



Mapping European Health Sector Interventions in Primary and Maternity Care to Address Domestic Violence

We would like to invite you to take part in survey to map interventions to address domestic violence in maternity and primary care in seven European countries. The countries involved are: UK, Finland, Germany, Belgium, Spain, Serbia and Holland. This survey is part of a Daphne funded project which aims to set up a web based forum for health professionals and others to share good practice, develop research collaborations, and think of strategies for sustaining interventions. The survey should take 25 minutes to complete. For most answers you only need to tick boxes.

The research team are based at the London School of Hygiene & Tropical Medicine (Gender Violence & Health Centre) and the University of Helsinki (Palmenia Centre for Continuing Education). The study is funded by the European Union under the Daphne III Programme 2007-2013: *To Prevent and Combat Violence Against Children, Young People and Women, and to Protect Victims and Groups at Risk*

Daphne Proposal Number: JLS/2008/DAP3/AG/1215
This study received ethics approval at the London School of Hygiene & Tropical Medicine on the 26th July 2010 ref: 5750

If you have any questions or would like more questionnaires please contact:

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Please read these instructions before completing the survey

Instructions

This survey is to be completed by one person in each intervention project. This person must have played a significant role in the design or implementation of the intervention, and/or have enough knowledge about the intervention in order to answer all the questions. This person could be a health professional or someone else (e.g. a domestic violence coordinator within the project).

Definitions of terms

We are interested in health sector interventions in **primary or maternity care** that have been designed to assist patients (male or female) who have experienced **domestic violence**. This can include multi-health sector initiatives that target primary or maternity care professionals. Please read the definitions of terms below before completing the survey.

Domestic violence

Domestic violence is defined as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship (Krug WHO 2002).

Primary care

Primary care refers to health services that a patient receives on first contact with the health care system, before being referred elsewhere, for example, to more specialist health services in a hospital. This can include seeing a general practitioner (or family physician/doctor), practice nurse, family planning advisor, social worker, or counsellor in a general practice surgery or healthcare centre. It can also include midwives, obstetricians, gynaecologists and health visitors who work in primary care settings. This can include private practice and public practice.

Maternity care

Maternity care refers to the care of women during pregnancy, childbirth and postpartum by midwives, general practitioners, or doctors (usually consultant obstetricians or gynaecologists) based in primary care settings (e.g. general practice surgeries or health centres) OR in hospitals.

Domestic violence Intervention

The intervention must still be running and may include any of the following components: domestic violence training, routine enquiry for domestic violence, documentation of domestic violence, referral of patients who disclose domestic violence to other professionals or community organisations. If you have more than one intervention project that is part of a larger national initiative, but they are implemented in very different ways (e.g. between two geographical areas) please complete separate surveys for each intervention.

Providing attachments

If you have any documents in English that you would like to share (e.g. guidelines on domestic violence, forms for routine enquiry and documentation, training manuals, evaluation reports on the intervention) please attach them to the email when you return this survey. If you have web links to your intervention (in other languages) please provide the web address.

Please email the completed survey and attachments to: Lorraine.Bacchus@lshtm.ac.uk

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Please cite the original source if you use choose to use this mapping survey or amend it for your own purposes: Mapping Survey for Domestic Violence Interventions in Primary and Maternity Health Care Settings in Europe (2010). London School of Hygiene & Tropical Medicine: London.

To access the survey in other languages please visit the DIVERSHE website (**D**omestic & **I**nterpersonal **V**iolence: **E**ffecting **R**esponses in the **H**ealth **S**ector in **E**urope: <http://diverhse.eu> or <http://diverhse.org>

Section 1: Your contact Details

Name	
Job title	
Name of organisation and full postal address	
Email address	
Telephone number with access code	
Country in which the intervention is based	

Section 2: About the intervention setting

1. Name of the domestic violence intervention (if there is one)	
2. Which health care professionals are targeted in the intervention? Please tick all that apply	<input type="checkbox"/> General Practitioners <input type="checkbox"/> Midwives <input type="checkbox"/> Nurses <input type="checkbox"/> Health Visitors <input type="checkbox"/> Obstetricians <input type="checkbox"/> Gynaecologists <input type="checkbox"/> Social workers <input type="checkbox"/> Other (please specify)
3. In which healthcare services is the intervention based? Please tick all that apply	<input type="checkbox"/> Primary health care <input type="checkbox"/> Maternity services <input type="checkbox"/> Private Obstetric care <input type="checkbox"/> Private Care <input type="checkbox"/> Multi-health sector initiatives that include primary or maternity care <input type="checkbox"/> Other (please specify)

4. What are the names of the healthcare organisations in which the intervention is based	
5. What gender of patients does the intervention assist? Please tick all that apply	<input type="checkbox"/> Male patients <input type="checkbox"/> Female patients <input type="checkbox"/> Don't Know
6. Any other comments about who the intervention assists	
7. what is the name of the towns, or city, or metropolitan area or region in which the intervention is based?	
8. How long has the intervention been running? Years Months

Section 3: Partnerships and funding

9. Which organisation is responsible for coordinating (or leading) the intervention?	
10. What kind of organisation is the coordinator? Example: a healthcare organisation, a voluntary organisation, a local government department, or a charity	
11. Which organisations are funding the intervention	

Section 4: Policies on domestic violence

<p>12. Does the intervention have a policy that provides guidance about how health professionals should respond to patients affected by domestic violence?</p>	<p><input type="checkbox"/> No policy <input type="checkbox"/> A policy developed specifically for the intervention <input type="checkbox"/> A policy embedded in the national guidelines <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (please specify)</p>
<p>13. Does the policy or guideline:</p> <p>(i) Recommend routine enquiry for domestic violence (e.g. routinely asking patients direct questions about domestic violence. The term 'routine' may refer to asking all patients/or asking some patients who present with certain symptoms/or asking patients who attend certain visits e.g. first prenatal visit/health checks etc)</p> <p>(ii) Provide specific guidance on documentation of domestic violence</p> <p>(iii) Provide guidance on how to refer patients who disclose domestic violence</p> <p>(iv) Provide guidance on how to assess the safety of the patient and any children or vulnerable adults who may be affected by the domestic violence?</p> <p>(v) Provide guidance on confidentiality and information sharing</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>

<p>14. If you have further comments about the domestic violence policy with regards to the above issues please describe here</p>	
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Section 5: Domestic violence training

<p>15. In the intervention is there any domestic violence training for healthcare professionals?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>
<p>16. Which professional groups is the domestic violence training offered to? Please tick all that apply</p>	<p><input type="checkbox"/> Nurses <input type="checkbox"/> General Practitioners <input type="checkbox"/> Midwives <input type="checkbox"/> Health Visitors <input type="checkbox"/> Psychologists/Counsellors <input type="checkbox"/> Gynaecologists <input type="checkbox"/> Obstetricians <input type="checkbox"/> Social Workers <input type="checkbox"/> Receptionists/clerical workers/practice assistants <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (please specify)</p>
<p>17. Please indicate whether the domestic violence training is mandatory for any staff?</p>	<p><input type="checkbox"/> Not mandatory for any staff <input type="checkbox"/> Nurses <input type="checkbox"/> General Practitioners <input type="checkbox"/> Midwives <input type="checkbox"/> Health Visitors <input type="checkbox"/> Psychologists/Counsellors <input type="checkbox"/> Gynaecologists <input type="checkbox"/> Obstetricians</p>

<p>Does the training include any of the following?</p>	
<p>24. Routine enquiry or screening for domestic violence</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>
<p>25. Briefly describe teaching methods used for routine enquiry, if known</p>	
<p>26. How to document domestic violence</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>
<p>27. Briefly describe the training methods used for documentation, if known</p>	
<p>28. How to refer patients who disclose domestic violence</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>
<p>29. Briefly describe the training methods used for referrals, if known</p>	
<p>30. How to assess the safety of the patient</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>
<p>31. Briefly describe the training methods used for assessment of safety, if known</p>	
<p>32. How to deal with issues of confidentiality and information sharing</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>

<p>33. Briefly describe training methods used for confidentiality and information sharing, if known</p>	
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Section 6: Routine enquiry for domestic violence

If no routine enquiry for domestic violence in the intervention please go to Section 7

<p>34. In the intervention, what does 'routine enquiry' for domestic violence mean? Example: asking all patients/asking some patients who present with certain clinical presentations/asking all patients who attend certain visits such as first prenatal visit or a health check</p> <p>35. In the intervention, what types of patients are asked about domestic violence? Please tick all that apply</p> <p>36. In the intervention how is routine enquiry for domestic violence monitored? i.e. check that health professionals are asking about domestic violence</p> <p>37. If you have any other comments about auditing of routine enquiry please write them here</p>	<p>Describe</p> <p><input type="checkbox"/> Female patients</p> <p><input type="checkbox"/> Male patients</p> <p><input type="checkbox"/> Patients of specific age groups (specify)</p> <p><input type="checkbox"/> Other (please specify)</p> <p><input type="checkbox"/> No monitoring</p> <p><input type="checkbox"/> Audit of patient records</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Other methods (please specify)</p>
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Section 7: Documentation of domestic violence

38. In the intervention are health professionals advised to document any of the following information?	
(i) Whether or not the patient was asked about domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(ii) Whether or not the patient disclosed domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(iii) Name of the perpetrator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(iv) Relationship of the perpetrator to the patient	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(v) A description of the types of abuse experienced	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(vi) A description of any recent incident of abuse (e.g. date, time, what happened etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(vii) A description of the type and location of any physical injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(viii) A body map picture indicating the location of any injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(ix) Whether referral information was offered to the patient	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(x) Whether the patient accepted the referral information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(xi) Indication of any action taken by the patient	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
(xii) Whether there are any children in the household	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

Section 9: Evaluation of the intervention

<p>43. Is there an evaluation of the intervention?</p> <p>44. Please provide details of who is responsible for conducting the evaluation, if applicable</p> <p>45. Please provide details of any reports or published work (e.g. reference, website)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>
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Section 10: Participation in web based European network

<p>46. Are you interested in participating in a European network on health sector interventions to address domestic violence?</p> <p>47. Do you wish to share any of the following information for the website? Please tick all that apply</p> <p>Domestic Violence Training manuals</p> <p>Domestic violence guidelines/policies</p> <p>Tools for routine enquiry</p> <p>Documentation forms</p> <p>Evaluation reports from the intervention</p> <p>Other (please specify)</p> <p>48. If you know of any other domestic violence interventions that target health professionals in maternity or primary care in your city/region/country please provide contact details</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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Thank you for your time. Your response is very important to us.

If you have any documents that you wish to share (e.g. domestic violence guidelines, forms for routine enquiry and documentation, training manuals, evaluation reports etc) please email them to the Coordinator of this survey.

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