



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 healthcare professionals (Acronym: POND\_SiZdrav)

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Centre for Social Work Maribor



St .Olavs Hospital,  
Forensic Department Brøset



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***

*(12<sup>th</sup> of February 2015 – 30<sup>th</sup> of June 2016)*

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

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

# BACKGROUND

- 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 OF THE PROJECT

The implementation of **multidisciplinary** 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* (2008) and *Professional Guidelines (2014)* for recognising and treating victims of domestic violence in the health sector
- **Increasing competencies (and raising awareness)** 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, technicians etc.)
- **Other specialists** collaborating with health professionals in the process of recognizing and responding to domestic violence (police, social workers, teachers etc.)



# MAIN RESULTS

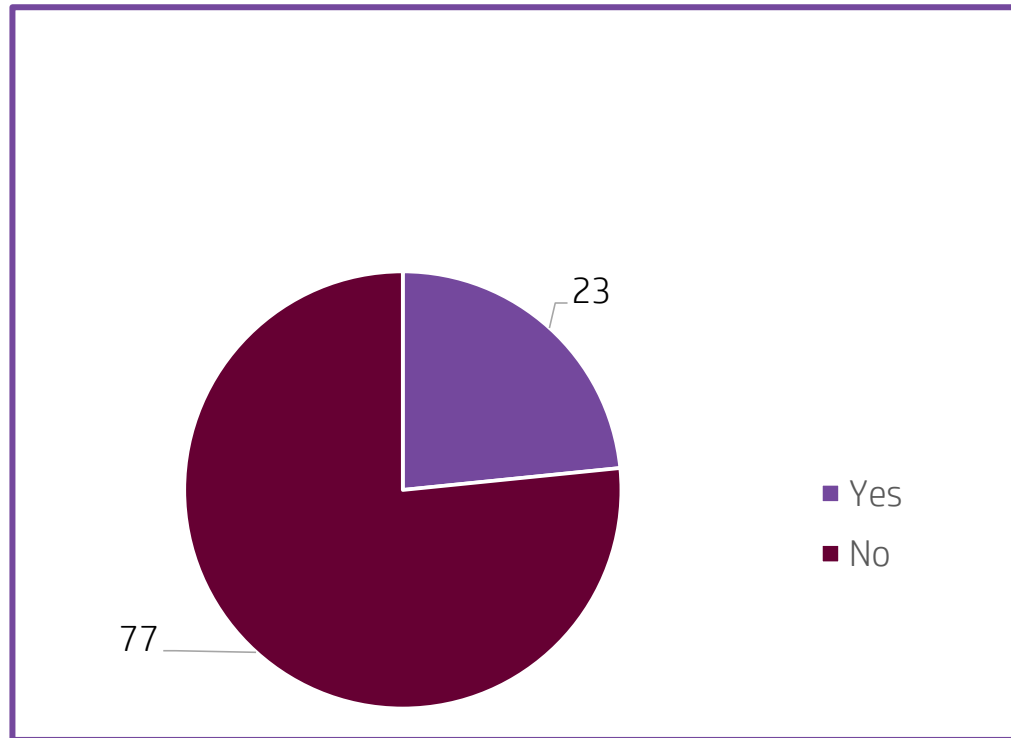
## RESEARCH PRIOR TO THE PROJECT

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 %).



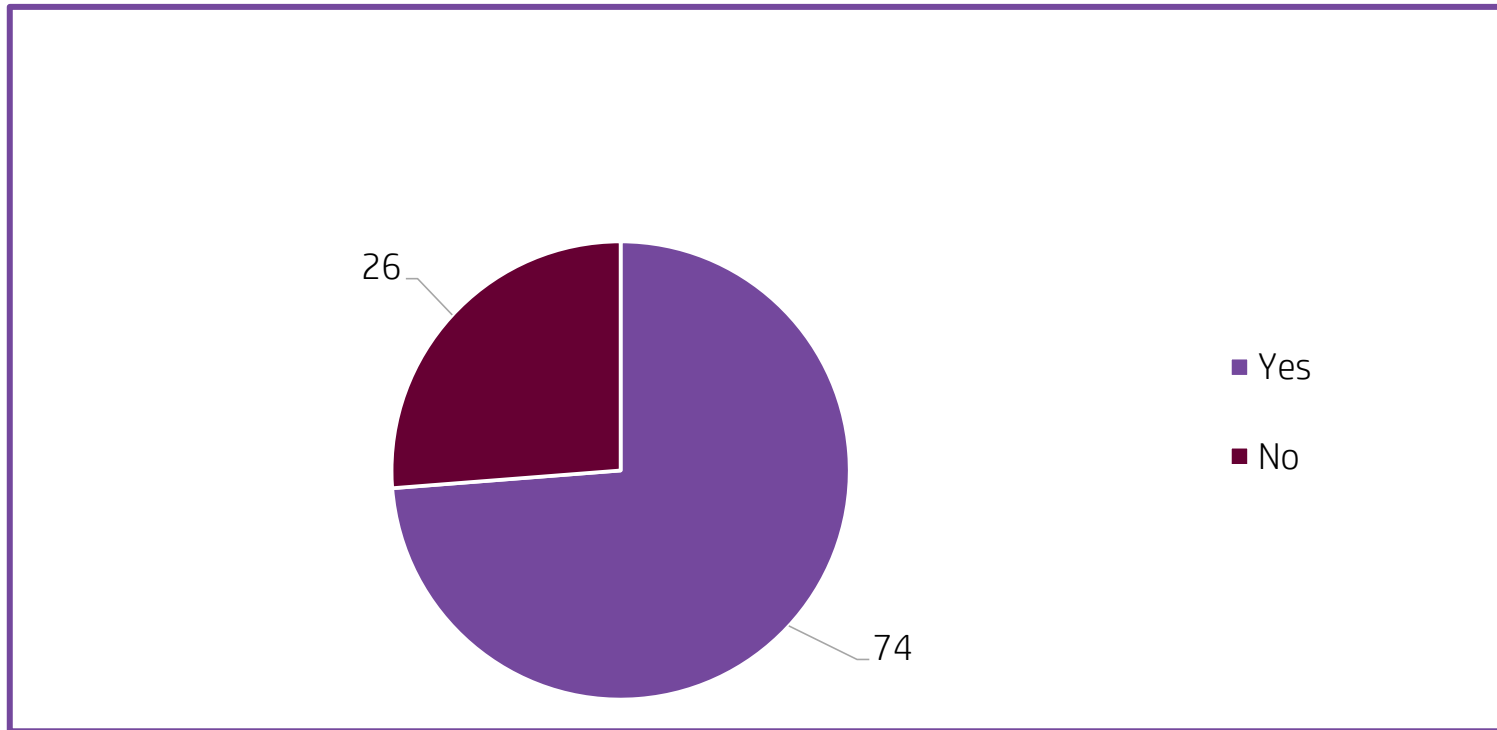
## Reasons of health care professionals for not participating in previous trainings on the topic of domestic violence:

- 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 %).

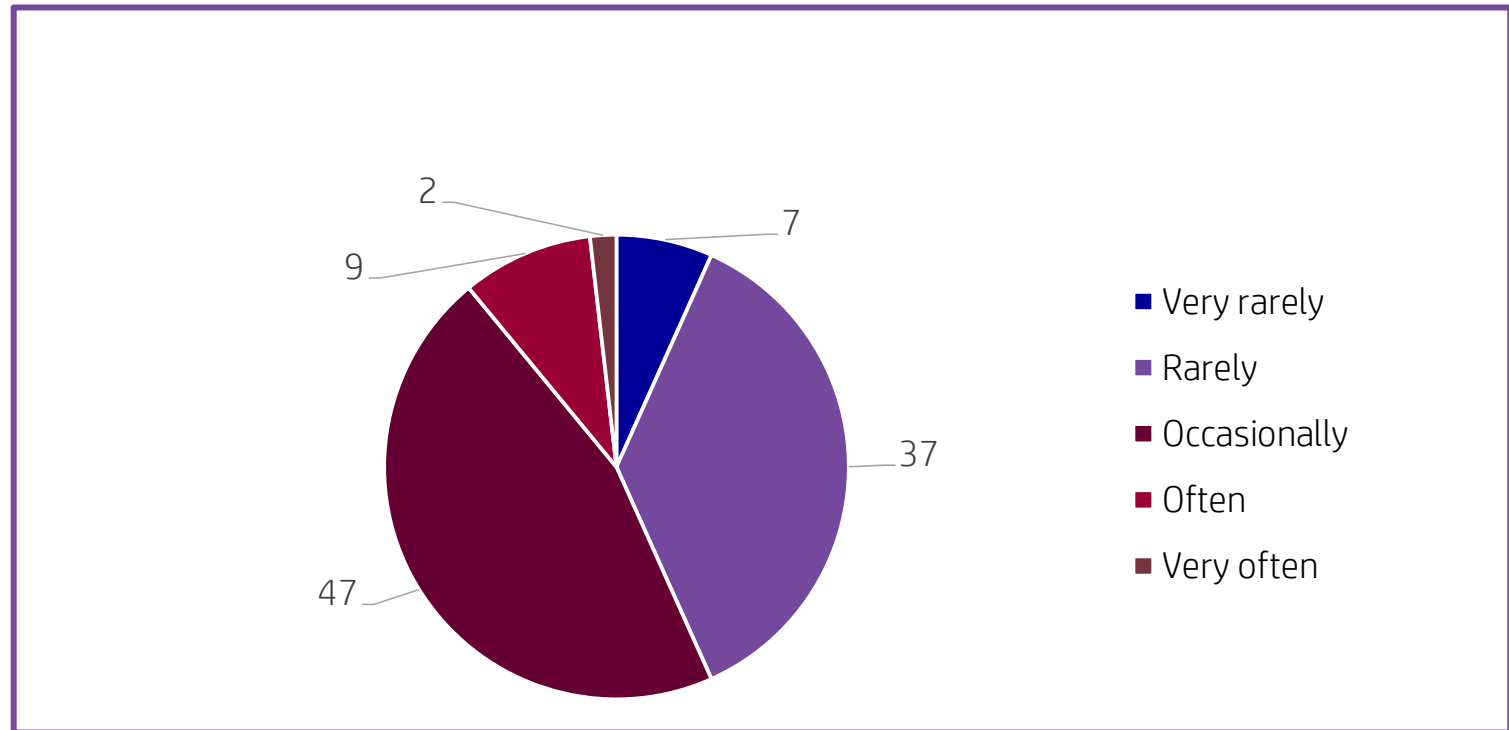
## **Reasons of health care professionals for participating in previous trainings on the topic of domestic violence.**

- 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.

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### **Reasons for not seeking help at health care professionals**

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- 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.

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### I expect that health care professional...

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- 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.
-



## **Multidisciplinary 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)



POMAGAMO.  
KER VSAK DAN  
SREČUJEMO ŽRTVE  
NASILJA V DRUŽINI.

## PRIPOMOČKI IN OBRABCI ZA PREPOZNAVNO IN OBRAVNAVO NASILJA V DRUŽINI

- Prepoznavna in obravnavna širna različica v družini (PDF) | Velikost: 10 MB
- Prepoznal prepoznavna in obravnavna širna različica v družini (PDF) | Velikost: 200 KB
- Obesice za dokumentiranje obravnavne širne različice v družini (PDF) | Velikost: 222 KB
- Obesice za dokumentiranje obravnavne širne različice v družini (PDF) | Velikost: 227 KB

## INFORMACIJE

### ŽRTEV NASILJA SE LAHKO ZAUPA TUJI ZDRAVNIKU/ZDRAVNICI

V Ljubljani, 15. septembra 2013. Žabotnikovi delavci predstavljajo pomemben člen v vrsti prepoznavanja in obravnavanja nasilja v družini, saj imajo pomembno vlogo pri prepoznavanju širne različice, ustrezni ukrepanju ter nudenju pomoči. Namreč, zaposleni (žrtve nasilja) v družini lahko namreč pogosto tako blazeno kot dušično občutijo širno, posledično pa se velikokrat tudi dolgočasje. Nasilje v družini tudi nevarno tudi kot poročevalni problem, ne pa tudi družinski problem.

### Štrokevne smernice za obravnavo nasilja v družini pri izvajanju zdravstvene dejavnosti

14. maj 2013

### Nema Kopčanar Guščič: Pristojnosti zdravstvenih ustanov na področju preprečevanja nasilja v družini

14. maj 2013  
Zdravstvene ustanove na tem obsegu opravljanja zdravstvenega servisa so vedno boljše poznavanje in posrejevanje v zdravstvenih ustanovah. V zvezi s nasiljem v družini so predvsem: splošni zdravstveni in zdravstveni, poleg pediatrov in pediatrijske ginekologije in ginekologije ter psihologije in psihiatrije, še posebej zaposleni...

## DOGODKI

### Prepoznavna in obravnavna širna različica v družini v okviru zdravstvene dejavnosti

6. maj  
7. maj  
Namen: Izobraževanje in usposabljanje zdravstvenih delavcev v zvezi s prepoznavanjem in obravnavanjem nasilja v družini in sklopu zdravstvene dejavnosti. Izobraževanje med drugimi topiči vključuje predvsem: razpravo o nasilju, ki v Sloveniji opazimo in postopkih pri obravnavanju nasilja v družini pri izvajanju zdravstvene dejavnosti. Določa se, da se morajo zdravstveni delavci na področju splošne in specializirane medicine, pediatrije, ginekologije, psihiatrije in gastroenterologije, ter zdravstveni delavci v urgentnih storinah reanimacijskih oddelkov in oddelkih bolnišnične zdravstvene obravnave o nasilju v družini vsaj enkrat, v obsegu najmanj 3 ur. Hkrati pripravijo in izvedejo predavarski gledi zdravstvenega nastopa po Zakonu o preprečevanju nasilja v družini.



### ANONIMNA PRAJAMA NASILJA V DRUŽINI

(Ni namenjena prijavi po sklopu družinski)

### Projekt Prepoznavna in obravnavna širna različica v družini v okviru zdravstvene dejavnosti

Cilj projekta so uveljavitev dobrih praks in preprečevanje nasilja v družini na področju zdravstvene dejavnosti ter preprečevanje in kompleksno zdravstveno delovanje pri delu z žrtvami nasilja v družini. Partnerji projekta razvijajo strokovno izobraževanje, ki je usklajeno z strokovnimi smernicami pripravljanimi na NIJ ZRS.

### POMOČ ŽRTVAM - ZLOČINE, BROŠURE, PRIRUČNIKI

Zdravstveni delavci pri svojem delu lahko pomagajo žrtvam nasilja v družini na različne načine. Na voljo so spletni strani, na katerih so pripravljene brošure in brošure na letnih letih opozorila širne različice.

Projekt je sofinanciran v okviru programa Nacionalnega finančnega mehanizma ZRSR 2014, sofinanciranja pa tudi v skladu s SKL 141/15 SKL. Izvajatelj programa je Skupina Vlada RS za razvoj in evropsko kohezijsko politiko.



### PRAJAMA NA ENOVICE

Glejte tudi našo

### VSTROJ ZA PARTNERJE/PROJEKTA

Uporabljeno ime  
  
Glejte

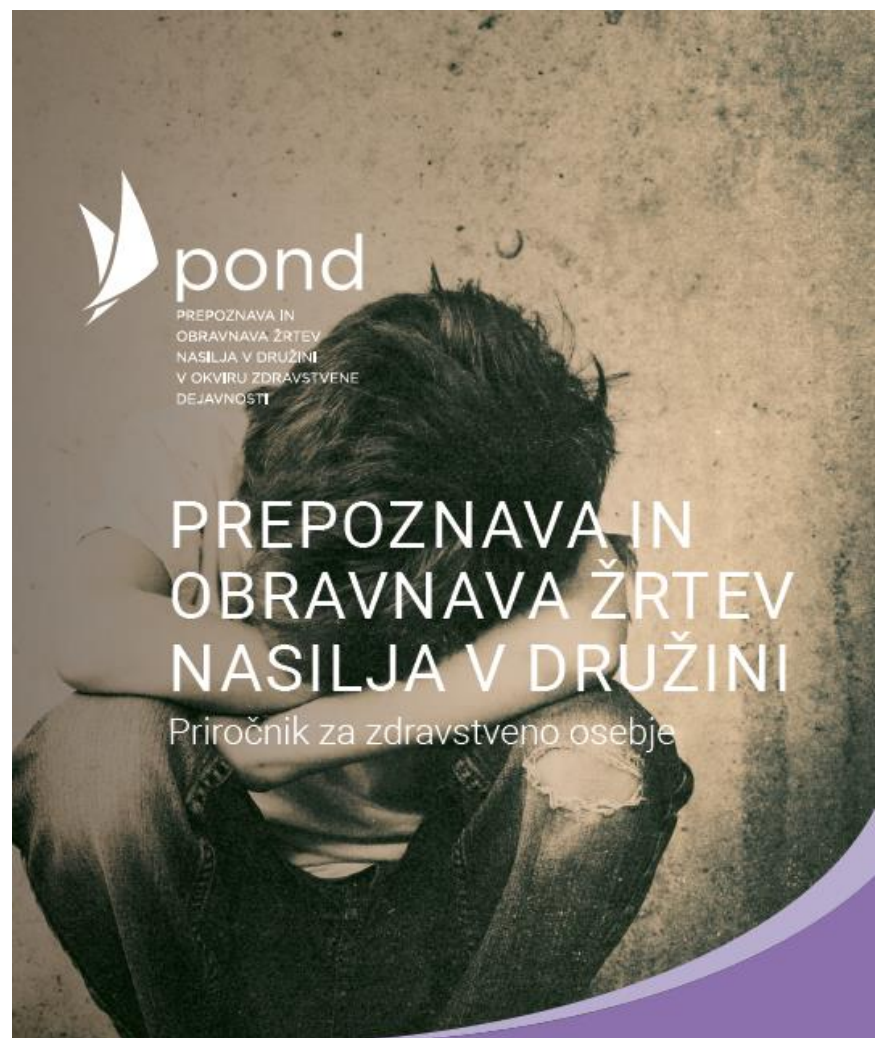
### Prepoznavna in obravnavna širna različica v družini v okviru zdravstvene dejavnosti

Namen: Izobraževanje in usposabljanje zdravstvenih delavcev v zvezi s prepoznavanjem in obravnavanjem nasilja v družini in sklopu zdravstvene dejavnosti.

# 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](http://www.prepoznajnasilje.si/qrc/breme-nasilja)



Application for smart devices



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

## BREME NASILJA V DRUŽINI ZA ZDRAVSTVENI SISTEM

Mera Kopčar Guček

**Nasilje nad otroki** znatno povečuje globalno breme bolezni: ishemična 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 sposobnosti, trajno okvaro zdravja, zmanjšano kakovost življenja in prognozo smrti, ter
- posredni – sodni stroški, stroški socialne službe in posvojitve, stroški na področju izobraževanja.

Žrtev telesnega ali spolnega nasilja v otroštvu ali nasilja v partnerskih odnosih v obdobjem življenja potrebujejo zdravstvene oskrbo 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 oziroma z razločnimi kazalniki dokumentirajo posamezne nasilne dogodke in njihove razlike. Znanja so dejstva:

- Starejše žrtev nasilja imajo daljše hospitalizacije v primerjavi s tistimi brez izkušenj nasilja.
- Kihla starostihle navedi nasilje še bolj nemotno in neboljano, odvisne od taje pomoči, manj mobilne, nesamostojne v vslednjih upravlili 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.

**ANONIMNA PRIJAVA NASILJA V DRUŽINI**  
(Ni namerjena prijavi po službeni dolžnosti)

Anonimni telefon za starije osebe, ki so žrtev 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 kohezijsko politiko.

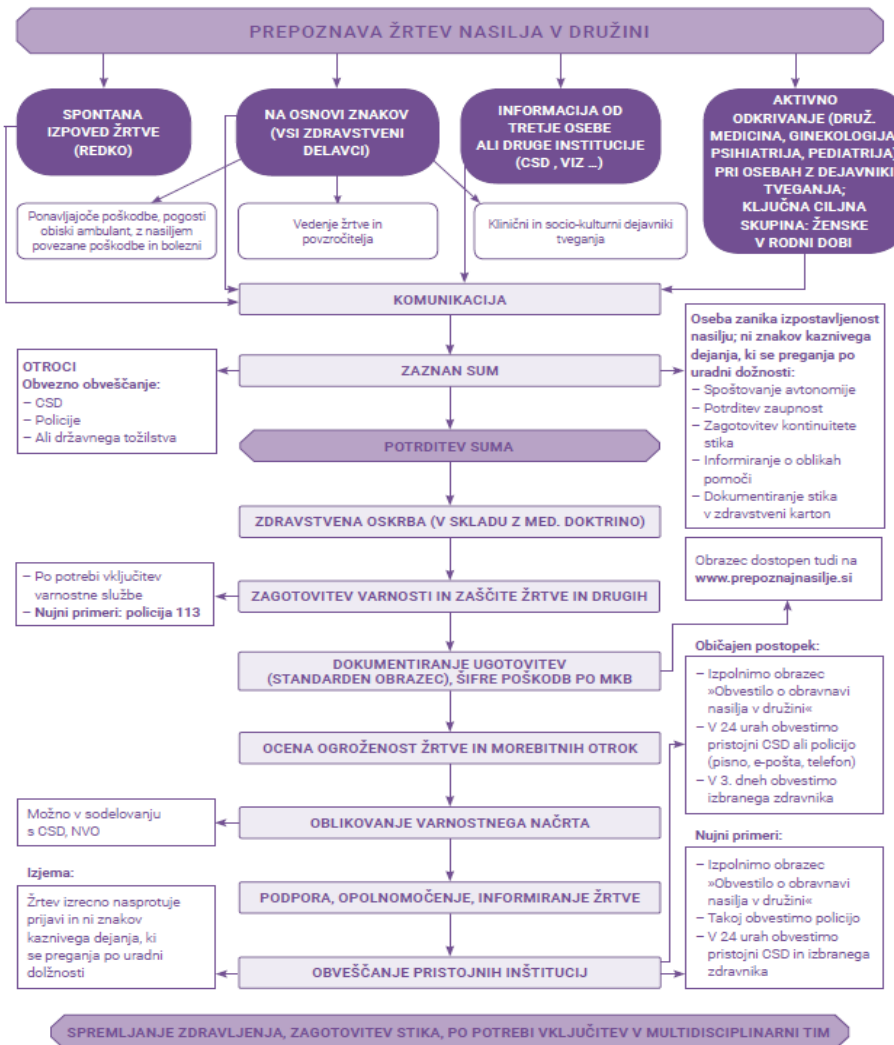
**NORWEGY grants**

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

**PRIJAVA NA E-NOVICE**  
Elektronski naslov

# 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 obravnava 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 **postravmatske 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

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

#### ANONIMNA PRIJAVA NASILJA V DRUŽINI

*(Ni namerjena prijavi po službeni dolžnosti)*

Anonimni telefon za starejše osebe,  
ki so žrtve 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 kohezijsko politiko.



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

#### PRIJAVA NA E-NOVICE

Elektronski naslov

## TWO-DAY EDUCATIONAL TRAININGS (20 Sessions)

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

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

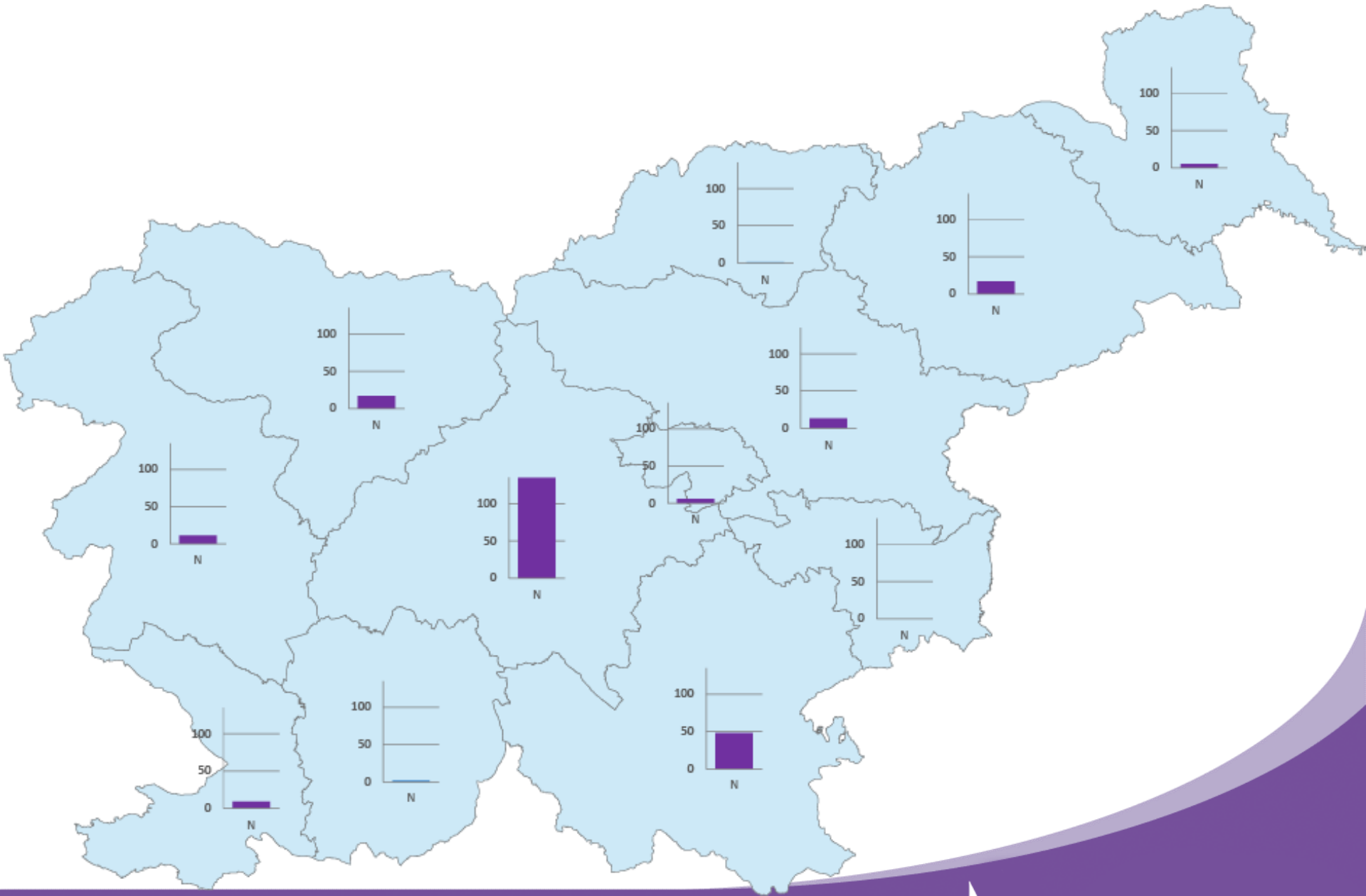
- All trainings are carried out by **interdisciplinary educational group** (physicians, social workers, counsellors from NGO, psychologists, sociologists and anthropologists)
- Educational trainings are **in line with professional guidelines** for addressing domestic violence in health sector (Ministry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

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

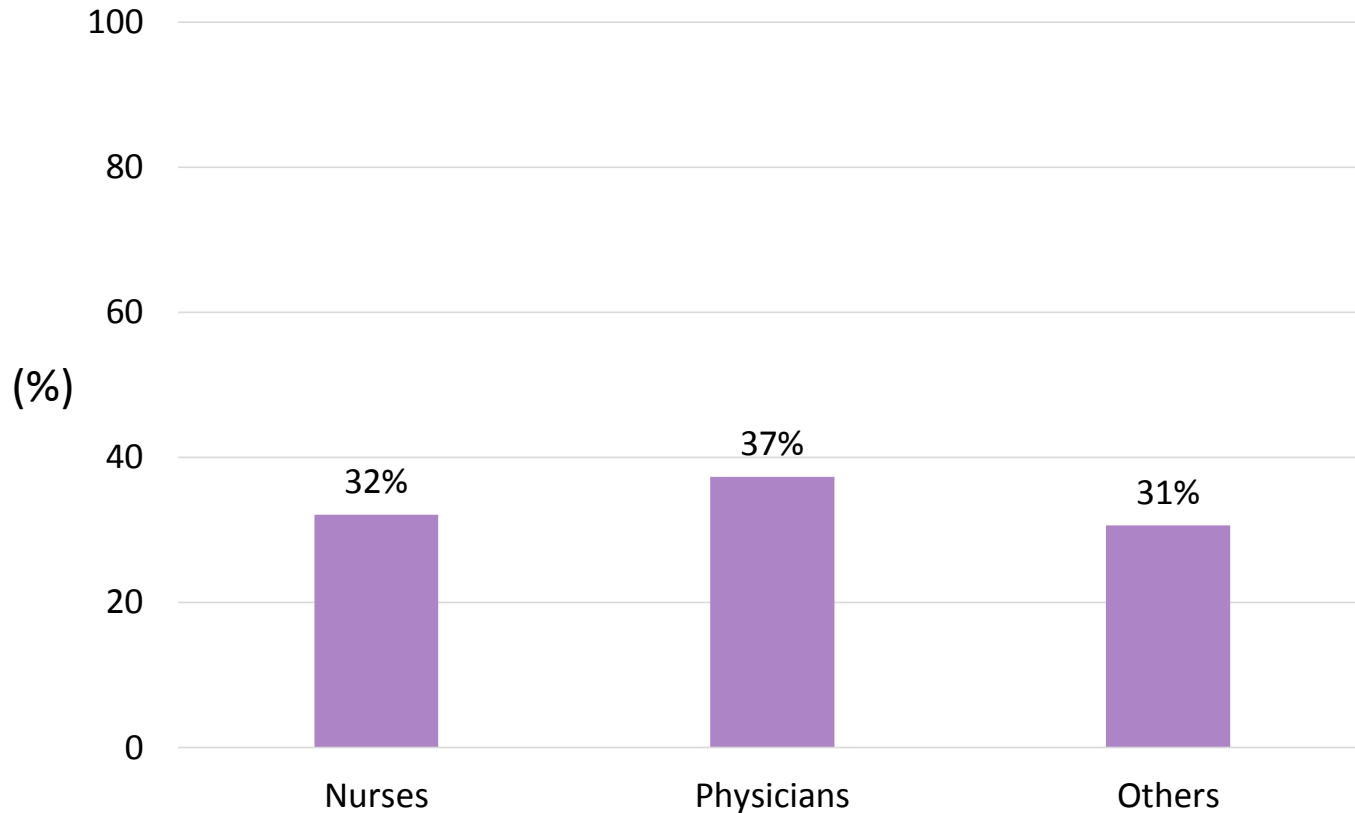
# SO FAR ....

Educational trainings were performed **14 times** (of planned 20 sessions, 1433 participants)





## The structure of participants (analysed at N=269)



## The analysis of feedback questionnaires of the participants: lectures (N=1233)

- The lectures contributed to my understanding FV: 4.3; SD=0.7
- The lectures contributed to my knowledge on FV: 4.2; SD=0,8
- The lectures improved my skills and competencies for FV: 4.2; SD=0.8

## LICKERT SCALE

### Grades 1-5 :

1-not understandable at all

2-not understandable

3-undecided

4-understandable

5-very understandable

### Anonymous

Average grade was calculated

## The analysis of feedback questionnaires of the participants: workshops (N=1233)

- The workshops contributed to my understanding FV: 4.5; SD=0.6
- The workshops contributed to my knowledge on FV: 4.5; SD=1,2
- The lectures improved my skills and competencies for FV: 4.5; SD=0.6

## LICKERT SCALE

### Grades 1-5 :

1-not understandable at all

2-not understandable

3-undecided

4-understandable

5-very understandable

### Anonymous

Average grade was calculated

# 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** were in March 2016 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 well **represented in various public and professional media** (newsletters, articles, interviews, press conference for media representatives)



**THE MAIN OUTCOME: HOW WILL THIS PROJECT REFLECT IN  
CLINICAL PRACTICE?**



OPEN YOUR EYES.

LET'S HELP VICTIMS OF  
DOMESTIC VIOLENCE.



RECOGNIZING AND TREATING VICTIMS OF DOMESTIC VIOLENCE  
IN HEALTH CARE SETTING



RECOGNIZING AND TREATING VICTIMS OF DOMESTIC VIOLENCE  
IN HEALTH CARE SETTING

THANK YOU FOR YOUR ATTENTION!