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VIVIEN - Victim Violence Educational Network

An educational project to improve the ability to assist women victims of violence

REPORT ON TRAINING STUDIES

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1. Introduction

The literature on domestic/intimate/gender-based violence (IPV/DV) is at present inestimable. We can find thousands of publications on all academic databases, reporting on research carried out in various disciplinary fields and in many countries around the world. Most of these publications starts, with few lexical variations, with the same statement, reminding the reader that "intimate partner violence (IPV) is a serious global social and health problem". And, as a matter of fact, it is. According with the most comprehensive survey on violence against women at EU level, published by the EU Agency for Fundamental Rights (FRA) in 2014, the average lifetime prevalence of physical and/ or sexual violence by intimate partners in the 28 EU member states was 23%, with a range between 13% and 32%. Among them, unexpectedly, the most gender equal countries in the world (Denmark=32%), Finland=30%) and Sweden=28%) have disproportionately high prevalence rates of IPV against women (Gracia & Merlo, 2016). Data from around the world, proposed by the WHO, confirm this trend. In average, the prevalence of IPV is estimated at 23.2% in high-income countries, 24.6% in the WHO Western Pacific region, 37% in the WHO Eastern Mediterranean region, and 37.7% in the WHO South-East Asia region. Back to Europe, Eurostat data on the number of reported incidents of intentional homicide, rape and sexual assault show that in many Member States over half of all female murder victims are killed by an intimate partner, relative or family member (Shreeves, Prpic, 2019).

Within this context, over the past two decades, national and international agencies have developed substantial efforts in implementing programs aimed at both preventing and supporting victims of domestic / intimate violence.

Concerning the support to the victims, it is now well known that the possibility of transforming any political intention and prescription into effective actions capable of improving the quality of life of the victims depends primarily on the possibility to rely on properly trained professionals, able to intercept the signs of violence and to "engage" the victim in order to support her on a path of denunciation and, above all, an exit from the violent relationship. This implies that these professionals must, first of all, to know the vulnerabilities and specific needs of victims of violence. Secondly, they have to know how to decline them in the construction of an effective professional

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relationship and, finally, be aware of the institutional paths and networks set up for these specific situations. In this perspective there are many professional figures potentially called upon to respond to these situations by the health personnel, general practitioners, nurses, obstetricians, pediatricians, teachers, police officers, lawyers and judges. Each of them can represent the first access, or at least, an important step, of the request for help. The outcome of the path and the quality of the future life of the victim will depend on the ability of these professionals to establish a sufficiently safe and supportive professional helping relationship.

This is particularly true when such professionals encounter signs of violence on women with any form of disability. This implies that professionals have not only to know the vulnerabilities and typical needs of victims of violence but also the needs and exigencies that depend on the specific disability, whether physical or mental.

Moreover, as it is now well known, disabled women are targeted not only by forms of violence common to all other women but also by forms of abuse specifically related to their condition. Some women with disabilities, for example, depend on others to satisfy basic health or social needs; so, actions that may not be considered abusive for nondisabled women may be extremely harmful for women with disabilities.

1.1 Aim

On the basis of the above considerations, the aim of this review was to carry out a critical analysis of the existing literature on training for professionals who work with women victim of violence. Based on the specific focus of the VIVIEN project, the analysis also addressed scientific publications concerning training for professionals dealing with women with disabilities who are victims of violence. More specifically, the different contributions analyzed have been systematized on the basis of the types of professionals involved in the training, of the content proposed, the methodologies used and the results obtained.

2. Method

2.1 Inclusion and exclusion criteria

Given the large amount of literature on the topic of professionals working with women victims of violence, it was necessary to establish some inclusion and exclusion criteria in order to select the publications best suited to the project objectives.

As there is no possibility to systematically reach information about the training carried out in specific projects, including those funded by the EU, only academic publications, published since 2012 to date has been taken into account.



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It was decided to consider the approval of the Istanbul Convention (2011) as a "watershed". The Convention represents a major change for the Member States that have decided to ratify it, in terms of protecting women and preventing all forms of violence. Among the prevention measures, explicit reference is also made to training for professionals. Specifically, Article 15, paragraph 1 (Training of professionals) of the Convention reads as follows:

"Parties shall provide or strengthen appropriate training for the relevant professionals dealing with victims or perpetrators of all acts of violence covered by the scope of this Convention, on the prevention and detection of such violence, equality between women and men, the needs and rights of victims, as well as on how to prevent secondary victimization".

Secondly, the main professional categories dealing with the reception and support of women victims of violence were considered. Specifically, the target professional categories were: health professionals, social workers, law enforcement agencies, lawyers, psychologists, educators and teachers.

Moreover, all the educational interventions preventing violence against women with or without disabilities have been considered as training.

Finally, all research that took into account violence and abuse against children, very often involved in the dynamics of domestic violence, were excluded. Violence and abuse against children are not, in fact, the focus of the VIVIEN project.

2.2 Search Parameters

In order to ensure a more systematic analysis, precise bibliographic research strategies were used. Specifically, the process of articles' selection was composed of 4 steps:

- 1) database selection;
- 2) keyword search;
- 3) title/abstract review;
- 4) full-text review

The choice of the databases, obviously subordinated to the subject under investigation, was addressed to the fields of human and social sciences, the justice system and the health care system. Consulted databases were: Psychology and Behavioral Sciences Collection, PsycINFO, SCOPUS, PubMed, ERIC and EMBASE.

After this selection, the following strings of keywords, equal for each database, have been inserted:



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- “training AND professionals AND intimate partner violence or domestic violence”
- “training AND operators AND intimate partner violence or domestic violence”
- “training AND social worker AND intimate partner violence or domestic violence”
- “training AND physicians AND intimate partner violence or domestic violence”
- “training AND nurses AND intimate partner violence or domestic violence”
- “training AND teachers AND intimate partner violence or domestic violence”
- “training AND lawyers AND intimate partner violence or domestic violence”
- “training AND police AND intimate partner violence or domestic violence”

For the research of training aimed at operators in case of work with disabled women victims of violence, the same search criteria described above were followed. The only difference was the inclusion of the keywords “disability or disabilities or disabled or impairment or impaired or special needs” within the research strings.

This first keyword search permitted to find a total of 154.558 citations.

The inclusion/exclusion criteria described above have therefore been applied to these publications. So, only research published from 2012 to the present day were selected, resulting in a total of 28.511 publications. Subsequently, all research dealing with child abuse were excluded, removing the keywords child or childhood, obtaining 544 researches. Finally, only academic publications were selected, reaching a total of 448 documents.

During the third step, both authors independently reviewed all titles and abstracts closely and publications not aimed at target groups of professionals and those whose training did not comply with the established definition were removed, for a total of 125 remaining publications.

Finally, in the last phase, the articles were then recovered in full and examined one last time to check that they effectively met all the inclusion and exclusion criteria.

Once all the articles had been collected, it was necessary to check for any duplicates, as it is frequent that the same article is mentioned in more than one database.

The aforementioned count already includes publications related to the topic of disability.

The total eligible publications were finally **112**. Their specific categorization and classification will be described in the following paragraphs.



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2.3 Results

The first aspect on which it is essential to reflect when discussing aims, content and effectiveness of published training, concerns a difference through which the term *training* is declined inside the publications. In this regard, it is possible to categorize the publications on the subject into two categories: the first, containing a much larger number of articles, dealing with "need for training", or all those studies that have considered training as a desirable and fundamental purpose to be achieved, based on a preliminary knowledge of the basic characteristics of professionals.

The second, consisting of a much smaller number of researches, describing training effectively carried out with professionals.

Finally, it is interesting to note that, in some studies, which do not belong to either of the two previous categories, training is not investigated but is considered as a mediating or moderating variable, able to produce effects on other investigated variables (Fedina, Lee, & de Tablan, 2018; Murillo, Sebastián, Vives-Cases, & Goicolea, 2018; Noriega, Juarros-Basterretxea, & Herrero, 2020).

3. Need for training

The need for training related to IPV/DV and addressed to different professional figures is indicated in **92 studies published since 2012**.



The analysis of their contents has been organized, in the first instance, according to the professional categories to which the research was specifically or mainly addressed. Subsequently, for each category, the articles will be discussed taking into account the country where the research took place. While we know that IPV/DV is a universal phenomenon, we also know that countries can differ significantly in terms of gender inequality and in terms of the legal or customary rules governing male and female relationships and defining the limits to the



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acceptability of violence itself.

Following the first criteria, four categories have been defined (Fig.1). The first category, the most represented (n=64), concerned specifically **health professionals**. The second one is represented by **law enforcement research (n=9)**. A **multi-professional** approach characterizes the work of the third group (n=9). Finally, some studies were based on the direct experience of **abused women (n=10)**.

4. Health Professionals

Among the 64 publications, 53 referred to **health professionals** and 11 to **students in health training**. As regards the **health sector**, a first consideration that emerges from reading these articles is that health services are very often defined as "**the first point**" (Dheensa, Halliwell, Daw, Jones, & Feder, 2020; Gómez-Fernández, Goberna-Tricas, & Payà-Sánchez, 2017) **the "first formal support"** (Loots & Saayman, 2019); or **the "first line"** (Blumling, Kameg, Cline, Szpak, & Koller, 2018; Escard, Torreggiani, Theler, Guessous, & Jaquier, 2016) to welcome, guide and treat patients who suffer or have suffered domestic and/or sexual violence.

Some articles have declined the issue of IPV/DV on particular vulnerable groups such as the elderly (Chapa et al., 2019; Colombini, Mayhew, Ali, Shuib, & Watts, 2013; Kotarba, Maciaszek, & Borowiak, 2019; Ramsay et al., 2012) rural village women (Arboit, Da Costa, da Silva, Colomé, & Prestes, 2018) and pregnancy (Baird, Salmon, & White, 2013; Goicolea, Briones-Vozmediano, et al., 2013; Martins et al., 2018; Mauri, Nespoli, Persico, & Zobbi, 2015; Procentese, Arcidiacono, Di Napoli, Tuccillo, & Chiurazzi, 2019), migrants (Tantet, Delaporte, & Cordel, 2019).

It should be noted that in this specific category of publications, **none referred to the problematics of disability**.

All continents, except Africa, are represented on these issues, albeit with very different proportions. Starting from the West, works coming from the United States (n=11) were by far the most numerous, while only one article came from Canada. As far as South America is concerned, Brazilian publications dominated (n=8), the rest of the subcontinent is represented by Colombia and Chile, which both had only one publication. Five publications were Australian, 5 publications referred to East Asian countries (India=2, Malaysia=1, Taiwan=1, Japan=1) and another 3 to West Asian countries (Jordan=1, Palestine=1 and Turkey=1).

Among the European countries, the most represented are Spain (n=8) and the United Kingdom



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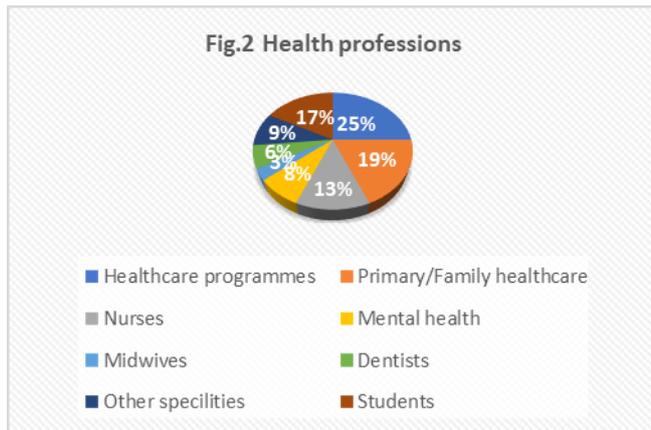
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(n=6). France and Italy had each one 2 publications, while Croatia, Germany, Ireland, Kosovo and Switzerland each reported only one publication. Five publications offered literature reviews.

In general, all the works were based on **the same research questions** that concerned the ability of professionals to recognize the signs of violence, to carry out proper screening, to be able to connect with the different services on the territory useful for the overall support to the victim. In this



perspective (Fig.2), most of the works (n=16) were addressed to healthcare professionals, of different specialties, involved in programs dedicated to the protection of victims of violence or engaged in health facilities that may encounter these victims (**Healthcare programs**). The second category, in order of frequency, is the one that concerned specifically **primary/family care healthcare** (n=12). Other publications referred to specific professional categories. Among them, **nurses**

(n=8), **mental health** professionals (n=5) and **dentists** (n=4) are the most represented, while **midwives** are the protagonists of only 2 publications. Within the category "other", the publications referred to obstetrician-gynecologists (n=2), orthopedic surgeons (n=1), paramedics (n=1), psycho, mental health personnel (n=1), wellbeing of medical personnel (n=1). The Students' category referred to different medical disciplines.

4.1 Healthcare Programs

As regard to the professionals involved in healthcare programs **in non-EU countries**, of the 2 studies from the United States, one (Moya, Chávez-Baray, Martínez, & Aguirre-Polanco, 2014) was aimed at studying the main barriers to the needs of IPV/Domestic victims/survivors in clinical care and services. The other (Miller, McCaw, Humphreys, & Mitchell, 2015) also studied strategies to increase screening skills in health care professionals, but focused in particular on the counselling skills of health care staff and how to increase their motivation in clinical screening practices and health outcomes for these specific patients.

The studies carried out in Brazil (Kanno, Bellodi, & Tess, 2012; Porto, Bispo Júnior, & de Lima, 2014), Colombia (Baig, Ryan, & Rodriguez, 2012), Malaysia (Colombini et al., 2013), Palestine (Haj-Yahia, 2013) and Turkey (Ozer, Dulgerler, Engin, Ardahan, & Tekindor, 2012) all shared



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similar research questions, but, above all, they all came to the same conclusion as the US studies. In particular, IPV interventions in health care in Japan (Umeda, Kataoka, & Miller, 2017) are described as rare and the authors have suggested that it may be partly due to Japanese cultural norms that marginalize women's IPV experiences. The Australian document (Cowan et al., 2019) was designed to assess the preparedness of hospital social workers to respond to IPV/DV cases. Through all the studies, regardless of the year and the national context in which they were carried out, a lack of specialized health care professional training and educational programs about IPV/DV was revealed. Generally, a large percentage of the health care professionals involved in these studies lacked the information to accurately identify female victims of IPV/DV. They, themselves, felt under-trained and poorly supported in their role to help women, beyond merely treating their eventual physical injuries.

If training for healthcare professionals is considered necessary, it is clear that it cannot be effective unless it is accompanied by dedicated organizational and management support that includes protocols and practical guidelines, as well as private and secure spaces for sensitive conversations. The **5 European studies** highlighted substantially the same needs. In Spain (Goicolea, Vives-Cases, et al., 2013) the authors explored the integration of the IPV response into the Spanish national health system, which includes issues of governance, financing, planning, service delivery, monitoring and evaluation and demand generation. The authors found that published training plans existed in 43% of regional health systems, but none had institutionalized IPV training in medical and nursing schools. In addition, only 12% of regional health systems have collected information on the quality of IPV response, and there are many limitations to the collection of IPV information within health services. In a similar way, the German study (Wieners & Winterholler, 2016) stated that a systematic embedding of these topics in training curricula of health care professions is needed. The study moreover raised the need of a quality assurance and a systematic evaluation and implementation of all practices aimed at supporting the victims of IPV/DV. From the two studies held in UK (Bradbury-Jones, Taylor, Kroll, & Duncan, 2014; Dheensa et al., 2020) the most recent one (Dheensa et al., 2020) involved Independent Domestic Violence Advisors (IDVAs), who provided survivors with support in security, criminal justice, health and welfare and showed that the existence of a structured program within the hospital is valuable because it has improved their skills, knowledge and confidence in asking for information on domestic violence and abuse. It enabled them to immediately refer and provide support to patients who would otherwise be lost along a referral path. It is worth noting that, in Swiss (we included the country in the European area), the medical staff of the hospital in Geneva (Escard et al., 2016), rejected both the idea that violence situations can be detected simply based on victims' behaviors and the fact that these situations do not need to be explicitly addressed. They complained insufficient training on how to



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provide care in domestic and sexual violence situations. All of them emphasized that the crucial point in the effectiveness of the program is the systematic and ongoing training of staff in domestic violence and abuse.

4.2 Primary/Family healthcare professionals

Studies involving **primary/family healthcare professionals**, were closely focused on the very first contact between professionals and victims and in the ability of the former to recognize and manage the signs of IPV/DV.

Considering **non-EU countries**, participants in Australian (Saber et al., 2017) and US (Clark, Renner, & Logeais, 2017; Dutton, James, Langhorne, & Kelley, 2015) research, complained that there was no uniform method for documenting screening results. They reported the lack of an IPV protocol or lack of knowledge of a protocol, if one existed. The conclusions highlighted the lack of training and staff awareness and the lack of an established IPV reference network as barriers to IPV screening and the opportunity to strengthen health partnerships with domestic violence experts to provide training, develop referral protocols and link IPV victims to advocacy services.

The same results emerged from Brazilian publications (Arboit et al., 2018; D.M., P.O., V.D., & E.Y., 2014; Martins et al., 2018; Signorelli, Taft, & Pereira, 2020) but here, moreover, the authors identified the failure of the identification and intervention process due to the influence of professionals' personal problems, their moral attitudes and prejudices towards the victims. It also emerges the lack of knowledge of professionals about the prevalence of violence during pregnancy (Martins et al., 2018) and their difficulty in meeting the specific needs of women living in remote rural areas (Arboit et al., 2018).

In European countries, research from Kosovo (Jerliu, Burazeri, Ramadani, Hyska, & Brand, 2013) revealed an urgent need to introduce continuous medical training programs regarding primary healthcare professionals.

In a study carried out in 2012 in the United Kingdom (Ramsay et al., 2012), it was found that eighty percent of the professionals involved stated that they do not have an adequate knowledge of local resources on domestic violence. In this work, GPs were better prepared and more competent than nurses and were able to identify more cases of domestic violence.

In Spain, in 2013, authors (Goicolea, Vives-Cases, et al., 2013) concluded that little was known about team learning of IPV management, both in terms of how to trigger such learning and how team learning was connected with changes in organizational culture and values, and in service delivery. Later, in 2018, another study (Otero-García et al., 2018) highlighted institutional efforts to organize awareness and training program to improve and promote early diagnosis, treatment and



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rehabilitation and their effectiveness. The authors stressed the importance of facilitating access to these programs for primary health care professionals.

4.3 Nurses and Midwives

Concerning nurses, all studies from Canada (Beynon, Gutmanis, Tutty, Wathen, & MacMillan, 2012) to USA (Jiang, Sutherland, & Si, 2019) to Brazil (Acosta, de Oliveira Gomes, Gomes, Da Fonseca, & de Oliveira, 2017; Visentin, Vieira, Trevisan, Lorenzini, & da Silva, 2015) from Spain (Carmona-Torres, Recio-Andrade, & Rodríguez-Borrego, 2018; Valdés Sánchez, García Fernández, & Sierra Díaz, 2016) to Poland (Kotarba et al., 2019) to Taiwan (Hsieh, Wang, & Chang, 2013) highlighted the privileged position of the nurse in having the opportunity to intercept victims of violence, recognizing their signs, encouraging their confession and directing them to services that can take care of them. However, all studies, with few variations, complained about the lack of specific and systematic continuous training. As anticipated, only two studies, one from Italy (Mauri et al., 2015) and one from UK (Baird et al., 2013) were specifically addressed to midwives and, here again, authors suggest the improvements in antenatal enquiry for domestic violence and abuse supporting midwives with mandatory training (Mauri et al., 2015).

4.4 Mental health professionals

The theme of mental health is specifically proposed only in publications of European origin. The same problems we met before were addressed in the case of mental health professionals. Again, on the one hand, the authors stressed the importance that these skills can have in supporting IPV/DV victims, but on the other hand they revealed the fundamental lack of adequate preparation of these staff to deal with these cases in a specific and relevant way.

According to the results of the two review (García-Moreno & Riecher-Rössler, 2013; Howard, 2012) conducted on this issue and to the study from Croatia (Buzina, 2012) there was a call for more awareness and a need for changes in the system in order to allowed an integration of violence issues into mental health policies and into the training curricula for mental health care providers. Then, we can read that mental health professionals need to have clear referral pathways for service users who experience domestic violence, and to receive ongoing training on enhancing their knowledge and competencies ongoing training on how to ask, respond, provide support and refer women on to appropriate supportive agencies (Moncrieff, 2018; Nyame, Howard, Feder, & Trevillion, 2013).



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4.5 Dentistry

Special attention is paid to the dental professions. Through the 4 studies identified, one from France (Drigeard, Nicolas, Hansjacob, & Roger-Leroi, 2012), one from India (Mythri, Kashinath, Raju, Suresh, & Bharateesh, 2015) and two from USA (Lemich, Freudenthal, Neill, & Bowen, 2018; Parish et al., 2018), dental professionals complained that their skills are not sufficiently taken into account in the IPV/DV screening procedures. However, they considered that they are in a privileged position to detect possible injuries due to physical violence. Again, the need for specific training and the inclusion of their profession in the protocols is highlighted.

4.6 Other professions

In Italy (Procentese et al., 2019) as well as in the USA (Morgan, Anderson, Lawrence, & Schulkin, 2012) obstetricians-gynecologists seemed not to consider the issue of domestic violence as a matter of direct interest for the health service. Involved every day in the well-being of women they, however, expressed a negative attitude when it came to including issues of violence and abuse in prenatal relationships.

In a similar way to what has been read in dentists' practices, the Australian study for orthopedic surgeons (Sprague et al., 2013) emphasized the importance that this particular expertise can have in IPV/DV screening. Again, however, no specific training is provided and this represent an important barrier to the detection of signs of violence.

The proposed review on paramedical professionals (Acosta et al., 2017) has shown that among these professionals, the training of paramedics has indeed increased knowledge of IPV. However, it appeared that more than 50% of the paramedic population interviewed felt unprepared for an IPV scene, while most of the paramedics interviewed attend between one and 10 IPV scenes per year.

The last study presents a particular interest as it had the purpose to measure the prevalence of intimate partner and family violence amongst a population of Australian female nurses, doctors and allied health professionals (Blumling, Kameg, Cline, Szpak, & Koller, 2018). Since the incidence found appeared to be relevant, the authors stressed the need for workplace manager training, special leave provision, counselling services and other resources for staff.



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4.7 Students

The publications dedicated to students concern two disciplinary areas, that of nursing and midwifery (n=6) and that of dentistry (n=3), other two papers consider the training paths of health professionals as a whole.

A review study (Crombie, Hooker, & Reisenhofer, 2017) on nurse/midwife training concluded that IPV/DV education programs, starting with university studies for nurse/ midwife, should be implemented with rigorously evaluated programs to ensure that they meet the objectives, promote best practice and improve care for battered women. Research conducted in Australia (Hutchinson et al., 2020) India (Gandhi, Poreddi, Nikhil Reddy, Palaniappan, & Math, 2018) and the United States (Blumling et al., 2018) have together stated that there is an urgent need to integrate comprehensive IPV training in nursing and midwifery programs to improve clinical skills, including how to direct women for further support. Studies have provided evidence that the addition of SP simulation appears to improve student nurse confidence and knowledge of assessment and intervention with IPV victims.

In Spain, a study (Burjalés-Martí et al., 2018) aimed at evaluating a tool to study the perception of IPV/DV by student nurses. The tool would have made it possible to define appropriate and necessary educational strategies for their pre-care training. Another (Gómez-Fernández et al., 2017) explored lecturers' motivations for including IPV in their subjects. It emerged that it would be desirable to devote more time to the university education of nurses and midwives in IPV. The topic should be approached with a more interdisciplinary and systematic approach from a health, psychological, social, ethical and legal point of view.

Similar arguments have met in the context of studies on dental professionals. In a study dedicated to dental hygiene students in the United States (Chapa et al., 2019), it was found that in order to prepare graduates to recognize and respond confidently to elder abuse, educators should seek to overcome barriers by changing education and embracing interprofessional collaboration. Same considerations were proposed for dental students. Having specific targeted and informative seminars may be sufficient to provide them with an understanding of key IPV issues. With this knowledge, they can better provide specific information on resources and references for services to their patients who have experienced IPV. It has been recommended to develop and refine IPV-specific curricula.

Research in UK (Lea, Quinn, & Reynolds, 2017) revealed that only 42% of the audience considered that IPV/DV was sufficiently covered by the dental curriculum with a lack of certainty over professional. Embedding key knowledge in undergraduate curricula and continuing professional development training was considered essential to create a safe environment for screening and



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referral.

5. Law enforcement

Among the 11 publications dedicated to police officers, 5 came from the USA, 1 is South Korean (Cho, Choi, Choi, Bae, & Seon, 2019) 1 is New Zealand (Simon-Kumar, Kurian, Young-Silcock, & Narasimhan, 2017). Europe is represented by one publication from UK (Kebbell, 2019). One study is a review (Eigenberg, Kappeler, & McGuffee, 2012).

The themes that guided the set of these works concerned the type of response and suggestions that law enforcement services address to women who ask for help, their ability to collect evidence useful for the subsequent judicial paths, the procedures implemented by the different services.

It emerged that despite much had changed in the USA social and criminal justice system responses to intimate partner violence (IPV) during the last decades, stigmatization around IPV offense and victimization remained a barrier to victims obtaining available assistance, including those offered by police forces (Twis, Nguyen, & Nordberg, 2018). The need to strengthen the capacity of arresting officers to gather corroborating evidence has been highlighted, especially in specific cases such as strangulation or stalking (Peterson & Bialo-Padin, 2012).

Another study (Lynch, Logan, & Hatch, 2019) shown that less than one third of professionals mentioned safety planning and less than 20% mentioned seeking help from victim services despite these two responses being rated by the same officers as the most helpful.

In order to overcome these difficulties, and beyond the continuous and specific training that is hoped for in all work, some authors suggest strengthening cooperation between police officers and social workers. Indeed, while contact with the police can provide responsibility for the perpetrator, the social services system is better equipped to provide security options for the victim-survivor of violence (Cho et al., 2019; Messing et al., 2016; Ward-Lasher, Messing, & Hart, 2017). In particular, because it was found that the knowledge perceived by the agents about the risk of murder was not associated in a consistent way with the actual knowledge of IPV (Ward-Lasher et al., 2017) and police officers often do not arrest perpetrators even though it is encouraged by law (Cho et al., 2019).

Social workers and counsellors are also considered an important support for the police in the study conducted in New Zealand which analyses the most appropriate strategies to intervene in IPV/DV cases occurring in ethnic minority communities (Simon-Kumar et al., 2017).

In the United Kingdom (Kebbell, 2019), the contents of the risk assessment tools used by the front-line police for IPV/DV are analyzed. Given the importance of these tools, whose use has the potential to make a difference in the quality of intervention in favor of victims, it emerges that their actual effectiveness depends closely on the mastery of the same tool by the police and that this is closely linked to the consistency of the training they have received.



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The need to implement continuous training for law enforcement personnel is fully recommended through all studies. Police departments should provide specific training to discern the specificities of these types of crime. They should be systematically trained to recognize less harmful but also damaging forms of IPV, such as verbal.

6. Multi professional Approach

In this category, studies have systematically involved various professional figures, although all of them had, among others, health professionals. Three publications came from the USA and one from Australia.

As regards the European area, several countries were represented: from Finland (Husso et al., 2020) to Holland (Zijlstra, Lo Fo Wong, Teerling, Hutschemaekers, & Lagro-Janssen, 2018) from Poland (Halicka, Halicki, Kramkowska, & Szafranek, 2018) to Spain (Briones-Vozmediano, Castellanos-Torres, Goicolea, & Vives-Cases, 2019; Briones-Vozmediano, La Parra, & Vives-Cases, 2015).

The conclusions proposed by Stover and Lent (2014) effectively summarize the issues and conclusions proposed in all the other work. The basic problem would be that in the face of the need for work teams and intervention programs involving professionals with different skills, the systems that currently provide segregated and limited training create silos of service that are less effective.

Research showed that inter-professional collaboration in an aggression center improves the quality of victim support, but this requires work between practitioners to build trust and mutual understanding. Service providers were not always sufficiently aware of the resources of the community. The perception of service availability varied from one professional group to another in terms of general health, law enforcement and reception services. Therefore, targeted inter-professional communication and cross-professional training are considered to be essential to sustain the effectiveness of the intervention (Morrison et al., 2017; Vinton & Wilke, 2014; Zijlstra et al., 2018).

These statements are also strongly supported in an Australian study (Dawson et al., 2019). Interprofessional teamwork between nursing, medical and social care professionals can improve staff understanding, reduce stigmatization, improve appropriate treatment and advise health professionals working with IPV/DV victims. But, again, the effectiveness of this way of working requires strengthening staff training and relationships with local programs.

Moreover, Finnish (Husso et al., 2020) and Polish researchers (Halicka et al., 2018) stated that the implementation of good practices requires continuity in managerial and organizational support, distribution of information, documentation of IPV/DV, awareness raising, education, training, and agreement on basic tasks and responsibilities for all professionals involved.



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Publications from Spain have addressed IPV/DV in relation to some particularly vulnerable groups of women such as women in Roma communities (Briones-Vozmediano, Castellanos-Torres, Goicolea, & Vives-Cases, 2019) and migrant women (Briones-Vozmediano, La Parra, & Vives-Cases, 2015).

In these cases, the authors, like their colleagues just mentioned, stressed the importance of intervening with multiprofessional teams to better respond to the needs of these people, for whom the issue of violence is very often associated with other relevant social, interpersonal or social issues. Thus, the authors suggested the need to develop more training and awareness raising on the specific needs of Roma and immigrant women and in the implementation of assistance tailored to their needs in IPV policies and services.

7. Abused Women (the voice of women)

This category was defined on the basis that this research involved only women and/or women victims of violence. It is therefore from their direct experience that the authors draw their reflections and conclusions.

Before describing each study, it is important to note that it is the only category in which we find the topic of disability. Ruiz-Pérez, I., Pastor-Moreno, G., Escribà-Agüir, V., Maroto-Navarro, G. (2018) had interviewed women with disabilities who had experienced IPV and conducted focus groups with health professionals (this part will be described later in the paper). The difficulties described by the women interviewed are broadly the same as those described by the health professionals consulted. On the one hand, women are subordinate by necessity to abusers and health professionals said that it is often difficult to see that women with disabilities are victims of abuse.

Obviously, the authors have complained about a lack of training on gender-based violence affecting women with disabilities. This lack is a major obstacle to identifying and addressing possible cases of abuse.

Some research investigated what were the main barriers perceived by interviewees. A US study (Guadalupe-Diaz, 2016) highlighted the particular difficulty for members of LGBT couples to go to the police in case of IPV/DV. Other factors, such as race/ethnicity, can also reduce the likelihood of victims asking for help (Cheng & Lo, 2019). Potential victims feared being harmed by the prejudices of professionals and feared further victimization. A Canadian study (Matheson et al., 2015) again based on the testimonies produced by the victims, shows that physical violence is by far the most easily reported, while victims have difficulty asking for help with psychological and sexual violence and behavior control, which they themselves tend to underestimate.



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The women who participated in the research conducted in Jordan (Damra et al., 2015) and Niger (Fawole, Balogun, Adejimi, Akinsola, & Van Wyk, 2019) expressed what they considered to be some of the most appropriate strategies to facilitate victim support. Thus, a staff of experienced women, of the same age or older, able to ensure that the circumstances are safe enough, could facilitate the disclosure of experiences of violence in pregnant women in Jordan. Nigerian women said that doctors should ask all women who come to health care facilities about their IPV experiences. Making this kind of request systematic could facilitate disclosure by women, reducing their fear of stigma.

The women interviewed in the Netherlands (Loeffen et al., 2017) stated that the possibility of revealing IPV/DV incidents is hampered by the attitude of family doctors who consider mothers living with IPV as a difficult target and with the responsibility to get out of their violent situation. Therefore, what emerges from all these studies, as well as from the previous ones, is that the possibility to improve the Support System for victims of violence is subordinate to the fact that it can count on a specially trained staff, able to decline the general professional skills on specific IPV/DV cases with a particular attention to specific contexts and vulnerability conditions (An & Choi, 2017; Silva et al., 2015).

8. Implemented training

From the analysis of training courses, it was immediately possible to notice the limited number of them. In fact, researches that implemented and described training paths for professionals working with women victim of violence from 2012 to date are very few (15 in total). In addition, within this research, a little difference appears in the number of publications depending on the geographical location. It emerges, in fact, a slightly higher number of researches in the United States (8), compared to Europe (5), or rest of the world (2), of which 1 in New Zealand and 1 in Canada; which, in the considered period, produced much less from a scientific point of view on the subject. An important motivation is undoubtedly linked to the fact that in the United States, regardless of the field of research or the subject under investigation, investment in scientific research is much greater than in other parts of the world. Researchers have at their disposal means, including economic ones, which facilitate the development of interventions and subsequent publications. The other aspect concerns the prevalence, regardless of geographical location, of training aimed at health professionals (12) over other professionals (3).

The analysis of the literature has been planned and realized with rigorous methodology but it is not possible to have the total certainty to have included all the existing publications on the subject.



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8.1 European training studies

As written above and on the best of our knowledge, only 5 scientific publications in Europe developed, described and published a training course for professionals on IPV and DV since 2012 to date. Countries involved are: Germany, Greece, Finland, United Kingdom and Sweden.

It is important to underline that 2 of the 5 studies are short reports (Leppäkoski, Flinck, & Paavilainen, 2015; Sohal et al., 2018) so due to their characteristics they are brief paper, where many aspects cannot be described in detail. In other cases, the authors chose not to describe in depth some features of the training. Therefore, it was not possible to have all detailed information of all aspects of every training.

Despite the specific characteristics of each training, it is possible to highlight some common points.

The first one concerns the target of involved professionals: all publications described training aimed at health care professionals: nurses (Sundborg, Törnkvist, Wändell, & Saleh-Stattin, 2018), sexual health services (Sohal et al., 2018) and physicians (Jenner et al., 2016; Papadakaki, Petridou, Kogevinas, & Lionis, 2013). The only “partial” exception is made by a Finnish study (Leppäkoski, Flinck, & Paavilainen, 2015) which, in addition to health professionals, also involved social workers who, however, work in emergency clinics.

The second common point concerns the general aims, or to improve professionals’ preparedness to encounter women exposed to intimate partner violence, working on their competencies in the identification, assessment, and documentation of violence. Researches also aimed to implement collaboration among social and health care professionals and other help providers at the local and regional level.

Considering instead in detail the individual publications, it is interesting to note that, for instance, in the German one (Jenner et al., 2016), in addition to the aspects just described, the conductors of the training also focused on providing future professionals (the target were in fact medical students) with some communication skills for a more effective management of the relationship with the victim. The communication section of their training focused on structural aspects to initiate communication, possible patient expectations, safety measures to enact prior to inquiry, possible conversation openers, non-verbal attitudes, and red flags.

The Greek one (Papadakaki et al., 2013) aimed to measure changes in the actual knowledge, the perceived knowledge, the perceived preparedness and the detection of IPV cases of general practitioners. Underlying this is the idea, according to the authors themselves, of how primary care is an important place for early intervention in the case of IPV, because general practitioners have a continuous therapeutic relationship with the whole family. The Finnish authors state how, their aim



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to improve the preparation of social and health professionals (Leppäkoski, Flinck, & Paavilainen, 2014) depended on a number of factors such as: a basic assessment of the skills of the operators that showed a real difficulty for professionals in identifying and intervening in cases of violence (Leppäkoski, Flinck, Paavilainen, & Ala-Aho, 2013), a lack of education and training and a need for it, expressed by the professionals themselves and finally, a lack of shared interprofessional practices. Similar to the authors from Finland, the Swedish researchers (Sundborg et al., 2018) based their current training objectives on the results of previous research, which revealed hesitation and feelings of ambivalence of nurses with regard to asking or not women about IPV. The study identified several barriers and facilitators that impacted progress through the hesitation process, and one facilitator was education about IPV (Sundborg, Törnkvist, Saleh-Stattin, Wändell, & Hylander, 2017). Finally, authors from UK (Sohal et al., 2018) based the necessity of their training on the premise that, despite English National Institute for Health and Care Excellence recommendations, most sexual health professionals had minimal training on IPV, even if sexual health and gynecological problems are the most consistent and largest physical health differences between abused and non-abused female populations. So, the study aimed at determining the feasibility of an evidence-based complex DVA training intervention in female sexual health walk-in services (IRIS ADViSE: Identification and Referral to Improve Safety whilst Assessing Domestic Violence in Sexual Health Environments).

Another common aspect is the choice of the methodology through which to conduct the training course. All studies (Jenner et al., 2016; T. H. Leppäkoski et al., 2015; Papadakaki et al., 2013; Sohal et al., 2018; Sundborg et al., 2018) used mixed technique approach with frontal teaching and short group work sessions of discussion, led by different professional figures (psychologists, legal medicine specialists, physicians, nurses, social workers, etc.).

Of the 5 studies selected, 2 (Leppäkoski et al., 2015; Sundborg et al., 2018) use a sort of peer education, carried out in different ways.

In one case (Leppäkoski, Flinck, & Paavilainen, 2015) authors talked specifically about interprofessional education (IPE), a form of interactive education that requires active learning participation and exchange between learners from different professions (Reeves, Pelone, Harrison, Goldman, & Zwarenstein, 2017). The training sessions therefore had as their protagonist different professional figures: nurses, doctors and social workers from emergency clinics both in primary health care and in specialized health care, an orthopedic ward and an acute psychiatry emergency unit. The teachers were, besides researchers, professionals of the emergency unit of the hospital and the health center, child protection, social and crisis center employees, the police and the city management. So, the reciprocal and equal discussion between the teachers and learners enabled to search for different solutions, question one's own operating practices and reflect together



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(Leppäkoski et al., 2015).

In the other research (Sundborg et al., 2018) the authors speak instead of cascade teaching methodology (Lagerin, Nilsson, & Törnkvist, 2007), a method in which an educator teaches a number of people who in turn teach many others. To the lessons, which consisted of PowerPoint lectures and group discussions conducted by the researchers, a group of nurses participate. Nurses were chosen by mutual agreement among the colleagues at each center and, after the training, returned to their workplaces, where they gave the same educational intervention they had participated to their colleagues. Even in this case the sessions were designed to promote interactive learning and included discussions and reflections.

Although the studies used different experimental designs, they all included an evaluation of the effectiveness of the training through a pre-test/post-test comparison, or a final evaluation of the effectiveness of the course from the point of view of the professionals involved.

In particular, 3 of the considered studies (Jenner et al., 2016; Papadakaki et al., 2013; Sundborg et al., 2018) utilized a pre-test/post-test/follow-up design to compare investigated variables before and after the intervention (immediately after the end of the training by post-test and 1 year after the post-test evaluation by follow-up). In all three cases an evaluation questionnaire was administered to the participants before and after the intervention, in order to highlight any changes produced by the training course. The other 2 studies (Leppäkoski, Flinck, & Paavilainen, 2015; Sohal et al., 2018) utilized a collection of oral and written comments and evaluations of professionals. At the end of every training day, the participants were asked to answer the following questions: What was the best part of the session? Was there any content information/experience that was missing or lacking? Is there anything further you would like to tell us? What grade (very good, good, satisfactory or poor) would you give for the whole session? Moreover, both the participants and the teachers had a discussion with each other after each training session (Leppäkoski, Flinck, & Paavilainen, 2015).

With the exception of the Swedish study in which the intervention seemed to have a low impact on preparedness of participant, results demonstrated a general effectiveness of the intervention and satisfaction of participants, both referred to the content proposed and the teaching methods used.

In particular, results from the Greek study indicates that the IPV training program was successful in increasing physicians' IPV perceived knowledge (Papadakaki et al., 2013). A follow-up 12 months later, conducted through the administration of the same questionnaire used in the pre/post-test, showed that physicians' IPV perceived knowledge was maintained over time. However, the study did not succeed in bringing a statistically significant change in the number of participants who reported detection of new IPV cases one year after the training program. German



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authors (Jenner et al., 2016) found that, one year after the training (follow-up), a considerable number of physicians reported asking about IPV during 60-100% of their consultations, an increasing of perceived knowledge about violence and frequency of inquiry on the subject.

On the contrary, the third study (Sundborg et al., 2018) which used the same experimental design as the previous two, did not obtain the same positive results. In fact, as briefly mentioned above, the educational intervention seems to have had a low impact on the general preparedness on IPV of participant nurses. However, a positive aspect underlined by authors was that, after the intervention, the nurses no longer believed that IPV was a private matter that they should not interfere with and that bringing up the issue might make things worse for the woman. District nurses' preparedness to encounter women exposed to IPV thus seemed to have increased, as they felt less uncomfortable or insecure about bringing up the issue (Sundborg et al., 2018). The authors hypothesized some reasons that may have negatively influenced the effectiveness of the training; here the major two were reported: the cascade teaching methodology may have been complicated for the nurses who had to teach their colleagues new topics they didn't know and master well; the duration of the training (6 hours total: 3 hours-session each day for 2 days) might have been too short to achieve an adequate preparedness. The follow-up phase after 12 months was characterized by a high dropout, so the results of this study cannot be generalized.

The remaining two studies (Leppäkoski, Flinck, & Paavilainen, 2015; Sohal et al., 2018) used a more qualitative method of evaluating the effectiveness of the training than the previous ones, asking participants for some information about their satisfaction, perceived usefulness of the intervention, etc. Results of the Finnish study (Leppäkoski, Flinck, & Paavilainen, 2015) revealed that that IPE was a useful framework for improving interprofessional collaboration in the treatment of victims of DV; participants were satisfied with the content of the training program and after the intervention the participants expressed that DV issues were widely elaborated and/or discussed and taking different professions into account and they regarded the speeches of the different help providers and case exercises in multidisciplinary groups as the best offering of the training. Finally, the English study revealed that it is feasible to develop and implement an IRIS-based DVA training and referral package for sexual health clinics. The intervention resulted in the identification and referral of women affected by DVA, suggesting that it is a potentially effective intervention. It is also feasible to collect data for quantitative evaluation of the intervention's impact on DVA enquiry, identification and referral for advocacy (Sohal et al., 2018).

Based on the limitations highlighted by each study, the authors suggest how, in the implementation of future training, it would be appropriate to involve professionals more actively (Leppäkoski, Flinck, & Paavilainen, 2015), to continue supervision and support after the intervention (Sundborg et al., 2018) and to provide for a long-term evaluation of the effects of



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training (Sohal et al., 2018).

8.2 Non-European training studies

As mentioned in the previous paragraph, the studies that developed and published training for professionals working with women victims of violence in the last 8 years (2012-2020) published outside the European context are in total 10 and they are mainly concentrated in the United States (8). The remained 2 are respectively located in New Zealand and Canada.

Focusing on the published studies it is possible to note the same trend observed for European ones, with reference to the professional categories selected for training. Even in this case training were mainly aimed at health care professionals: physicians from different specialties (Pagels et al., 2015; Ritchie, Nelson, Wills, & Jones, 2013), medical students (Schrier, Rougas, Schrier, Elisseou, & Warrie, 2017), mental health, health, and allied professionals who work with populations that have endured severe adversities and trauma (Saul & Simon, 2016). Other researchers spoke about “health providers”, including all medical and nursing professions, physiotherapists, dentists, midwives and social workers (Viergever, Thorogood, Wolf, & Durand, 2018). Other studies recruited as participants social workers (Danis, 2016; Forgey, Badger, Gilbert, & Hansen, 2013), home visitors (Abildso et al., 2018) and batterer interventionists (Stover & Lent, 2014).

An interesting literature review (An & Choi, 2017), based on the assumption that most of the publications on the subject involved health care professionals, aimed at investigating which training for non-health professionals had been published. This review found that the small amount of research conducted on other professionals focused on social service settings, law enforcement, and religious leaders and organizations. Such publications will not be described in this document because they do not meet the established inclusion criteria, first of all the publication time range considered.

The purposes of these studies are similar to those of European research and were based on the identification of a lack of knowledge, experiential training, time constraints associated with daily practice and general discomfort as potential barriers for routine screening faced by professionals (Gutmanis, Beynon, Tutty, Wathen, & MacMillan, 2007; Sprague et al., 2012). Some researchers stated that though many educational resources exist to teach intimate partner violence screening, they often lack specific guidance on how to navigate this difficult conversation. In addition, they often lack formal teaching on how to counsel and refer patients who are victims of IPV (Schrier et al., 2017). So, the main emerged purposes are: evaluate IPV knowledge, attitudes, and practices of professionals (Pagels et al., 2015); familiarize, reinforce, and demonstrate evidence-based



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techniques for IPV screening and safety planning (Abildso et al., 2018); utilize interview techniques to screen patients for intimate partner violence, navigate potential roadblocks during the patient interview, such as denial and resistance to change, using the motivational interviewing framework and identify resources to support victims of intimate partner violence (Schrier et al., 2017).

Another common aspect between American and European researches is the training conduction methodology. A lot of studies used both frontal teaching (including PowerPoint slides and training videos) and interactive discussion (Abildso et al., 2018). In some cases (Abildso et al., 2018) an IPV victim also spoke at each training to reinforce the importance of addressing IPV and gave some suggestions for how to do so from a victim's perspective. In cases of training aimed to students, researchers used the "flipped classroom model", in which learners were first asked to complete a reading assignment on IPV prior to the initial session, then they were divided into small groups (each group was composed of students of different faculty) who taught, reflect and discuss on the topic as a pair. The trainers could come from various backgrounds, including social work, nursing, pastoral care, psychology, and health care administration (Schrier et al., 2017).

Within these non-European researches, it was possible to find the use of some "alternative" methodologies for the conduction of training. In a US study (Saul & Simon, 2016) authors defined their method as follows: *"Through hands-on practice, participants learned psychosocial program implementation and evaluation as well as leadership skills in promoting staff care. The module utilized a combination of didactic presentations, hands-on interactive exercises, case studies, and experiential approaches to organizational team building and staff stress management. The class itself was approached as a resilient organization with exercises each day to strengthen the participants' collective resources as well as methods to enhance the learning experience"*. Each day of training for example were opened with exercises with body and mind, designed to promote engagement between the course participants, attention to what they were thinking and feeling, the building of trust, and the development of acceptable communication strategies. Another used technique is "intervision", an exercise to promote structured peer supervision in which professionals reflected and discussed about real cases.

In another study aimed at social workers (Forgey et al., 2013), the training was subdivided into two parts: a first didactical part in which researchers described to the professionals what content to explore during the assessment of IPV, its empirical basis, and how best to explore this content using specific assessment and interviewing methods and a second experiential component. Within this second component the social worker participants could, through interaction with victims (actors), actively practice and apply what they had learned in the didactic component during a sort of role play exercise. Actors were specifically coached by researchers before the intervention with professionals. Each professional conducted a videotaped hour-long assessment interview with the

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actor-victim while the other social workers observed. Following each interview, the trainers guided the social workers in an analysis of the interview content and methods. At the end of this discussion, the trainers would highlight any important content that was missed by the professional and interviewing methods or techniques that were absent or could use improvement (Forgey et al., 2013).

Starting from the evidence that about 80% of professionals working with women victims of violence have never received training on this topic, some authors (Divakar et al., 2019) investigated whether there was any research that experimented new forms of education, in addition to those normally used. The authors in particular took an interest in the topic of digital education, publishing a review aimed to evaluate the effectiveness of health professions digital education on domestic violence compared to that of traditional ways. Results from the 6 publications found by the authors (all conducted on health professionals from 2000 to 2015, 5 in the USA and 1 in the Netherlands) demonstrated that in all the studies, the intervention groups (groups to which the training was presented in digital format) improved knowledge, skills, attitudes, and self-efficacy, even though the studies employed different methodologies, sample sizes, sampling periods, settings, and types of domestic violence education (Divakar et al., 2019). However, the authors highlighted some limitations among which: the limited number of studies published on the subject, which make the results difficult to generalize; the need to address online courses to other professional figures such as psychologists, social workers and lawyers; no information about secondary outcomes such as patient outcomes, health professionals' behavior change, and economic impact were reported.

Another innovative method used by Canadian researchers (Mason & Turner, 2018) was the implementation of a training delivered to professionals (physicians and nurses) via an interactive video gaming platform that uses avatars. The study, the first that explore the application of serious gaming technology to the education of health professionals, aimed to understand the impact of an e-learning curriculum with elements of serious video gaming, on participants' knowledge about abuse between intimate partners and their preparedness to care for female patients who may have experienced such abuse. The on-line training was composed of a number of modules, each composed of three sections. In the first section basic information about the problems, and strategies for addressing them are presented; in the second section, learners apply the learning in a simulated role-play with the avatar; and the third section is composed by a questionnaire to evaluate knowledge and skills covered in the module (Mason & Turner, 2018). Obtained results were positive in term of attitudes towards women who experience IPV and knowledge of how to better support them. However, as suggested by authors themselves, it could be important to replicate the study using a control group to make a comparison and to determine whether the knowledge and skills acquired through online learning are maintained over time and whether that retention is better



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than or equal to learning acquired through in-person lectures (Mason & Turner, 2018).

The efficacy of the training was usually measured by a pre-test/post-test evaluation through the administration of a specific questionnaire or survey measuring professionals' empirical knowledge in relation to IPV patterns, risk factors and consequences before and after the intervention (Abildso et al., 2018; Pagels et al., 2015). One study instead (Forgey et al., 2013) used a written test on and a videotaped interview, both administered at pretest and posttest.

Although the results should be evaluated specifically considering each training, in general it is possible to affirm the effectiveness of these courses for professionals. In particular, the studies analyzed showed that, participation in these training curriculum increased the following: the participants' knowledge about IPV screening and safety planning (Abildso et al., 2018), assessment and their interviewing process skills (Forgey et al., 2013); learners come to understand how to appropriately screen, counsel, and refer patients who are victims of IPV (Schrier et al., 2017).

9. Violence on women with disabilities: what does literature say?

The present review also aimed at analyzing publications on training for professionals working with women with disabilities who are victims of violence from 2012 to date. The first consideration resulting from this analysis is the small number of researches published on the subject (5). In fact, as pointed out by some authors, despite an apparent consensus on the importance of and need for research on violence against women with disabilities, the issue remains an understudied social problem (Brownridge, 2006). The risk for abuse that women with disabilities face, the direct and indirect effects of abuse on their health, and their barriers to seeking help remain largely undocumented (Hassouneh-Phillips & Curry, 2002).

A first consideration concerns a reflection already emerged in the analysis of the literature described above, concerning training for professionals working with women victims of violence in general. In particular, also in the case of violence against women with disabilities, the research on the subject was both oriented to the analysis of knowledge, beliefs and attitudes of operators, highlighting the need to train them through specific intervention (2 studies) and to the realization and description of real trainings (3 studies).

The second consideration concerns the distinction between studies aimed at professionals dealing with victims of violence suffering from intellectual disabilities (3 studies), physical disabilities (1 study) or disability in general (1 study).

Third, with respect to the geographical location, 3 publications came from Europe (United Kingdom, Spain and Holland) and 2 from USA.



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Finally, with reference to the target professions, even in the case of violence against women with disabilities, the research was mainly addressed to health care professions (doctors, nurses, psychologists, psychiatrists) and to a lesser extent to others such as social workers and law enforcement agencies.

10. Need for training

With regard to the analysis of professionals attitudes and knowledge in anticipation of possible future training, a recent study from United Kingdom (McCarthy, Bates, Triantafyllopoulou, Hunt, & Milne Skillman, 2019) aimed at measure direct experience, attitudes and responses toward victims of police officers and health and social care professionals. Before the start of the research, authors (McCarthy et al., 2019) conducted a review of the literature on the attitudes of UK professionals towards domestic violence and women with intellectual disabilities from 2010 to 2019, but they didn't find any research. Data were collected through an online survey. Results demonstrated that approximately half of all respondents had direct experience of working with a woman with intellectual disabilities who had been through domestic violence. Health and social care professionals were more likely than the police to see women with intellectual disabilities as being especially vulnerable. The majority of both category of professionals believed women with intellectual disabilities were deliberately targeted by violent and abusive men. Authors concluded that a general domestic violence training will not be able to cover all the complexities associated with people with intellectual disabilities and general intellectual disability training will not be able to cover all the complexities of domestic violence. The solution therefore may be specialized training for professionals, with a direct focus on the ordinary and special needs of women with intellectual disabilities in situation of violence and abuse.

In another study from Spain, authors (Ruiz-Pérez, Pastor-Moreno, Escribà-Agüir, & Maroto-Navarro, 2018) analyzed the knowledge, views and training requirements of primary care professionals who work with disabled women victims of violence, via the implementation of focus groups. The results of this studies demonstrated that, although the healthcare staff intervene in many cases, the quality of care received is often a "matter of luck". The healthcare staff frequently mentioned that it is often difficult to notice that women with disabilities are being abused. Their lack of training about disabilities and gender-based violence makes them less sure of their ability to identify and deal with any possible cases of abuse (Ruiz-Pérez et al., 2018). This research contained also direct interviews with women with disabilities who had experienced IPV (this part has already been described above in the paper).



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11. Implemented training

As far as the realization of real training for professionals is concerned, two researches were found on intellectual disability (Hickson, Khemka, Golden, & Chatzistyli, 2013; Ruijne et al., 2017) and one on physical disability (Engelman & Dearnorff, 2016).

A Dutch research (Ruijne et al., 2017) called BRAVE (Better Reduction through Assessment of Violence and Evaluation) represents the first cluster randomized controlled trial to target both male and female psychiatric patients (schizophrenia, psychosis, bipolar disorder or chronic depression) that experience domestic violence, using an intervention that involves training of professionals. It aimed to improve detection of and response to domestic violence in psychiatric patients of 24 community mental health teams (psychiatrist, psychologist, social psychiatric nurses and social workers). The authors state the need for training for professionals in the field of mental health because despite the evidence of a high risk for DV and the serious effects of violent victimization in psychiatric patients, detection rates are low and responses are inadequate. The intervention consists of 1) a knowledge and skills training for mental health professionals about DV, 2) a knowledge and skills training of DV professionals about mental illness, 3) provision and implementation of a referral pathway between community mental health and DV services. Data, collected through structured in-depth interviews and a questionnaire on knowledge and attitudes on DV, demonstrated that, after 12 months from the end of the research (follow-up measurement) the rate of detected cases of DV by professionals increased.

Another research from USA (Hickson et al., 2013) described a study aimed at survey a sample of support professionals who provided day and residential services to adults with intellectual disabilities and support professionals which provided domestic violence or sexual assault services (psychologists and social workers) on various aspects of abuse prevention and the risk factors that may increase vulnerability to abuse for people with intellectual disabilities.

After completing a questionnaire, professionals of both groups were involved in a series of cross-training workshops to provide support professionals from both fields with an opportunity for networking and an expanded repertoire of abuse prevention tools and training materials for use with adults with intellectual disabilities.

Results indicated that both groups were almost unanimous in their belief that it was important to provide abuse prevention training to individuals with intellectual disabilities, their families, and their service providers. They also expressed the need of effective interventions and increase of communication and collaboration among intellectual disabilities and domestic violence



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support professionals.

In reference to studies on physical disabilities, a research from USA (Engelman & Deardorff, 2016) aimed to evaluate a training workshop for law enforcement as first responders to people with physical disabilities victims of violence. The purpose of the training was to increase officers' competence in working with deaf and hard-of-hearing people during domestic violence emergencies. The training, cotaught by one law enforcement representative and one Deaf instructor, was conducted using a combination of lecture, interactive activities and discussion. American Sign Language interpreters facilitated communication. Before (pre-test) and after (post-test) the intervention participant completed a questionnaire in order to assess their satisfaction with training; their skills in responding to deaf and hard-of-hearing people during domestic violence emergencies and attitudes toward the deaf and hard-of-hearing people and knowledge of communication. Results demonstrated significant differences between pre and posttest results in terms of knowledge and perceived self-efficacy. A lack of knowledge emerged about policy and the law.

12. Conclusions

A first contact and then?

In the study of strategies for receipt and supporting women victims of violence, most attention is paid to health professionals. Considered to be the first professional contact point for people who have IPV/DV, health services and their staff are the main protagonists of the publications consulted. The other professional category to which particular attention is paid is law enforcement. Other professional categories, such as social workers or lawyers, are always associated with health care or police personnel when they are mentioned.

Health and police professionals are those who, by definition meet the victim at first contact, but neither the health care staff nor the policemen will be the medium and long term referents.

This suggests that there is still a lot of attention to the first contact between the victim and the help system. Scholars are still concerned about whether and to what extent professionals are able to intercept the signs of violence, whether law enforcement agencies favour reporting, but we know almost nothing about what's supposed to happen to those who asked for help after this first step. Nevertheless, several authors have argued that specialised and long-term support should be strengthened, as well as interaction with the local service network and community leaders.



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12.2 Training for whom and for what?

Another important point, probably related to the previous one, is the great appeal that all the authors make to the still unavoidable need to adequately and systematically train all the personnel involved in victim support. This need for training is generally attributed to health care personnel or law enforcement agencies, but the need for multidisciplinary or multi-professional training is also strongly supported. On few occasions, studies require specific training in relation to particular critical issues such as ethnic minorities, immigrant women and LGBT couples. As in the latter case, only one study of the 92 who proclaimed the need for training was dedicated to women with disabilities.

However, one cannot help but be surprised, after decades of political discourse, regulatory reforms and developed projects, at the lack of preparation and awareness of professionals not involved in specific victim protection programmes. They are described as influenced by their prejudices, fears and underestimation of the seriousness of the consequences of IPV/DV.

Training una tantum or training for all and for ever?

At this point, it is clear that specific training for certain persons in particular contexts and in particular and impromptu projects is no longer an adequate response to the need to ensure access to support for any victim under any circumstances. In order to respond effectively to the need for protection, any professional who may come into contact with victims of violence as part of his or her work should be trained in a systematic way. In this perspective, some scholars suggest that IPV/DV training should be systematically included in training courses at professional or university level as an integral and compulsory part of training curricula.

Too many absences on the world map

Another important point to underline is the fact that most publications come from the richest and most industrialized nations. Of course, this is linked to the corresponding development of university systems. However, we cannot ignore the fact that it is usually in the poorest and least urbanised countries, where the education system is weaker than gender discrimination, and therefore violence against women, has a greater impact on the population. At the same time, we know that many projects, funded by various international agencies, promote actions in those countries in favour of women and to combat gender-based violence. There are some reports that account for these projects, but as we said at the beginning, it is not possible to have a systematic collection. The



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publications therefore remain "grey" and do not become part of the globally shared knowledge. Entire continents or subcontinents remain so silent.

The need for long-term project and a political responsibility

A qualitative leap in IPV/DV law enforcement actions may be needed. It may be useful for international agencies to propose and promote training courses to be included in the curricula of professional and university courses from different countries.

What about training studies?

With specific reference to the training studies, the first consideration undoubtedly concerns the small number of researches and consequently the need, both in Europe and in the rest of the world, to develop new training courses for professionals working with women victims of violence, both in presence and absence of disabilities. With reference to this last aspect, it is surprising how the issue of disabled women victims of violence is almost absent. With regard to the specific content, although it is essential to enhance the knowledge and skills of professionals on violence issues, it would be desirable to provide professionals with opportunities to put this learning into practice, subsequently measuring what outcomes occurred during their daily work with victims. Another important aspect that proved to be lacking in the analyzed training is the building of an appropriate supportive relationship with the victim. In fact, it would be advisable to work not only on the "know-how" but above all on the "know how to be". Because, although it is important for operators to have knowledge of what to do to welcome women who are victims of violence, it seems even more important how to do it. This cannot be done without adequate knowledge of the psychological consequences of violence and the mastery of communicative, relational and empathic abilities.

References

Abildso, C. G., Dyer, A., Kristjansson, A. L., Mann, M. J., Bias, T., Coffman, J., ... Davidov, D. (2018). Evaluation of an Intimate Partner Violence Training for Home Visitors Using the Theory of Planned Behavior. *Health Promotion Practice, 19*(2), 194–202.
<https://doi.org/10.1177/1524839917728050>

Acosta, D. F., de Oliveira Gomes, V. L., Gomes, G. C., Da Fonseca, A. D., & de Oliveira, D. C.



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An educational project to improve the ability to assist women victims of violence

(2017). Ethical and legal aspects in nursing care for victims of domestic violence. *Texto E Contexto Enfermagem*, 26(3). <https://doi.org/10.1590/0104-07072017006770015>

An, S., & Choi, Y. J. (2017). A review and assessment of intimate partner violence interventions and trainings for service providers and frontline staff. *Violence and Victims*. <https://doi.org/10.1891/0886-6708.VV-D-14-00111>

Arboit, J., Da Costa, M. C., da Silva, E. B., Colomé, I. C. dos S., & Prestes, M. (2018). Domestic violence against rural women: Care practices developed by community health workers. *Saude E Sociedade*, 27(2), 506–517. <https://doi.org/10.1590/S0104-12902018169293>

Baig, A. A., Ryan, G. W., & Rodriguez, M. A. (2012). Provider Barriers and Facilitators to Screening for Intimate Partner Violence in Bogotá, Colombia. *Health Care for Women International*. <https://doi.org/10.1080/07399332.2011.646368>

Baird, K., Salmon, D., & White, P. (2013). A five year follow-up study of the Bristol pregnancy domestic violence programme to promote routine enquiry. *Midwifery*, 29(8), 1003–1010. <https://doi.org/10.1016/j.midw.2013.01.007>

Beynon, C. E., Gutmanis, I. A., Tutty, L. M., Wathen, C. N., & MacMillan, H. L. (2012). Why physicians and nurses ask (or dont) about partner violence: A qualitative analysis. *BMC Public Health*. <https://doi.org/10.1186/1471-2458-12-473>

Blumling, A., Kameg, K., Cline, T., Szpak, J., & Koller, C. (2018). Evaluation of a standardized patient simulation on undergraduate nursing students' knowledge and confidence pertaining to intimate partner violence. *Journal of Forensic Nursing*, 14(3), 174–179. <https://doi.org/10.1097/JFN.0000000000000212>

Bradbury-Jones, C., Taylor, J., Kroll, T., & Duncan, F. (2014). Domestic abuse awareness and recognition among primary healthcare professionals and abused women: A qualitative investigation. *Journal of Clinical Nursing*, 23(21–22), 3057–3068. <https://doi.org/10.1111/jocn.12534>

Briones-Vozmediano, E., Castellanos-Torres, E., Goicolea, I., & Vives-Cases, C. (2019). Challenges to Detecting and Addressing Intimate Partner Violence Among Roma Women in Spain: Perspectives of Primary Care Providers. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260519872299>

Briones-Vozmediano, E., La Parra, D., & Vives-Cases, C. (2015). Barriers and facilitators to effective coverage of Intimate Partner Violence services for immigrant women in Spain. *Health Expectations*. <https://doi.org/10.1111/hex.12283>

Brownridge, D. A. (2006). Partner violence against women with disabilities: Prevalence, risk, and



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An educational project to improve the ability to assist women victims of violence

explanations. *Violence Against Women*, 12(9), 805–822.

<https://doi.org/10.1177/1077801206292681>

Burjalés-Martí, M. D., Rigol-Cuadra, M. A., Anguiano-Carrasco, C., Martorell-Poveda, A., Jiménez-Herrera, M. F., Fuentes-Pumarola, C., ... Ballester-Ferrando, D. (2018). Scale for the study of nursing students' perception of intimate partner violence: Adaptation and validation. *Nurse Education Today*, 65, 17–22. <https://doi.org/10.1016/j.nedt.2018.02.025>

Buzina, N. (2012). Psychopathy - Historical controversies and new diagnostic approach. *Psychiatria Danubina*.

Carmona-Torres, J. M., Recio-Andrade, B., & Rodríguez-Borrego, M. A. (2018). Violence committed by intimate partners of physicians, nurses and nursing assistants. *International Nursing Review*, 65(3), 441–449. <https://doi.org/10.1111/inr.12433>

Chapa, R., Hicks, B., Prihoda, T., Smiley, L., Englehart, L., & Taverna, M. (2019). Extent of Elder Abuse Training in Dental Hygiene Curricula and Program Directors' Perceptions of Importance of and Barriers to Implementation. *Journal of Dental Education*, 83(1), 39–47. <https://doi.org/10.21815/jde.019.005>

Cheng, T. C., & Lo, C. C. (2019). Telling Medical Professionals About Victimization by Intimate Partner: Analysis of Women Surviving Intimate Partner Violence. *International Journal of Health Services*. <https://doi.org/10.1177/0020731419896695>

Cho, H., Choi, Y. J., Choi, G. Y., Bae, J., & Seon, J. (2019). Social policies and services for survivors of domestic violence in South Korea. *International Social Work*. <https://doi.org/10.1177/0020872818804039>

Clark, C. J., Renner, L. M., & Logeais, M. E. (2017). Intimate Partner Violence Screening and Referral Practices in an Outpatient Care Setting. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260517724253>

Colombini, M., Mayhew, S., Ali, S. H., Shuib, R., & Watts, C. (2013). “I feel it is not enough...” Health providers' perspectives on services for victims of intimate partner violence in Malaysia. *BMC Health Services Research*, 13(1). <https://doi.org/10.1186/1472-6963-13-65>

Cowan, C., El-Hage, N., Green, J., Rice, L., Young, L., & Whiteside, M. (2019). Investigating the Readiness of Hospital Social Workers to Respond to Domestic and Family Violence. *Australian Social Work*. <https://doi.org/10.1080/0312407X.2019.1675735>

Crombie, N., Hooker, L., & Reisenhofer, S. (2017). Nurse and midwifery education and intimate partner violence: a scoping review. *Journal of Clinical Nursing*.



VIVIEN - Project n. 810444 REC-AG-2017/REC-RDAP-GBV-AG-2017

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VIVIEN - Victim Violence Educational Network
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<https://doi.org/10.1111/jocn.13376>

- D.M., S.-B., P.O., M., V.D., M., & E.Y., E. (2014). How do primary health care professionals deal with pregnant women who are victims of domestic violence? *Revista Latino-Americana de Enfermagem*, 22(3), 448–453. Retrieved from <http://www.embase.com/search/results?subaction=viewrecord&from=export&id=L615082636>
- Damra, J. K., Abujilban, S. K., Rock, M. P., Tawalbeh, I. A., Ghbari, T. A., & Ghaith, S. M. (2015). Pregnant Women's Experiences of Intimate Partner Violence and Seeking Help from Health Care Professionals: A Jordanian Qualitative Study. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-015-9720-z>
- Danis, F. S. (2016). Teaching Domestic Violence Online: A Step Forward or a Step Backward? *Violence Against Women*, 22(12), 1476–1483. <https://doi.org/10.1177/1077801215626810>
- Dawson, A. J., Rossiter, C., Doab, A., Romero, B., Fitzpatrick, L., & Fry, M. (2019). The Emergency Department Response to Women Experiencing Intimate Partner Violence: Insights From Interviews With Clinicians in Australia. *Academic Emergency Medicine*. <https://doi.org/10.1111/acem.13721>
- Dheensa, S., Halliwell, G., Daw, J., Jones, S. K., & Feder, G. (2020). “From taboo to routine”: a qualitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse. *BMC Health Services Research*, 20(1), 129. <https://doi.org/10.1186/s12913-020-4924-1>
- Divakar, U., Nazeha, N., Posadzki, P., Jarbrink, K., Bajpai, R., Ho, A. H. Y., ... Car, J. (2019). Digital education of health professionals on the management of domestic violence: Systematic review and meta-analysis by the digital health education collaboration. *Journal of Medical Internet Research*. <https://doi.org/10.2196/13868>
- Drigeard, C., Nicolas, E., Hansjacob, A., & Roger-Leroi, V. (2012). Educational needs in the field of detection of domestic violence and neglect: The opinion of a population of French dentists. *European Journal of Dental Education*. <https://doi.org/10.1111/j.1600-0579.2012.00739.x>
- Dutton, M. A., James, L., Langhorne, A., & Kelley, M. (2015). Coordinated public health initiatives to address violence against women and adolescents. *Journal of Women's Health*, 24(1), 80–85. <https://doi.org/10.1089/jwh.2014.4884>
- Eigenberg, H. M., Kappeler, V. E., & McGuffee, K. (2012). Confronting the Complexities of Domestic Violence: A Social Prescription for Rethinking Police Training. *Journal of Police Crisis Negotiations*. <https://doi.org/10.1080/15332586.2012.717045>
- Engelman, A., & Deardorff, J. (2016). Cultural Competence Training for Law Enforcement Responding to Domestic Violence Emergencies With the Deaf and Hard of Hearing: A Mixed-



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An educational project to improve the ability to assist women victims of violence

Methods Evaluation. *Health Promotion Practice*, 17(2), 177–185.
<https://doi.org/10.1177/1524839915621538>

- Escard, E., Torreggiani, C., Theler, J. M., Guessous, I., & Jaquier, V. (2016). En première ligne face aux violences domestiques et sexuelles: Attitudes et représentations des professionnels de santé. *Revue Internationale de Criminologie et de Police Technique et Scientifique*, 69(4), 387–402.
- Fawole, O. I., Balogun, B. O., Adejimi, A. A., Akinsola, O. J., & Van Wyk, J. M. (2019). Training medical students: Victim's perceptions of selectively screening women for intimate partner violence in health care settings. *BMC Medical Education*. <https://doi.org/10.1186/s12909-019-1627-6>
- Fedina, L., Lee, J., & de Tablan, D. (2018). MSW Graduates' Readiness to Respond to Intimate Partner Violence. *Journal of Social Work Education*, 54(1), 33–48.
<https://doi.org/10.1080/10437797.2017.1307150>
- Forgey, M. A., Badger, L., Gilbert, T., & Hansen, J. (2013). Using standardized clients to train social workers in intimate partner violence assessment. *Journal of Social Work Education*, 49(2), 292–306. <https://doi.org/10.1080/10437797.2013.768482>
- Gandhi, S., Poreddi, V., Nikhil Reddy, S. S., Palaniappan, M., & Math, S. B. (2018). Indian novice nurses' perceptions of their role in caring for women who have experienced intimate partner violence. *British Journal of Nursing*, 27(10), 559–564.
<https://doi.org/10.12968/bjon.2018.27.10.559>
- García-Moreno, C., & Riecher-Rössler, A. (2013). *Violence against women and mental health. Violence against Women and Mental Health* (Vol. 178). <https://doi.org/10.1159/isbn.978-3-8055-9989-4>
- Goicolea, I., Briones-Vozmediano, E., Öhman, A., Edin, K., Minvielle, F., & Vives-Cases, C. (2013). Mapping and exploring health systems' response to intimate partner violence in Spain. *BMC Public Health*, 13(1). <https://doi.org/10.1186/1471-2458-13-1162>
- Goicolea, I., Vives-Cases, C., Sebastian, M. S., Marchal, B., Kegels, G., & Hurtig, A. K. (2013). How do primary health care teams learn to integrate intimate partner violence (IPV) management? A realist evaluation protocol. *Implementation Science*, 8(1).
<https://doi.org/10.1186/1748-5908-8-36>
- Gómez-Fernández, M. A., Goberna-Tricas, J., & Payà-Sánchez, M. (2017). Intimate partner violence as a subject of study during the training of nurses and midwives in Catalonia (Spain): A qualitative study. *Nurse Education in Practice*, 27, 13–21.



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VIVIEN - Victim Violence Educational Network

An educational project to improve the ability to assist women victims of violence

<https://doi.org/10.1016/j.nepr.2017.08.001>

- Gracia, E., & Merlo, J. (2016). Intimate partner violence against women and the Nordic paradox. *Social Science and Medicine*, 157, 27–30. <https://doi.org/10.1016/j.socscimed.2016.03.040>
- Guadalupe-Diaz, X. (2016). Disclosure of same-sex intimate partner violence to police among lesbians, gays, and bisexuals. *Social Currents*. <https://doi.org/10.1177/2329496515604635>
- Gutmanis, I., Beynon, C., Tutty, L., Wathen, C. N., & MacMillan, H. L. (2007). Factors influencing identification of and response to intimate partner violence: A survey of physicians and nurses. *BMC Public Health*, 7. <https://doi.org/10.1186/1471-2458-7-12>
- Haj-Yahia, M. M. (2013). Attitudes of Palestinian Physicians Toward Wife Abuse: Their Definitions, Perceptions of Causes, and Perceptions of Appropriate Interventions. *Violence Against Women*, 19(3), 376–399. <https://doi.org/10.1177/1077801213486328>
- Halicka, M., Halicki, J., Kramkowska, E., & Szafranek, A. (2018). Suggestions for Prevention Measures Based on Polish Research Concerning Older Victims of Domestic Violence. *British Journal of Social Work*. <https://doi.org/10.1093/bjsw/bcy040>
- Hassouneh-Phillips, D., & Curry, M. A. (2002). Abuse of Women with Disabilities. *Rehabilitation Counseling Bulletin*, 45(2), 96–104. <https://doi.org/10.1177/003435520204500204>
- Hickson, L., Khemka, I., Golden, H., & Chatzistyli, A. (2013). Views and values of developmental disabilities and domestic violence/sexual assault support professionals regarding the prevention and handling of situations of Abuse. *Journal of Policy and Practice in Intellectual Disabilities*, 10(3), 207–214. <https://doi.org/10.1111/jppi.12040>
- Howard, L. M. (2012). Domestic violence: Its relevance to psychiatry. *Advances in Psychiatric Treatment*. <https://doi.org/10.1192/apt.bp.110.008110>
- Hsieh, H. F., Wang, H. H., & Chang, S. C. (2013). The development of forensic nursing from the perspective of domestic violence and sexual assault preventive policies. *Journal of Nursing*, 60(6), 96–102. <https://doi.org/10.6224/JN.60.6.96>
- Husso, M., Notko, M., Virkki, T., Holma, J., Laitila, A., & Siltala, H. (2020). Domestic Violence Interventions in Social and Health Care Settings: Challenges of Temporary Projects and Short-Term Solutions. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260519898438>
- Hutchinson, M., Doran, F., Brown, J., Douglas, T., East, L., Irwin, P., ... Yates, K. (2020). A cross-sectional study of domestic violence instruction in nursing and midwifery programs: Out of step with community and student expectations. *Nurse Education Today*, 84.



VIVIEN - Project n. 810444 REC-AG-2017/REC-RDAP-GBV-AG-2017

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<https://doi.org/10.1016/j.nedt.2019.104209>

- Jenner, S. C., Etzold, S. S., Oesterhelweg, L., Stickel, A., Kurmeyer, C., Reinemann, D., & Oertelt-Prigione, S. (2016). Barriers to Active Inquiry About Intimate Partner Violence Among German Physicians Participating in a Mandatory Training. *Journal of Family Violence*, 31(1), 109–117. <https://doi.org/10.1007/s10896-015-9754-2>
- Jerliu, N., Burazeri, G., Ramadani, N., Hyska, J., & Brand, H. (2013). Knowledge and practices of physicians regarding health status and health care services for older people in transitional Kosovo. *Medicinski Arhiv*. <https://doi.org/10.5455/medarh.2013.67.164-167>
- Jiang, L., Sutherland, M. A., & Si, B. (2019). A system-level multi-center quantitative approach to optimize healthcare providers' screening behavior for improved quality of care. In *Proceedings of the International Conference on Industrial Engineering and Operations Management* (pp. 1233–1234).
- Kanno, N. de P., Bellodi, P. L., & Tess, B. H. (2012). Family health strategy professionals Facing medical social needs: Difficulties and coping strategies. *Saude E Sociedade*. <https://doi.org/10.1590/S0104-12902012000400008>
- Kebbell, M. R. (2019). Risk assessment for intimate partner violence: how can the police assess risk? *Psychology, Crime and Law*. <https://doi.org/10.1080/1068316X.2019.1597087>
- Kotarba, A., Maciaszek, A., & Borowiak, E. (2019). Counteracting domestic violence against elders in the professional practice of a nurse employed in the primary health care system. *Pielęgniarstwo XXI Wieku*, 18(4), 214–219. <https://doi.org/10.2478/pielxxiw-2019-0032>
- Lagerin, A., Nilsson, G., & Törnkvist, L. (2007). An educational intervention for district nurses: use of electronic records in leg ulcer management. *Journal of Wound Care*, 16(1), 29–32. <https://doi.org/10.12968/jowc.2007.16.1.26986>
- Lea, S. J., Quinn, B., & Reynolds, P. A. (2017). The Role and Education of Dental Care Professionals in Identifying Domestic Violence: Report of an Audience Participation Exercise and Round Table Discussion. *Technology, Knowledge and Learning*, 22(2), 219–226. <https://doi.org/10.1007/s10758-016-9293-9>
- Lemich, S. A., Freudenthal, J. J., Neill, K., & Bowen, D. M. (2018). Dental Hygienists' Readiness to Screen for Intimate Partner Violence in the State of Texas. *Journal of Dental Hygiene : JDH*, 92(3), 47–55.
- Leppäkoski, T., Flinck, A., & Paavilainen, E. (2014). Assessing and Enhancing Health Care Providers' Response to Domestic Violence. *Nursing Research and Practice*, 2014, 1–8.



VIVIEN - Project n. 810444 REC-AG-2017/REC-RDAP-GBV-AG-2017

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VIVIEN - Victim Violence Educational Network

An educational project to improve the ability to assist women victims of violence

<https://doi.org/10.1155/2014/759682>

- Leppäkoski, T. H., Flinck, A., & Paavilainen, E. (2015). Greater commitment to the domestic violence training is required. *Journal of Interprofessional Care*, 29(3), 281–283.
<https://doi.org/10.3109/13561820.2014.955913>
- Leppäkoski, T. H., Flinck, A., Paavilainen, E., & Ala-Aho, S. (2013). The role of interprofessional collaboration for intimate partner violence in psychiatric care: A research and development project. *Journal of Interprofessional Care*, 27(4), 344–346.
<https://doi.org/10.3109/13561820.2013.763776>
- Loeffen, M. J. W., Daemen, J., Wester, F. P. J. F., Laurant, M. G. H., Lo Fo Wong, S. H., & Lagro-Janssen, A. L. M. (2017). Mentor mother support for mothers experiencing intimate partner violence in family practice: A qualitative study of three different perspectives on the facilitators and barriers of implementation. *European Journal of General Practice*.
<https://doi.org/10.1080/13814788.2016.1267724>
- Loots, D. P., & Saayman, G. (2019). Medicolegal perspectives of interpersonal violence: A review of first-contact clinical notes. *South African Medical Journal = Suid-Afrikaanse Tydskrif Vir Geneeskunde*, 109(10), 792–800. <https://doi.org/10.7196/SAMJ.2019.v109i10.13951>
- Lynch, K. R., Logan, T., & Hatch, E. (2019). Examining the Role of Safety Planning and Firearms in Community Professional's Advice and Perceived Helpfulness for Female IPV Victims. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-019-00119-2>
- Martins, L. de C. A., Silva, E. B. da, Dilélio, A. S., Costa, M. C. da, Colomé, I. C. D. S., & Arboit, J. (2018). Gender violence: knowledge and professional conduct of the family health strategy. *Revista Gaucha de Enfermagem*, 39, e20170030. <https://doi.org/10.1590/1983-1447.2018.2017-0030>
- Mason, R., & Turner, L. (2018). Serious gaming: A tool to educate health care providers about domestic violence. *Health Care for Women International*, 39(8), 859–871.
<https://doi.org/10.1080/07399332.2018.1464572>
- Matheson, F. I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., & O'Campo, P. (2015). Where Did She Go? The Transformation of Self-Esteem, Self-Identity, and Mental Well-Being among Women Who Have Experienced Intimate Partner Violence. *Women's Health Issues*. <https://doi.org/10.1016/j.whi.2015.04.006>
- Mauri, E. M., Nespoli, A., Persico, G., & Zobbi, V. F. (2015). Domestic violence during pregnancy: Midwives' experiences. *Midwifery*, 31(5), 498–504.
<https://doi.org/10.1016/j.midw.2015.02.002>



VIVIEN - Project n. 810444 REC-AG-2017/REC-RDAP-GBV-AG-2017

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VIVIEN - Victim Violence Educational Network

An educational project to improve the ability to assist women victims of violence

- McCarthy, M., Bates, C., Triantafyllopoulou, P., Hunt, S., & Milne Skillman, K. (2019). "Put bluntly, they are targeted by the worst creeps society has to offer": Police and professionals' views and actions relating to domestic violence and women with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 32(1), 71–81. <https://doi.org/10.1111/jar.12503>
- Messing, J. T., Campbell, J. C., Ward-Lasher, A., Brown, S., Patchell, B., & Sullivan Wilson, J. (2016). The lethality assessment program: Which survivors of intimate partner violence are most likely to participate? *Policing*. <https://doi.org/10.1108/PIJPSM-08-2015-0094>
- Miller, E., McCaw, B., Humphreys, B. L., & Mitchell, C. (2015). Integrating intimate partner violence assessment and intervention into healthcare in the United States: A systems approach. *Journal of Women's Health*, 24(1), 92–99. <https://doi.org/10.1089/jwh.2014.4870>
- Moncrieff, G. (2018). The cyclical and intergenerational effects of perinatal domestic abuse and mental health. *British Journal of Midwifery*, 26(2), 85–93. <https://doi.org/10.12968/bjom.2018.26.2.85>
- Morgan, M. A., Anderson, B. L., Lawrence, H., & Schulkin, J. (2012). Well-woman care among Obstetrician-Gynecologists: Opportunity for preconception care. *Journal of Maternal-Fetal and Neonatal Medicine*. <https://doi.org/10.3109/14767058.2011.591855>
- Morrison, P. K., Cluss, P. A., Miller, E. P., Fleming, R., Hawker, L., Bicehouse, T., ... Chang, J. C. (2017). Elements Needed for Quality Batterer Intervention Programs: Perspectives of Professionals Who Deal with Intimate Partner Violence. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-016-9835-x>
- Moya, E. M., Chávez-Baray, S. M., Martínez, O., & Aguirre-Polanco, A. (2014). Exploring Intimate Partner Violence and Sexual Health Needs in the Southwestern United States: Perspectives from Health and Human Services Workers. *Health and Social Work*, 41(1), e29–e37. <https://doi.org/10.1093/hsw/hlv080>
- Murillo, P., Sebastián, M. S., Vives-Cases, C., & Goicolea, I. (2018). Factors associated with primary care professionals' readiness to respond to intimate partner violence in Spain. *Gaceta Sanitaria*, 32(5), 433–438. <https://doi.org/10.1016/j.gaceta.2017.03.003>
- Mythri, H., Kashinath, K. R., Raju, A. S., Suresh, K. V., & Bharateesh, J. V. (2015). Enhancing the dental professional's responsiveness towards domestic violence; a cross-sectional study. *Journal of Clinical and Diagnostic Research*, 9(6), ZC51-ZC53. <https://doi.org/10.7860/JCDR/2015/12258.6117>
- Noriega, N., Juarros-Basterretxea, J., & Herrero, J. (2020). Health professionals involvement in cases of partner violence against women: The influence of sexist



VIVIEN - Project n. 810444 REC-AG-2017/REC-RDAP-GBV-AG-2017

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An educational project to improve the ability to assist women victims of violence

attitudes toward women. *Revista Iberoamericana de Psicología Y Salud*, 11(1), 31–41.
<https://doi.org/10.23923/j.rips.2020.01.033>

- Nyame, S., Howard, L. M., Feder, G., & Trevillion, K. (2013). A survey of mental health professionals' knowledge, attitudes and preparedness to respond to domestic violence. *Journal of Mental Health*, 22(6), 536–543. <https://doi.org/10.3109/09638237.2013.841871>
- Otero-García, L., Briones-Vozmediano, E., Vives-Cases, C., García-Quinto, M., Sanz-Barbero, B., & Goicolea, I. (2018). A qualitative study on primary health care responses to intimate partner violence during the economic crisis in Spain. *European Journal of Public Health*, 28(6), 1000–1005. <https://doi.org/10.1093/eurpub/cky095>
- Ozer, S., Dulgerler, S., Engin, E., Ardahan, M., & Tekindor, E. (2012). The identification of female victims of domestic violence by emergency first aid health care professionals. *HealthMED*.
- Pagels, P., Kindratt, T. B., Reyna, G., Lam, K., Silver, M., & Gimpel, N. E. (2015). Establishing the Need for Family Medicine Training in Intimate Partner Violence Screening. *Journal of Community Health*, 40(3), 508–514. <https://doi.org/10.1007/s10900-014-9964-1>
- Papadakaki, M., Petridou, E., Kogevinas, M., & Lionis, C. (2013). Measuring the effectiveness of an intensive IPV training program offered to Greek general practitioners and residents of general practice. *BMC Medical Education*, 13(1). <https://doi.org/10.1186/1472-6920-13-46>
- Parish, C. L., Pereyra, M. R., Abel, S. N., Siegel, K., Pollack, H. A., & Metsch, L. R. (2018). Intimate partner violence screening in the dental setting: Results of a nationally representative survey. *Journal of the American Dental Association*, 149(2), 112–121.
<https://doi.org/10.1016/j.adaj.2017.09.003>
- Peterson, R. R., & Bialo-Padin, D. (2012). Domestic Violence Is Different: The Crucial Role of Evidence Collection in Domestic Violence Cases. *Journal of Police Crisis Negotiations*.
<https://doi.org/10.1080/15332586.2012.717047>
- Porto, R. T. S., Bispo Júnior, J. P., & de Lima, E. C. (2014). Domestic and sexual violence in the family health strategy: Professional performance and barriers to coping. *Physis*, 24(3), 787–807. <https://doi.org/10.1590/S0103-73312014000300007>
- Procentese, F., Arcidiacono, C., Di Napoli, I., Tuccillo, F., & Chiurazzi, A. (2019). Healthcare professionals' perceptions and concerns towards domestic violence during pregnancy in southern Italy. *International Journal of Environmental Research and Public Health*, 16(17).
<https://doi.org/10.3390/ijerph16173087>
- Ramsay, J., Rutterford, C., Gregory, A., Dunne, D., Eldridge, S., Sharp, D., & Feder, G. (2012). Domestic violence: Knowledge, attitudes, and clinical practice of selected UK primary



VIVIEN - Project n. 810444 REC-AG-2017/REC-RDAP-GBV-AG-2017

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VIVIEN - Victim Violence Educational Network

An educational project to improve the ability to assist women victims of violence

healthcare clinicians. *British Journal of General Practice*.

<https://doi.org/10.3399/bjgp12X654623>

Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.CD000072.pub3>

Ritchie, M., Nelson, K., Wills, R., & Jones, L. (2013). Does Training and Documentation Improve Emergency Department Assessments of Domestic Violence Victims? *Journal of Family Violence*, 28(5), 471–477. <https://doi.org/10.1007/s10896-013-9514-0>

Ruijne, R. E., Howard, L. M., Trevillion, K., Jongejan, F. E., Garofalo, C., Bogaerts, S., ... Kamperman, A. M. (2017). Detection of domestic violence by community mental health teams: A multi-center, cluster randomized controlled trial. *BMC Psychiatry*, 17(1). <https://doi.org/10.1186/s12888-017-1399-7>

Ruiz-Pérez, I., Pastor-Moreno, G., Escribà-Agüir, V., & Maroto-Navarro, G. (2018). Intimate partner violence in women with disabilities: perception of healthcare and attitudes of health professionals. *Disability and Rehabilitation*, 40(9), 1059–1065. <https://doi.org/10.1080/09638288.2017.1288273>

Saberi, E., Eather, N., Pascoe, S., McFadzean, M. L., Doran, F., & Hutchinson, M. (2017). Ready, willing and able? A survey of clinicians' perceptions about domestic violence screening in a regional hospital emergency department. *Australasian Emergency Nursing Journal*, 20(2), 82–86. <https://doi.org/10.1016/j.aenj.2017.02.001>

Saul, J., & Simon, W. (2016). Building Resilience in Families, Communities, and Organizations: A Training Program in Global Mental Health and Psychosocial Support. *Family Process*, 55(4), 689–699. <https://doi.org/10.1111/famp.12248>

Schrier, M. W., Rougas, S. C., Schrier, E. W., Elisseou, S., & Warrie, S. (2017). Intimate Partner Violence Screening and Counseling: An Introductory Session for Health Care Professionals. *MedEdPORTAL: The Journal of Teaching and Learning Resources*, 13, 10622. https://doi.org/10.15766/mep_2374-8265.10622

Signorelli, M., Taft, A., & Pereira, P. P. G. (2020). Authors' Commentary: Domestic Violence Against Women, Public Policies and Community Health Workers in Brazilian Primary Health Care. *International Quarterly of Community Health Education*. <https://doi.org/10.1177/0272684X19865145>

Silva, S. de A., de Lucena, K. D. T., Deininger, L. de S. C., Coelho, H. F. C., Vianna, R. P. de T., & dos Anjos, U. U. (2015). Analysis of domestic violence on women's health. *Journal of Human Growth and Development*, 25(2), 182–186.



VIVIEN - Project n. 810444 REC-AG-2017/REC-RDAP-GBV-AG-2017

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VIVIEN - Victim Violence Educational Network

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<https://doi.org/10.7322/jhgd.103009>

- Simon-Kumar, R., Kurian, P. A., Young-Silcock, F., & Narasimhan, N. (2017). Mobilising culture against domestic violence in migrant and ethnic communities: practitioner perspectives from Aotearoa/New Zealand. *Health and Social Care in the Community*.
<https://doi.org/10.1111/hsc.12439>
- Sohal, A. H., Pathak, N., Blake, S., Apea, V., Berry, J., Bailey, J., ... Feder, G. (2018). Improving the healthcare response to domestic violence and abuse in sexual health clinics: Feasibility study of a training, support and referral intervention. *Sexually Transmitted Infections*, 94(2), 83–87. <https://doi.org/10.1136/sextrans-2016-052866>
- Sprague, S., Madden, K., Simunovic, N., Godin, K., Pham, N. K., Bhandari, M., & Goslings, J. C. (2012). Barriers to Screening for Intimate Partner Violence. *Women and Health*, 52(6), 587–605. <https://doi.org/10.1080/03630242.2012.690840>
- Sprague, S., Swinton, M., Madden, K., Swaleh, R., Goslings, J. C., Petrisor, B., & Bhandari, M. (2013). Barriers to and facilitators for screening women for intimate partner violence in surgical fracture clinics: A qualitative descriptive approach. *BMC Musculoskeletal Disorders*, 14. <https://doi.org/10.1186/1471-2474-14-122>
- Stover, C. S., & Lent, K. (2014). Training and certification for domestic violence service providers: The need for a national standard curriculum and training approach. *Psychology of Violence*, 4(2), 117–127. <https://doi.org/10.1037/a0036022>
- Sundborg, E., Törnkvist, L., Saleh-Stattin, N., Wändell, P., & Hylander, I. (2017). To ask, or not to ask: the hesitation process described by district nurses encountering women exposed to intimate partner violence. *Journal of Clinical Nursing*, 26(15–16), 2256–2265.
<https://doi.org/10.1111/jocn.12992>
- Sundborg, E., Törnkvist, L., Wändell, P., & Saleh-Stattin, N. (2018). Impact of an educational intervention for district nurses about preparedness to encounter women exposed to intimate partner violence. *Scandinavian Journal of Caring Sciences*, 32(2), 902–913.
<https://doi.org/10.1111/scs.12521>
- Tantet, C., Delaporte, C., & Cordel, H. (2019). Violence against migrant and refugee women: how to identify them. *La Revue Du Praticien*.
- Twis, M. K., Nguyen, A. P., & Nordberg, A. (2018). Intimate partner violence myths in police reports: A directed content analysis. *Violence and Victims*. <https://doi.org/10.1891/0886-6708.VV-D-17-00015>
- Umeda, M., Kataoka, Y., & Miller, E. (2017). Principles of care for women experiencing intimate



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VIVIEN - Victim Violence Educational Network

An educational project to improve the ability to assist women victims of violence

partner violence: Views of expert Japanese health professionals and advocates. *Health Care for Women International*. <https://doi.org/10.1080/07399332.2017.1355916>

Valdés Sánchez, C. A., García Fernández, C., & Sierra Díaz, Á. (2016). Gender violence: Knowledge and attitudes of nurses in Primary Care. *Atencion Primaria*, 48(10), 623–631. <https://doi.org/10.1016/j.aprim.2016.01.003>

Viergever, R. F., Thorogood, N., Wolf, J. R., & Durand, M. A. (2018). Supporting ALL victims of violence, abuse, neglect or exploitation: guidance for health providers. *BMC International Health and Human Rights*, 18(1). <https://doi.org/10.1186/s12914-018-0178-y>

Vinton, L., & Wilke, D. J. (2014). Are Collaborations Enough? Professionals' Knowledge of Victim Services. *Violence Against Women*. <https://doi.org/10.1177/1077801214539857>

Visentin, F., Vieira, L. B., Trevisan, I., Lorenzini, E., & da Silva, E. F. (2015). Women's primary care nursing in situations of gender violence. *Investigacion Y Educacion En Enfermeria*, 33(3), 556–564. <https://doi.org/10.17533/udea.iee.v33n3a20>

Ward-Lasher, A., Messing, J. T., & Hart, B. (2017). Policing Intimate Partner Violence: Attitudes toward Risk Assessment and Collaboration with Social Workers. *Social Work (United States)*. <https://doi.org/10.1093/sw/swx023>

Wieners, K., & Winterholler, M. (2016). Domestic and sexual violence against women. *Bundesgesundheitsblatt-Gesundheitsforschung-Gesundheitsschutz*, 59(1), 73–80. <https://doi.org/10.1007/s00103-015-2260-0>

Zijlstra, E., Lo Fo Wong, S., Teerling, A., Hutschemaekers, G., & Lagro-Janssen, A. (2018). Challenges in interprofessional collaboration: experiences of care providers and policymakers in a newly set-up Dutch assault centre. *Scandinavian Journal of Caring Sciences*. <https://doi.org/10.1111/scs.12439>

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