowledge or communication skills
- ❖ Prepare a list of local specific support services for women and children; contact information on other professionals dealing with violence against women (i.e. police units on domestic violence, specialized psychologists, youth welfare services, women’s refuges, services for migrants etc.)

Preparation of training

- ❖ Sort out which parts of the comprehensive training material fit into the needs of the trainees
- ❖ Integrate national legal, cultural and historical framework information
- ❖ Integrate national studies on prevalence etc. if available
- ❖ Identify useful interactive exercises
- ❖ Prepare presentations and handouts
- ❖ Prepare a timetable

It is highly recommended to have a balance between theoretical input, interactive exercises and time for discussion and exchange.

Quality standards for successful training on Domestic violence

Trainers should be able to cope with

- ❖ Conflict management if there are conflicts between the participants in the room
- ❖ Participating individuals who suffer domestic violence themselves
- ❖ Participants being resistant to some ideas or methods
- ❖ Different positions and power of different professions
- ❖ Different institutional backgrounds and institutional “cultures”
- ❖ Hierarchies within professions
- ❖ Different values and beliefs of participants
- ❖ Emotional consternation
- ❖ Stereotypes and myths: Domestic violence
 - is a problem of low social status families
 - occurs in the context of alcohol or drug abuse
 - is a problem mainly of migrant women
 - is a private matter
 - is easy to overcome by women leaving their abusive partner
 - is a dysfunctional way to solve a conflict
 - ...

Method

General guidance

Participants may experience shock, shame, guilt or anxiety when confronting the topic of domestic violence. It is likely that a group will include staff who have past or current personal experience with domestic abuse. The material might trigger reactions and emotions that require sensitive and appropriate support. Participants must therefore have access to information about support counselling. A facilitator needs to have a good working knowledge of domestic abuse issues, and to be equipped to answer participants' questions and to provide additional information as required. Working in partnership with specialist domestic violence service providers to develop and deliver training is strongly recommended.

The importance of interaction time

The content outlines include content most relevant to health care providers and other experts, in a time frame that allows participants to interact with the presenter and other participants about the material. Avoid trying to speed through all the material by talking faster or by cutting interaction time with participants. Sometimes rushing to cover everything without time for interaction ends up reinforcing misinformation and poor practice. Adding to the presentation content will cut down on interaction time. It is important that there is enough discussion time as the training programme may challenge strongly held beliefs or misunderstandings about domestic violence, cultural issues, and/or clinical skills. Participants need time to process the material, ask for clarification, or state their misunderstandings so that the trainer or other participants can provide missing information. If you decide to add material to fit the needs of a particular audience, you can

either add more time for teaching the session or identify points in the current outline that can be cut to allow for the additions.

In appendix 2 you will find detailed information about the group agreements (confidentiality, listening and being heard, respect, time out, being non-judgmental, support, time keeping, expertise within the group) and training methods (brainstorming, small group discussion, group work, role playing, mini-lectures, case studies, audiovisual material, expert panel) recommended for the training.

Feed back

We invite you to send us your thoughts and feed back regarding the training programme and commend your efforts to train the different professions using the training material.

Using the training material obliges you to cite the source and the project PRO TRAIN.

For contact see: www.pro-train.uni-osnabrueck.de