A HEALTH SECTOR ONLINE TOOLKIT FOR IMPLEMENTING LEARNING INTO PRACTICE FROM VIOLENCE AGAINST WOMEN TRAININGS (TILPVAWT)

María Carmen Fernández-Alonso MD, PhD[1], Raquel Gómez Bravo [2], Sonia Herrero Velázquez MD, PhD [3], Thomas Beck[4], Marion Winterholler MPolSc[5], Victoria Poon-Mc Farlane BSc[6], Marta Menéndez Suarez[7], Yolanda Valpuesta Martín MD, PhD[7]

[1] Servicio de Programas Asistenciales. Coordinadora del Plan de Igualdad y Violencia de Género en la Gerencia Regional de Salud de Castilla y Leon (SACYL),Valladolid, Spain
[2] Institute for Health and Behaviour. Research Unit INSIDE, University of Luxembourg
[3] Servicio de Neurologia.Hospital del Rio Hortega, Gerencia Regional de Salud de Castilla y Leon (SACYL), Valladolid, Spain
[4] University Clinic for Medical Psychology, Psychotraumatology and Trauma Therapy department, Innsbruck, Austria
[5] SIGNALe V Berlin, Germany
[6] The Havens. (London, U.K)
[7] Gerencia Regional de Salud de Castilla y Leon (SACYL), Valladolid, Spain

Abstract

Violence against women (VAW) is a major public health and human rights concern. Intimate partner violence and sexual violence are among the most pervasive forms of violence against women. Training health professionals in VAW is essential to raise awareness and improve the care for victims with a comprehensive approach. One of the objectives of this project was the development of a set of 28 tools to facilitate VAW training of health professionals, using certain common content, and the transfer of this knowledge into their clinical practice. This toolkit has been presented on the website http://www.toolner.com/en/. This website has been designed in an easy to use and friendly way, and is oriented to trainers, organisations and individuals interested in improving their teaching skills in VAW, but with the potential to be adapted and used independently by different organisations. The toolkit is divided into five phases of training: preparation, development, implementation, post-training, and assessment; each containing different tools and examples. Training in VAW is the first step to change attitudes but it is necessary to motivate professionals, adapt content, methodology and assess the impact of the training. This website is a tool by which to achieve this.

Keywords: violence against women; medical education; training; eLearning; transference to practice; technology enabled learning

Introduction

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".[1] In contrast the broader term Gender Based Violence (GBV) refers to violence that targets individuals or groups on the basis of their gender, and thus not all victims of gender-based violence are female. A sub-category is Intimate Partner Violence (IPV), which is GBV perpetrated by a current or former intimate partner. The specific focus of this paper is Violence Against Women (VAW), or more correctly Gender-Based Violence Against Women, and is a form of gender-based violence committed against women because they are women. The Istanbul Convention has defined VAW as “all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.[2]

VAW is a major public health and human rights concern, and a serious risk to women’s health, that has been recognised by the UN for decades, and subsequently WHO.[3] The impact is not only on women’s physical and mental health but also on that of their children, as well as on decisions and actions

related to their health and on their health opportunities.[4,5] It has also a high social and health impact: years of life lost, high mortality in young women, high morbidity, and a very high cost to society (increased use of health and social services, disabilities secondary to abuse, work absenteeism, plus judicial, criminal, and other intangible costs related to loss of quality of life, school failure of their children, stigma, suffering, and pain).[6,7]

Despite its frequency and consequences for women and their children, IPV is the less recognised and visible. One cause is prior – even current - tolerance to this form of GBV, legitimised or endorsed by the cultures and religions of some modern societies.

Women experiencing IPV report health problems more frequently, seek medical help and require medical or surgical treatment more often, compared to women unaffected by IPV. But many of these women do not seek support from the police or other organisations, and healthcare professionals are often the first point of contact for survivors, treating their injuries, addressing their health consequences, and promoting health strategies. Several studies confirm that healthcare services are best placed to assist women who experience violence and ask for help, as victims may be reluctant or unable to seek alternative sources of assistance.[3,6,8,9]

The confidential nature of healthcare makes healthcare providers, particularly Primary Care Providers with their proximity to women and families, the most trusted professionals identified by survivors.[10] This enhances the need to raise awareness, sensitivity, and ability to respond appropriately to survivors and their children. The WHO recommends the systematic inclusion of IPV and GBV in the primary training and continuing medical education of healthcare professionals.[3] Despite progress, health professionals require ongoing awareness building, training, and education to detect and adequately address the needs of survivors of VAW. Training in VAW must become a mandatory part of the curriculum of health professionals, something that lags in most of the world's medical and nursing schools and universities. Furthermore, competency in responding to VAW must be raised.

Many of the trainers in VAW are professionals who are not exclusively dedicated to training. They are often healthcare professionals who have acquired advanced training in VAW and are experienced in their management. The fact that they are professionals who do clinical practice is appreciated by participants, since they consider that they are able to understand better the difficulties of approaching this problem and putting themselves in its place.[10] However, they have little time to prepare materials, and to carry out the planning and methodological design of the process of a VAW training program. A support tool like this toolkit would facilitate and standardise this work for trainers.

The ongoing concern and need described above drove a team of professionals from the four organisations that took part in the European project: "A health sector toolkit for implementing learning from violence against women trainings". The main objectives of the study were to improve the training of healthcare professionals in VAW, and facilitate the transfer of what has been learned into their clinical practice. The participating organisations were S.I.G.N.A.L (Intervention in der Gesundheitsversorgung bei häuslicher und sexualisierter Gewalt. Berlin, Germany), Innsbruck University (Austria), SACYL (SAlud Castilla Y Leon, Spain), HAVEN´S (The Haven's at Imperial College Healthcare NHS are London's Sexual Assault Referral Centres UK).

Based on experience in this field, the following issues related to VAW training were addressed:

- To what extent can health professionals apply their knowledge in daily practice after attending a training activity?
- How can participants of training activities be motivated?
- How can participants be given the opportunity to practice their new skills?
- What forms and methods can best be used to transfer learning into practice?
- What emotional support is needed for participants?
- How can organisations support interventions in a better way?
- Are there available internal guidelines for this work and would they help participants to apply their new knowledge / skills?
- What is the role of trainers in addressing the issues above?

Further specific and operational objectives were to:

- understand from course evaluations and participant's feedback if the training of participants during the project resulted in changes in clinical practice

- understand post-training needs of health professionals in this particular field (support needed, current gaps, what works well)
- identify support methods and medium and long-term follow-up methods for participants
- develop a set of training tools for trainers, organisations, and professionals (based on the above)

Methods

The development of the toolkit was based on the experience of the members of the project as trainers in VAW and on review of the literature and went through five phases.

Planning. Understanding and sharing the background experiences of the four organisations. Although each organisation worked in VAW and in training, each did it in different ways. Each organisation's approach was examined through comparing documentary information of the experiences of the four countries, meetings with presentations of the most relevant aspects of each organisation, debate in groups and reaching conclusions.

Preparation. A study of current practice and needs of training in VAW was performed. The content, methods, perceived usefulness for practice, and identification of obstacles and facilitating elements were assessed for each of the four participating countries. Participants were asked to make proposals or suggestions for improvement. A questionnaire was developed and administered to a sample of health professionals in the four countries.

Development. A tool was designed based upon findings of phases one and two. Findings of the four participating groups, surveys, and contributions of the participants were analysed, debated, and prioritised based on agreed criteria to form a reasonable consensus-based set. The content that each tool should include was defined, such as target group, timing of application, objectives, time needed, description, and examples. The quality criteria of training in gender violence approved by the Ministry of Health of the Spanish NHS was considered,[11,12] as well as experiences of other participants, both in content and methodology.

Evaluation. Tools were distributed among the four groups to pilot and evaluate. After the evaluation and analysis of the experiences, the final format of the tools was decided. Examples were provided of content, bibliography, materials, Power Point presentations, models of evaluation questionnaires, etc. to be used, following adaptation for local context.

Transference to practice. The document was written in English and Spanish and disseminated. A website was designed to facilitate access to, and use of, the toolkit.[13]

Results

This project developed a toolkit that provides a range of 28 different tools, grouped into the five phases of the training process (planning, preparation, development, evaluation and transference to practice). (Table 1) The validity of this group of tools has been tested by the participating groups through several pilot activities within the framework of the project. Implementation in practice shows that transfer from learning can be achieved even in a complicated field such as gender violence. The expected impact on students will be assessed in the short and medium term.

How to use the toolkit

The online toolkit offers a set of 28 tools divided into five phases, for improving the transfer into practice of learnings from training in VAW - interventions and support. There is no need to use all of the tools, and it is possible to combine some of them. It should be adapted to the different needs of trainers, participants and organisations, depending on their roles and the tasks that they perform:

- the type of targeted participants (undergraduate students, staff, professionals)
- the kind of training that will be taught (basic, advanced)
- the speciality of the professionals (family physician, emergency clinician, nurse, midwife, therapist, others).

Discussion

The online toolkit is a dynamic resource of use to trainers in VAW and professionals and organisations for implementing training in the health sector for VAW. It is an open instrument, adaptable to different contexts and organisations with possibilities to be expanded and enriched with new examples and materials and open to suggestions for improvement.

Any tool that helps to sensitise and train health professionals and therefore contributes to improving the

Table 1. Summary of the formative processes that are proposed in the toolkit.

TOOLKIT FOR TRAINERS IN VIOLENCE AGAINST WOMEN		
PHASE	**TOOLS**	**Purpose of Tool and Examples**
PREPARATORY (PRE-TRAINING) PHASE OF THE TRAINING	**1.** Organisational review of training agenda	The preparatory steps necessary for any training activity. An example of a Training Request Form is provided.
	2. Training budget allocation	
	3. External training request form	
	4. Motivation to attend training (extrinsic)	Tool to motivate professionals to attend the proposed activity. Good dissemination by appropriate means can help to achieve this (Internet, intranet, attractive brochures or posters, accredited activity, clinical sessions that arouse interest, etc). Example of an abstract for a clinical session.
	5. e-Mail to trainer	To know the expectations and needs of the participants. An e-mail to the trainer from each participant can be valuable insight to shape the training session.
	6. Basic content of a training programme in VAW	Description of the content of the activity: topics, distribution of the time, schedule, etc... An example of the development of the activity that will be included in the programme for its dissemination is provided.
…PLANNING AND DEVELOPMENT OF THE TRAINING	**7.** Motivation to action (extrinsic)	Raising awareness of professionals to assume their role in addressing VAW. Knowing the attitude and motivation of participants before starting the training activity is emphasised, and a questionnaire to be sent to participants is provided. Suggestions and methods are also provided to motivate and undo prejudices and myths that facilitate the change of attitude. Examples: **1**. Initial questionnaire **2**. Break down prejudices and myths **3.** Film/video clips
	8. Mnemonic planning aid	An aid to recall what to ask.
	9. Training in knowledge of VAW Relevant bibliography provided	Recommended basic content, relevant bibliographic material, and some guides. PowerPoint presentation of the most important content for use by trainers is also provided.
	10. Training methods	Explanation of different methods to use to achieve programme objectives. - Presentation of cases and analysis of them - Role Play - Films - Audio recordings, or video recordings - Group work to discuss clinical cases or experiences - Interview with experienced professionals - Testimonies from victims An example role playing is presented to analyse the approach for a case, a ‘detection’ interview , valuation, the process of decision making, etc.
	11. and 12. Managing disclosures (11. When there is access to a psychologist, and 12. When there is no psychologist available	Provides trainers with guidance on how to handle disclosure situations
	13. Ethical and legal aspects	Objectives to be achieved, and suggested methods to address ethical and legal aspects.

	14. Information on vicarious trauma and self-care	Repercussions of treating victims of GBV is analysed, and suggestions are made through a presentation on Vicarious Trauma.
	15. Letter to self **16.** "I will implement" **17**. Provide materials	Four elements are presented to help acquire the commitment to change and to prepare for the implementation of actions in practice. Some examples are given. This tool analyses how to apply new skills and knowledge, and decide on the necessary changes or adaptations to be made for application.
IMPLEMEN-TATION PHASE: Transfer of the knowledge into practice	**18.** Letter to employer	
	19. Policy / adaptation of skills to the workplace setting	
	20. Observation / shadowing with experts	Helps participants increase their confidence, and improve their skills and knowledge for an intervention.
	21. Champion for the issue in each team / organisation	Provides insight regarding how to provide leadership and positively influence organisations to commit to addressing the VAW problem.
POST-TRAINING PHASE AND FOLLOW UP	**22**. Supervision **23.** Keeping the issue on the agenda **24.** Sharing positive stories **25**. Reflective practice meetings **26**. Offer ongoing support	These tools facilitate and consolidate the implementation and ensure: support and follow-up to the professionals through supervision measures, and reminders; quick access to consultations and help; share positive experiences between peers; reflective practice meetings to share and analyse a case that has caused great emotional impact or difficulty.
EVALUATION. ASSESSMENT TOOLS.	**27.** Form of evaluation of the process and the satisfaction with the formation **28**. Training review form	These tools evaluate the results of the training in both knowledge and attitudes, as well as fulfilment of objectives and expectations and satisfaction with the activity. Number 28 is applied in a deferred way to evaluate the transfer into practice (6 months after the end of the training activity). Evaluation questionnaires are provided for: 1. Exploration of the course and care for the adult victim of sexual assault (English) 2. Initial evaluation questionnaire (pre) (Spanish) 3. Satisfaction assessment 4. Final assessment of the basic training (post) (Spanish) 5. Deferred evaluation questionnaire (1 month) (English) 6. Sample assessment questionnaire of transfer to practice (6 months) (Spanish)

approach to VAW in health services is worth knowing and disseminating, since the detection of VAW and care for victims is a competence and responsibility of the healthcare professionals because VAW is a problem that seriously affects the health of the people who suffer it. Clear support has been shown through the WHO's endorsement of the 'Global Plan of Action to strengthen the role of the health system within a multi-sectoral national response to address interpersonal violence, in particular against women and girls and against children'.[14]

In Spain in the last decade a high number of professionals have been trained, a service for detection and attention to the victims of gender violence has been launched, and a common protocol for healthcare against the mistreatment of women by their partner has been elaborated and implemented, which serves as an aid to professionals. A resource guide and an inter-institutional co-ordination protocol have been developed, and various intervention programmes have been carried out in several of the institutions involved. This is an attempt to provide a comprehensive and co-ordinated response to the needs of victims of violence, to help them to recover their health, to minimise the consequences of abuse, and to regain confidence in themselves and in people. It is believed this will enable victims to take back the reins of their lives and re-integrate themselves into society in a new context of security, justice and respect for their rights.

Conclusion

We believe that a tool of this nature can help trainers and professionals in training in the detection and management of this serious health problem, clearly underreported, where the lack of training is widely documented. The on-line and open format increases accessibility, in fact, from October 2015 when it was created to December 2016, we have received 36,130 visits, an average of 78 visit per day, despite a more specific evaluation of its effectiveness requires the development, monitoring and evaluation of certain activities that have been addressed, the preliminary results are promising.

We are currently working on expanding the content, with new material, selected and classified documentation, videos, clinical cases, which may also be offered free of charge, but under registration, to better understand the use and applicability of the website, encouraging the feed-back of the users.

To eradicate violence against women and all types of social violence, political, social and personal commitment is needed, where men and women from the various fields of action must strive to address the causes of violence if we want to bequeath to future generations a society where gender violence has no place. Society must also convey to the women who are experiencing situations of violence that healthcare professionals can provide them with help, listening, support and guidance, along the path to recuperation.

Correspondence:
M Carmen Fernandez Alonso
Servicio de Programas Asistenciales
Coordinadora del Plan de Igualdad y Violencia de Género en la Gerencia Regional de Salud de Castilla y Leon (SACYL)
Valladolid
Spain
Email: carmenferal@gmail.com

Acknowledgement. The content of the website is part of the result of the European Project: "A health sector toolkit for implementing learning from violence against women trainings", record number: 2013-1-DE2-LEO04-16120 from the Leonardo da Vinci Program, that was financed with European funds. Other members of research team who participated in the development of the project: in Spain, María del Mar de la Torre Carpente, Susana Sánchez Ramón, Irene Repiso Gento, María del Mar González and Abel Sánchez Fernandez; in Gernmany, Hilde Hellbernd, Karin Wieners and Katrin Wolf; in Austria, Astrid Lampe, Ulrike Smrekar, Iris Trawoger, Sabine Abenthung and Deborah Verdofer; in England, Simon Cordon, Kate Bowler, Bernadette Butler, Kath Evans, Sukhmeet Sawhney and Muriel Volpellier.

Conflict of interest. The authors declare no conflicts of interest.

References

1. United Nations General Assembly. Declaration on the Elimination of Violence Against Women. A/RES/48/104. (1993). Available at: http://www.un.org/documents/ga/res/48/a48r104.htm accessed 18 January 2017.
2. Council of Europe. Council of Europe Convention on preventing and combating violence against women and domestic violence: Istanbul, 11. V. 2011. Council of Europe; 2011. p8.
3. WHO. Responding to intimate partner violence and sexual violence against women. WHO Clinical and Policy Guidelines. WHO, Geneva, 2013.
4. World Health Organization; Global status report on violence prevention. (2014). Available at: http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/ accessed 18January2017.
5. Campbell JC. Health consequences of intimate partner violence. *Lancet* 2002:359(9314):1331-1336.
6. Ellsberg M, Jansen H, Heise L, Watts Ch, Garcia-Moreno C. Intimate partner violence and women's physical and mental health in the WHO multicountry study on women's health and domestic violence: an observational study. *Lancet* 2008; 371(9619):1165-1172.
7. Sarkar NN. The impact of intimate partner violence on women's reproductive health and pregnancy outcome. *J Obstet Gynaecol* 2008;28(3):266-271.
8. FRA – European Union Agency for Fundamental Rights (2014), Violence against Women: an EU-wide survey. Results at a glance. Luxemburg
9. Gloor D, Meier H. (2014). My hopes for the future: Just a normal life. How victimised women experience intervention in partner violence. Available at: http://www.nfp60.ch/E/projects/family_private_household/domestic_violence_interventions_victim_perspective/Pages/default.aspx accessed 18 January 2017.
10. Garcia Riolobos C, Pires M, Lasheras ML, et al. Intermediate evaluation: Strategic line of continuing education of primary care professionals on partner violence towards women. Ministry of Health of the Community of Madrid. Spain, (2008).
11. NHS Interterritorial Council Government of Spain. Common informative indicators and quality criteria in gender violence basic training for professionals. (2007). Available at: http://www.msssi.gob.es/organizacion/sns/planCalidadSNS/pdf/equidad/CommonInformativeIndicators.ppdf accessed 16 November 2016.
12. Gender Violence Commission of the NHS Interterritorial Council. Basic educational contents and common didactic materials. Training of professionals in gender violence. National Health System. Available at: http://www.msc.es/organizacion/sns/planCalidadSNS/pdf/equidad/materialesEducativosFormacionVG.pdf accessed 16 November 2016.
13. Toolkit for improving transfer of learning into practice from training courses on violence against women. Available at: Toolner Website: www.toolner.com/en accessed 16 November 2016.
14. WHO. EB138/9. 69 Council Draft global plan of action on violence. 2016 Annex 2. Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_9-ensp.pdf accessed 16 November 2016.