



RECOGNIZING AND TREATING VICTIMS OF DOMESTIC VIOLENCE
IN HEALTH CARE SETTING

Recognizing and treating victims of domestic violence in health care settings: guidelines and training for health professionals (Acronym: POND_SiZdrav)

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Medical Chamber of Slovenia



EMMA Institution,
the Centre for helping victims of violence



RECOGNIZING AND TREATING VICTIMS OF DOMESTIC VIOLENCE
IN HEALTH CARE SETTING

Duration of the project: 16,5 months

(12th of February 2015 – 30th of July 2016)

The project is co-financed within The Norwegian Financial Mechanism Programme 2009-2014.

Funding: 638.886,16 EUR.

The coordinator of the program is the Government Office for Development and European Cohesion Policy of the Republic of Slovenia.

MOTIVATION FOR THE PROJECT / BACKGROUND

- Raising **awareness** and **training courses** 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.
- In practice, **reports of violence by health workers are rare** and **inter-sectoral cooperation** with NGOs, social workers and the police **unsatisfactory**.
- 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.



THE MAIN OBJECTIVE

The implementation of an interdisciplinary educational platform for improving the competences of Slovenian health professionals in recognizing and responding to domestic violence.

SPECIFIC OBJECTIVES:

- **Implementation** of the Family Violence Prevention Act and Professional Guidelines for recognising and treating victims of domestic violence in the health sector
- **Increasing competencies** of health workers to recognise and treat victims of domestic violence and to work with vulnerable groups
- **Establishing inter-sectoral treatment** of victims and perpetrators of domestic violence comparable to international practices in this area

TARGET GROUPS:

- **Health professionals** (physicians and nurses)
- **Employed in the health sector** (psychologists, therapists etc.)
- **Other specialists** collaborating with health professionals in the process of recognizing and responding to domestic violence (police, social workers, teachers etc.)



MAIN RESULTS

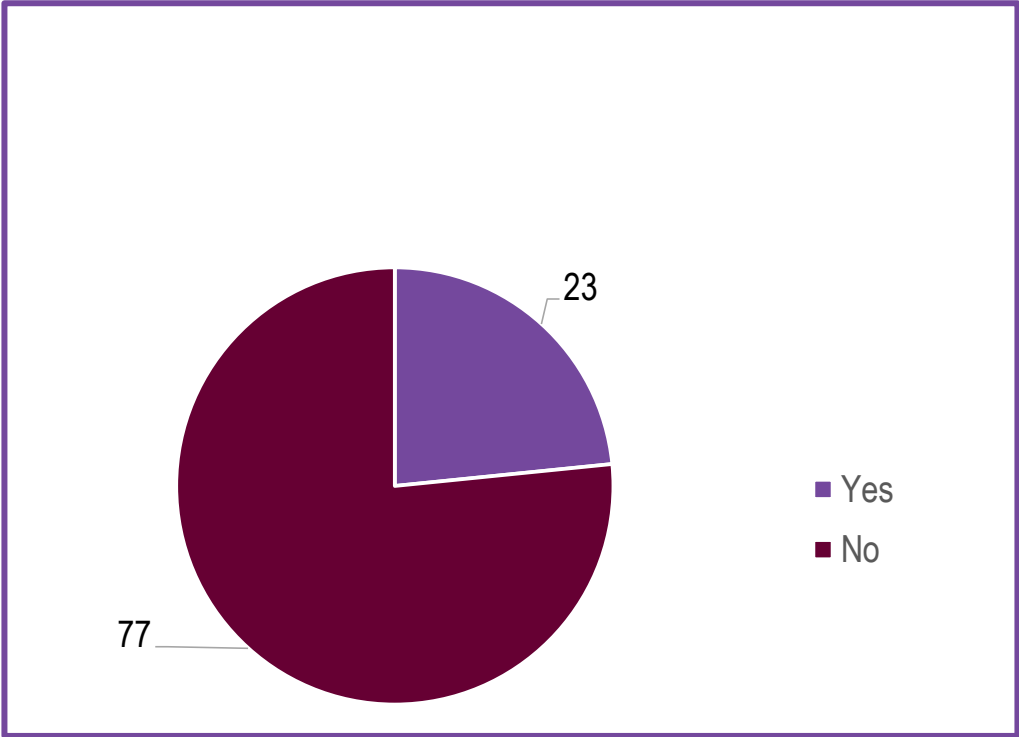
RESEARCH

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.**

448 workers from health sector and 80 victims of domestic violence participated in the study.

In addition 30 professionals, working with domestic violence victims were interviewed.

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



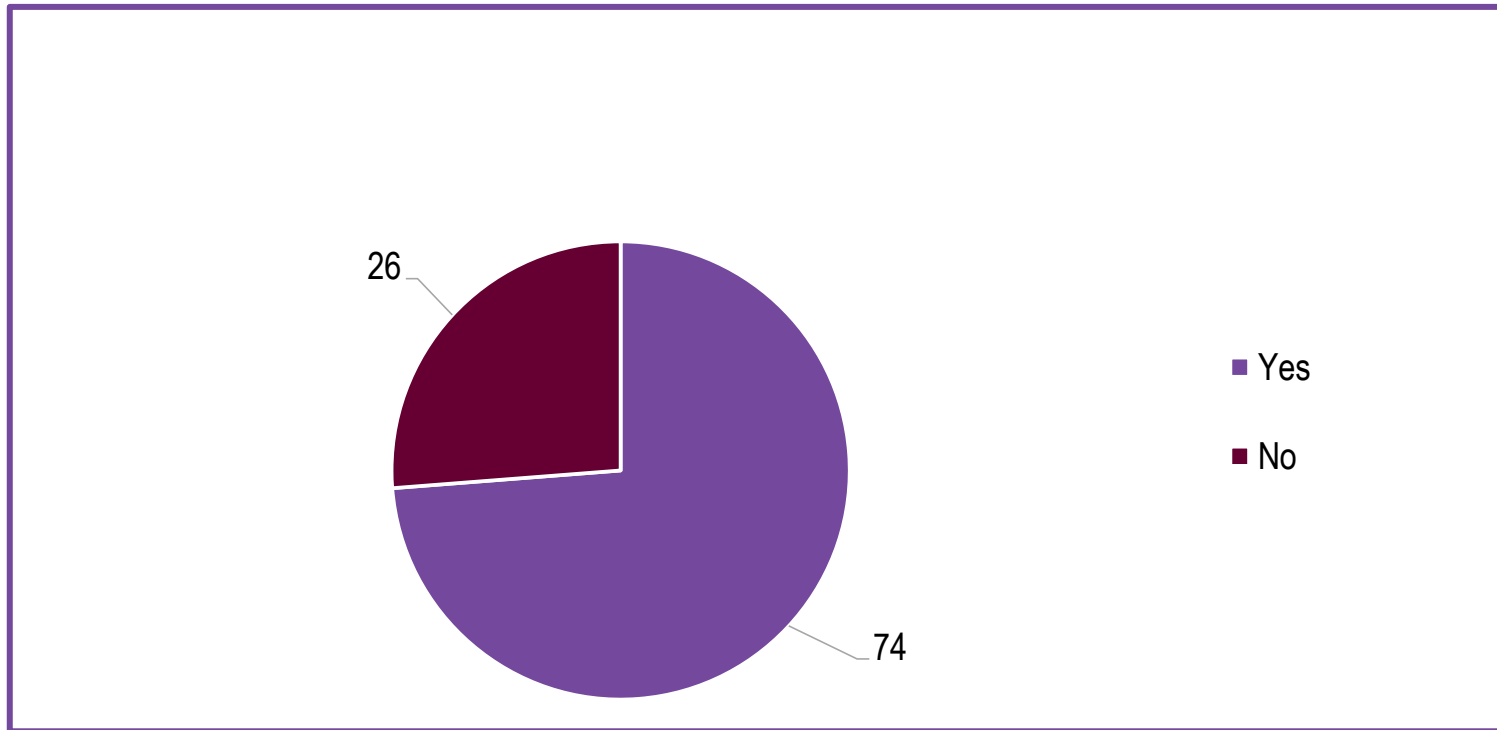
Reasons of health care professionals for not participating in previous trainings on the topic of domestic violence:

- 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 %).

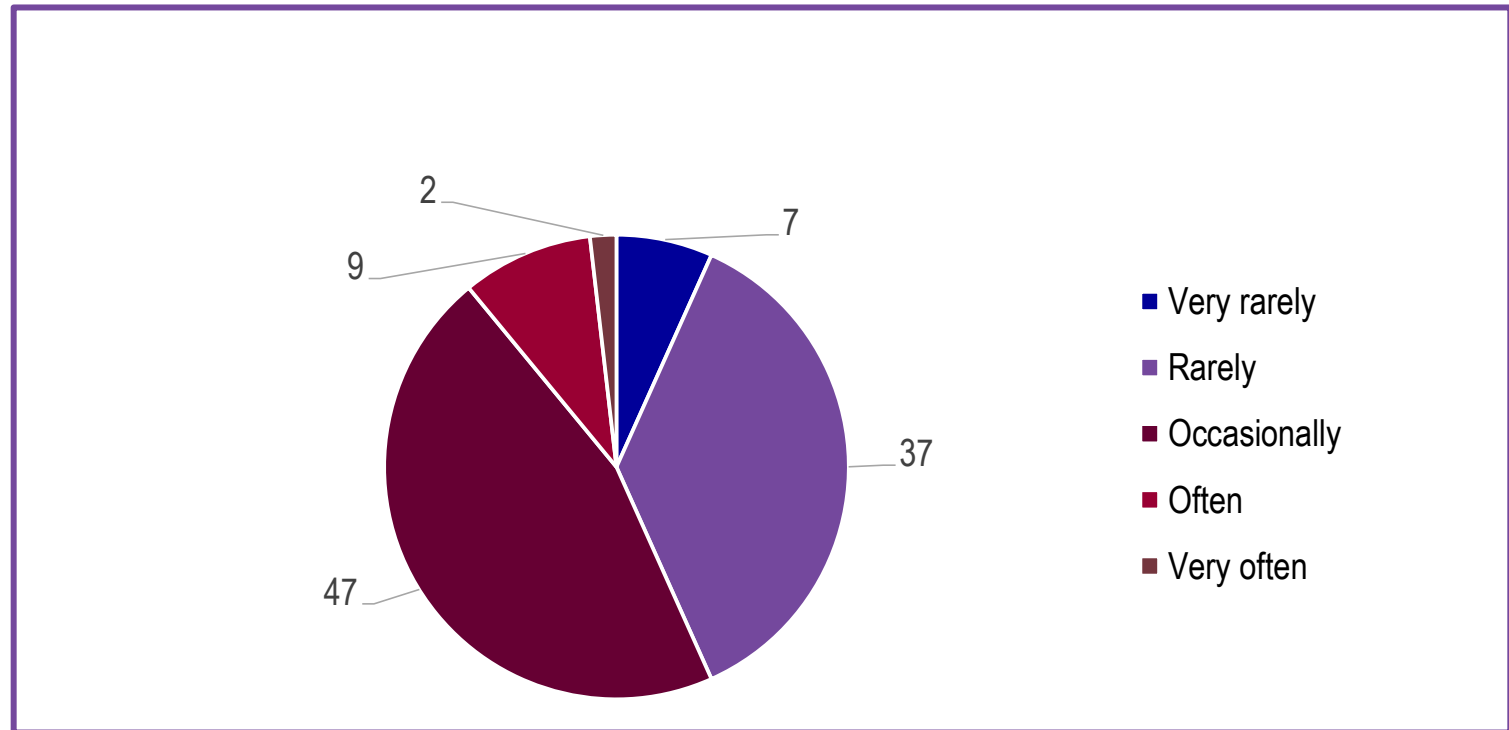
Reasons of health care professionals for participating in previous trainings on the topic of domestic violence.

- 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 %).

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



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



Most frequent barriers of health care professionals at encounters with victims of domestic violence.

Barriers

- 1 Lack of experience and knowledge for providing adequate assistance to victims.
- 2 Lack of cooperation with other relevant institutions and health care professionals.
- 3 Feeling powerless to deal with situations in the case of domestic violence.
- 4 Victim does not consent with reporting domestic violence.
- 5 Work overload.
- 6 Lack of authorisation to act.
- 7 Lack of time.

Most frequent responses of **victims** of domestic violence.

Reasons for not seeking help at health care professionals

- 1 I think that domestic violence is not an issue which I could discuss with health care professional.

- 2 I believe health care professional can not offer me help.

- 3 The perpetrator denies me the access to medical assistance.

- 4 I believe medical staff does not have time to talk about domestic violence.

- 5 I have bad experience with communicating to health care professionals.

- 6 I believe my privacy is not guaranteed in health care facilities.

Most frequent responses **of victims** of domestic violence.

I expect that health care professional...

- 1 ... listen to me.
 - 2 ... believe me.
 - 3 ... collaborate with other relevant institutions.
 - 4 ... respect my privacy.
 - 5 ... be considerate in talking about domestic violence when children are present.
 - 6 ... not judge me.
-



Inter-disciplinary educational platform was established according to:

- Research results
- In-depth analysis of the current situation, legislation and literature on identifying and responding to the victims of domestic violence in Slovenia
- Review of practices of responding to domestic violence within the health sector in Norway

Educational platform consists of 4 interlinked **thematic areas**:

*DOMESTIC VIOLENCE: HEALTH AND
SOCIAL PROBLEM*

*LEGAL BASES AND
STRATEGIES OF
COOPERATION*



*SUCCESSFULL
RECOGNITION OF
DOMESTIC VIOLENCE
VICTIMS IN HEALTH
CARE*

*ADDRESSING DOMESTIC VIOLENCE:
CLINICAL SIGNS AND PATHWAYS*

Main products of educational platform

EDUCATIONAL PLATFORM POND_SiZdrav

**POND_SiZdrav
WEBSITE**
(Educational material,
Supporting info in
domestic violence)

HANDBOOK
Recognising and
treating victims of
domestic violence
in health care
settings

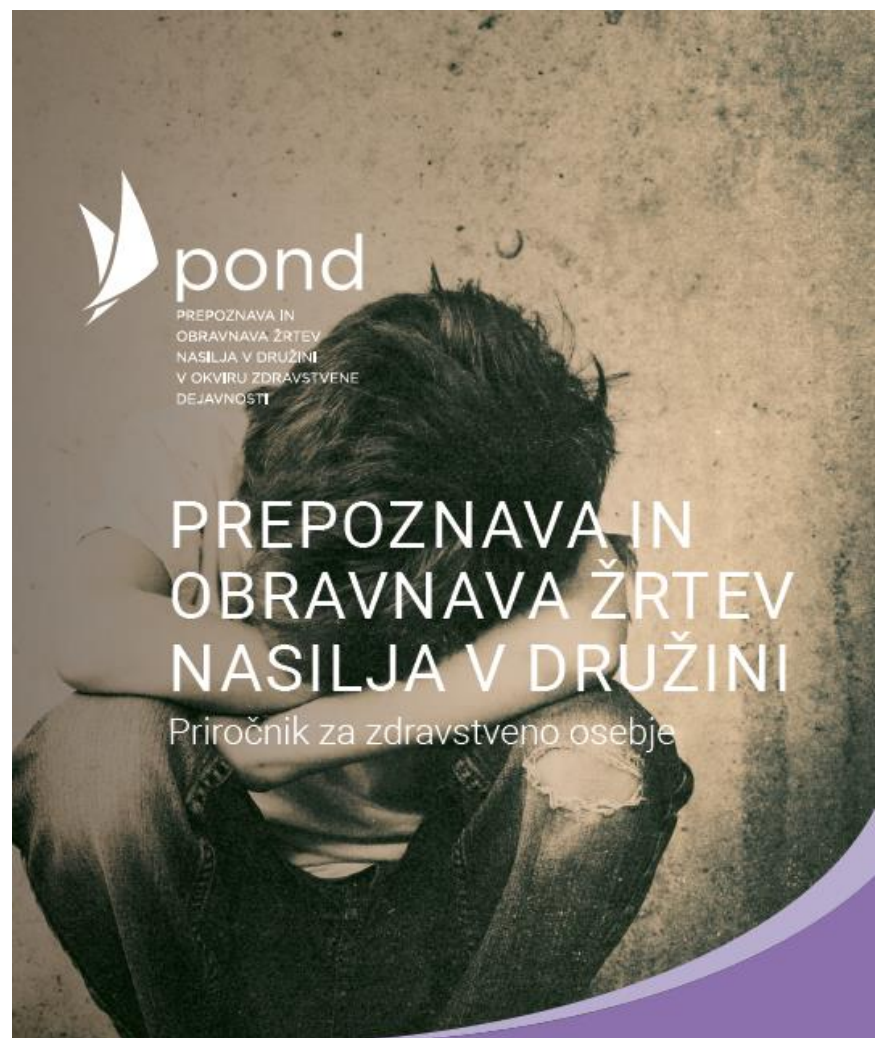
**HANDY
EDUCATIONAL
TOOLS** (QR codes,
Quick response
sheet)

**EDUCATIONAL
TRAININGS**
(Lectures,
Workshops)

MANUAL

Printed and in freely accessible
on website

<http://www.prepoznajnasilje.si/>



QR codes

Breme nasilja v družini za zdravstveni sistem
www.prepoznajnasilje.si/qrc/breme-nasilja



Application for smart devices



Prepoznava in obravnava žrte nasilja v družini / QRC / Breme nasilja

BREME NASILJA V DRUŽINI ZA ZDRAVSTVENI SISTEM

Mera Kopčar Guček

Nasilje nad otroki značilno povečuje globalno breme bolezni: isohemična bolezen srca, kronične pljučne bolezni, sindrom razdražljivega črevesa in fibromialgija (v odrasli dobi) so povezane z izkušnjo nasilja v otroštvu. Št. takojšnjimi in dolgoročnimi posledicami nasilja povezani stroški so:

- naporosti – stroški bolnišničnega in ambulantnega zdravljenja ter drugih zdravstvenih storitev, med druge pa štejejo izgubo delovne sile, trajno okvaro zdravja, zmanjšano kakovost življenja in prognozo smrti, ter
- posredni – sodni stroški, stroški socialne službe in posvojitve, stroški na področju izobraževanja.

Žrte telesnega ali spolnega nasilja v otroštvu ali nasilja v partnerskih odnosih v obdobjem življenja potrebujejo zdravstvene oskrbe pogosteje kot osebe brez izkušnje nasilja.

Podatki o nasilju nad starševimi in o posledicah nasilja so podčrpani in natančnejši, saj zdravstvene in socialne službe ter policija nedolžno ozirajo z različnimi kazalniki dokumentirajo posamezne nasilne dogodke in njihove vzroke. Znanost so dejstva:

- Starejše žrte nasilja imajo daljše hospitalizacije v primerjavi s tistimi brez izkušenj nasilja.
- Kihla starostihle naredi nasilje še bolj nemoteno in neboležno, odvisne od taje pomoči, manj mobilne, nesamostojne v vsakdanjih opravilih in socialno izolirane ter jim onemogoča dostop do zdravstvene oskrbe, s čimer se njihovo zdravstveno stanje še poslabša.

Namesto polnega življenja, kjer bi ob medgeneracijskem sožitju še vedno lahko prispevali družbi, so starejši zaradi nasilja odinjeni na rob in obravnavani kot družbeno breme.

Prijava: Vnesite elektr. nč. SLO V

Nasilje v družini | Izobraževanja | Izobraževalne vsebine | Projekt | Novice | Mo središče

BREME NASILJA

ANONIMNA PRIJAVA NASILJA V DRUŽINI

(Ni namenjena prijavi po službeni dolžnosti)

Anonimni telefon za starije osebe, ki so žrte nasilja
080 51 16

Projekt je sofinanciran v okviru programa Norveškega finančnega mehanizma 2009–2014. Koordinator programa je Služba Vlade RS za razvoj in evropsko kohezijno politiko.

NORWEGY grants

REPUBLIKA SLOVENIJA
SLUŽBA VLADE REPUBLIKE SLOVENIJE ZA RAZVOJ
IN EVROPSKO KOHEZIJSKO POLITIKO

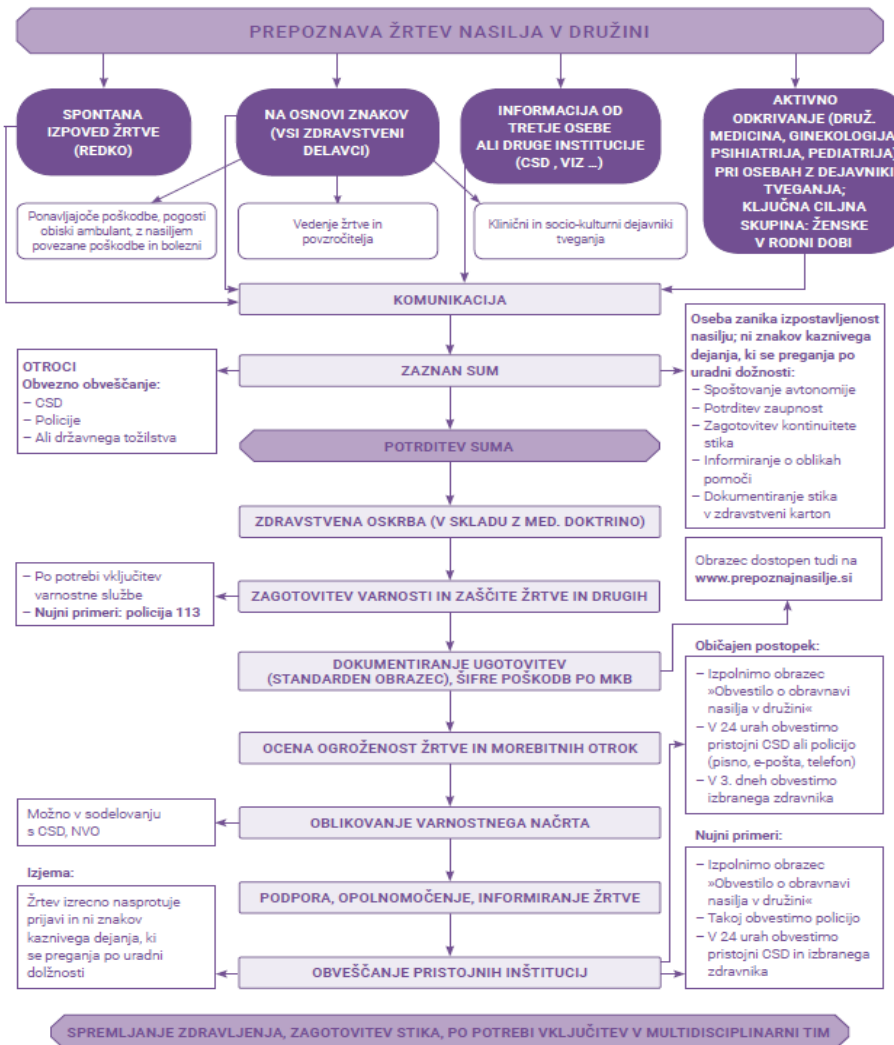
PRIJAVA NA E-NOVICE

Elektronski naslov

Oddaj

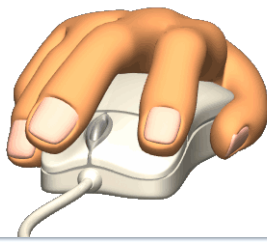
QUICK RESPONSE SHEET – protocol for treating victims of domestic violence

PROTOKOL PREPOZNAVANJA IN OBRAVNAVANJA ŽRTEV NASILJA V DRUŽINI



Printed and in freely accessible on website

<http://www.prepoznajnasilje.si/>



Educational contents on the website

NASILJE V DRUŽINI: ZDRAVSTVENI IN DRUŽBENI PROBLEM

Prepoznavna in obravnavna žrtev nasilja v družini / Izobraževalne vsebine / Nasilje v družini: zdravstveni in družbeni problem

KAZALO

[Posledice nasilja za zdravje](#)

[Revščina, brezposelnost in nasilje v družini](#)

[Posebnosti podeželskih in kmečkih okolij za prepoznavo in obravnavo nasilja v družini](#)

POSLEDICE NASILJA ZA ZDRAVJE

Melita Zver Makovec

Kljub razlikam med vzorci nasilnih dejanj, ki jih v družinskem krogu opazimo pri moških in ženskah, imajo nasilje, trpinčenje in zlorabe enako uničujoče posledice. Enaki nevarnosti so izpostavljeni tudi družinski člani, ki so nasilno dejanje med drugimi člani družine »samo« opazovali. Težko je potegniti ločnico med vzroki otrokovih težav, do katerih je prišlo zaradi izpostavljenosti nasilnim družinskim sporom, in splošnimi vzroki, saj lahko otroka zaznamujejo tudi nenasilni spori med starši.

Kakršna koli oblika nasilja ima opazne posledice na zdravstveno stanje žrtev v obliki fizičnih in tudi psihosomatskih posledic.

Čeprav je na prvi pogled manj opazno, ima psihično nasilje enake uničujoče posledice kot fizično nasilje. 81% žensk, ki so bile v partnerskem odnosu žrtve fizičnega nasilja, je pozneje v življenju kazalo znake **posttravmatske stresne motnje**. Znaki tovrstnega stanja so se pozneje v življenju pokazali pri 63% žensk, ki so bile v partnerskem odnosu žrtve psihičnega nasilja.

Poleg telesnih posledic fizičnega nasilja je treba izpostaviti tudi pomen **posledic za duševno zdravje**, med katerimi so lahko depresija, anksioznost, izguba spomina, zloraba drog in alkohola ter izguba teka. Žrtev lahko razvije nižje socialno samospoštovanje, bolj soodvisno samopodoba, samomorilska nagnjenja in nagnjenost k samopoškodovanju ter začne iskati tvegane situacije.

Rezultati več raziskav so nakazali povezavo med nasiljem v partnerskih odnosih in **akutnimi ter kroničnimi oblikami bolezenskih stanj**, na primer poškodbe, hudi glavoboli, bolečinski sindromi (zlasti bolečina v vratu in

ANONIMNA PRIJAVA NASILJA V DRUŽINI

(Ni namerjena prijavi po službeni dolžnosti)

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REPUBLIKA SLOVENIJA
SLUŽBA VLADE REPUBLIKE SLOVENIJE ZA RAZVOJ
IN EVROPSKO KOHEZIJSKO POLITIKO

PRIJAVA NA E-NOVICE

Elektronski naslov

Nasilje v družini: zdravstveni in družbeni problem

Uspešno prepoznavanje žrtev nasilja v družini v zdravstvu

Obravnavanje žrtev nasilja v družini: klinični znaki in poti

Zakonske osnove in strategije sodelovanja

A TWO-DAY EDUCATIONAL TRAININGS

First day (Module 1): Lectures (8 hours)

Second day (Module 2): Workshops (8 hours)

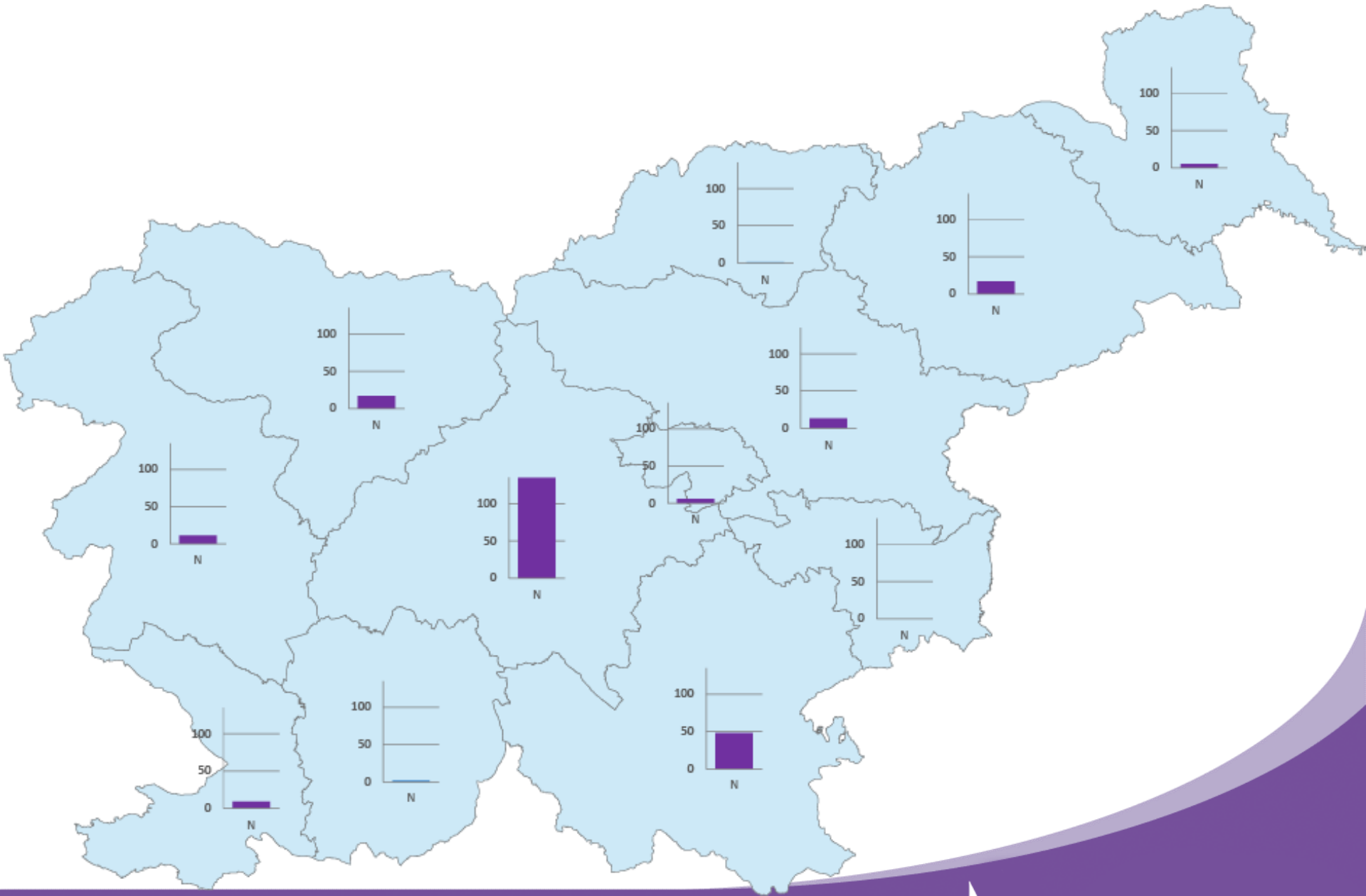
- All trainings are carried out by **interdisciplinary educational group** (physicians, social workers, counsellors from NGO, psychologists, sociologists and anthropologists)
- Educational trainings are **in line with professional guidelines** for addressing domestic violence in health sector (Ministry of Health of the Republic of Slovenia)

GOAL: To educate 1.600 - 2.000 health professionals from whole country (16 hours trainings per person)

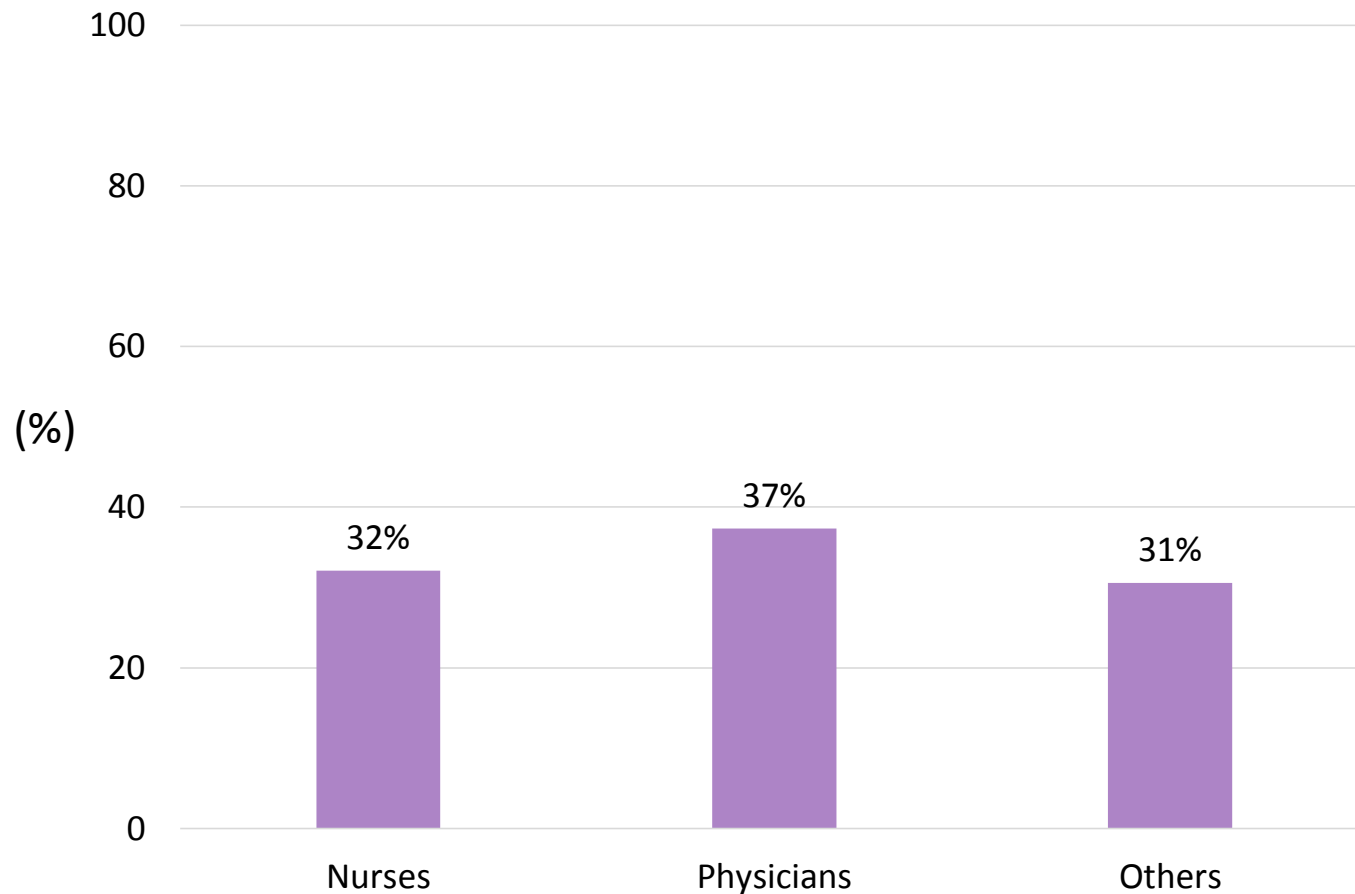
SO FAR

Educational trainings were performed **three times** from planned 20 sessions (269 participants)





The structure of participants (N=269)



INVOLVEMENT OF THE NORWEIGN PARTNER

- **Two Reports** on violence in close relationships (available on the Website also in the Slovenian language)
 - 1) *Recognizing and treating victims and perpetrators of violence in close relationships in the health care service in Norway*
 - 2) *Addressing health approaches to vulnerable groups in Norway*
- **Chapter** in the Manual and **educational material**(QR codes, website contents)
- **Presentation of the Project and results of POND Study** at 9th European Congress on Violence in Clinical Psychiatry, Cobenhagen (22. Oct – 24. Oct 2015)
- **Participation at the final project conference** in Ljubljana in May 2016 (lecture and paper in conference proceedings)

CONCLUSIONS

- POND_SiZdrav is a **complex project** with numerous products (with over 60 project members; 25 persons involved in educational trainings)
- The project is **well accepted** by the Slovenian health sector and by other professionals in the field dealing with the domestic violence issue
- At the moment this is the most **comprehensive educational platform** in Slovenia, primarily focused in health workers, but also useful for other sectors, as well for (potential) victims of domestic violence
- **1.5 million leaflets** will be in March 2015 distributed among Slovenian **health institutions** (to alert patients that in cases of domestic violence they can seek for help also in health sector)
- The project is good **represented in various public and professional media** (newsletters, articles, interviews, press conference for media representatives)



OPEN YOUR EYES.

**LET'S HELP VICTIMS OF
DOMESTIC VIOLENCE.**



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IN HEALTH CARE SETTING



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THANK YOU FOR YOUR ATTENTION!