

Establishment of an interdisciplinary educational platform on recognizing and treating victims of domestic violence in Slovenian health care settings

Merete Berg Nasset (MSc, PhD-candidate)¹, Lilijana Šprah (PhD, Psychologist)², Urška Smrke (Psychologist, PhD-student)²

¹ St. Olavs Hospital, Forensic Department Brøset, Trondheim, NORWAY

² Scientific Research Centre of the Slovenian Academy of Sciences and Arts, Sociomedical Institute

In February of 2015, a consortium of project partners comprising the Research Centre of the Slovenian Academy of Sciences and Arts, the Medical Chamber of Slovenia, the Maribor Social Service Centre, the Emma Institute (Support Centre for Victims of Violence) and St. Olavs University Hospital (the Brøset Forensic Department, Centre for Research and Education in Forensic Psychiatry), began carrying out the Norwegian Financial Mechanism Programme 2009-2014 project "Recognizing and treating victims of domestic violence in health care settings: Guidelines and training for health professionals" (acronym: POND_SiZdrav). The key project aim was the implementation of an interdisciplinary educational platform for improving the competences of Slovenian health professionals in recognizing and responding to domestic violence.

Background

Even though domestic violence is highly prevalent and victims of domestic violence often seek help in health care system, only around 20% of cases are recognized by health care professionals. Raising awareness and training courses for health professionals have been reported to facilitate recognition and treatment of domestic violence in health care settings. In Slovenia we still face with insufficient procedures in this respect, despite legislation and recently adopted guidelines for recognizing and treating victims of domestic violence in health care settings. One of the main reasons is the lack of available systematic trainings, especially courses focused in enhancing competencies of health personnel for screening and treating domestic violence.

Aim

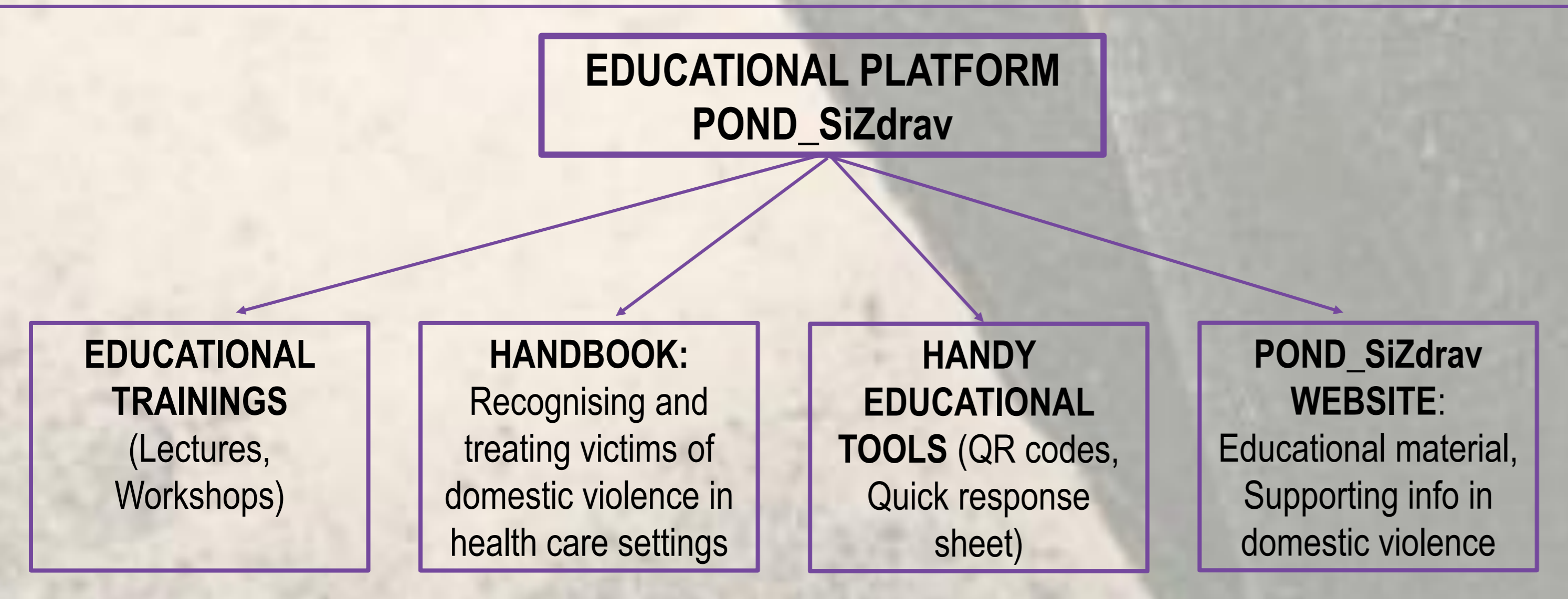
In order to provide a high-quality content within interdisciplinary educational platform we examined experiences and expectations regarding recognizing and responding to domestic violence in a group of Slovenian health care professionals and domestic violence victims.

Method

448 workers from health sector and 80 victims of domestic violence participated in the study. They filled out a self-reported questionnaire whereas data regarding their experiences with addressing domestic violence in health care settings were collected.

Conclusion

Educational trainings of healthcare professionals could markedly improve recognizing and treating victims of domestic violence in health sector. In this respect an educational platform with inter-sectoral and interdisciplinary oriented educational programmes and supporting info for addressing domestic violence was established. The partnership with the Brøset Forensic Department (Centre for Research and Education in Forensic Psychiatry) was very supportive in this respect. With their rich experience they contributed their knowledge in designing trainings for health workers in Slovenia and facilitated the implementation of a comprehensive educational platform which ensure a better responsiveness of the healthcare sector to the victim's needs and risks of vulnerable groups (migrants, Roma, unemployed, the elderly and rural population).



Literature

Elliot, I., Nerney, M., Jones, T. in Friedman P. D. (2002). Barriers to screening for domestic violence. *J Gen Intern Med*, 17, 112-116.
Wong, S. L. F., Wester, F., Mol, S. S. L. in Lagro-Janssen, T. L. M. (2007). »I am not frustrated anymore«: Family doctors' evaluation of a comprehensive training on partner abuse. *Patient Education and Counseling*, doi:10.1014/j.pec.2006.12.013
Wong, S. L. F., Wester, F., Mol, S. S. L. in Lagro-Janssen, T. L. M. (2006). Increased awareness of intimate partner abuse after training: a randomised controlled trial. *British Journal of General Practice*, 56(525), 249-257.

Results

Table 1. Sociodemographic characteristics of both samples

Sociodemographic characteristics	Health care professionals (N = 448)	Victims of domestic violence (N = 80)
Gender (Male/Female)	14 % / 86 %	5 % / 90 %*
Age in years (M ± SD)	42.7 ± 11.0	39.9 ± 13.2
Sample by occupation (health care professionals) or by educational level (victims of domestic violence)	Doctors Nursing staff Other professional staff (psychologists, social workers, etc.) Other	54 % Finished or unfinished primary education 35 % Secondary education 6 % Higher vocational education 4 % Professionally oriented higher education or 1st Bologna cycle 6 % Academic higher education or 2nd Bologna cycle 1 % Masters degree or doctor of science

*5 % of participants did not report gender.

Figure 1. Have you ever encountered a case of domestic violence at your work? (in %)

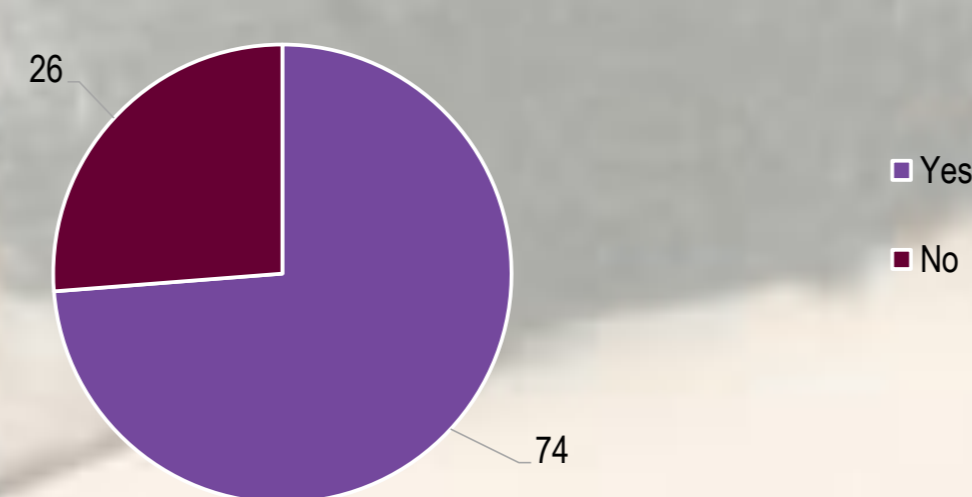


Figure 2. Frequency of encounters of health care professionals with domestic violence at their work (in %).

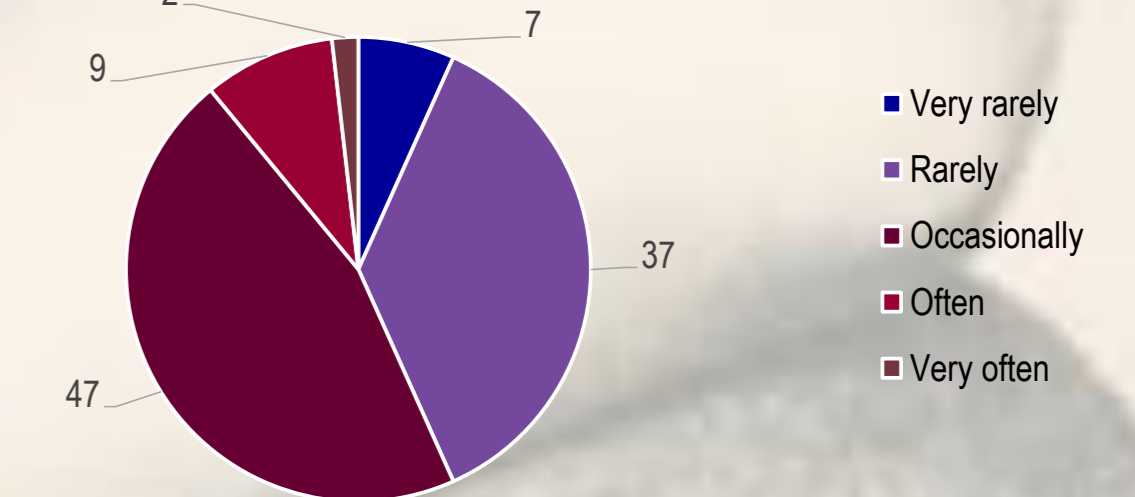


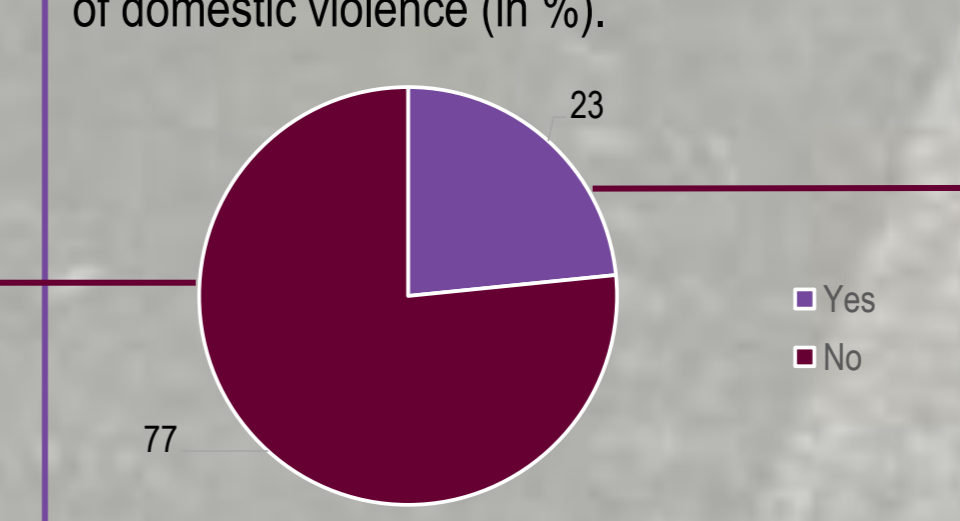
Table 2. Most frequent experiences and barriers of health care professionals at encounters with victims of domestic violence.

Experiences	Barriers
1 Responding when recognizing a victim of domestic violence.	1 Lack of experience and knowledge for providing adequate assistance to victims.
2 Offering conversation and support to a patient when suspecting their exposure to domestic violence.	2 Lack of cooperation with other relevant institutions and health care professionals.
3 Recognizing that patient is a victim of domestic violence from their behaviour.	3 Feeling powerless to deal with situations in the case of domestic violence.
4 Not knowing how to act when patient denies the presence of domestic violence.	4 Victim does not consent with reporting domestic violence.
5 Recognizing that patient is a victim of domestic violence from the clinical signs.	5 Work overload.
6 Recognizing victims of domestic violence at work.	6 Lack of authorisation to act.
7 Patients trusting a health care professional with the information about being a victim of domestic violence.	7 Lack of time.

Reasons of health care professionals for not participating in previous trainings on the topic of domestic violence:

- I have never been invited (59 %).
- Events were not publicized (50 %).
- Superiors have never sent me to a training on the topic of domestic violence (41 %).
- I participate in trainings on other topics for career promotion or maintaining professional status purposes (35 %).
- I am not interested in the topic of domestic violence (1 %).

Figure 3. Participation of health care professionals in previous training on the topic of domestic violence (in %).



Reasons of health care professionals for participating in previous trainings on the topic of domestic violence.

- Health care professionals should be familiar with the topic of domestic violence (64 %).
- The topic of domestic violence interests me (44 %).
- I received an invitation (26 %).
- Due to career promotion or maintaining professional status (20 %).
- The event was advertised (11 %).
- Due to superiors' instructions (4 %).

Table 3. Most frequent responses of victims of domestic violence

Reasons for not seeking help at health care professionals	I expect health care professional...
1 I think that domestic violence is not an issue which I could discuss with health care professional.	1 ... to listen to me.
2 I believe health care professional can not offer me help.	2 ... to believe me.
3 The perpetrator denies me the access to medical assistance.	3 ... to collaborate with other relevant institutions.
4 I believe medical staff does not have time to talk about domestic violence.	4 ... to respect my privacy.
5 I have bad experience with communicating to health care professionals.	5 ... to be considerate in talking about domestic violence when children are present.
6 I believe my privacy is not guaranteed in health care facilities.	6 ... not to judge me.

Figure 4. Satisfaction of victims of domestic violence with treatment by health care professionals.

