Federal Ministry for
Family Affairs, Senior Citizens,
Women and Youth

Implementation

Guideline for the Introduction of Intervention Standards in the Medical Care of Women

Contents

I.
Understanding the implementation guideline

Chapter 1 offers information:

- on the history and background of the guideline,
- on its function,
- on the target groups for the guideline and
- on its structure.

1.1 History and background of the guideline

1.1.1 History

In September of 2007, the Federal Government presented the "Second Action Plan of the Federal Government to Combat Violence against Women"[1], a concept for taking action that provided answers to current challenges in the protection of women and children affected by violence. A central focus of the action plan was on the field of health. After the positive experience that was made in the context of clinical care, the **Federal Ministry of Family Affairs, Senior Citizens, Women and Youth** launched and funded a model project within the context of the Second Action Plan to promote adequate support for women confronted with violence in outpatient medical care.

1 http://www.bmfsfj.de/BMFSFJ/gleichstellung,did=73000.html

Excerpt from the Second Action Plan of the Federal Government to Combat Violence against Women

Violence is one of the central health risks for women. This was internationally documented by the Report of the World Health Organisation in 2002. The German Representative Study also showed: most women suffer physical or psychological injuries at least once in their lives; all forms of violence are connected at least in part with grave health, psychiatric and psycho-social consequences. Optimal medical care for women affected by violence, by making access to the services of the health care system easier, is therefore an important issue for the Federal Government.

The field of health care, and here especially physicians as a professional group, also plays a key role in terms of the institutional aid sought out by women in and after violent situations. The Federal Ministry of Family Affairs, Senior Citizens, Women and Youth therefore financed the scientific monitoring of the health care intervention programme with regard to hospitals. The complex role that physicians play in improving the situation of women who have been affected by violence will also be addressed in a new project focusing on **individual physician's practices.**

http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/aktionsplan-II-gewalt-gegen-frauen-englisch,property=pdf,bereich=bmfsfj,rwb=true.pdf, p. 41.

The model project "**M**edizinische **I**ntervention **g**egen **G**ewalt an Frauen" (MIGG – medical intervention against violence towards women), which was conducted for three years (2008 to 2011), was directed towards physicians working in practices. They were supported in recognising and addressing the consequences of violence, documenting them in a manner suitable for use in court and dealing with patients confronted with violence in their practices in an appropriate professional manner.

In the MIGG model project, the internationally established intervention standards were introduced into the practices of physicians with different areas of specialisation who participated in the MIGG model project at five locations in the Federal Republic of Germany (Berlin, Düsseldorf, Kiel, Munich and the Ennepe-Ruhr District). The model project was organised by the **Institute of Forensic Medicine at the University Clinic in Düsseldorf** (in cooperation with the institutes for forensic medicine at the university hospitals in Düsseldorf, Kiel and Munich), **Signal e. V.** (Berlin) and the **GESINE Netzwerk** (Ennepe-Ruhr District).

Three central goals were pursued in the MIGG model project:

- The development of a viable intervention programme specifically for physicians' practices, through which the outpatient medical care of women confronted with violence could be improved. One aspect of this programme was for the practices to contribute, through measures that were appropriate for them, to facilitating access to specialised medical options and support facilities.

- The integration of the outpatient medical care provided in physicians' practices into the multi-professional chain of intervention, to which women's shelters and counselling centres also belong along with the police, public prosecutors and the courts. Another aspect is the clarification of internal procedures and the determination of interfaces with the different individuals and organisations active in the region (making referrals from physicians' practices, procedures in cases of a high degree of endangerment, communication structures, etc.).
- The implementation of an intervention programme and the integration of physicians working in practices into existing network structures.

The advisory council that accompanied the work of the MIGG model project with expert advice consisted of representatives of physicians' professional organisations and relevant medical professional associations as well as representatives of national organisations of institutions that provide aid and municipal women's offices.

The model project was supported on an academic level by the **Gesellschaft für Sozialwissenschaftliche Frauen und Genderforschung e. V. (GSF e. V.)** in Frankfurt. They were responsible for developing this implementation guideline on the basis of the experience with the model project.

The model project was concluded in May of 2011 with the presentation of the implementation guideline developed by the GSF e. V..

Background

According to the study "Living Situation, Safety and Health of Women in Germany" 2004,[2] one in four women in Germany between 16 and 85 years of age has experienced physical and/or sexual violence at least once in her life. All forms of violence can have considerable psychological, psychosocial and health impacts on those affected. According to a study by the World Bank, the dimensions of the many health problems caused by violence are comparable to those of HIV, tuberculosis, cancer and cardio-vascular diseases.

The health care system and, in this case, especially physicians play a key role in relation to providing help for women. They are, in many cases, the first people who women who are confronted with violence contact.

"The Department of Health in Great Britain outlined the following indicators of good practice for intervention against domestic violence in a handbook for medical professionals:

- Development of a definition of domestic violence in connection with an appropriate concept for care,
- An extensive concept against domestic violence with recommendations for the treatment of vulnerable adults as well as measures to protect children,
- Ensuring the safety of women affected by violence,

2 Müller, Ursula/Schröttle, Monika (2004): Health, Well-Being and Personal Safety of Women in Germany. A Representative Study of Violence against Women in Germany. Commissioned by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth. Berlin. A brief summary of the central findings. Brochure http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/Frauenstudie-englisch-Gewalt-gegen-Frauen, property=pdf,bereich=bmfsfj,rwb=true.pdf

- Increasing the sensitivity of professionals through further training and education,
- Evaluation, audits and data collection,
- Multidisciplinary intervention strategy."[3]

"They are seen as standards for intervention against violence and were adopted in the recommendations for action to be taken by health care professionals in caring for women affected by violence, which are available in most of the Länder.

Recommendations for action and intervention options within the context of hospitals were tested and evaluated within the SIGNAL projects."[4]

In the meantime, guidelines, recommendations for action, and documentation forms have been drafted for the health care sector in nearly all of the Länder; these have been published by the regional medical councils or by the responsible ministries. They were drafted in conjunction with the medical councils as well as representatives of organisations that provide support for women as well as women's, social, and health ministries responsible for providing support for women.

"Institutes of forensic medicine played a major role in drafting the guidelines and the instructions on documenting injuries due to violence in a manner suitable for use in court. Important impulses came from the Department of Legal Medicine at the University Clinic Hamburg Eppendorf (Dr. D. Seifert) and the Institute of Legal Medicine in Cologne as well as the Institute of Forensic Medicine in Düsseldorf (in both cities Dr. H. Graß)."[5]

Example: Intervention standards from the GESINE Netzwerk – Ennepe-Ruhr District

The GESINE Netzwerk was the first project in the nation to develop and establish a concept for the intervention steps that can be taken in physicians' practices as well as for the cooperation between women's support services and various parties involved in health care as well as the integration of the network in regional inter-institutional cooperation.

The intervention concept for medical action is based on standard international recommendations for action in cases of domestic violence:

- Recognition of injuries and symptoms related to domestic violence and
- Actively addressing patients regarding possible violent experiences.
- Detailed documentation suitable for use in court in cases of injuries or symptoms.
- Providing protection and safety for those affected by violence.
- Providing information on further treatment, counselling and shelter facilities[6].

3 Bestandsaufnahme zur Entwicklung der Intervention gegen häusliche Gewalt in der Gesundheitsversorgung in Deutschland (GESINE/SIGNAL, unpublished working paper, 2009) p. 3

4 ibid. p. 4

5 ibid. p. 6

6 ibid. p. 6 et seq.

Example: Intervention standards of the S. I. G. N. A. L. e. V. – Berlin

S. I. G. N. A. L. e. V. – an intervention programme oriented on internationally proven intervention models, such as the RADAR[7] programme, – includes, in addition to concrete suggestions for taking action, a list of measures for establishing an intervention programme within a hospital.

The individual letters of the acronym S. I. G. N. A. L. stand for important steps and goals in taking action within the intervention programme in a short and easy-to-remember form.

- **S** Speak with the patient and show that you are willing to listen. Women are inclined to speak more openly when they sense that their situation will be understood.
- **I** Interview the woman in question by posing simple, concrete questions. Listen, without passing judgement. Most women find it difficult to talk about their experience with violence.
- **G** Gründlich (thorough) examination of old and new injuries. Injuries in various stages of recovery can be an indication of domestic violence.
- **N** Note and document all of the findings and information provided, so that they can be used in court.
- **A** Assess the current need for protection. The protection and safety of the patients are the basis and goal of every intervention.
- **L** Lists of emergency telephone numbers and options for support should be offered. Women will make use of them when they feel the need.[8]

Function of the guideline

With the implementation of the guideline, the introduction of intervention standards in outpatient medical care for women should be supported and promoted regionally throughout the country.

The intervention standards are an evidence-based concept for taking action in the medical care of women confronted with violence within the physicians' practices. Oriented on the international standards and the concepts of the organisations that provide support for the MIGG model project, they encompass four central tasks for physicians working in practices:

- Recognise and address violent experiences and the consequences of violence.
- Document the physical consequences of violence in a manner suited for use in court.
- Make referrals to sources of aid to provide protection in order to end the violence through cooperation and networking with aid facilities as well as the police and legal system in the region.
- Ensure the safety of the patients and the staff that works in the practice.

The various implementation steps and their results in model locations were systematically assessed to produce this guideline. They can be adopted – adapted to the given local conditions – and implemented by regional activists and organisations that work within the network.

---

7 The RADAR project was implemented in the hospitals in New York. It includes four steps in intervention, the active questioning of the patients, documenatation suitable for use in court, the clarification of the level of endangerment and information on sources of aid (cf. Hellbernd, Hildegard; Brzank, Petra; Wieners, Karin; Maschwesky-Schneider, Ulrike: Häusliche Gewalt gegen Frauen: gesundheitliche Versorgung. Das S. I. G. N. A. L. – Interventionsprogramm, Berlin 2003 http://www.signal-intervention.de/download/Handbuch.pdf)

8 ibid. p. 7.

For this purpose, the experience at the model locations will be employed in this guideline as examples of good practice, so that they can serve as suggestions and provide help for people working in other municipalities and rural districts. The guideline contains suggestions on how to convince physicians to introduce the intervention programme in their practices and to support their efforts in doing so. In addition, the guideline can also serve the purpose of getting physicians involved in the regional networking structures.

Target groups for the guideline

Target groups for the guideline consist of people or institutions interested in introducing the intervention standards in a particular region. The initiative for this can come from and be supported by people from different professions and diverse working contexts. They can include:

- Organisations that support facilities within the infrastructure for providing aid to women confronted with violence, such as the GESINE Netzwerk Gesundheit in the Ennepe-Ruhr District, which is supported by the non-profit organisation Frauenberatung EN
- Coordination and intervention offices to combat domestic and sexualised violence.
- Organisations that support facilities in health care, such as the institutes for forensic medicine in Düsseldorf, Kiel and Munich in the MIGG model project or Signal e. V. in Berlin, as well as local health departments, outpatient trauma wards or medical councils, here especially those engaged on the district level.
- Municipal commissioners of equal rights, who are interested in contributing to the improvement of the health care provided for women confronted with violence in the areas for which they are responsible.
- So-called round tables, whose work in many municipalities has improved aid for the women by institutionalising the cooperation of all of the facilities and institutions involved in providing help.
- Regional criminal prevention councils or municipal health conferences, such as those active in North Rhine-Westphalia.

The structure of the guideline

In the guideline, the implementation process will be modelled according to the course of the work done in the MIGG project. In individual chapters, the various activities in the implementation process will be described. The respective local framework conditions, such as the current status of the cooperation and networking structures in the region are of importance for the application of both the overall concept as well as the individual activities. For this purpose, the guideline contains information and links.

An overview of the chapters:

Chapter 2 contains instructions on how to characterise the local infrastructure, within which the intervention standards in cases of domestic violence are to be introduced into women's medical care, by using selected data and how the data can be interpreted in relation to the implementation.

In Chapter 3 basic information relevant to a concept for introducing intervention standards into the medical care of women confronted with violence is explained.

Chapter 4 contains suggestion on how physicians can be convinced to support the introduction of the intervention standards.

In Chapter 5 forms of local cooperation and the way network structures are established and function are described, along with the conditions necessary for their success and the services they perform.

Chapter 6 contains suggestions regarding the content and methods for further training options for physicians working in practices. An overview of the concrete planning and the course of further training sessions encompasses the curriculum that was developed further by the organisations that are responsible for the project. This also includes materials for further training that were developed at the individual model locations.

Chapter 7 contains an overview of the working groups and events for physicians that can be included in the process of implementing the intervention standards in a region in addition to further training.

Chapter 8 provides information, based on examples, of the importance of materials for the practices. The materials for further training that were used at the individual model locations contain the curriculum for further training developed by the directors of the project.

Every chapter includes examples of "good practice" from the model locations for the purpose of illustration and as suggestions. In addition, the central findings in relation to the process of implementation are compiled in recommendations for action. In every chapter, literature and links for further study of the topic have been compiled.

A word of thanks

Many have contributed to the ideas and suggestions in this guideline for the implementation of intervention standards in the medical care of women confronted with violence. They include the project directors, staff and the participating physicians at the model locations, the speakers at the further training sessions, the advisory council of the MIGG model project as well as authors from many countries who have documented their knowledge and experience in this field. For this, we, the team providing academic support in the field of social sciences, express our heartfelt thanks to all of those who were mentioned.

Main sources of information

Federal Ministry of Family Affairs, Senior Citizens, Women and Youth: Second Action Plan of the Federal Government to Combat Violence against Women:
http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/aktionsplan-II-gewalt-gegen-frauen-englisch,property=pdf,bereich=bmfsfj,rwb=true.pdf

Müller, Ursula/Schröttle, Monika (2004): Health, Well-Being and Personal Safety of Women in Germany. A Representative Study of Violence against Women in Germany. Commissioned by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth. Berlin. A brief summary of the central findings. Brochure
http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/Frauenstudie-englisch-Gewalt-gegen-Frauen,property=pdf,bereich=bmfsfj,rwb=true.pdf

GESINE Netzwerk Gesundheit Ennepe-Ruhr District
www.gesine-intervention.de

SIGNAL e. V. Berlin
www.signal-intervention.de

Institute of Forensic Medicine at the University Hospital in Düsseldorf
http://www.uniklinik-duesseldorf.de/deutsch/unternehmen/institute/institutfrrechtsmedizin/page.html
(keyword: Forschung)

Recommendations from the German Society of Gynaecology and Obstetrics on domestic violence:
http://www.dggg.de/fileadmin/public_docs/Leitlinien/1-8-4-haeusliche-gewalt.pdf

Recommendations from the German Society of Gynaecology and Obstetrics on medical interviews, examinations and subsequent care of women after they have presumably been subject to sexual violence
http://www.dggg.de/fileadmin/public_docs/Leitlinien/4-1-6-sexuelle-gewalt-2010.pdf

II.
Describing, assessing and utilising the local infrastructure

Chapter 2 contains instructions on

- how to characterise the local infrastructure, in which the intervention standards in cases of domestic violence are to be introduced in the medical care of women by using selected data and
- how the data should be interpreted in relation to the implementation.

By compiling the data, it is possible to create a survey of:

- the geographic, economic and social conditions in the region, including the role that domestic violence plays in the region,
- the medical care infrastructure in the region, including relevant professional associations, professional organisations, and local physicians' associations,
- support options for women,
- relevant bodies/networks for cooperation,
- the relevant municipal authorities for combatting violence against women and introducing the intervention standards,
- the regional and national activities in the field of preventing and combatting violence.

All of the data allow for the recognition of existing resources, possible avenues of approach, and important cooperation partners as well as possible focal points and/or points of departure for the introducing the intervention standards. They provide a basis for the development of an implementation concept (see Chapter 3).

2.1 Data and facts

2.1.1 Geographic, economic and social framework conditions

With data on the area and the transportation infrastructure, on the economic structure of the region and on residents with and without migrant backgrounds, the geographic and economic situation of the region and the social structure of the population are characterised.

Example: Ennepe-Ruhr District

Rural district in North Rhine-Westphalia

- Area: 408.28 km²; local public transportation with just a few trams and a bus system in the rural district; differences in the level of service between the south and the north of the district
- 9 cities, two of them somewhat larger with over 50,000 inhabitants
- 339,492 inhabitants, 28,000 of whom are migrants without a German passport, average unemployment rate of 7.8 %.
- Number of police operations in cases of domestic violence: 253 cases in 2008

Source: GESINE Netzwerk, Ennepe-Ruhr District

Interpretation of the data

The rural district has both an urban and a rural infrastructure; with differences in the level of service provided by the public transportation system. These geographic conditions must be taken into consideration in the planning process.

2.1.2 The structure of medical care

With the structural data regarding physicians working in practices, dentists, medically and psychologically trained psychotherapists, medical facilities, including outpatient care for victims and institutes of forensic medicine, it is possible to gain an overview over the health care provided by physicians working in practices and health care facilities in the region. It is also possible to recognise the size of the target group, namely, physicians working in practices that can be approached regarding the introduction of the intervention standards.

Example: Berlin

- 6,961 physicians working in practices (all specialties), of these
- 2,544 general practitioners, internists and 566 obstetrician/gynaecologists (approx. 1 physician per 500 inhabitants)
- 3,800 dentists
- some 1,860 medically and psychologically trained psychotherapists authorised to invoice the statutory health insurance funds
- University Medical School Charité with 3 main locations (maximum care, specialised outpatient care),
- 120 hospitals
- 5 emergency care units with a S. I. G. N. A. L. programme (for the medical care of victims of violence)

Source: Signal e. V., Research GSF e. V.

Interpretation of the data

Due alone to the large number of physicians working in practices as general practitioners or as gynaecologists in Berlin, a longer period of time must be planned for the process of implementing the intervention standards.

Due to the introduction of the S.I.G.N.A.L. programme in 5 emergency care units, the approach used in the intervention standards is already familiar in medical care in Berlin; this can be used to positive advantage in the further implementation.

Involving professional organisations, professional associations, and physicians' associations, to the extent that there are any located in the region hightlight the larger network within which physicians work, which can also be taken into consideration. By identifying key figures, i.e. physicians who are highly recognised by their peers, supporters can be found to promote the introduction of the intervention standards with the full weight of their authority.

Example: Munich

- Federations within physician's networks, e.g.:
- Association of Statutory Health Insurance Physicians
- Regional and district medical councils
- District Physicians' Association
- Regional sections of larger professional associations (e.g, gynaecologists, general practitioners)
- Regional groups of the German Female Physicians Association

Source: Institute of Forensic Medicine, Düsseldorf, research GSF e.V.

Interpretation of the data

In the city of Munich there are regional professional organisations for the Land of Bavaria in addition to the local physicians' organisations that can provide support in identifying physicians working in practices who can be approached regarding the introduction of the intervention standards. The representatives of the professional organisations and the physicians' professional associations also have an overview of the practice structures (individual practices, joint practices and medical care centres).

They also provide an opportunity to determine the activities of professional organisations and medical professional associations in relation to the development and introduction of individual intervention standards. Examples are: the development of documentation forms suitable for use in court for documenting the consequences of domestic and sexualised violence, specific further training options in professional medical journals, and further training available online on the topic of "violence against women and the impact on their health".

2.1.3 Relevant bodies (networks) for cooperation

In nearly all cities and rural districts in the Federal Republic of Germany – depending on how the action plans for the Länder are formulated – institutions, such as the police and the public prosecutors' office, municipal authorities, equal rights commissioners and social and youth services offices, as well as independent organisations, such as counselling centres or women's shelters, have established a working context to coordinate their activities in relation to violence against women. The introduction of the intervention standards could therefore be connected to the activities of the relevant bodies facilitating cooperation in combatting violence against women in the city or the region and developing an infrastructure for providing aid.

The working contexts have different designations, e. g, "Working Group Violence against Women", "Round Table" or "Council for Preventing Crime". There is often a coordination office or a business office to organise the activities. That can be a municipal office, such as the equality commissioner's office, or an independent organisation, such as the Berliner Interventionsprojekt gegen Gewalt an Frauen *(Berlin Intervention Project against Violence toward Women or BIG e. V.)*. In some municipalities or rural districts, professionals from the health care system are also included, e. g, representatives of the local institute of forensic/legal medicine or physicians' professional organisations.

Information on strategies that are already pursued against domestic violence in the region is also important in order to clarify where to connect in promoting the introduction of the intervention standards. These can, for example, be activities by the government of the Land to combat violence against women, which could be expanded to include the introduction of the intervention standards in the medical care of women. This could also make it possible to access and utilize existing resources. These can also be municipal activities that are coordinated by equality commissioners. The introduction of the intervention standards could be integrated into the overall concept and thereby be provided with additional emphasis.

Example: Düsseldorf

Gewaltopferverbund Kriminalpräventiver Rat (Organisation for Victims of Violence within the Commission for the Prevention of Crime) with a special group on domestic violence: a wide range of information and practical experience flows together in the special group that has shaped the Düsseldorf intervention project. Domestic violence in Düsseldorf is to be combatted and ultimately prevented through joint efforts and a series of projects and actions.

Source: http://www.duesseldorf.de/kpr/fachgruppen/fg_haeusliche_gewalt.shtml

Düsseldorfer Gesundheitskonferenz (Düsseldorf Health Conference) with the working group violence and health: focal point of this working group is the improvement of health care for the victims of violence. In addition to increasing networking between institutions, the goal is to develop an overall concept that is quality ensured for the therapeutic, medical and psychosocial care of victims of violence in Düsseldorf and to evaluate the success of the concept.

Source: http://www.duesseldorf.de/gesundheit/gesundheitskonferenz/themen.shtml#Gewalt und Gesundheit

Interpretation of the data
In Düsseldorf, all of the relevant organisations and institutions that work in the field of "violence prevention and aid" have been cooperating successfully for years. By forming working groups, focal points were established. By working together on the same topics as the Düsseldorf Health Conference, sometimes with the same people involved, the health care system has also been integrated.

Key people involved in the field of "violence prevention", and whose support could be gained for the introduction of the intervention standards, work in both of these organisations.

In the wake of the First Action Plan by the Federal Government to Combat Violence against Women, the responsible ministries in some Länder, e. g, the Ministries of Social Affairs, have also launched their own programmes, in which the activities in this area on the municipal level are supported by supplementary measures on the Land level. The experts responsible for the programmes in each of the ministries and the regional coordination centres that were established in some of the Länder could also be recruited as partners in this alliance. As a rule, information is available regarding the programmes from the cooperation alliances on the local level.

Example: Kiel
Kooperations- und Interventionsprojekt bei häuslicher Gewalt (Cooperation and Intervention Project in Cases of Domestic Violence – KIK)
KIK's concept for cooperation and intervention in cases of domestic violence facilitates the collaboration of different institutions and facilities that address the problem of domestic violence in Schleswig-Holstein. Regional specialists from diverse fields who deal with the problem of violence against women work together in the KIK network. Coordinators have been implemented in all of the regions of Schleswig-Holstein to serve as contacts.

Source of the research: GSF e. V.

Interpretation of the data
KIK, a concept that has always been accompanied by scientific advisors, has been tested and proven successful for years. The KIK coordinators are experienced in cooperation with other specialised services and involved in the introduction of new concepts.

Thus, it was possible to gain the support of the KIK coordinator in Kiel for the introduction of the intervention standards; she also actively participated in the further training of physicians. Throughout the Land, other coordinators have, in the meantime, adopted the approach of the MIGG project with the goal of implementing it in their regions.

2.1.4 Support options for women

Qualified staff from support programmes for women with experience in working with women confronted with violence, migrant women, and disabled women work together in the regional cooperation bodies/networks to which physicians working in practices can refer patients when needed. These facilities/programmes form the infrastructure that is maintained in the region for female victims of domestic and sexualised violence. A list of all institutions can provide an overview of the options; at the same time, deficits become obvious, for example when there are no options for disabled women.

Example: Berlin

- 6 women's shelters (292 beds),
- 10 organisations offering emergency accommodations,
- Berliner Krisendienst (Berlin Crisis Centre),
- BIG-Hotline,
- 2 counselling centres against sexualised violence,
- different counselling centres for various target groups, e. g, disabled women or women with migrant backgrounds.
- Officially recognised pregnancy counselling centres run by the health departments or one of 14 independent organisations
- 5 centres for sexual health and family planning

Source: Signal e. V., Research GSF e. V.

Interpretation of the data

Over decades, various associations, self-help groups, and welfare federations in the city of Berlin have developed a highly differentiated infrastructure for providing help, which is embedded in turn in a highly functional network through BIG e. V. and which continues to cooperate on the further development of concepts for providing help. Physicians working in practices who are not familiar with the system of providing help can find it somewhat confusing. One possibility here is to organise options geographically in relation to the catchment area of the practices.

BIG – the *Berliner Interventionszentrale bei häuslicher Gewalt* (Berlin Intervention Centre in Cases of Domestic Violence) works on the development, adaptation, and improvement of measures and strategies against domestic violence towards women and their children on a structural and political level. The project is supported by the *Berliner Initiative gegen Gewalt an Frauen* (Berlin Initiative against Violence against Women – BIG e. V.). BIG e. V. has compiled an address list of the institutions that offer help and protection in cases of domestic violence: http://www.big-koordinierung.de/adressen.

2.1.5 Municipal authorities

By listing the relevant municipal authorities, an overview can be gained regarding possible alliance partners.

Example: Munich
Women's equality commissioner's office in Munich, the capital of Bavaria with a staff of 8, one member of which is responsible for such specific issues as support for women and gender-related work in the city's health programmes and reports directly to the lord mayor.

Referat for Gesundheit und Umwelt mit der Fachstelle Frau und Gesundheit (Department of Health and the Environment with the Office for Women and Health) Sozialreferat (Department of Social Affairs)

Source: Institute of Forensic Medicine Düsseldorf, Research: GSF e. V.

Interpretation of the data
In Munich's city administration there are experts in various departments responsible for women's equality in various areas of life who also address the problem of violence against women in this context.

This is a context in which cooperation partners, as well as possible coordinators for the introduction of the intervention standards, can be recruited.

2.2 Recommendations

2.2.1 Document data

In order to attain an overview, the collected data can be documented in the form of a table or cartographically. The data presented in such a manner can serve as a basis both for the development of a concept and for collaborating with possible alliance partners.

2.2.2 Take account of regional differences

The framework conditions differ between regions with a more urban character and more rural regions, e. g, in relation to the social infrastructure or public transportation. Professonal organisations representing physicians, professional associations or large health care facilities like university hospitals or institutes of forensic medicine are only located in large cities or cities with university medical schools. Hence, it is more difficult for women in a more rural region to reach facilities to which they have been referred by a physician's practice. For physicians working in practices, communication among specialists is easier in a more urban region, due to the broad spectrum of specialisations and organisations representing professional interests. Against this background, it is possible to make use of communication contexts involving specialists/

colleagues to convince physicians to participate in the introduction of intervention standards. At the same time, it is easier to attain an overview of the number of support options for physicians in a more rural area, and personal contacts can be made more easily than for the colleagues in urban areas with numerous, highly differentiated help options for women.

Planning is important in major cities like Berlin and Munich, due to the large number of physicians working in practices and the complexity of the infrastructure for proving help in order to structure the process of implementing the intervention standards geographically and medically. This would make it possible to recruit physicians according to districts/city areas or according to specialties.

2.2.3 Make use of existing cooperation structures

Knowledge of existing network structures and professional working groups on the topic of "violence against women" makes it possible to build upon the work they have already done, instead of creating new structures for introducing the intervention standards in a region. Alliance partners with professional competence, who have experience in cooperation and networking, are more inclined to adopt new approaches and to work diligently for their realisation. In some Länder, e.g, Hesse, Lower Saxony, Rhineland-Palatinate or Schleswig-Holstein, there are also cooperation alliances in the field of domestic violence with the Regional Medical Council of the Land, that have developed a form for documenting the consequence of violence, which is suitable for use in court, and introduced it into everyday practice in medical care. It is also possible to expand upon these activities.

2.2.4 Involve municipal authorities

Municipal authorities, e.g, the equality commissioner's office or the department of social affairs or, in isolated cases, the health department are obliged, based on their responsibilities, to cooperate on measures to protect women from violence and to establish an effective system of protection. In many municipalities and rural districts, the equality commissioners take on this task with great dedication and have established a highly functional cooperation body/network together with the police, public prosecutors, and institutions that provide aid. There is further potential here for gaining support for the introduction of the intervention standards in the medical care of women.

2.2.5 Cooperation with institutions providing support for women

The staff of programmes that provide support for women in many municipalities and rural districts work, as a rule, on the development of cooperation bodies/networks to improve the aid to and care of women who are victims of violence. They are familiar with the key figures in the various organisations and institutions, have an overview of the activities in the municipality and the Land, and know which options are available, e.g, for which groups options are lacking. As a rule, they also know physicians in the region who are willing to deal with the topic of "violence against women" in their practices or who have participated in further training sessions in the field of health care. Their experience and knowledge can be used for the development of an implementation concept. In addition, they are also potential alliance partners.

2.2.6 Research sources

Data on the structure and infrastructure of the region	Websites of the rural districts and cities
Information on professional organisations for physicians	German Federal Medical Council: http://www.bundesaerztekammer.de/
Addresses of all of the Regional Medical Councils	http://www.bundesaerztekammer.de/page.asp?his=0.8.5585
Material from the Federal Government	http://www.bmfsfj.de/BMFSFJ/Gleichstellung/women-vor-gewalt-schuetzen.html
Guidelines and materials from the Länder	Websites of the responsible ministries in the Länder
Baden-Württemberg	http://www.sm.baden-wuerttemberg.de/de/gewalt_gegen_Women/82115.html
Bavaria	http://www.stmas.bayern.de/frauen/gewalt/index.htm
Berlin	http://www.berlin.de/sen/frauen/gewalt/index.html
Brandenburg	http://www.masf.brandenburg.de/cms/detail.php/bb1.c.186211.de
Bremen	http://www.fauen.bremen.de/sixcms/detail.php?gsid=bremen94.c.1666.de
Hamburg	http://www.hamburg.de/haeusliche-gewalt/
Hesse	http://www.hsm.hessen.de/irj/HSM_Internet?cid=175a4e9fe94d6b8a08f7b923fc051a31
Mecklenburg-Western Pomerania	http://www.regierung-mv.de/cms2/Regierungsportal_prod/Regierungsportal/de/fg/Themen/Frauen_in_Krisensituationen/index.jsp
Lower Saxony	http://www.ms.niedersachsen.de/live/live.php?navigation_id=5022&article_id=14360&_psmand=17
North Rhine-Westphalia	http://www.mgepa.nrw.de/Emanzipation/frauen/gewalt-gegen-frauen/index.php
Rhineland-Palatinate	http://masgff.rlp.de/frauenn/aufgaben – www.rigg-rlp.de
Saarland	http://www.saarland.de/11293.htm
Saxony-Anhalt	http://www.sachsen-anhalt.de/index.php?id=1305
Schleswig-Holstein	http://www.schleswig-holstein.de/MJGI/DE/Frauen/Schutzgewalt/Schutzgewalt_node.html
Thuringia	http://www.thueringen.de/de/gb/themen/gewaltgefra/content.html
Municipal programmes against violence towards women and “round tables”	Bundesarbeitsgemeinschaft der kommunalen Frauenbüros http://www.frauenbeauftragte.de/bag-themen/gewalt-gegen-frauen/

III.
Planning the introduction of the intervention standards

Chapter 3 contains suggestions on

- the basic information relevant to a concept for introducing the intervention standards in the medical care of women confronted with violence.

One concept is a working paper in which the existing situation, goals, planned approach, contents and evaluation are brought into an easily understood context and thus made transparent for all (potential) cooperation partners. The concept is the first step in planning the introduction of the intervention standards in the region and thus serves as an initial proposal for action. During the process of introducing the intervention standards, the concept must be adapted to the current stage of the work.

In Chapter 3 the basic information in the concept will be described. It will be presented in the form of a possible outline and illustrated using examples from the concepts developed by the organisations responsible for the MIGG project.

Information on the initiators of the concept

In the first section of the concept, the following questions will be answered:

- Who are the people responsible for coordination?
- Which institutions do they represent? What are the central goals and tasks of these institutions?
- What is the relationship to the medical care of women confronted with violence, i. e., what experience do the people and/or institutions have in relation to the topic?

Example: Berlin

"S. I. G. N. A. L.–Intervention im Gesundheitsbereich gegen Gewalt an Frauen e. V."
(S. I. G. N. A. L. – Intervention in the field of health against violence against women)
The coordination and intervention centres to promote and further develop intervention and prevention in health care in cases of domestic and sexualised violence (hereafter referred to as "coordination and intervention centres") are supported by S. I. G. N. A. L. e. V... The central goal of S. I. G. N. A. L. e. V. is to integrate health care into prevention and intervention measures in cases of domestic and sexualised violence and to increase the sensitivity of professionals for the topic. S. I. G. N. A. L. e. V. sees health care as an important area for intervention and prevention in cases where violence is recognised as the context or cause of injuries and to promote the recognition of health disorders and symptoms and to consciously take them into account in providing care. Health care institutions basically reach everyone and can represent an important interface to all other areas of care and intervention through education and information.

Source: www.signal-intervention.de/download/Kurzkonzept_Koordinierungsstelle.pdf

Suggestions for work on a concept
In presenting the initiators, their competence and experience in relation to the topic should be underlined. They should be presented as competent and dedicated cooperation partners. At the same time, the goals of the institution should clearly convey the fact that they are willing to work for the realisation of their goals. As possible "pace-setters" for the introduction of the intervention standards in the region, they can also be appropriately categorised according to their areas of specialisation.

3.1 Information on the background and the existing situation

In this section of the concept, the connection between "violence" and "health" is addressed. For this purpose, the results of the representative study on the "Health, Well-Being and Personal Safety of Women in Germany"[9] can also be briefly reviewed. In addition, the results of the analysis of the local infrastructure (cf. Chapter 2) can be presented as a summary and initial points of approach and required action in relation to the medical care of women confronted with violence will be illustrated.

9 Müller, Ursula/Schröttle, Monika (2004): Health, Well-Being and Personal Safety of Women in Germany. A Representative Study of Violence against Women in Germany. Commissioned by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth. Berlin. A brief summary of the central findings. Brochure http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/Frauenstudie-englisch-Gewalt-gegen-Frauen, property=pdf,bereich=bmfsfj,rwb=true.pdf

Example: Berlin

The importance of the health care system for intervention and prevention in cases of domestic and sexualised violence is confirmed in scientific studies. Hence, the representative survey by Schröttle und Müller (2004) showed that physicians of women confronted with violence were designated as the first contacts in the professional system of aid and can thus serve as a decisive interface between patients and the system of providing aid (counselling centres and protective institutions). The study also provided evidence of the highly complex impact of violence and called for increased attention to be focused on health care in intervention in and the prevention of domestic and sexualised violence).

Source: www.signal-intervention.de/download/Kurzkonzept_Koordinierungsstelle.pdf

Suggestions for working on a concept

The reasons for the introduction of the intervention standards in the region are established in the presentation of the background and the existing situation. At the same time, it becomes clear that the initiators are knowledgeable enough to be recognised as serious cooperation partners.

3.2 Goals

"One goal is the exact description of the expected result or the concrete description of a desired state at a predetermined point in time" (Meier, 1995, p. 13).[10] In this definition it becomes clear that in formulating the goals of a concept, the question as to what should be achieved by which point in time must also be answered.

In formulating the goals, the SMART principle has proven itself:

S = specific: goals are formulated precisely in complete sentences.
M = measurable: goals include criteria according to which they can be gauged.
A = accepted: goals are supported by all of the participants.
R = realistic: goals can be achieved.
T = time: goals included information as to when they should be achieved.

The advantage of clearly formulated goals is that they allow for a joint orientation on specifications with which all of the participants associate similar ideas. During the process of implementation, agreement on all of these goals continuously reconfirmed all of the participants and adjustments are made as needed.

A central goal is usually formulated as an introduction; it is then made more concrete in subordinate goals.

10 Rolf Meier: Führen mit Zielen. Berlin 1995

Example: Ennepe-Ruhr District and Berlin

The central goal of the MIGG model project is the development of an intervention programme suitable for use in practice, in which the opportunities for intervention and prevention in outpatient medical care in cases of domestic and sexualised violence can be utilised.

- Reduce the burden on physicians through the development of a suitable concept for taking action in dealing with women confronted with violence
- Implement a procedure for documented cases of domestic and sexualised violence in a manner that is efficient in terms of time yet suitable for use in court
- Create effective networking structures for intervention in cases of domestic violence
- Optimise targeted referrals to specialised support for women affected by violence
- Illustrate the opportunities and limits of medical support in cases of domestic violence
- Take consideration of the needs of specific target groups, such as women with migrant backgrounds, women with disabilities, pregnant women and older women

Source: unpublished concept by Signal e. V. Berlin and Gesine Netzwerk Ennepe-Ruhr District

Suggestions for working on the concept

While the central goal can usually be relatively abstract, the subordinate goals are formulated and scheduled realistically in keeping with the SMART principle. In the subordinate goals, the different dimensions that are important for the implementation of the intervention standards are also expanded upon. Hence, in formulating the subordinate goals, especially in the scheduling their implementation, consideration must always be given to the resources available.

3.3 Guidelines for the procedure

In addition to the goals, fundamental principles for taking action or guidelines that characterise the professional understanding and basic ethical position of the initiators can also be described.

Example: Ennepe-Ruhr District

GESINE Netzwerk described 6 guidelines for action:

- Low-threshold as the most important principle
- Connection between mainstream and specialisation
- Win-win situation for all of the participants
- Provision of services
- Process-oriented character the concept
- Connection to existing cooperative bodies

Further information on the individual points: www.gesine-intervention.de under “Handlungsleitlinien”

Suggestions for working on the concept
The presentation of their guidelines allows potential cooperation partners to characterise the initiators of the concept in terms of their professional interests. The GESINE Netzwerk, for example, presents the measures it offers within the context of a service. At the same time, the GESINE Netzwerk points out that all of the participants stand to gain by cooperating with each other. This means that the expectation of cooperation is not related to demands on the cooperation partners, but instead to offers.

3.4 Target group for the implementation concept

In this section, the target groups towards which the implementation concept is immediately directed will be enumerated. They include physicians who work in practices and their employees in the practices in the region, from whom support is sought for the introduction of intervention standards in the medical care of patients confronted with violence.

Example: Berlin
The model project is mainly directed towards the practices of general practitioners, primary care physicians and gynaecologists.

In addition, the participation of practices dedicated to other specialities is also welcome. During the course of the project, 20 to 25 physicians' practices in Berlin are to be included in the model project.

Source: Signal e. V. Berlin

Suggestions for working on the concept
In the concept developed by Signal e. V. in Berlin, primary care and gynaecological practices are addressed as the primary target group, based on the knowledge that patients confronted with violence will be found most frequently in this context.

The determination of this focal point is, however, also dependent upon local medical care structures (cf. Chapter 2).

3.5 Options

In this section of the concept, the individual options and tasks that are to be directed towards the target group, and to which they can refer, are described. Hence, this section also has implicit references to the benefits for the target group.

Example: Düsseldorf

What awaits participating practices in Düsseldorf, Kiel and Munich?

The participating practices can expect

- Further training specifically adapted to the target group with the focus on the transmission of information to recognise and document violence as well as on how to deal appropriately with people who have been affected by violence,
- intensive care in the practice and help in individual cases (counselling and supervision),
- the development of structures and working aids suited for use in actual practice that relieve the burden on the physicians,
- the transmission of specific communication skills for appropriately addressing the victims of violence while, at the same time, conserving resources in the practice day-to-day,
- the development and integration of the practice within a psychosocial network of regional and already established help options.

Source: www.migg-frauen-de/02-rechtsmedizin.html#was

Suggestions for working on the concept

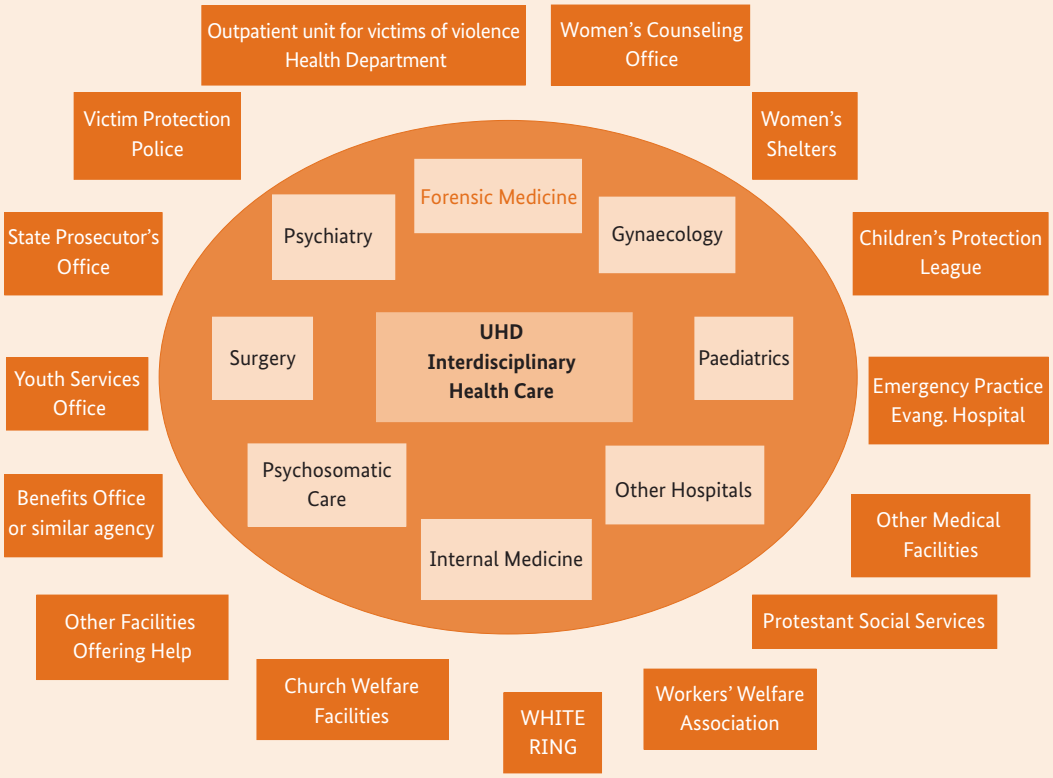
The options in this example are designated in a very concrete manner. They are described in a manner that is oriented on the everyday routines of physicians. This conveys the impression that the initiators are familiar with the material and will address real options and restrictions in taking action.

They convey a clear message that it is a question of practice-related support for physicians, which is connected to a concrete benefit for them.

3.6 Cooperation and networking – integration into the region

In this section of the concept, it will be shown how the implementation of the intervention standards in the medical care of women confronted with violence is anchored within local activities to combat violence against women and to provide them with support. This can also be depicted in an illustration.

Example:
Düsseldorf Network



Source: Institute of Forensic Medicine Düsseldorf

Suggestions for working on a concept
How this should be presented depends upon the local infrastructure (cf. Chapter 2).
In Düsseldorf, facilities and institutions have been working together closely for many years to combat violence, to help victims and to pursue perpetrators. In an illustration, this can be presented in a manner that is easier to understand than in a text. In other regions, in which only a few facilities are involved, it might be more suitable to use a text.

3.7 Resources

In this section of the concept, the resources available in the region will be presented along with the additional funding or personnel that are needed.

These resources include:
- People who can set the pace or serve as coordinators and their specific qualifications and the special areas in which they are especially competent.
- Material resources such as rooms and technical equipment.
- Funding for public relations work.

Even when no – or only a very few – additional resources are available, the following questions should be answered in this section:

- Which rooms can be used for further training sessions etc.? Who could provide them?
- Which human resources and skills can be mobilised? What could, for example, cooperation partners contribute?
- Where could money be raised for public relations work (flyers, a homepage, posters, etc.)?

Example: Düsseldorf

The Institute of Forensic Medicine at the University Hospital employs a number of researchers who have relevant experience and to whom work in the project can be delegated.

In order to ensure effective coordination of the project, it is essential to hire a researcher, preferably a qualified physician. This employee must also be specifically responsible for the local coordination of the mediators from the field of forensic medicine.

Source: Institute of Forensic Medicine Düsseldorf

Suggestions for work on a concept

In this extract from the concept, examples of the human resources that the initiators can provide for the introduction of intervention standards are presented, along with an overview of the additional personnel that will be required for the project.

When additional means are needed, it is possible to depict where they can be mobilised in this section as well as which institutions can make a contribution.

3.8 Evaluation

When beginning to work on the concept, consideration should already be given to how its realisation in the implementation process can be evaluated and assessed in a manner oriented on actual practice. The knowledge that is gained in the evaluation will be used for the further planning and development process.

In this context, it might be possible to recruit a university or university of applied sciences, located in the region, to collaborate on the project in order to respond to feedback regarding the suitability of the further trainings measures in actual practice, the recommendations for taking action, and printed materials for everyday work in the practices and then make them available to people involved in everyday practice, for example, through publications in medical journals.

Example: Berlin and the Ennepe-Ruhr District

Quality assurance through documentation

The programme entails the on-going review and modification of the intervention programme for physicians working in practices. For this purpose, monthly "feedback loops" are planned, e. g, the compilation of documentation and protocols on the "lessons learned" in the implementation process.

Source: GESINE Netzwerk Ennepe-Ruhr District, Signal e. V. Berlin

Suggestions for work on the concept

In this example, the initiators have integrated the on-going evaluation into the context of quality assurance and designated concrete methods. For the (potential) cooperation partners, they thus appear to be professionally competent and acting in a transparent manner.

3.9 Recommendations

3.9.1 Formulate the concept in an understandable manner

The concept must, as a rule, be understood by members of various the professions, who are to be recruited as cooperation partners. That can be achieved by using language free of technical terms and abbreviations. Since everyone in the medical profession, in social services, the police and the legal system must generally work in a resource-oriented manner, they are grateful when the concept is formulated in a brief and clear manner.

3.9.2 Include cooperation partners early on

From the very beginning, (potential) cooperation partners can also be included in the process of drafting the concept. This makes it possible, for example, for multi-professional perspectives to be taken into consideration early on and not worked in at a later point in time. In cases where various organisations are also responsible for the concept, its reputation in the region is enhanced, especially when a prominent figure in the region, for example from the field of health, has cooperated in formulating the concept.

3.9.3 Clarify the central goals at the very beginning

The (potential) cooperation partners pursue specific goals depending on the tasks for which they are responsible and their specialisations, and these are not necessarily identical with those of the initiators, who want to recruit support of the introduction of the intervention standards in the region. Hence, one of the first tasks is to reach agreement with central partners on the goals for the introduction of the intervention standards in the region when work on the concept is begun, so that it can be ensured that it is supported by everyone.

3.9.4 Use the concept as a guide for the implementation process

The formulations used in the concept are based on fundamental consideration regarding how the intervention standards can be introduced into the medical care of women confronted with violence. Experience from other innovative projects and approaches have played a role in formulating the concept. Hence, the tasks and the means of approaching them are described as systematically adapted to each other. If the concept is clearly structured and formulated in keeping with the requirements of brevity and clarity, it can serve as a guide for all of the participants in the implementation process. Not least of all, it can also be used to ensure the quality of the joint work.

3.9.5 Employ the concept in diverse contexts

In addition to documenting the initiators' professionalism and competence in the eyes of the cooperation partners, a coherent concept can also be employed in diverse manners in the course of the implementation process. The concept can, for example, serve as the basis for an application for additional resources. Parts of the concept can, for example, also be used for a flyer or a homepage, as well as in formulating invitations to conferences and further training sessions. The segments of the concept can also be used as "text modules" for various purposes.

3.10 Suggestions for further reading

www.signal-intervention.de/download/Kurzkonzept_Koordinierungsstelle.pdf

Häusliche Gewalt: Wissen Sie, wie Sie in Ihrer Praxis mit einem Gewalteopfer umgehen sollen?
http://www.uniklinik-duesseldorf.de/img/ejbfile/Artikelautorisiert.pdf?id=13418

Müller, Ursula/Schröttle, Monika (2004): Health, Well-Being and Personal Safety of Women in Germany. A Representative Study of Violence against Women in Germany. Study commissioned by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth. Berlin. A short summary of the central findings. Brochure:
http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/Frauenstudie-englisch-Gewalt-gegen-Frauen,property=pdf,bereich=bmfsfj,rwb=true.pdf

Robert Koch Institut/Statistisches Bundesamt (Hrsg.): Hornberg, Claudia; Schröttle, Monika, Bohne, Sabine; Khelaifat, Nadia; Pauli, Andrea (2008): Gesundheitliche Folgen von Gewalt unter besonderer Berücksichtigung von häuslicher Gewalt an Frauen. Gesundheitsberichterstattung des Bundes Heft 42.

AWO Bundesverband (Hrsg.): Landgrebe, Gitte; Borris, Susanne; Schulz, Veronika; Sellach, Brigitte: Projekt PräGT: Ein Praxisleitfaden zur Prävention von häuslicher Gewalt in Kindertagesstätten, Bonn 2004.

Wir über uns: Das GESINE-Netzwerk Gesundheit. EN
http://www.gesine-intervention.de/index.php?option=com_content&view=article&id=46&Itemid=1

IV.

Seek support for the introduction of the intervention standards

Chapter 4 contains suggestions on how physicians can be recruited to support the introduction of the intervention standards.

The suggestions are based on the results of the first representative study on the topic of "violence against women "[11] in Germany:

- 37 % of all of those interviewed have experienced physical violence as least once since the age of sixteen.
- 25 % of all of those interviewed have, according to their own reports, experienced violence in their relationships with partners.
- 13 % of all of the women interviewed have experienced being a victim of sexual violence after the age of sixteen, e. g, one in seven women have had this experience.[12]
- Over half of the women (58 %) has experienced diverse forms of sexual harassment.
- 42 % of all of those interviewed indicated that they had experienced forms of psychological violence. These ranged from being intimidated by aggressive verbal harassment and defamation through to threats, humiliation and psychological terror.[13]

37 % of the women who have experienced violence in relationships with their partners that resulted in injury, initially turned to a physician. Also in the case of sexualised violence, 12 % of the women initially sought medical help. Doctors working in practices play a key role in making initial contact with female patients who have been confronted with violence.

Doctors working in practices should therefore be able to recognise the signs of violence among their patients in order to involve them in appropriate medical care.

Chapter 4 will present:

- how physicians can be reached in order to recruit them for the introduction of the intervention standards,
- which contribution professional organisations, professional associations, and health care facilities can make,

---

11 Müller, Ursula/Schröttle, Monika (2004): Health, Well-Being and Personal Safety of Women in Germany. A Representative Study of Violence against Women in Germany. Commissioned by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth. Berlin. A brief summary of the central findings. Brochure http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/Frauenstudie-englisch-Gewalt-gegen-Frauen,property=pdf,bereich=bmfsfj,rwb=true.pdf

12 This only includes forms that are relevant in penal terms, such as rape, attempted rape, and various form of sexual coercion and the use of physical force or threats.

13 Badgering/harassment through comments, physical contact or gestures on the street, in public places, at work, in school or training as well as among one's friends, acquaintences or family.

- how local cooperation bodies/networks and support options for women can be integrated into this work and collaborate,
- how typical reservations on the part of physicians towards the topic of "domestic violence" can be overcome.

The experience in the project has shown that there is more than one way to recruit physicians, hence, a broadly defined strategy must be chosen. In Chapter 4 the different measures are described; they can be chosen according to local framework conditions (Chapter 2).

4.1 Ways to recruit physicians

4.1.1 Accessibility of physicians

Doctors working in individual or group practices or in medical care centres operate small business and can generally decide on their own which area they choose to focus on within the context of further professional training. Therefore, one must assume that they will participate voluntarily when recruiting their support for the introduction of the intervention standards.

Hence, initial recruitment attempts will only attract those who have a greater interest and/or physicians who have already had experience with the topic through their patients or who find the topic stressful because they have no concept for taking action when women who have experienced violence come into their practices.

Example: the MIGG model project

Most of the physicians (60%) who were willing to participate in the model project had already had experience with the topic of "violence against women" in their everyday practice and thus decided to participate.

Roughly a quarter was interested, but had little or no experience with the topic.

The other reasons were highly diverse: current experience in everyday practice, the importance of the topic and one's own ambition to do justice to it in everyday practice, the desire to become more confident in taking action, for the sake of their patients, the desire to provide good care, the improvement of documentation, an interest in working with the cooperation partners, the need to become better qualified in this area and/or to learn something new.

The determining reasons for some physicians were personal contacts with the project direction or already existing cooperation.

Source: GSF e. V. Frankfurt am Main

Suggestions for recruiting support

In considering how physicians can be recruited, one should appeal to their personal or professional motivation. Thus, one could start by approaching the physicians who one knows personally or who work in areas of specialisation (such as addiction medicine) or city districts with a high concentration of social problems. Although violence against women is a widespread problem in all social groups, alcohol and drug consumption are often cofactors. In addition, the social control in city districts plagued by problems is, as a rule, greater, so that families with a violence problem are more likely to be noticed. Doctors in these districts may possibly have more frequent experience with patients who have been confronted with violence in their practices and may therefore be more open to pursuing this option.

The success of recruiting support is also dependent upon other factors, e. g, the extent of the resources that can be employed in recruiting physicians as well as the reputation or networking ability of the organisation that is promoting it.

Example: Berlin

An advantage in recruiting practices in Berlin was the high profile and good professional reputation of the Signal e. V., which were a result of its projects at the University Clinic Benjamin Franklin and its "Train-the-Trainer" seminars.

Source: GSF e. V. Frankfurt am Main

Suggestions for recruiting support

Organisations comparable to Signal e. V. are still rather rare. However, within the context of the analysis of local structures, key figures in the field of health care with a good reputation in professional circles and in society can be identified and enlisted to support the recruitment process, e. g, a chief physician from a hospital.

From the perspective of physicians working in private practice, it is also important that the recruitment of physicians for the introduction of the intervention standards, and the further training this requires, is well coordinated. In addition, the additional medical services and/or the greater amount of time and effort expended by physicians to grasp the problems involved in caring for victims of violence must be remunerated, if they are to be introduced into the practices of all physicians. In view of the sustainability of the intervention processes with the goal of improving the care of victims of violence, the question as to the remuneration of the physicians' services must also be answered over the long-term.

Example: Ennepe-Ruhr District

Ten female physicians and seven male physicians were asked at the end of the model project how it might be possible, based on their experience, to recruit colleagues to introduce the intervention standards in their practices. They were also asked which preconditions were, in their view, advantageous in this conjunction.

Some two-thirds see a coordinating office such as the GESINE Netzwerk as helpful. Physicians can be addressed from such offices or they can offer further training sessions. They network with the support facilities. And, above all, such an office serves as a constant reminder of a topic that is often forgotten in the flood of tasks that must be performed every day. A third cannot imagine that this function can be fulfilled by a medical institution, a quarter can imagine this possibility, if there were financing for this institution. For some, this would enhance the acceptance of the intervention standards.

Roughly half of those interviewed can, however, despite their own positive experience, not imagine that all of their colleagues could be recruited if there is no remuneration for these services.

Source: GSF e. V. Frankfurt am Main

Suggestions for recruiting support

Doctors cannot be promised any remuneration for the services. A positive incentive could, however, be that the certification of further training, which means it would count towards the fulfilment of the obligation to participate in further training. Personal relief could also be a positive incentive, since patients who have experienced violence can be referred to network partners.

To what extent a coordination office can become involved, as, for example, in the model project, depends upon the resources in terms of personnel and funding that are available for the introduction of the intervention standards in a region. The recruitment concept must be adapted to the available resources. When fewer resources are available, it will take longer to recruit physicians to support the introduction of the intervention standards.

4.1.2 The contribution of the professional organisations and professional associations

Professional organisations and professional associations play a central role in reaching physicians. This becomes obvious in relation to the question as to the ways in which physicians working in practices obtain professional information and information regarding their professional interests:

- Publications by professional organisations such as the *Bundesärzteblatt* and the *Ärzteblätter* published by the regional medical councils: the professional organisations for physicians (Regional Medical Councils, Association of Statutory Health Insurance Physicians, professional associations) can promote recruitment, for example, by accepting articles submitted to their journals.

- Further training is seen as a central medium for addressing physicians working in practices. The obligation to regularly participate in further training and provide proof of participation through further training points awarded for attending certified training sessions is clearly regulated by law (Article 95d Book V of the Social Code). In addition to this, the professional regulations in the medical code of conduct oblige every physician to participate in further training.

Example: Organisation of German Primary Care Providers

Within the context of a contract for medical care centred on the care provided by a prim ary care physicians, the participating physicians agree to participate in further training according to the stipulations of Article 73b Book V of the Social Code. The *Institut für hausärztliche Weiterbildung* (Institute for the Further Training of Primary Care Physicians), operated by the Organisation of German Primary Care Providers, offers the corresponding further training throughout the country. In these further training sessions, which were initiated in 2011, a module entitled "Violence or an Accident?" includes the topics of "child abuse", "violence against women", "documentation", "finding an approach", "support facilities" and the "legal situation".

Source: Dr. Sturm, Deutscher Hausärzteverband, member of the advisory board of the MIGG project

Suggestions for recruiting support

In the future, primary care physicians can be specifically addressed regarding the topic of "domestic violence" and be recruited for the introduction of the intervention standards. They will have received information within the context of the regional further training sessions introduced by the Organisation of German Primary Care Providers in 2011 and will, therefore, be more sensitive to the need for a concept for taking action verified according to the experience in the model project. This option alone can be seen as an important result of the model project.´

- Further training sessions, e. g, at the academies operated by the regional medical councils: Sessions dealing exclusively with the topic of "domestic violence" are often cancelled because an insufficient number of participants has registered. One possibility would be to integrate the topic into a standard further training session and/or to combine topic within the context of another session as a "door opener", e. g, to offer further training sessions on "Taboo Topics in Medicine". With the certification of further training options, the medical councils ensure that the participation is accredited within the context of the obligation to participate in further training.
- Written invitations from institutions, e. g, hospitals or professional organisations with well-known speakers. Inviting a highly respected speaker is a particularly effective method for successfully addressing participants. The support could therefore consist of sending/distributing such mailings.

Example: Model project

In the model project, physicians working in practices in nearly all of the locations were less inclined to respond to mailings from the professional organisations such as the Association of Statutory Health Insurance Physicians or the professional association, but in the Ennepe-Ruhr District, this method was successful because the mailing was accompanied by a letter from the Medical Council and one of the network partners.

Source: GSF e. V. Frankfurt am Main

Suggestions for recruiting support

According to the experience in the model project, physicians working in practices can be reached better by members of their own professional group than, for example, by social workers. Hence, an accompanying letter from a physician with a good professional reputation, recommending the introduction of the intervention standards, along with the invitation to a session, is helpful.

- Professional conferences staged by professional associations and societies of medical specialists. This is an opportunity for increasing sensitivity to the topic of "domestic violence" in an exchange among colleagues within a context extending beyond the region and in which initial expert information is conveyed.
- Quality circles: quality circles and Balint groups are certified so that they can be attended within the context of further training obligations and entail only a limited additional burden.

Example: Association of Statutory Health Insurance Physicians

The Association of Statutory Health Insurance Physicians has developed a "screenplay" on the topic of "domestic violence" for use in quality circles. The plot presents options for intervening in cases of domestic violence, also by using material from the model project. The quality-circle tutors, who were trained in the autumn of 2010, assessed the approach positively.

Source: KBV (Hrsg.) Handbuch Qualitätszirkel, Möglichkeiten der Intervention bei Häuslicher Gewalt, Berlin 2011

Suggestions for recruiting support

In the region, it is possible to address the moderators of quality circles by referring to the screenplay and then request support for the recruitment process by addressing the topic of "domestic violence" in the quality circles. Information regarding quality circles in the region is available from the regional medical council and/or their district offices. This initiative was derived from experience in the model project and joint work with the scientific advisory council.

- Further training in basic psychosomatic care: basic psychosomatic care is part of primary medical care and augments treatments oriented on organs and/or physical functions. This makes it possible to grasp the psychosocial background of the health problems, in particular, thereby enabling the patients to receive therapy on a holistic basis. The further training is

obligatory in the specialities of general medicine, internal medicine and gynaecology, so that it reaches all physicians who participate in this further training and makes it possible to increase their sensitivity to the problem of "domestic violence". In Lower Saxony, for example, the curriculum for further training in basic psychosomatic care contains a module on domestic violence.

Example: further training in basic psychosomatic care

In Lower Saxony, the curriculum for further training in basic psychosomatic care contains a module on domestic violence.

Source: Dr. Goesmann, German Federal Medical Council, Member of the Advisory Council of the MIGG project

Suggestions for recruiting support

In the recruitment process, physicians specialising in general medicine, internal medicine, and gynaecology could be addressed, because their further training in basic psychosomatic care increases their sensitivity to the psychosomatic background of illnesses.

From the perspective of physicians, the professional organisations and professional associations are important due to the role they play within the context of the autonomous administration of the medical profession.

Example: Ennepe-Ruhr District

The participating physicians were asked which tasks the professional organisations and professional associations performed in the introduction of the intervention standards in the medical care of women.

Two-thirds see the medical councils as influencers that could support the introduction through regular articles in professional journals, including announcements regarding further training sessions, the organisation of further events or the organisation of local physicians' meetings. Roughly a third of those interviewed see the professional organisations as not suited, firstly, because they have "avoided" the topic for too long, and, secondly, because it would be too difficult and tedious.

A quarter sees themselves as influencers and believes more in personal contact with colleagues.

Source: GSF e. V. Frankfurt am Main

Suggestions for recruiting support

Professional bodies and professional associations represent the professional and political interests of the medical profession and therefore play a major role among physicians. This is expressed when physicians point out that their participation increases the acceptance of various measures. Representatives of professional organisations and professional associations should therefore be involved in the recruitment process.

4.1.3 The collaboration of local cooperation bodies and partners

The wish has long been expressed by cooperation bodies, such as the so-called "Round Tables against Violence" and the support facilities, that physicians working in practices introduce the intervention standards in outpatient care and in emergency care. They will therefore generally support the recruitment in a region with the resources at their disposal in order to win physicians' support. They will, above all, become involved when they can take the initiative or they are themselves active as partners. Different forms of support are possible:

- "professional relationships" and/or existing contacts between social and/or anti-violence institutions and physicians working in practices can be addressed, e. g, interested institutions can ask whether practices are interested.
- cooperation partners such as counselling centres and women's shelters can contact physicians in a sort of a snowball system and win their support for the introduction of the intervention standards.

Example: Kiel

At the end of the project, cooperation partners in Kiel were asked what their institution or they personally could contribute to spreading the intervention standards among physicians working in practices in the region.

All of them see themselves as influencers who can appeal for support for the introduction of the intervention standards in different contexts, e. g, in personal or professional contact with physicians, at round tables or at events.

Source: GSF e. V. Frankfurt am Main

Suggestions for recruiting support

The partners in the cooperation bodies and the support facilities have a great interest in cooperating with physicians. They can be approached and, at any rate, asked to provide support for recruitment. They will cooperate to the extent possible, which is, however, often limited in the case of the support facilities.

- Through the cooperation partners it is possible to make use of extensive mailing lists that can be accessed by e-mail or by sending posters.
- Cooperation partners can also participate in staging a "keynote event" for the introduction of the intervention standards. Invitations are sent in cooperation with these partners and the physicians' professional organisations, local groups such as professional associations, and other physicians' organisations in the form of a personal mailing, or an e-mail and made widely known through additional articles in regional physicians' journals and in local newspapers.

Example: Munich invitation to a further training session for physicians Medizinische Intervention gegen Gewalt an Frauen – MIGG (Medical Intervention against Violence against Women)

Project within the context of the action plan "violence against women" of the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth

Staged by: Institute of Forensic Medicine in Düsseldorf and the Institute of Legal Medicine in Munich
Target group: physicians interested in the topic of violence against women
Certification: points (application has been submitted to the medical council)

Programme
Moderation: Dr. Elisabeth Mützel (Institute of Legal Medicine, Munich)
Introduction: Dr. Elisabeth Mützel, Institute of Legal Medicine, Munich

Intervention standards for the medical care of women confronted with violence, Dr. Hildegard Grass, Institute of Forensic Medicine, Düsseldorf

Presentation of the public prosecutor's office, Senior Public Prosecutor Dr. Müller, Senior Public Prosecutor Dr. Gierschik
Presentation of the network partners
- Frauennotruf, Ms Orith Ghatan- Ertl
- Frauenhilfe, N.N.

Intermission
Presentation of the network partners
- IMMA e.V., Ms Astrid Siegmann
- Weißer Ring, Dr. Schöch

"Psychotraumatic aspects of dealing with patients affected by violence" Ms Courtial, Frauennotruf

Market of possibilities: Possibility of gathering information and engaging in exchanges with the facilities that provide aid

Source: Institute of Forensic Medicine, Munich

Suggestions for recruiting support

At the beginning of the MIGG project, keynote events were staged at all of the locations. The goal of the events was to provide information on the objectives, target groups, and topics dealt with in the project and to gain the support of physicians working in practices through the event. In addition, relevant cooperation partners were to be involved from the very beginning.

All of the events were classified as further training sessions for physicians and certified by the responsible medical council.

This type of event can be used everywhere in order to attract physicians. It is also possible to involve representatives of local political institutions and public authorities in order to underline the importance of the issue for the region. Hence, in the Ennepe-Ruhr District, the district administrator was the opening speaker at the keynote event.

4.1.4 Overcoming typical reservations

Guidelines and intervention concepts for treating the victims of domestic violence have been being developed and published internationally and nationally for many years. Yet, up until now, it has hardly been possible to introduce the intervention standards in the outpatient and inpatient medical care of women. Hence, research has been undertaken in many international studies to identify the typical reservations on the part of physicians in relation to the topic of violence and/or why they do not adopt the intervention standards, which have been verified internationally in many model projects, in their treatment concepts.

The following typical reservations were repeatedly identified:

- Lack of knowledge in dealing concretely with patients (conducting an interview, documentation),
- Insufficient networking and knowledge regarding the referral options,
- Lack of time, lack of personnel, difficulties in integrating it into the practice routines,
- Legal insecurity (confidentiality),
- Concern about overstepping bounds or injuring or insulting the women,
- “Pandora’s box”: fear of the reaction, of the consequences,
- Lack of financial resources, insufficient or no remuneration.[14]

14 of: Institute of Forensic Medicine at the University Clinic in Düsseldorf (2008): Medizinische Intervention gegen Gewalt an Frauen (MIGG=Medical Intervention against violence towards women) Model project to support resident physicians in recognizing documenting and responding adequatly to patients affected by violence. Analyse of international publication and developments in this area, part 2, pp. 3–8.

Example: Ennepe-Ruhr District

The participating physicians were asked which barriers they saw among colleagues as a result of their experience in the model project that might prevent them from introducing the MIGG approach or what was their greatest problem.

Three-quarters of those interviewed consider a lack of time to be the greatest problem, whereby one-third believed that this could be counteracted by good practice management. In addition, patients with acute experience of violence were not often encountered.

One-third of the physicians do not consider a lack of time the primary problem, because they either work in the field of psychotherapy or they also do not have that many patients confronted with violence.

One-third assumed a lack of motivation among their colleagues, sometimes due to personal reasons, e.g due to their own experience with violence, the treatment of the topic as a taboo or fear of coming into contact with the topic.

One-quarter of those surveyed expressed the opinion that it would only be possible to recruit the support of physicians through remuneration.

For one-quarter, the topic of "domestic violence" is not always present in their everyday experience, so they presumably overlook patients who have experienced violence.

Source: GSF e.V. Frankfurt am Main

Suggestions for recruiting support

A lack of time is a topic mentioned most often by physicians who work as primary care physicians, along with pointing out the diverse number of topics that they have to deal with. Against this background, realistic time management must already be planned and imparted upon physicians during the recruitment phase.

In relation to physicians' motivation, there is a need for information regarding the effects of the intervention standards on the practices and on the women.

The question of remuneration cannot be solved on a local basis.

The reservations can be addressed by citing the many positive experiences in the model project, thus motivating physicians by providing information.

- Motivational factors are seen in the physician's desire to heal patients, e.g to treat patients successfully and, in the case of patients affected by violence, to achieve this through optimised practices.

- The effort of taking on an additional issue must be compensated by positive effects in one's day-to-day professional life. These effects include gaining a greater degree of security in dealing with a taboo topic, the advantages of plausible approaches to explaining otherwise inexplicable behaviour or symptoms among patients, as well as the reliability of a functioning referral practice.[15]
- Doctors will be provided with some relief through the introduction of the intervention standards; they will gain confidence through information and the practical application of intervention standards.
- Doctors see a benefit in getting to know representatives of the cooperation bodies and the support facilities.

Example: Berlin

Results of the final interview with physicians who participated in the model project:
Increasing sensitivity: greater awareness of the issue of violence and its complexity ("In the beginning, I was very sceptical with regard to the project, but I learned quite a bit." "I did not expect to learn that it played such an important role among people from 'better social circles'.")

Greater confidence in addressing the topic of violence: feeling more self-assured in raising the topic, overcoming inhibition, sensitivity in dealing with the topic.

"I changed as a result. Before, I thought that it would be impossible to ask a teacher about violence, now I actually do it. If she is slightly put out, so be it, she'll still come back."

Greater confidence in dealing with patients affected by violence, greater competence in taking action through qualifications/knowledge, more professional action/reaction ("no longer as shocked"), knowing what to do, contacts, information on the system for providing help.

Source: Signal e. V. Berlin

Suggestions for recruiting support

This positive assessment on the part of colleagues who participated in the model project voluntarily can be used to convince other physicians to introduce the intervention standards and to participate in the implementation process.

These assessments are the result of a scientific survey and analysis and are, thus, based on evidence.

15 cf. http://www.gesine-net.info/index.php?option=com_content&view=article&id=66&Itemid=67

Example: Düsseldorf/Munich/Kiel

The results of the final interview with physicians who participated in the model project in Düsseldorf, Munich and Kiel

In the first survey at the beginning of the model project only two of the participants indicated that they would not find it difficult to address the topic of violence when dealing with victims. In the final interview, this was true of 15 of the 16 participants in the survey. Hence, important barriers could thus be overcome, especially in dealing with the victims of violence, addressing them, documenting the problem, and making referrals. Problems still remain in relation to the available time and language barriers. Another reason for reticence in asking questions is what is assumed to be a certain degree of inhibition on the part of the patients.

Source: Institute of Forensic Medicine Düsseldorf

Suggestions for recruiting support

In the results of the final interview by the Institutes of Forensic Medicine in Düsseldorf and Kiel and the Institute of Legal Medicine in Munich it becomes clear that the physicians who participated in the model project were able to overcome their barriers in relation to their attitudes towards the topic of "domestic violence". More structural problems, such as the lack of time and language barriers still remain, but this also applies to other areas of outpatient medical care.

Hence, these arguments can also be employed in recruiting support.

Example: Ennepe-Ruhr District

The results of the final survey of physicians, who participated in the model project:

Eight of ten physicians (80%) feel confident in dealing with patients confronted with violence.

Two-thirds are still suspicious even after a patient has denied the situation and offer additional information. In this conjunction, the material that they received through the project has proved helpful.

The majority of the material, such as patient cards, posters or information card was seen to be helpful and is indeed used.

The documentation forms and the homepage were seen as helpful by roughly half of the participants and used by a third of them.

Source: GESINE Netzwerk Ennepe-Ruhr District

Suggestions for recruiting support
Physicians appreciate good material and also use it. This is clearly illustrated by the results of the final interview, e.g, in the Ennepe-Ruhr District. In recruiting support, they can already be told about the existing material, it may even be possible to display examples for examination during a keynote event.

The materials that were developed and used in the model project have been compiled in a bound collection and are available for use: Project direction GESINE Netzwerk Gesundheit. EN Schwelm: Materialsammlung. Schwelm 2011; Bezug: http://www.bmfsfj.de/BMFSFJ/Gleichstellung/women-vor-gewalt-schuetzen.html

4.2 Recommendations

A fundamental rule is that the recruitment strategy should always be as broadly based as possible so that a number of approaches can be used. Which will ultimately be successful must be examined on a regional basis, because there is no patent recipe.

4.2.1 Use personal and professional contacts

In recruiting physicians working in practices for the introduction of the intervention standards, it can be assumed that the physicians are willing to engage in the process of increasing their awareness, further training and the introduction of the intervention standards on a voluntary basis, and that they are, therefore, convinced or can be convinced of the importance of the concept for taking action. Hence, in the first step, personal and professional contacts should be used in order to address physicians, even if this does take quite a bit of time. This also applies in the case of the cooperation partners who have jointly dedicated themselves to improving the outpatient medical care of women subject to violence through the training of physicians working in practices. Contacts to the professional organisations and professional associations located in the region are just as important as those to the support facilities and to the physicians in the region itself. This network of informal and formal contacts and working relationships forms the basis of the recruitment process.

4.2.2 Approach professional organisations, professional associations and clinics and gain their support

Involving professional organisations, professional associations or local medical groups in the recruitment process seems essential, in light of the function of the professional organisations and their tasks, in order to gain acceptance for the topic. Professional organisations are the representative bodies of all physicians. A regional medical council is a statutory body and assumes responsibility for the autonomous administration of the professional interests of its members in relation to the state and society. Members of regional medical councils are all of the physicians who practice their profession in the council's district. Regional Medical Councils have an extensive list of responsibilities in relation to further training, counselling, information and aid.

Through this extensive and legally codified form of autonomous administration by physicians for physicians, the autonomy of the independent businesses (practices) run by these physicians is enhanced, so that they sometimes seem to be inaccessible for cooperation on equal footing with other professions. Representatives of the professional organisations are able to play the role of a go-between in this conjunction. Via the professional body's mailing list, it is also possible to reach all of the physicians who work in a particular region. In some Länder the regional medical councils have already taken an active role in relation to the topic of "violence against women". This is something that could be built upon.

Professional organisations and professional associations are, however, not sufficiently present in every city and in every rural district to actually play an active role in local health care. Hence, they count among the potential alliance partners in convincing physicians, including chief physicians in hospitals or a physician who is highly recognised in professional circles or who is considered an authority in her or his field. This could be the moderator of a quality circle.

4.2.3 Involve the relevant local alliance partners

The relevant cooperation partners, which can include not only the support facilities but also the municipal authorities, police and public prosecutors, can, on the one hand, expand the spectrum of physicians. They can also possibly make their own resources available for the recruitment process.

4.2.4 Address reservations – Emphasise the benefits for the practice and for the patients

Reservations are, as a rule, based less on personal experience and more on a lack of information, prejudices and taboos. Particularly the topic of "domestic violence" was, for a long time, subject to a social taboo. In the mean time, the taboos have been broken by many professional groups, e. g, in the case of the police or in parts of the legal system, and have been displaced by knowledge and new concepts for taking action to the benefit of the victim of violence. This discussion can be taken up again with physicians. As an argument for dispelling their reservations, the evidence-based positive experience in the model project *"Medizinische Intervention gegen Gewalt an Frauen"* can be cited. Especially the win-win situation, i. e., being able to feel better about really helping a patient while, at the same time, being relieved of certain burdens through the cooperation with support facilities, represents a good argument. The physicians that participated in the model project have repeatedly mentioned such arguments. "Before, I tended to think: what use is it to the patient when I know, but have nothing to offer her? Now I can offer something, can react in a professional manner. I am now not as shocked by it." (physician in Berlin).

4.3 Suggestions for further reading

Müller, Ursula/Schröttle, Monika (2004): Health, Well-Being and Personal Safety of Women in Germany. A Representative Study of Violence against Women in Germany. Commissioned by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. Berlin. Summary of central research results.
http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/Frauenstudie-englisch-Gewalt-gegen-Frauen,property=pdf,bereich=bmfsfj,rwb=true.pdf

Further information on recruiting support can be requested from the project directors in Berlin, Düsseldorf and in the Ennepe-Ruhr District.

SIGNAL e. V. Berlin
www.signal-intervention.de

Institute of Forensic Medicine at the University Hospital in Düsseldorf
www.uniklinik-duesseldorf/rechtsmedizin (Search term: Forschung)

GESINE Netzwerk Gesundheit Ennepe-Ruhr District
www.gesine-intervention.de

V.
Cooperating and networking regionally

Chapter 5 discusses:

- which forms of local cooperation play a supporting role for the long-term implementation of a chain of intervention, which institutions/people should be represented there and for which tasks are they to be responsible.
- which functions are performed by a coordinating office for the establishment and maintenance of cooperation structures and networks.
- which conditions are necessary for successful cooperation and networking.
- what tasks can networks perform.

5.1 Forms of local cooperation

5.1.1 "Round Table"

A "Round Table on Domestic Violence" is a local working alliance to which institutions and facilities in a municipality or a rural district that deal with the consequences of "domestic violence" belong. This includes the police, public prosecutors, family courts, lawyers, youth services and offices of public order, women's shelters and counselling offices, facilities run by churches and organisations providing protection for victims. The goals of a "Round Table" are:

- establishing a chain of intervention in a region to ensure protection and safety for women confronted with violence by:
  - collecting information on and experience with municipal/state institutions and independent organisations that address the topic of "domestic violence"
  - coordinating multi-professional activities in individual cases and beyond, and
- combatting violence through prevention involving a broad campaign of public relations work.

In many cities and rural districts there has been a "Round Table on Domestic Violence" for years, often initiated by municipal equality commissioners in cooperation with support facilities for women. This development was promoted by action plans in the Länder to combat violence against women. Also larger working alliances to combat all forms of violence in the region, e. g, a Crime Prevention Council, have, as a rule, at least one subordinate working group on the topic of "domestic violence", which works in the same sense as a "Round Table" (cf. Chapter 2).

The health care facilities were, up until now, only represented in this cooperation structure in a few municipalities/rural districts, so that the chain of intervention in relation to the health care of women confronted with violence could not be completely closed.

Example: "Round Table" in Kiel

KiK is a "Round Table" that has been working with local structures and coordinators throughout Schleswig-Holstein for years.

- The local coordinator of KiK in Kiel brought the coordinator of the MIGG project (a physician from the Institute of Forensic Medicine) "to the Round Table".
- The KiK coordinator cooperated in further training events for physicians and presented and represented the Frauenunterstützungsnet (Women's Support Network) there.
- She offered and provided counselling related to individual cases for MIGG physicians.
- She regularly reported to the KiK network on the model project.

Physicians are represented in the network by the MIGG coordinator.

Source: GSF e. V. Frankfurt am Main

Suggestions for applicaton

Through the MIGG model project it was possible to mediate cooperation between the "Round Table" and physicians. The MIGG coordinator was able to bring the concerns of physicians to the "Round Table" and convey to physicians, in turn, the results of the work in that body.

This special form of cooperation can, however, only be established in the municipalities in which an Institute of Forensic Medicine is located. In other municipalities, other health care institutions, e. g, the Public Health Office or a hospital, were able to ensure the coordination.

"Round Tables" were able to offer support for the implementation of the intervention standards, because they coordinate the local activities for combatting violence against women. In addition, the professional groups and experts, who can also serve as initiators or influencers for the establishment of a health care network against violence, work together in the round tables.

5.1.2 "Multidisciplinary Networks"

"Multidisciplinary networks are better suited to the needs of health care providers, tend to deal more with concrete issues, and are oriented on the options for taking action by the profession in question. They establish links between concrete programmes and support services in order to enable those affected to gain quicker access to specialised regional options or options related to a specific specialisation. The goal of this cooperation is to implement specific health-related cooperation."[16]

16 cf. unveröffentlichter Arbeitsvorlage von GESINE/SIGNAL: Bestandsaufnahme GESINE/SIGNAL 2009, p. 16

A multidisciplinary network with its focus on the field of health-related services is, therefore, an important addition to the work of the “Round Table”.

Example: The GESINE Netzwerk in the Ennepe-Ruhr District

Frauen helfen Frauen EN e. V. (Women Helping Women) is the only organisation that supports a facility for women confronted with by violence in the rural district

- Frauenberatung EN as well as the coordination office of the GESINE Netzwerk are represented at the Round Table, which is coordinated by the equality commissioner of the district.
- With the GESINE Netzwerk, Frauenberatung EN has established a new field of activity – parallel to psychosocial care –in the field of health care.
- Frauenberatung EN serves as navigator and works in close cooperation with the GESINE coordinating office.
- The Gesine Netzwerk ensures the exchange between the providers of health care at the Round Table. In addition, physicians are invited to the Round Table as experts when needed.

Physicians are represented in the network by the GESINE Netzwerk

Source: GSF e. V. Frankfurt am Main

Suggestions for application

Frauenberatung EN established the GESINE Netzwerk as an independent field of activity focused on cooperation related to health care topics as a result of its experience with women confronted with violence. Frauenberatung EN assumes the function of a navigator for women confronted with violence for its network partner GESINE. GESINE is, at the same time, represented at the “Round Table”, where it can also represent physicians’ interests.

The model seems to be well suited for rural districts with very few support facilities. However, as a rule, there is a lack of resources for establishing and coordinating a network. Hence, the question as to who can contribute which supplemental resources must be clarified with representatives of local authorities and the “Round Table”.

5.1.3 Other models of cooperation and networking

Other models of cooperation and networking are cooperation structures organised in parallel by women’s support facilities and health care institutions.

Example: Berlin

Berlin has two networks working parallel to each other with a clear division of labour and each with their own offices financed by public funds:

- BIG e. V. for structures to support women and
- Signal e. V. for the field of health.

The activities of each of the two networks are coordinated.
Doctors are represented in the BIG e. V. through Signal e. V.

Source: GSF e. V. Frankfurt am Main

Suggestions for application

Berlin can serve as an example for larger municipalities with highly diverse support options. Signal e. V. is also supported by the Land Berlin in performing this task, as is the network of support facilities. This ensures that good conditions have been established, since cooperation is one of the tasks for which both of the networking offices are responsible.

Example: Düsseldorf

Düsseldorf has two cooperation structures working in parallel to each other, the Crime Prevention Council and the Health Conference, each with offices financed by municipal funds.

The Health Conference is responsible for the health care provided to women confronted with violence through cooperation.

- the Institute of Forensic Medicine cooperates with the Crime Prevention Council.
- The Crime Prevention Council has working groups on the topics of “domestic and sexualised violence”.
- Parallel to this, a working group on “domestic violence” also works within the context of the Health Conference.

Doctors have been represented in the Crime Prevention Council up until now by physicians from the Institute of Forensic Medicine

Source: GSF e. V. Frankfurt am Main

Suggestions for application

This model is applicable to all municipalities and rural districts in which municipal Health Conferences are active. The staff of the Institute of Forensic Medicine has assumed a coordinating role within the context of the MIGG model project. In the future, “Round Tables” like the ones in Berlin, which are responsible for the various fields of specialisation in the region, could cooperate with each other and, thus, also involve the physicians working in practices in the chain of intervention.

In all of the models that were tested in the MIGG model project, its was a question of establishing an independent network of physicians in order to integrate them into cooperation structures, while at the same time, taking their perception of their profession and the economic framework conditions into consideration. In the Ennepe-Ruhr District, the aim is to integrate the practices that have been recruited into the GESINE Netzwerk over the long term. Nearly all of the physicians who cooperated in the model project would be willing to do so. Which of these models appears to be suitable and/or to what extent other forms of institutionalised cooperation can be developed is dependent upon the local cooperation structures that have been developed over time (cf. Chapter 2).

This means that the focus in introducing the intervention standards in the medical care of patients confronted with violence can either be placed on the establishment of an independent "multidisciplinary network" or on networking with already existing cooperation structures within the field of "domestic violence" and in the health care system. Members of the "Round Table" can take the initiative, dedicate themselves to this topic and possibly also assume a coordinating function for the new network structures.

5.2 Responsibilities of the network

The (new) network is then responsible for improving the communication and cooperation between professionals in the health care sector, especially physicians, and professionals in other relevant areas, especially the professional staff of the support facilities and the police. The goals of the network are to:

- promote the introduction of the intervention standards in physicians' practices and among other professional groups in the health care system.
- link the differentiated support options for women confronted with violence with medical care in a professional manner and to further develop the local chain of intervention.
- engage in an on-going exchange of ideas, in order to address new developments and to solidify the cooperation with network partners.
- identify interfaces and gaps in the chain of intervention and clarify who will take responsibility for such tasks in the future.
- act as influencers within one's own organisation/practice or other network structures and thus contribute to removing the taboo on the topic of "domestic violence".
- launch a joint and coordinated public relations campaign on the topic of "domestic violence" (e. g, joint emergency card, flyer).
- use the communication platform for exchange, information, criticism and suggestions.[17]
- work on focal topics in sub- and specialists' groups and circulate the results within the network in the form of feedback.

17 cf. http://www.gesine-net.info/index.php?option=com_content&view=article&id=65&Itemid=66

Example: Berlin

Interdisciplinary expert groups

Violence and addiction:

- Improve the care for those affected by both addiction and violence
- Offer alternating further training sessions
- Develop cooperation

Documentation suitable for use in court

- Exchange experiences in the application
- Revise and further develop the documentation form created by Signal e. V.
- Distribute the documentation form

Source: Signal e. V. Berlin

Suggestions for application

The establishment of interdisciplinary specialists' groups becomes necessary when thematic focal points that meet with different levels of interest arise. They can also be projects planned for a limited area or limited period of time, e. g, the joint preparation of a conference or the specialists' group "Documentation Suitable for Use in Court in Berlin".

The intention of this network specialising in the care of women confronted with violence is to close the last link in the chain of intervention in cases of domestic violence. At the same time, it can make a contribution to combatting violence against women in the local municipality or rural district.

5.3 Coordination of the network

Network structures require coordination by one or more people. The tasks that must be coordinated include:

- the internal structuring of the network and its focus on the introduction of the intervention standards in the medical care of women confronted with violence,
- the initiation of communication processes and answering questions by (potential) network partners as well as the moderation of multidisciplinary cooperation,
- the organisation and, if needed, execution of further training programmes and additional accompanying options,[18]
- the establishment and maintenance of a communication platform for the network partners,
- the compilation and dissemination of the findings,
- the presentation of services offered by the network and the recruitment of additional practices to participate through public relations work.

18 cf. Refle, Margot/Günter Refle: Frühprävention und Intervention als Auftrag der Netzwerke for Kinderschutz in Sachsen. In: IZKK-Nachrichten, Heft 1, 2010, p. 41 et seq.

For the establishment of the network and its coordination, human and material resources are required which, as a rule, are not available "on the spur of the moment" or cannot be provided at all. The question as to the resources for the coordination of the network should therefore also be addressed early on during the work on the concept for the introduction of the intervention standards (cf. Chapter 3). In addition, raising funds for the coordination of the multidisciplinary network is an on-going task of the coordinating office.

Example: Berlin

"S. I. G. N. A. L. – Coordination Office" opened

Since the beginning of 2010, the S. I. G. N. A. L. e. V. has organised and provided funds for the *Koordinierungs- und Interventionsstelle zur Förderung und Weiterentwicklung der Prävention und Intervention in der gesundheitlichen Versorgung bei häuslicher und sexualisierter Gewalt* (Coordination and Intervention Office to Promote and Further Develop Prevention and Intervenion in the Health Care Provided in Cases of Domestic and Sexualised Violence"). The S. I. G. N. A. L. coordinating office is funded by the Senate for Health, Environment and Consumer Protection.

The central goal of the coordination office is to promote proven and viable intervention and prevention concepts in the health care system and to ensure they are anchored there in the long term. The project offers:

- Information on intervention and prevention in cases of domestic and sexualised violence
- Counselling and support during the implementation and anchoring of the **S. I. G. N. A. L.** intervention programme in health care facilities
- Materials on intervention and prevention
- Training, including additional and further training
- Information and public relations work
- Professional events, professional organisations

Source: http://www.signal-intervention.de/

Suggestions for application

The financing for S.I.G.N.A.L. e.V. provided by the Berlin Senate contributed, after a number years of successful work by S.I.G.N.A.L. e.V., to an improvement in the health care of women confronted with violence. The association had financed its activities up until then by participating in model programmes, counselling health care facilities, and offering further training. The support from the Senate contributes to more stability in their work.

Many facilities within the chain of intervention were similarly developed and established. Based on the recognition of a need, they were initiated and established with a high measure of voluntary engagement. The support is also a sign of the recognition of the need as a task for which the community is responsible.

In addition to good professional work, which has gained recognition, broad public awareness is a precondition for realising this objective.

5.4 Preconditions for good cooperation within networks

The preconditions for the success of cooperation are always described in the literature on networking in a social context,[19] in much the same manner as by the network partners in the MIGG project. The statements by the network partners in the MIGG model project who were asked about the preconditions that foster cooperation can therefore be formulated as a general quality criterion on which the concrete networking for the introduction of the intervention standards in each of the regions can be measured:

- The attitude of network partners towards each other is characterised by respect for each other's professions, being open for new ideas, dedication to the tasks at hand and mutual trust. This also includes the willingness to adhere to rules that have been mutually agreed upon.
- Networks have a fixed structure. They are multi-professional and multicultural. All relevant facilities and professional groups working on the topic of "domestic violence" are represented. A basic consensus on the topic has been developed. The goals of the work within the network have been mutually determined and are supported by all of the participants. The cooperation has been consolidated by an agreement that is also transparent for the patients. The coordination of the joint work is professional and, at the same time, has a low threshold.

19 cf. Nationales Zentrum Frühe Hilfen (Hrsg.): Ziegenhain, Ute; Schöllhorn, Angelika, Künster, Anne K.; Hofer, Alexandra; König, Cornelia; Fegert, Jörg M.: Modellprojekt Guter Start ins Kinderleben. Werkbuch Vernetzung. Ulm 2010

Example: Ennepe-Ruhr District

The network association is established on the basis of an agreement. This includes providing the assurance to orient one's own professional practice on the standards that are cited. It is only possible for all network partners to refer patients specifically to hospitals that are sensitive to the topic of violence after a binding commitment has been given to adhere to the basic standards in treating women affected by violence.

A sticker displayed in the practice indicates partnership in the network.

Source: http://www.gesine-intervention.de/index.php?option=com_content&view=article&id=65&Itemid=66

Suggestions for application

Binding agreements can be seen as a precondition for the improvement of the quality of care provided to patients confronted with violence. The network partners have a jointly established framework which allows them, for example, to reliably refer patients confronted with violence to practices that are sensitive to their needs.

What is exemplary in this specific context is that the patients are informed of the cooperation by a sticker displayed in the practice.

- The full advantages of networks only come to play through attractive options such as further training events or conferences with competent speakers that work in a goal-oriented manner and/or seek to solve a problem or develop a product.
- Networks and network partners are visible in public, e. g, through their activities, posters or Internet presence.
- The work within the network is oriented on the professional practices of the network partners, especially of the physicians. The on-going cooperation of the various professions with appointments related to individual cases, e. g, "short distances", contributes to benefits for all network partners (win-win situation). The cooperation can also be agreed to in written form.

Example: Berlin

Name of the owner of the practice/stamp:

I hereby agree to participate, along with the members of my practice team, in the **MIGG** national model project.

The cooperation agreement contains a voluntary self-commitment declaration. The goal is to ensure good care and support for patients affected by violence in our practice. Together with the project staff and with the scientific support team, a viable concept should be established, which can also be used in other practices.

In order to achieve these goals, the following is agreed:

The project staff will

- support the physician's practice through personal and telephone counselling
- offer additional training sessions and teaching materials free of charge
- offer information on the regional system for providing help
- promote contacts with the regional system for providing help
- provide information material for patients free of charge

The physicians and practice staff will be

- open for cooperation with the regional system for providing help
- take part in further training sessions on the topic offered free of charge
- willing to test the use of the lessons learned in the further training sessions in contact with patients in their practice

Signature of the participant Project direction

Source: Signal e. V. Berlin

Suggestions for application

With the written agreement, the partners voluntarily commit themselves to working with the network. Of central importance is the declaration committing themselves to orient their practices on the intervention standards and to thus ensure the good medical care and referral of patients confronted with violence. By displaying the sticker in your practice, you also clearly demonstrate to your patients that you have an open mind on the topic of "domestic violence".

The agreement developed in the MIGG project should be adapted to local conditions. It might be possible to involve network partners in formulating a text or in agreeing to a final draft.

The preconditions for successful cooperation and networking contain indirect references to its benefits.

5.5 Results of cooperation within a network

The benefits of the network, especially for physicians, are summarised by the network partners in the MIGG model project in three central dimensions:

- Greater sensitivity to the topic of "violence against women" and knowledge concerning causes and manifestations of violence lead to greater professionalism and, thus, also to more confidence in the medical care of patients confronted with violence. The knowledge gained and the informational material distributed can also be applied to other contexts of violence. Hence, the medical competence in dealing with forms and consequences of violence as well as care for the victims of violence increases.
- Getting to know network partners from different professions personally, along with their approaches to their work, and the support options available leads, along with concrete agreements for cooperation, to appropriate professional referrals to sources of additional help at short notice ("short distances"); in the words of one physician: *"I received concrete information regarding who I should contact, which helped me to save the time I would have spent doing research. Now I know the people, and it is easier for me to call them."*[20]
- Through contact to institutes of forensic medicine and knowledge of their capabilities to make qualified assessments, the documentation is improved and it is ensured that it will be suitable for use in court. This is, however, not only true of locations in which the institutes for forensic medicine have open office hours or outpatient services or are willing to advise their colleagues working in practices. It is also possible, as a rule, to involve specialists in forensic medicine at a greater distance, e. g, per telephone.

An increase in professionalism through the introduction of the intervention standards in the medical care also benefits women:

- They encounter people in the practices who have a more sensitive attitude towards the issue of "violence" and can address the topic themselves or be asked about it.
- Women also receive professional counselling and are professionally referred to the appropriate addresses. Appointments can be arranged at short notice. This is true of all appointments made with network partners, both in physicians' practices as well as in counselling offices.
- Women can have the consequences of violence documented in a manner suitable for use in court, so that they will be able to provide appropriate proof if needed, e. g, if they decided to register a complaint.

The services of the networks are also visibly documented for the local populations through a targeted public relations campaign. Joint "products" are flyers, an Internet platform, documentation forms and joint conferences.

20 Interview by GSF e. V., 2009.

5.6 Recommendations

5.6.1 Research the traditions of local cooperation

Local networking structures for the support of women confronted with violence have been established in nearly all municipalities and rural districts. The forms of cooperation have developed over time, depending upon their genesis and their recognition in political terms and in terms of professional policy and support that they have found. The establishment of a multi-professional network in order to augment the already existing cooperation structures must, at any rate, be supported by them in order to make use of synergy effects and to exclude competition. The initiation of close cooperation between networks that work simultaneously in different areas of specialisation can also only succeed when their tradition of cooperation is respected.

5.6.2 Determine the willingness to network

The willingness to network on the part of organisations or people who are potential members of the network could, for example, be explored during the preparation and execution of a conference on the topic of "Help for the medical care of patients confronted with violence". Potential network partners can be involved in the planning and staging of the event. Through the event itself, particularly when it is successful, it would be possible to gain additional network partners. In addition, key figures in the municipality and in the health care system, e. g people in positions of political responsibility or chief physicians, can be recruited to promote cooperation in the network and thereby increase the willingness to cooperate.

5.6.3 Clarify preconditions for cooperation

In preparing for the formal agreement for cooperation, the network partners should clarify the necessary preconditions. This includes, among other things, determining who should belong to the network as well as clarifying the question as to the cooperation, the location of people or organisations within the network, their tasks and responsibilities as well as their resources. In addition, all of the participants should clearly explain what they expect from cooperating and how they can contribute to this themselves. In this context, the physicians working in practices and their representatives can then also inform the network partners regarding the limits that their particular profession places on their flexibility or time.

5.6.4 Determine obligations

Binding rules that have been jointly drafted by the network partners are necessary for the success of work within a network. In this conjunction, the forms of cooperation are determined, e. g, the frequency of meetings, the preparation of the meetings or the work within the networks between the joint meetings. For a network, in which the participation of physicians is sought, such things as linking meetings with further training sessions that are eligible for points (cf. Chapter 6) could be the subject of a binding agreement.

5.7 Suggestions for further reading

GESINE Netzwerk Gesundheit.EN Schwelm – Marion Steffens, Andrea Stolte, Ulrike Janz; SIGNAL Intervention im Gesundheitsbereich gegen Gewalt e. V., Hildegard Hellbernd, Dr. med. Heike Mark, Angelika May, Karin Wieners; Universitätsklinikum Düsseldorf, Priv.-Doz. Dr. med. Hildegard Graß, Dr. med. Lydia Berendes, Prof. Dr. med. Stefanie Ritz-Timme; Universitätsklinikum Schleswig-Holstein, Dr. med. Regina Schlenger, Prof. Dr. med. Hans-Jürgen Kaatsch; Ludwig Maximilian Universität München, Prov. Doz. Dr. med. Elisabetz Mützel, Sabine Lüscher, Prof. Dr. Dr. med. Matthias Graw: Curriculum zum Model ProjeKt "MIGG", Medizinische Intervention gegen Gewalt an Frauen, Schwelm, Berlin, Düsseldorf 2011.

The curriculum includes three volumes of material as attachments, for which the three project organisers are responsible.
Available under: **http://www.bmfsfj.de/BMFSFJ/Gleichstellung/women-vor-gewalt-schuetzen.html**

Here you will find the proposals for the conferences formulated by the GESINE Netzwerk as well as a documentation of each of the conferences.
http://www.gesine-intervention.de/index.php?option=com_content&view=article&id=76&Itemid=77

Stickers "Wir sind PartnerInnen des Netzwerks GESINE" ("We are partners in the GESINE network").
http://www.gesine-intervention.de/images/pdf/aufkleber_gesine.pdf

City of Münster: Arbeitskreis "Gesundheitliche Versorgung bei häuslicher Gewalt" der Gesundheitskonferenz Münster: Handlungsempfehlung: Optimierung der gesundheitlichen Versorgung von Opfern häuslicher Gewalt in Münster
http://www.muenster.de/stadt/gesundheitsamt/pdf/Gesundheitsamt-HE-Haeusliche-violence.pdf

Department of Psychotraumatology of the Clinic and Polyclinic for Psychosomatics and Psychotherapy at the University Hospital Carl Gustav Carus in Dresden.:"Traumanetz Sachsen"
http://www.traumanetz-sachsen.de/

Federal Ministry of Family Affairs, Senior Citizens, Women and Youth, Handbuch für Alleinerziehende
http://www.gesine-net.info/index.php?option=com_content&view=article&id=65&Itemid=66

Nationales Zentrum Frühe Hilfen (Hrsg.): Ziegenhain, Ute; Schöllhorn, Angelika, Künster, Anne K.; Hofer, Alexandra; König, Cornelia; Fegert, Jörg M.: Model Projekt Guter Start ins Kinderleben. Werkbuch Vernetzung. Ulm 2010
http://www.fruehehilfen.de/fileadmin/user_upload/fruehehilfen.de/pdf/Werkbuch_Vernetzg_100420.pdf

Flyer for a conference “Häusliche Gewalt und ihre Folgen – Netzwerke helfen”. Veranstaltet vom Runden Tisch Gewalt, Landkreis Ebersberg und dem Ärztlichen Kreisverband Ebersberg
http://www.kreisklinik-ebersberg.de/aktuelles/news/Einladungsflyer_Netzwerk_gegen_violence.pdf

Heidelberger Erklärung: Häusliche Gewalt – kein Tabuthema in der Medizin
http://www.heidelberg.de/servlet/PB/show/1190416/16_pdf_him-hd-erklaerung_8-10-08.pdf

An overview of all of the German institutes of forensic/legal medicine and how they can be reached is available on the homepage of the Deutsche Gesellschaft für Rechtsmedizin
http://www.dgrm.de.

Refle, Margot/Günter Refle: Frühprävention und Intervention als Auftrag der netzwerke für Kinderschutz in Sachsen. In: IZKK-Nachrichten, Heft 1, 2010
http://dji.de/cgi-bin/projekte/bchlst1.php?browid=12510&projekt=53&kurzform=0

VI.

Making further training for physicians informative, attractive and practice-related

Chapter 6 contains suggestions on:

- which goals are realistic for further training events to introduce the intervention standards,
- which topics are, according to experience, interesting for physicians, and which speakers should be invited,
- which methods have proved themselves,
- which standards further training sessions for physicians are required to fulfil and how they are certified,
- which institutions and facilities must be recruited to offer further training on the introduction of the intervention standards.

Greater sensitivity and knowledge are preconditions for physicians working in practices to be able to introduce the intervention standards in their practices. However, since sensitivity to and knowledge of the problem of domestic violence has hardly been integrated into medical training and further training for physicians working in practices (as of yet), physicians working in practices must be convinced of the necessity of acquiring this knowledge. Physicians and those who work in their practices can acquire, within the context of their professional further and additional training, the necessary knowledge and reflect upon their own experience with the introduction of the intervention standards in exchanges with their colleagues.

Suggestions the for concrete planning of further training sessions can be found in the curriculum designed by the project organisers: GESINE Netzwerk Gesundheit.EN Schwelm – Marion Steffens, Andrea Stolte, Ulrike Janz; SIGNAL Intervention im Gesundheitsbereich gegen Gewalt e. V., Hildegard Hellbernd, Dr. med. Heike Mark, Angelika May, Karin Wieners; Universitätsklinikum Düsseldorf, Priv.-Doz. Dr. med. Hildegard Graß, Dr. med. Lydia Berendes, Prof. Dr. med. Stefanie Ritz-Timme; Universitätsklinikum Schleswig-Holstein, Dr. med. Regina Schlenger, Prof. Dr. med. Hans-Jügen Kaatsch; Ludwig Maximilian Universität München, Prov. Doz. Dr. med. Elisabetz Mützel, Sabine Lüscher, Prof. Dr. Dr. med. Matthias Graw: Curriculum zum Model project “MIGG”, Medizinische Intervention gegen Gewalt an Frauen, Schwelm, Berlin, Düsseldorf 2011.

As an attachment, the curriculum contains three volumes of material, for which the project directors are responsible.
Available under: **http://www.bmfsfj.de/BMFSFJ/Gleichstellung/frauen-vor-gewalt-schuetzen.html**

6.1 Characteristics of attractive further training sessions

6.1.1 Realistic goals

There are three touchstones on which professional further training must be oriented:

- The personal and professional attitude towards the task (emotional dimension)
- Information and knowledge regarding it (cognitive dimension) and
- Confidence in dealing with the problem professionally (applied dimension).

The objectives of further training to qualify physicians working in practices for the introduction of the intervention standards are, correspondingly, formulated in a positive manner:

- Doctors are sensitive to the problem of "violence against women" and the possibilities and demands that result for them in their professional practice (emotional learning objective).
- They have information on the extent of violence against women and know what options they have for taking action in medical practices (cognitive learning objective).
- They know the possibilities and limits of intervention measures that go beyond purely medical care and have information on support options for women, they even know staff members in some facilities and also have material available that they can pass on when needed (cognitive learning objective).
- They can talk to women about their possible experience with violence (application-related learning objective).
- They have forms suitable for use as evidence in court and also know how to use them (application-related learning objective).
- They are able to assess the necessary legal steps in cases of acute danger, e. g, in relation to their obligation to confidentiality (application-related learning objective).
- They are aware of opportunities to reflect upon their experiences and find relief for themselves, e. g, through supervision or in Balint groups.

Example: Düsseldorf

Objectives of further training

Enhancing confidence in taking action in the medical care of women affected by violence and sustainability by:

- Providing an intervention concept suitable for use in actual practice
  - Perceive various forms of violence as causes of illness – recognise acute and chronic health disorders as a consequence of violence
  - Approach the topic in a sensitive manner, pose open and direct questions, listen, and define violence as an injustice
  - Examine the affected patient in a sensitive manner and document injuries and the psychological state in a professional and concrete manner
  - Provide professional medical care
  - Determine the need for protection, find out to what extent children are affected
  - Provide information on specialised facilities for providing help – open paths to further help
- Acquiring targeted skills for taking action on documenting injuries and conducting interviews
- Taking specific impediments into account, reflect upon one's own barriers and ambivalence
- Understanding the dynamics of violent relationships
- Integrating practices into psychosocial aid networks that already exist in the region

Source: Institute of Forensic Medicine Düsseldorf

Suggestions for formulating the objectives

In keeping with the demands of further training measures for physicians (cf. p. 59), physicians should be informed of the learning objectives "promptly, comprehensively and in a suitable manner".

In the example from Düsseldorf it becomes clear how the learning objectives for a series of further training sessions, which are thematically related to each other, can be formulated. When physicians decide to introduce the intervention standards for the care of patients confronted with violence in their practices, the learning objectives will help them to recognise which expectations they will be expected to fulfil, which topics will be addressed, and what benefits they will be able to derive from further training. They receive comprehensive information.

6.1.2 Modular further training concept[21]

A modular concept that includes basic topics and additional optional topics has proven itself. The individual modules (or building blocks) can each be combined and related to each other thematically.

21 cf. http://www.bmfsfj.de/RedaktionBMFSFJ/Abteilung4/Pdf-Anlagen/gewalt-standards-aus-und-fortbildung-haeusliche,property=pdf,bereich=bmfsfj,sprache=de,rwb=true.pdf

Module 1: Sensitivity and background knowledge on the epidemiology, forms, consequences and dynamics of domestic violence. The focal point is the depiction of the impact of domestic violence on health and the importance of physicians working in practices for intervention and prevention. The information will be related to the professional situation. Prejudices and myths will be addressed and combatted.

Module 2: Recognising domestic violence as the cause of injury and health conditions. Women only rarely report on their experience with violence. However, they often provide, either covertly or openly, a number of indications of the fact that it has taken place. The topic of this module is to become familiar with these indications in order to be able to recognise and address patients who are confronted with violence.

Example: Düsseldorf

Opening remarks

Overview of the programme, presentation of participants and speakers
Dr. Graß

Somatic (incl. sexual crimes), documentation, law

Recognising violence, red flags, forms and consequences of violence, domestic violence, sexualised violence, examination methods, securing evidence and documentation, Med. Doc.card, other forms of violence, practical instruction in documenting findings, exercises using illustrations with discussion. Presentation of the Vademecum, confidentiality obligation.
Dr. Graß

Network

1. Presentation of the trauma unit for outpatients at the public health office in Düsseldorf
   Mr Pasch, Outpatient Trauma Unit
2. Presentation of victim protection counselling by the police
   Ms Ettner, Criminal Police Düsseldorf
3. Presentation of the women's counselling office in Düsseldorf
   Ms Hallenga, Women's Counselling Office
4. Presentation of the outpatient child protection unit at the Evangelical Hospital Düsseldorf
   Dr. Motzkau, outpatient child protection unit

Final discussion incl. evaluation forms

Source: Institute of Forensic Medicine Düsseldorf

Suggestions for structuring the content of the modules
This is an example for planning the content of a further training session in which the modules 1 and 2 are related to each other. Doctors thereby receive invitations to further training sessions and receive information concerning the content.

The length of the session is 4 hours.

Both a theoretical overview of the field of violence in the family as well as practical exercises and instruction on documenting the effects of violence in a manner suitable for use in court are provided.

In addition, various network partners introduced themselves in the interest of cooperation and getting to know each other.

The joint discussion concerning the contents and feedback at the end of the session provide an opportunity to summarise what has been learned and to address unanswered questions.

Module 3: Conducting interviews and acting confidently in dealing with patients in a supportive manner. The focus in this module is on learning and practising how to initiate a discussion with a patient concerning possible experience with violence and dealing with patients' subsequent reactions in an appropriate manner. This also includes conducting the examination in a sensitive manner in order, for example, to avoid renewed traumatisation.

Example: Kiel
Psyche(o), -traumatology, interviews

Official greeting
Organisation of the training session and presentation of the speakers
Prof. H.-J. Kaatsch

Psychotraumatology – Conducting interviews, intervention in cases of violence, hand-outs
Prof. W.-D. Gerber, Dr. L. Berendes

AVA film and discussion

Role play in small groups
Prof. W.-D. Gerber and staff

Final round: Discussion, feedback on the training, subsequent procedure
Dr. R. Schlenger

Source: Institute of Forensic Medicine Kiel

Suggestions for structuring the content of the modules

This is an example of the implementation of Module 3 in a further training programme in terms of its content and methods. When the programme also contains information regarding the schedule, focal points then become clear. Doctors can, for example, easily recognise what expectations will be placed on their active participation (interaction) during the session.

In this context, the relationship to actual practice is established by combining the transmission of knowledge with practical exercises (role-play).

Module 4: Cooperation and networking with the local system of providing support for women.

The cooperation that already takes place between institutions in the health care system and facilities that support women are presented here along with references to what is still needed in order to sustainably improve the situation of women with the experience of violence. Doctors learn that they can address a woman's current need for protection and give her information on institutions that will provide further help. In order for them to be able to do so, they must become more familiar with the local options and how they work.

Example: Berlin

Networking – contacts, short distances, perspectives

Opening remarks
Dr. Sibyll Klotz, City Councillor for Health, Social Affairs and Consumer Protection

"Networking – contacts, short distances, perspectives"
Hilde Hellbernd, MPH , SIGNAL e. V./national model project on medical intervention against violence

"Medical care and police activities – Interface in cases of intervention against domestic and sexual violence"
Martina Linke, Detective Chief Superintendent, Central Office for Prevention, State Office of Criminal Investigation, Prevention 2

"Initiate processes of change – supporting women affected by violence"
Dr. Julia Schellong, Doctor for Psychiatry and Psychotherapy, University Hospital Dresden

"Addiction and violence – a challenge for medical and psychosocial care?"
Dr. Chaim Jellinek, Doctor for General Medicine, basic medical care in cases of addiction

Workshop 1: "Experience with the documentation of cases of domestic violence suitable for use in court"
Moderation: Karin Wieners, MPH, SIGNAL e. V./MIGG national model project

Workshop 2: "From the reduction of stress to psychotherapy – Enhancing the resources of women affected by violence"
Moderation: Hilde Hellbernd, MPH, SIGNAL e. V./MIGG national model project

Workshop 3: "Violence and addiction – treatment concepts that bring us further"
Moderation: Angelika May, MSW, SIGNAL e. V./MIGG national model project

Source: Signal e. V.

Suggestions for structuring the content of the modules

This is an example of how the contents of Module 4 can be reworked. Hence, under the aspect of cooperation and networking, other medical specialties are also integrated along with the other cooperation partners including the police. Depending on the focus, representatives of other local cooperation partners could also be included. The programme of the session is also an example of the combination of different further training methods, e. g, lectures and workshops as well as the presentation of the working approaches of different professional groups.

Module 5: Effects of domestic violence on children; protection against child abuse and neglect; domestic violence in connection with pregnancy and birth: The focus of the module is the "improvement of the medical and psychosocial care of children that grow up in an atmosphere of domestic violence"[22]

Example: Ennepe-Ruhr District

Domestic violence makes children ill! The demands placed on the medical and psychosocial care of girls and boys

Children and domestic violence – Effects of violence in the parents' partnership on children and adolescents
Prof. Dr. Barbara Kavemann

How ill can violence make someone? Domestic violence and its consequences for the health of children
Jessika Kuehn-Velten

Domestic violence in paediatric practices
Uwe Momsen

The children's group „Nangilima" – concept and experience drawn from working with children affected by domestic violence in a group
Luitgard Gauly

Perspectives in the EN District for the support of girls and boys who have witnessed domestic violence
Marion Steffens

Source: http://www.gesine-intervention.de/pdf/fachtag-12-05-2007era.pdf

Suggestions for structuring the content of the module

The programme for this event is an example of the combination of health and the social aspects of the topic of "domestic violence and children".

In the concluding discussion on the perspectives for the region, a connection to the various professional groups is established, on the one hand, and additional multi-professional networks are established, on the other. This discussion of perspectives represents both the focussing of the overall content and discussions of the entire event and its positive conclusion.

22 cf. http://www.gesine-intervention/images/pdf/fachtag-12-05-2007era.pdf

Module 6: Dealing with perpetrators of domestic violence. In this module, the strategies for dealing with perpetrators are presented along with information on where men can find help as well as perpetrator-oriented measures. Often, not only the woman confronted with violence is a patient in a physician's practice, but also her partner.

Example: Munich

"Possibilities for working with perpetrators of domestic violence against women"
Introduction through local forensic medical institutions:
Dr. E. Mützel

"What drives the perpetrator to violence? Forms and causes of violence against women"
Dr. M. Sack, Institute for Psychosomatic Medicine at the TU Munich

"Work with the perpetrators of domestic violence in actual practice" Mr C. Liel, Münchner Informationszentrum für Männer e. V

"On the limits of treating perpetrators – particularly in consideration of sexual violence"
Dr. Anita Heiliger, formerly associated with the Deutsches Jugendinstitut, Kommunikationszentrum für Frauen zur Arbeits- und Lebenssituation e. V.

Final remarks
Dr. E. Mützel

Source: Institute of Legal Medicine Munich

Suggestions for structuring the content of the module
An exemplary aspect of this session is the way it was possible to recruit speakers from the region who are, on the one hand, recognised as experts a result of their activities and, on the other, are able to establish a connection to local projects and approaches to the work in this area.

Module 7: Documenting findings in a manner suitable for use in court. This model focuses on teaching techniques for documenting injuries and practical experience in documentation and the use of documentation forms. Doctors' certifications, findings, and documentation by physicians and other medical professionals have considerable weight in civil and penal proceedings as well as in clarifying the visa status of migrant women. Hence, they must fulfil certain criteria in order to be suitable for use in court. Doctors working in practices are often the first and the only people who see the (visible) injuries and the results of abuse or become aware of the psychological consequences and are able to document them.

Example: Berlin

Documentation of domestic violence and sexualised violence suitable for use in court (17.00 – 20.30 h)

Securing evidence and documentation
Prof. Michael Tsokos, Institute of Forensic Medicine at the Charité

Morphological findings in cases of domestic violence
Dr. Lars Oesterhelweg, Institute of Forensic Medicine at the Charité

Morphological findings in cases of sexualised violence
Dr. Saskia Guddat, Institute of Forensic Medicine at the Charité

Source: Signal e. V. Berlin

Suggestions for structuring the content of the module
This is an example for structuring Module 7 as a series of lectures by experts in forensic medicine. In this case, an exercise in documentation suitable for use in court was waived for the sake of expert information. In other events, e. g, in Düsseldorf and Kiel, the documentation was subsequently augmented by teaching the basics and practised using photos of injuries and pre-formulated texts.

Module 8: Aspects of professional codes of conduct, forensic medicine and legal regulations related to the topic of domestic violence. The focus of this module is on the areas of law that are relevant for physicians working in practices. The topics are: collisions with a physician's obligation of confidentiality, obligations arising from the contract to provide treatment under civil law in relation to interests warranting protection, the requirement of notification under penal law, the importance of the obligation of confidentiality, release from the obligation, disclosure law, justification due to emergency, obligation to confidentiality towards a child in relation to the parents, objective of the disclosure, preliminary stage of notification, precondition for notification, notification of the health insurance fund, liability under civil law, liability under penal law, failure to provide assistance, as well as the rights that the patients confronted with violence can invoke, e. g, in relation to registering a complaint with the police or taking advantage of the rights guaranteed by the law on protection against violence (cf. example related to Module 9).

Module 9: Forms and consequences of psychological violence. The focus in Module 9 is on the prevalence, the importance and the effects of psychological violence.

Example: Ennepe-Ruhr District

Opening remarks
Dr. Armin Brux, District Administrator of the Ennepe-Ruhr District
Dr. Joachim Dehnst, Member of the Board of the Medical Council of Westphalia-Lippe

Medical intervention against violence – Presentation of the national model programme
Marion Steffens, GESINE-Netzwerk

Prevalence and consequences of psychological violence
Dr. Monika Schröttle, IFF University Bielefeld

Legal questions in connection with stalking and domestic violence
Marcello Baldarelli, Lecturer at the University of Public Administration, Cologne Section

Words for the unspeakable: Diagnosis and therapy of psychological and psychosomatic illnesses as a consequence of psychological violence
Dr. Julia Schellong, Clinic for Psychotherapy and Psychosomatic Medicine at the University Hospital in Dresden

When a patient is affected by psychological violence: What answers are available in actual practice in the Ennepe-Ruhr District
Discussion with GESINE network partners

Source: GESINE Netzwerk Ennepe-Ruhr District

Suggestions for structuring the modules
This is an example of presenting the Modules 8 and 9 within the context of a multi-professional conference. The topic is presented from the perspective of various specialisations in an interdisciplinary manner. The speakers belong to various professions.

At the end, the discussions are again summarised in the question as to the medical care and the support options available to women confronted with violence in this rural district.

Module 10: Effects of violence on women with migrant backgrounds and intercultural competence. Based on the knowledge and experience of women with migrant backgrounds, this module introduces appropriate concepts of care and support.

Example: Berlin

"Domestic and sexualised violence in the lives of migrant women – Requirements for their care"

Programme

1. What do we know about the situation of migrant women affected by violence? Findings of research on violent situations, Hilde Hellbernd

Experience in everyday practice/case studies, Neriman Fahrali, general practitioner and psychotherapist

Exchange and discussion

2. Support for migrants affected by violence, Sybill Schulz: Balance, Family Planning Centre, Lina Ganama, Al Nadi – *Treffpunkt, Beratung for arabische Frauen* (Meeting Point, Counselling for Arab Women), Emsal Kiliç, *BIG-Hotline – Hilfe for Frauen und ihre Kinder bei häuslicher Gewalt* (BIG-Hotline – Help for Women and their Children in Cases of Domestic Violence)

Source: Signal e. V. Berlin

Suggestions for structuring the content of this module

This session is an example of the presentation of Module 10. A session for disabled women in Berlin was presented in a similar manner. In both of these programmes, aspects of medical care, e. g, communication in cases of language barriers, are addressed as well as the psychosocial support provided by professionally recognised support facilities. Interdisciplinary exchange is, in turn, of central importance.

The basic modules for physicians are the Modules 1, 2, 3 and 4 as well as Module 7, which are considered essential according to international experience[23] and the standards developed in Germany for further training on the topic of "domestic violence". For the staff of a practice, the basic modules 1, 2, 3 and 4 can be offered in two thematically coordinated sessions.

The other modules address relevant topics, which can be offered as a supplemental option – in keeping with regional needs and the expectations of the participating physicians.

On the basis of the examples, it becomes clear that the topics that are assessed to be relevant based on the experiences in the MIGG project, can be packaged in different ways. The focus is always on aspects of medical care, which includes taking the special situation of patients confronted with violence into consideration. The organisation of the modules is oriented on the overall objective of providing physicians with enough suggestions and information for the introduction of the intervention standards.

23 cf. http://www.pro-train.uni-osnabrueck.de/

6.1.3 Competent speakers

One of the pillars of the intervention standards is cooperation and networking with support facilities for women confronted with violence as well as with the police and the state prosecutors' office. That is also the topic in the further training, for example in Module 4. Hence, the further training sessions offer a framework within which physicians working in practices with highly diverse specialisations can get to know one another and find information about different aspects of the work with women confronted with violence. At the same time, they can make contacts so that they can provide patients with appropriate advice when needed.

The staff of the various institutions can be invited as competent speakers. By combining the different aspects of domestic violence in a multi-professional further training team, the importance of working together and networking, also in the provision of medical care to patients confronted with violence, can be directly experienced in this example. It is advantageous when the speakers have experience in the training and further training of adults, knowledge of and experience with the topic of "domestic violence" as well as knowledge and information regarding the "local project" for the introduction of the intervention standards.

According to the experience in the MIGG project, it is of central importance that the speaker in question is well prepared. This is the only way of ensuring that the topic begins on a level in keeping with the physicians' knowledge and need for information and thereby allows immediate benefits for their practice to be recognised.

Example: Berlin

"Dealing with perpetrators in cases of domestic violence"

Stefan Beckmann MSW, BIG e. V.

Gerhard Hafner, psychologist; Johanna Häussermann, psychologist; *Beratung für Männer – gegen Gewalt* (Counselling for Men – against Violence), Volkssolidarität Berlin e. V.

Source: Signal e. V. Berlin

Suggestions for the deployment of speakers

In this example, staff members of various projects with experience in working with perpetrators were invited as speakers in order to inform physicians about work with perpetrators in Berlin. In another further training session, the director of a counselling office for disabled women was recruited.

In addition, external experts from various professions, e. g, physicians or social scientists who have done research in one of the problem areas or have established a model for "good practice", can be invited.

Example: Ennepe-Ruhr District

Dr. Monika Schröttle, IFF University of Bielefeld – Research director of the first study of prevalence in Germany[24]

Dr. Julia Schellong, Clinic for Psychotherapy and Psychosomatic Medicine at the University Hospital in Dresden – Initiator of the Traumanetz-Sachsen[25]

Source: GESINE Netzwerk Ennepe-Ruhr District

Suggestions for deployment of speakers

In this example, the social scientists reported to physicians on the results of a representative study in which women were interviewed regarding the consequences of violence on their health. The second speaker, who is a head doctor at a university hospital, talked about the psychological effects of domestic and sexualised violence and the consequences of this for medical practice.

In addition, colleagues who already have the qualifications can be invited to report on their practical experience with the intervention standards and thus serve as influencers.

6.1.4 Forms and methods oriented on actual practice

Forms and methods of further training should tie in with medical further training and include interactive methods in addition to the informational and frontal methods used to convey new knowledge.

Example: MIGG project

Survey of physicians

At the beginning of the MIGG project, 70 physicians in all five locations were asked for their opinions regarding the length of the further training session, convenient times during the week, and the forms and methods they preferred.

The majority was in favour of a three-hour session on a Wednesday afternoon. Saturday morning was also an option for further training that roughly 40 % could imagine.

70 % voted for "case discussions" as the preferred method followed by workshops (65 %) and lectures (60 %). Role-play was only mentioned by 30% as a possible learning method.

Role-play as a method was, however, very positively assessed by many of the participating physicians after the fact.

Source: GSF e. V. Frankfurt am Main

24 http://www.bmfsfj.de/BMFSFJ/Service/Publikationen/publikationen,did=20560.html
25 http://www.traumanetz-sachsen.de/

Suggestions for the selection of a time and method
Information on convenient times for further training for physicians in the region can be requested from the further training academies of the regional medical councils, which document all of the further training programmes in the region. They are also able to provide information on frequently requested forms and methods of training.

Two forms of further training have proven themselves in actual practice:

Training courses: These are three to four-hour sessions that are directed exclusively towards physicians and the staff in their practices. The topic of the training course is approached from the perspective of the participating physicians. The training courses can be offered for a larger number of practices; they can, however, also be conducted as in-house training courses in individual practices. The preferred time for the training course is Wednesday afternoon, which is still frequently when practices are closed, or Saturday morning.

Interdisciplinary conference/professional event: The target group of interdisciplinary conferences are physicians, along with their practice staff, representatives of professional organisations and professional associations as well as the people employed in various social and medical agencies in the region. The topic of the conference is illuminated from the perspective of an interdisciplinary working context, whereby the health aspects and the medical care represent the focal point. The conferences are usually planned for Wednesdays, but conferences on Saturdays were also accepted by physicians.

Proven methods are:

Lecture with a hand-out: In the further training of physicians, lectures supported by PowerPoint presentations are often used. Lectures present information and knowledge, e. g, from research, with which the participants are for the most part unfamiliar. The speaker has an advantage in terms of his or her knowledge of the subject of the lecture. The participants are given the PowerPoint slides in the form of a hand-out and thus have the option of reviewing the lecture or, if needed, accessing information. After the lecture, the participants can ask question and engage in a panel discussion with the speakers.

Buzz groups: Buzz groups serve to make further training somewhat less formal, e. g, after a lecture. The participants are, for example, asked to enter into an exchange in a limited time frame with their neighbours regarding what they learned and then to draw connections to their own practices. Buzz groups are an effective method, regardless of the seating plan, allowing the participants to satisfy their great need to enter into a discussion after having spent a phase absorbing information. This is an easy way of catering to physicians' desires to engage in professional exchange with their colleagues.

Work in small groups: Workgroups are a proven method in professional further training in order to actively integrate the participants by providing more time for professional exchange and discussion. Working groups are a supplement to frontal lectures. When there is a larger number of participants, it is possible to form working groups, so that the participants can participate more actively, e.g, in the case of role-play and/or exercise.

Role-play: Role-play is a systematic, regulated, interactive working method in professional further training. In role-play, real situations, problems and conflicts are recreated and worked through. In role-play it is possible to think about one's own behaviour and to practice new forms of behaviour. During further training sessions, role-play can, for example, allow physicians to practice asking patients about possible experience with violence. The participants can play the roles themselves, and thus encounter each other in the roles of physicians and patients during an examination.

Example: Ennepe-Ruhr District

Role-play with the participants playing a role

In addition to the role of the physician, the participants also play the role of the patient. Hence, they are given directions regarding how to play the role of the patient, which they can read shortly before they begin.

The participants are given instructions on feedback beforehand. In view of the importance of feedback for the learning effect, emphasis is placed on adequate feedback.

Advantage: Doctors play the role of a patient and thereby more intensively perceive the patient and the patient's needs.

Source: GESINE Netzwerk Ennepe-Ruhr District

Suggestions for role-play

Although only 30% of the physicians surveyed in the MIGG project chose role-play, it was widely accepted when used in further training. Especially the participants who played the role of the patients perceived the behaviour of the physician from a different perspective and pointed out shortcomings in the medical concept for dealing with the problem.

Role-play can be recorded on video. In the video recording, the "physician" and the "patient" can see themselves playing the roles and subsequently reflect upon their own behaviour. As an alternative to video recordings, an audience that is charged with the task of observing the role-play can provide direct feedback. The video recording, on the other hand, makes it possible to conduct a step-by-step analysis, which is well suited for assessing role-play in a larger further training group.

In the meantime, simulated patients have been introduced into role-play in medical further training sessions.

Example: Düsseldorf

Use of simulated patients

Simulated patients (SP) are used more in training students of medicine; they can also be used for other training courses.

The SPs are generally trained with a special view to adequate feedback. Role instructions (key data) for simulated patients are produced on the basis of a pattern. The lecturer reviews the role with the simulated patient beforehand. The SP then develops the role and studies it.

An advantage of using an SP is that the role is portrayed professionally, it is played uniformly and the feedback is given in a professional manner.

Source: Institute of Forensic Medicine Düsseldorf

Suggestions on the deployment of simulated patients

One of the often-cited advantages of using a simulated patient is that they prepare for their roles professionally and are therefore able to play them in a more realistic manner. Their use is, however, dependent upon whether this method has already been introduced into further training for physicians in the region and whether the financial means are available.

Exercise: It is a form of professional further training, in which the application of theoretical knowledge to a very realistic and specific problem is practised.

Example: Düsseldorf

The introduction to the further training session employed various full-page colour photographs of injuries that were presented to each of the participants. The participants were asked, one after the other, to describe the pictures. These descriptions were used to compile a list of the essential characteristics of documenting findings.

Source: GESINE Netzwerk Ennepe-Ruhr District

Suggestions for the use of exercises

Exercises are used in further training for physicians relatively often, e.g, when learning new methods of treatment that are practised under the direction of an instructor. Exercises are an important supplement to the theoretical input, since the exercises establish a concrete connection to actual practice.

Workshop: A workshop is an interactive method of professional further training in which the participants receive suggestions for the further development of their own professional practice and jointly develop practice-oriented solutions to problems through exchanges with colleagues. In a workshop, individuals have more space and time to actively participate in the learning process. Moderated workshops facilitate professional exchange at “eye level”.

Example: Berlin

Workshop 1: "Experience with the documentation of cases of domestic violence in a manner suitable for use in court"

As a rule, the police, the legal system, support facilities and women affected by violence view documentation suitable for use in court as helpful. Up until now, there has been no systematic monitoring of its effectiveness.

The workshop offers the opportunity for an exchange regarding the experiences made by representatives of various professions (physicians; counsellors, police, state prosecutors, specialists in forensic medicine, etc.) and an initial discussion about how it can be evaluated.

Source: Signal e. V. Berlin

Suggestions for the use of a workshop

In this example, the workshop provides an opportunity for interdisciplinary exchange. Physicians become familiar with different professional groups, the way they work, and how they can be integrated into the care of their patients in an appropriate professional manner.

The members of the other professions also learn to better understand the options that physicians working in practices have for taking action and can thus inform women in support facilities.

Beyond being an opportunitiy to get to know each other personally, subsequent discussions also make it possible to establish working relationships.

In the curriculum, the various options for the model practices in the five locations are presented and can be used as suggestions for the process of implementation by other physicians.[26]

6.1.5 Professional standards and framework conditions

Further training measures for physicians to support the introduction of the intervention standards must adhere to the standards that are recommended and binding for further training for physicians, so that they are accepted by physicians as a target group.

All physicians working in the profession are obliged by their professional code of conduct and legal regulations to participate in further training. It is monitored by the professional organisations (regional medical councils or the district medical councils). Physicians certified to

26 GESINE Netzwerk Gesundheit.EN Schwelm – Marion Steffens, Andrea Stolte, Ulrike Janz; SIGNAL Intervention im Gesundheitsbereich gegen Gewalt e. V., Hildegard Hellbernd, Dr. med. Heike Mark, Angelika May, Karin Wieners; Universitätsklinikum Düsseldorf, Priv.-Doz. Dr. med. Hildegard Graß, Dr. med. Lydia Berendes, Prof. Dr. med. Stefanie Ritz-Timme; Universitätsklinikum Schleswig-Holstein, Dr. med. Regina Schlenger, Prof. Dr. med. Hans-Jügen Kaatsch; Ludwig Maximilian Universität München, Prov. Doz. Dr. med. Elisabetz Mützel, Sabine Lüscher, Prof. Dr. Dr. med. Matthias Graw: Curriculum zum Modellprojekt "MIGG", Medizinische Intervention gegen Gewalt gegen Frauen, Schwelm, Berlin, Düsseldorf 2011. The curriculum contains three volumes of material, for which the three organisers are responsible as an attachment.
Available http://www.bmfsfj.de/BMFSFJ/Gleichstellung/frauen-vor-gewalt-schuetzen.html

invoice the statutory insurance system must prove their participation in further training by submitting a further training certificate from the regional medical council to the Association of Statutory Health Insurance Physicians. Physicians are awarded points for proven participation in further training measures. The physician has fulfilled his or her obligation to participate in further training when he or she has procured 250 points through participation in further training sessions over the course of five years. Physicians then receive a certificate from the responsible regional medical council, which is valid for five years.

A precondition for recognition of a further training session is its certification through the responsible regional medical council or one of their district offices. The decision to grant certification is made according to criteria that are determined in the by-laws of each of the medical councils. The Federal Medical Council has published recommendations for further training for physicians.

Recommendations by the Federal Medical Council for the further training of physicians
(excerpt)
The topics of further training sessions must meet the following criteria regardless of the individual need for further training:

- Benefit for the patients
- Comprehensible
- Relevance and topicality
- Scientific evidence/in keeping with the current general state of science
- What is learned must be applicable to professional practice
- Benefit for the workflow
- Transparency (cost effectiveness/quality assurance/error management)
- Critical assessment within the context of the field covered by the topic
- Independent of ideological and commercial interests
- Conformity with the stipulations of the organisations of the medical profession (further training statutes, professional code of conduct)
- Conformity with ethical principles (WHO Declaration) (p. 4)

Source: http://www.bundesaerztekammer.de/page.asp?his=1.102

Suggestions for the implementation of the recommendations
The standards can be addressed in announcements for further training sessions to introduce the intervention standards and in the articles that are written about them in medical journals. For example, the benefits for the patients can be described in connection with the benefits in relation to the workflow in the practice. The scientific evidence can be demonstrated by pointing out the impact of violence against women.

By orienting the formulation of announcements and related texts on the recommendations, physicians' acceptance of the measures can be increased. At the same time, their fulfilment is a precondition for applying for the certification of the session.

Decisive for awarding points is the length of the session. The longer the session lasts, the higher the number of points that are awarded for participation.

Example: points for the certification of further training sessions for physicians

1 point for 1 hour (minimum 45 minutes),
2 points for 2 hours (minimum 90 minutes),
3 points for a half-day and
5 points for an all-day further training session.

An additional point is awarded when the further training session is conducted as a:

- sceminar or
- as a recognized quality circle or
- with a subsequent evaluation in a colloquium or written test to assess the success of the training

Source: http://www.bundesaerztekammer.de/page.asp?his=1.102

Suggestions for the recognition of the further training session

Training sessions on the topic of domestic violence for physicians must also be certified by the regional medical council so that the physicians who participate are able to receive points for their further training account. When planning the session, the standards of the relevant Regional Medical Council, which are determined in the statutes or in the recommendations of the Federal Medical Council, must therefore be taken into consideration.

The Federal Medical Council's quality requirements for (attended) further training sessions, which must be taken into consideration in organising the session, include:[27]

- Selection of suitable experts/speakers,
- Development and transmission of further training content according to the standards,
- Timely, comprehensive and formally appropriate information on learning objectives and content,
- Selection of the time, location and media adapted to the form and objective of the further training session as well as to the number of people in the further training group,
- Barrier-free access for disabled people,
- Adherence to the planned schedule of a further training session or the adaptation of the schedule of the session to the capacity of the participants to absorb information while providing a sufficient number of breaks and discussion time,
- Adequate attention to the personal needs of the participants in the further training sessions by the organisation staging it or by correspondingly trained personnel.

27 Aus Empfehlungen zur ärztlichen Fortbildung der Bundesärztekammer, 2008, http://www.bundesaerztekammer.de/page.asp?his=1.102

The path to certification

- The organiser submits an application for the recognition of the further training session to the medical council that is responsible for further training in the area.
- After reviewing the session in light of the further training guidelines, it informs the responsible regional medical council of how many further training points are to be awarded.
- The organisation responsible for staging the session lists the points that are to be awarded in the programme for the session, takes attendance and dispenses the participation certificates.
- The attendance list, which the participating physicians are required to sign, is sent to the responsible medical council after the session.
- The evaluation of the session by the regional medical council is required in some Länder, e.g, Berlin, where the participants are requested to fill out an evaluation form provided by the council.

Source: GSF e.V. Frankfurt am Main

Suggestions for certification

The regional responsibility for certification and information on the specific modalities in each case can be requested from the Regional Medical Council.

In the MIGG project, all of the sessions were certified.

6.1.6 Organising agencies with experience in providing further training for physicians[28]

International experience shows that, as a rule, physicians can be reached by members of their profession or their professional organisations or professional associations better than by representatives of non-medical professions, such as those that often work with women confronted with violence. This is also true of further training sessions. But even sessions offered by the regional medical councils to improve the medical care of patients confronted with violence or on documenting the results in a manner suitable for use in court, e.g, in Hesse or in Lower Saxony, were not attended by as many participants as had been anticipated.

Nevertheless, the professional organisations, professional associations and medical associations, which are also responsible for the certification of further training for physicians, conferences and meetings within the context of the autonomous administration of the medical profession, are competent partners for organising further training measures to introduce the intervention standards in the medical care of patients confronted with violence. Through the participation of organisations such as regional medical councils or their district offices, an important professional body for physicians, the professional recognition and acceptance of the further training sessions can be enhanced.

28 In the following, further training for physicians offered by the pharmaceutical industry as well as training organised by commercial agencies are not taken into consideration.

Example: Berlin

Invitation to a further training session

Medical Council Berlin and S.I.G.N.A.L. e.V.

Further training

"Documentation in cases of domestic and sexualised violence in a manner suitable for use in court"

Organised by: S.I.G.N.A.L. e.V. in cooperation with the Medical Council Berlin

Source: Signal e.V. Berlin

Suggestions for structuring cooperation in further training measures

Sessions staged in cooperation are also advertised in the *Ärzteblatt*, take place in the rooms of the medical council, are introduced by a functionary of the medical council, and, thus, make a sufficiently reputable impression on the medical profession. This is also documented by the fact that the medical council acts as a co-organiser of the events.

Professional associations, hospitals and various medical working groups organise local further training sessions that also reach physicians working in practices. For example, the city hospital in Kiel offers an annual session on the medical care of patients confronted with violence, which is also open to physicians working in practices. On a regional level, there are diverse options, which – as long as they are certified – can be found on the homepage of the respective regional medical council.

In order to successfully implement the intervention standards, the expansion of the necessary further training cooperation structures involving professional organisations and professional associations is even more important than recruiting physicians to support their introduction.

6.2 Recommendations[29]

6.2.1. Develop regional further training concepts suited to need

At the very beginning, an overall concept for further training that caters to the regional need for further training and the expectations of the participants should be developed. This also includes, among other things, the determination of the target group, the recruitment channels, the contents and the forms of the further training sessions, e.g, their being structured according to basic further training and advanced modules. The planning of an opening event is of particular importance; according to the experience in the MIGG project, a professional conference can be particularly well suited.

29 These recommendations are derived from the evaluation of all further training sessions offered in the MIGG project and the results of the interviews with the participating physicians, which were conducted by the team that provided academic suppport for the MIGG project and by those responsible for the project, the interviews with speakers at the further training session with members of the advisory council of the MIGG project as well as interviews with those responsible for the project.

6.2.2 Make it possible for people to join continuously

Interested physicians should be able to join regular further training programmes.

6.2.3. Distribute materials oriented on actual practice

The materials should be designed to encourage people to read up on what they have heard, look up details and use them every day. In this conjunction, the materials developed in the project can be used (see Chapter 8) and the curriculum,[30] each of which has been augmented by specific regional information, e. g, addresses and contacts.

6.2.4 Guaranty certification

The further training programmes should fulfil the standards for the further training of physicians and be certified by the responsible medical chamber (assignment of points).

6.2.5 Choose convenient times and places

When determining the time and location of the further training session, the working conditions of physicians working in practices should be taken into consideration. Rooms used for seminars have proved suitable, lecture halls, on the other hand, less so.

6.2.6 Combine theory and practice in a balanced manner

The topic of the further training session should be presented in a brief and clear manner. In this conjunction, the connection to professional practice should be made, clearly illustrating the benefit in relation to the tasks performed by a physician, while also taking the applicability in actual practice into consideration.

In the further training sessions a good balance between theoretical input and practical exercises should be found. There should also be enough time for an exchange of ideas between colleagues, including a discussion of the cases.

6.2.7 Recruit the support of a further training institute accepted by medical professionals

Further training should be offered by institutions that are accepted by physicians. As a rule, these include institutions that provide medical care, such as hospitals or institutes of forensic medicine, professional associations or medical chambers, or institutions that have gained

30 GESINE Netzwerk Gesundheit.EN Schwelm – Marion Steffens, Andrea Stolte, Ulrike Janz; SIGNAL Intervention im Gesundheitsbereich gegen Gewalt e. V., Hildegard Hellbernd, Dr. med. Heike Mark, Angelika May, Karin Wieners; Universitätsklinikum Düsseldorf, Priv.-Doz. Dr. med. Hildegard Graß, Dr. med. Lydia Berendes, Prof. Dr. med. Stefanie Ritz-Timme; Universitätsklinikum Schleswig-Holstein, Dr. med. Regina Schlenger, Prof. Dr. med. Hans-Jügen Kaatsch; Ludwig Maximilian Universität München, Prov. Doz. Dr. med. Elisabetz Mützel, Sabine Lüscher, Prof. Dr. Dr. med. Matthias Graw: Curriculum zum Modellprojekt “MIGG”, Medizinische Intervention gegen Gewalt gegen Frauen, Schwelm, Berlin, Düsseldorf 2011. The curriculum contains three volumes of material for which the three project organisers are responible as an attachment.

acceptance in the field of further training for physicians on the topic of "domestic violence against women and their medical care" in the region, such as Signal e. V. in Berlin, the GESINE Netzwerk in the Ennepe-Ruhr District or the Institute of Forensic Medicine in Düsseldorf.

6.2.8 Involve local experts

Local experts should be included as speakers. They may be physicians from other specialisations as well as the staff of support facilities, or people employed in the law enforcement and legal system. Physicians with experience in the care of women confronted with violence in the region can also be recruited as influencers. Further training on the topic of "documentation suitable for use in court" should be offered by a specialist in forensic medicine from the institute of forensic medicine responsible for the municipality or the rural district.

6.2.9 Plan for the evaluation of the further training session

At the end of each session, a survey of the participants should be planned. In this conjunction, the stipulations, e. g, the evaluation forms, of the respective medical councils should be taken into consideration. In addition, the evaluation can also be adapted to the concrete further training programme, by asking, for example, to what extent the objectives of the session were achieved. The speakers could also be surveyed regarding their assessment of the session by using a questionnaire or an assessment interview as a basis for improving the quality of the programme. In some Länder, evaluation forms for certified further training sessions for physicians are required by the regional medical councils.

6.3 Suggestions for further reading

Bundesministerium for Familie, Senioren, Women und Jugend (Hrsg.): Standards und Empfehlungen für die Aus- und Fortbildung zum Thema häuslicher Gewalt
http://www.bmfsfj.de/RedaktionBMFSFJ/Abteilung4/Pdf-Anlagen/gewalt-standards-aus-und-fortbildung-haeusliche,property=pdf,bereich=bmfsfj,sprache=de,rwb=true.pdf

Bundesärztekammer (Hrsg.): Empfehlungen zur ärztlichen Fortbildung, Berlin 2007 (3)
http://www.bundesaerztekammer.de/downloads/EmpfFortbildung3Aufl0807.pdf

Gewalt an Frauen und die gesundheitlichen Folgen – Ärztliches und Pflegerisches Handeln bei Häuslicher Gewalt, Dokumentation zum 1. GESINE – Fachtag 2004
http://www.gesine-intervention.de/images/pdf/dokufachtag2004.pdf

Häusliche Gewalt macht Kinder krank! Anforderungen an medizinische und psychosoziale Versorgung von Mädchen und Jungen, Dokumentation zum 3. GESINE-Fachtag 2007
http://www.gesine-intervention.de/images/pdf/dokufachtag2007.pdf

"Nicht nur seine Schläge verletzen" – Psychische Gewalt und ihre Folgen, Dokumentation zum 4. Fachtag, 2009
http://www.gesine-intervention.de/images/pdf/dokufachtagpsychischegewaltendversion.pdf

Grenzüberschreitung: Wege zur Support und gesundheitlichen Versorgung gewaltbelastete Migrantinnen, Dokumentation zum 5. GESINE-Fachtag 2010
http://www.gesine-intervention.de/images/pdf/dokufachtagmigrationendversion.pdf

Signal e. V. Veranstaltungsdokumentation
http://www.signal-intervention.de/index.php?link=butt63

Course material from the Institute of Forensic Medicine at the University Hospital in Düsseldorf
http://www.uniklinik-duesseldorf.de/deutsch/unternehmen/institute/institutfrrechtsmedizin/page.html (keyword: Forschung)

Universität Osnabrück: PRO TRAIN, Förderung interdisziplinärer Fortbildungen und Schulungen im Gesundheitswesen in Europa – aufbauend auf Beispielen guter Praxis in der Gewaltprävention (2007-2009) (Dieses Projekt ist Teil des Daphne II Programms der Europäischen Kommission zur Bekämpfung von Gewalte gegen Kinder, Jugendliche und Frauen.)
http://www.pro-train.uni-osnabrueck.de/

Ministerium for Arbeit, Soziales, Gesundheit, Familie und Frauen; Landeszentrale for Gesundheitsförderung in Rheinland-Pfalz e. V. (LZG)
Gewalt macht Frauen krank: Erkennen – ansprechen – helfen
Begleitmaterialien zur Fortbildung für Ärztinnen und Ärzte. Mainz 2008
http://rigg.rlp.de/fileadmin/rigg/downloads/aktuelle_infos/Materialien-Gewalt_macht_Frauen_krank.pdf

Bundesverband Frauenberatungsstellen und Frauennotrufe: Kino-Spot 'Stairs' "Ich bin die Treppe heruntergefallen."
http://www.frauen-gegen-gewalt.de/aktuelles/; http://www.youtube.com/watch?v=l7HqwAleUQg

Signal e. V. Berlin: Dokumentationsbogen zu häuslicher Gewalt (in Anlehnung an Materialien des Hessischen Sozialministeriums und der Universitätskliniken Kiel und Lübeck)
http://www.dggg.de/fileadmin/public_docs/Leitlinien/2010-Signal-Dokumentationsbogen.pdf

VII.

Ensuring a professional exchange and utilising further training for physicians

Chapter 7 contains information on

- local working groups and events by and for physicians that either already exist or can be organised and integrated into the process of implementing the intervention standards in the region.
- integrating the intervention standards into the curriculum of already existing further training sessions.

Beyond the further training programmes, such as conferences or meetings on the Land or national level, physicians working in practices also have their professional organisations, medical societies, hospitals and institutes, as well as other locations, where they can exchange ideas, think about their practices and gain information on new developments in their areas of specialisation. These include local events and medical meetings. For the implementation of the intervention standards in medical care in the region, the working groups and events that are already established in the region can also be used or the establishment of new working groups can be encouraged.

The professionals who provide medical assistance, such as nurses, qualified medical personnel in the practices or midwives, can also be included.

7.1 Local forms of cooperation

7.1.1 Discussion groups or jours fixes for physicians

The terms discussion group or jours fixes for physicians are used to refer to regular meetings among physicians, which are meant to intensify the communication between those who attend. The initiators can be clinics, a group of physicians with the same specialty or a practice. At these meetings, current topics in health policy or medicine in relation to the region are presented and discussed. These meetings often take place in restaurants and have a social as well as a professional character.

The forms that discussion groups or jours fixes for physicians take are diverse, formal rules, as in the case of quality circles, are not stipulated. They are not certified further training sessions, but rather voluntary meetings for physicians interested in an exchange among colleagues.

These medical discussion groups can be used by coordinators who then present individual project ideas, i. e., the introduction of the intervention standards in the region, recruit people willing to work on the idea and clarify the initial questions. The discussion groups are, as a rule, open. If they are institutionalised, the respective medical council in the region can post invitations on its website.

Example: Ennepe-Ruhr District

In the Ennepe-Ruhr District there are discussion groups for physicians, e. g, primary care providers, which meet a number of times during the year.

Source: GESINE Netzwerk Ennepe-Ruhr District

Suggestions for discussion groups for physicians

According to information provided by a number of physicians in the Ennepe-Ruhr District, the topic of medical care in cases of domestic violence was addressed before the project, but found little resonance and was not pursued further.

In this context, support could be gained if a prominent physician from the region could be recruited to promote interest in the topic in a competent and convincing manner.

7.1.2 Quality circles

Quality circles for physicians are an instrument for developing and ensuring quality. The Association of Statutory Health Insurance Physicians developed guidelines for them in 1994. Quality circles are directed by moderators who are trained for this purpose and funded by the Association of Statutory Health Insurance Physicians responsible for the region. They take place continually, a number of times per year, with a defined circle of physicians and psychotherapists from the same or from various fields of specialisation. The minimum and the maximum number of meetings per year are subject to different rules, depending on the Association of Statutory Health Insurance Physicians in the Land in question. In a discourse among colleagues, topics that have been previously determined and chosen by the group are discussed, whereby the participants are expected to contribute their experience.

The results are documented in a protocol formalised by the responsible medical council. Further training points are awarded for participation, which must be documented for the Association of Statutory Health Insurance Physicians. Quality circles are a recognised instrument of further training for physicians.

The National Association of Statutory Health Insurance Physicians has integrated the topic of “domestic violence” into the quality management guidelines in the quality circle catalogue. For example, “Indications of neglect or abuse of patients are recognised and those affected are provided with options for attaining help” was adopted as a quality objective. In addition, the National Association of Statutory Health Insurance Physicians has also developed a screenplay for the quality circles on the topic of “domestic violence”. In it, the options for intervention in cases of domestic violence are presented and the content analysed, also using material from the MIGG project.

Example: Düsseldorf

Quality circle protocol

Date: **02.09.09** Location: **Institute of Forensic Medicine, library, University Hospital Düsseldorf**

from ... 5:00 p.m. to 7:00 p.m.

Topic: **Violence prevention**

Minutes: Dr. Berendes

Moderation: Dr. Graß

Participants:

Topic: Medical intervention against violence towards women – photographic documentation, practice management

Contents of the session:

1. Photographic documentation: general introduction and practical exploration in small groups

Portrait – from the overview to details – at least one photo with information on the scale, date, and time – examination on a computer – systematic filing on a computer (folder, all photos)

Framework conditions: light blue background, close-up mode, white balance, +/- flash

2. Practice management:

Results:

Re 1: photographic documentation: Requirements: equipment, practice, practice organisation photographic documentation can also be used for other findings, e. g, dermatology

Re 2:

- Being addressed in the practice after having experienced violence is seen in a positive light by many women. Word-of-mouth propaganda also serves as a source of information as does a flyer for the practice
- The number of cases is increasing, not only with current but also with past experience of violence and the health problems that result
- These cases often need additional time
- The referral to psychotherapeutic options is difficult. Direct referrals are more likely to be successful. A list of options is being compiled by Dr. Graß (outpatient units for victims of violence, AKNO, KVNO, Psychotherapists' Council, Alexianer Hospital in Krefeld etc.)
- For victims of violence, legal questions also always arise. Forensic medical facilities are also always available here as contact partners.

Next meeting: 2 Dec. 2009, Düsseldorf, Institute of Forensic Medicine, University Hospital Düsseldorf, library

Topic: perpetrator programme, de-escalation training

Invitation by: Graß Moderation: Graß

Source: Institute of Forensic Medicine Düsseldorf

Suggestions regarding quality circles
In the quality circles, the participants have an opportunity to think about their professional practices, gain new insights through the exchange with colleagues and to gather information regarding new developments.

Hence, they can also serve as a forum for the introduction of the intervention standards. In cooperation with the medical council responsible for the region, the Association of Statutory Health Insurance Physicians and the interested moderators, quality circles can be established and participants recruited.

It is also possible to ask moderators of existing quality circles to invite speakers who provide information regarding the intervention standards. Network partners can also be invited to pursue the topic further and to provide information on the fields in which they work.

Quality circles exclusively dedicated to the topic of the "Introduction of the intervention standards in the medical care women confronted with violence" were considered to be too time-consuming by those who participated in the final survey of a large group of physicians in the Ennepe-Ruhr District and in Berlin. Instead, they were in favour of the integration of the topic into the work of existing quality circles.

This is also an approach that can well be realised – depending on experiences in the region.

7.1.3 Multi-professional conferences

Multi-professional conferences are professional events to which the members of different professional groups who work on the topic of the conference are invited. The topic is presented in lectures and pursued further in workshops or working groups. Experts who have dealt with the topic of the conference from the perspective of their own professions and its professional policies are recruited as speakers. They have given considerable thought to the necessity of and need for cooperation with colleagues and other professions and considered the topic from this perspective.

Conferences provide information and thus augment further training measures prepared according to the curriculum. The workshops or working groups build upon the experience of the participants and integrate their special skills.

Multi-professional conferences have proven themselves in the MIGG project as a suitable accompaniment to the introduction of the intervention standards into medical care.

Example: Berlin

3. Conference: "Building bridges – protection of children and domestic violence"

Opening remarks by the Senator for Health, Environmental Affairs and Consumer Protection, Katrin Lompscher

"Intervention begins during pregnancy – improving chances by providing aid early on"
Hilde Hellbernd, MPH, SIGNAL e. V./national model project on medical intervention against violence

"The importance of protection and risk factors for the development of children"
Dr. Wiebke Baller, Doctor of Psychiatry, SAFE Mentor at the St. Joseph Hospital Weissensee

"Interdisciplinary concepts for action to protect children"
Astrid Maschke, Child Protection Coordinator, Child and Adolescent Health Services Tempelhof-Schöneberg

Break (beverages, snacks, information stands)

Workshop 1: "Suspicion of child abuse – How do I talk to the parents?"
How can one approach the parents when one is worried about the child? What does it mean when the mother is abused? How can one deal with defensive reactions and motivate people to seek help? The workshop seeks to increase people's sensibilities and convey practical experience for establishing contacts.
Speaker: Astrid Schüler, Supervisor
Moderation: Hilde Hellbernd, MPH, SIGNAL e. V./national model project MIGG

Workshop 2: "Family burdens – assessment of risks and leeway for taking action"
The dangers for the development of children in a context of domestic violence should be recognised early on. Health care plays an important role in this context. The workshop seeks to make professionals feel more confident in assessing the risks and discussing options for taking action and the necessity of cooperation.
Speaker: N. N., Paediatrician
Moderation: Angelika May, MSW, SIGNAL e. V./MIGG national model project

Workshop 3: "Case management and interdisciplinary cooperation"
Child protection requires interdisciplinary action and knowing who is responsible for which aspect. Cooperation that functions efficiently provides relief. In the workshop, the options and approaches to cooperation between medical care, youth services, child and adolescent health services, anti-violence institutions and children's emergency services are to be explored and discussed.
Moderation: Dr. Heike Mark, General Practitioner, SIGNAL e. V./national model project MIGG

Discussions/beverages/information stands

The session is certified for physicians with four points.

Source: Signal e. V. Berlin

Suggestions for structuring conferences
In the final survey of the physicians who participated in the MIGG project, multi-professional conferences, which take place once a year, were seen as especially well suited, particularly by those who had participated in such a conference.

"The conferences were very good, because they made it possible to establish personal contact with many different institutions that provide help as well as providing an opportunity to conduct discussions with colleagues."

In the example from Berlin, the focus in relation to the protection of children was on domestic violence, which was presented and discussed in relation to medical practice.

The speakers invited to talk about professional concerns were primarily from the region, so that the participating physicians were able to establish a connection to the context in which they work and were subsequently able to make contact.

In the workshops or working groups, the participants in the multi-professional groups had the opportunity to become familiar with and understand various approaches to the work and to determine their own roles in the context of different fields of professional responsibility.

7.1.4 Supervision

Supervision is a form of counselling individuals, teams, groups and organisations. There is, for example, individual, team, group or case supervision. The supervisor is a person familiar with the field in question and trained in supervision who is paid by the given client or participants. The intention is to reflect upon and improve professional behaviour. Supervision is, for example, obligatory in the training of psychotherapists. It is, however, also used to improve the cooperation in teams, groups and organisations.

Individual case supervision can be provided by knowledgeable people in the field of violence prevention, e. g, specialists in forensic medicine, staff members from women's counselling services and psychotherapists. The contents can deal with problems related to conducting examinations, producing documentation, interviewing patients and making referrals in cases of physical and/or psychological injuries to women.

Team supervision is often offered by employers for people in jobs with a high level of psychological stress, e. g, women's counselling services, psychosocial counselling centres or services that provide counselling on raising children. Team supervision thereby not only serves to provide relief to employees, but also supports dealing with those affected by violence in a professional manner.

7.1.5 Case evaluation

Case evaluation is the final examination of the course that something has taken (in this case a consultation). It allows for the skills that a physician has already attained to be documented and helps to determine the practicability and sustainability of the approach.

Example: Berlin

Reason for the consultation (key words):
Now because of the effects of violence
Reason was experience with violence yes x no ☐
Suspicion of experience with violence yes ☐ no ☐
Type of violence suffered:
physical x psychological ☐
sexual ☐ no information provided ☐
other reason _____
Physical findings yes x no ☐
key words (associated with violence)
Hematoma on head and left arm
Psychological findings yes x no ☐
key words
depressed, angry
Sex of the perpetrator:
female ☐ **male** x
Relationship to the perpetrator:
Current (marital) partner **x**
Former (marital) partner ☐
Family member ☐
Acquaintance ☐
Stranger ☐
No information provided ☐
Discussion of experience of violence
Spontaneous report x Routine question ☐
Length of interview
up to 10 min ☐ up to 20 min x
up to 30 min ☐ over 30 min ☐
Comments on the interview
Patient is desperate and outraged, reports on previous cases of abuse
Documentation yes x no ☐
If yes, body diagram ☐ **Photo** ☐
Time needed for the documentation
up to 30 min x **over 30 min** ☐
over 60 min ☐
Need for protection
yes ☐ no x unclear ☐

Referral to the psycho-social aid network
yes ☐ no x
If yes, where _____
_____
If yes, the type of referral:
Information material provided x
Direct call to the facility and appointment ☐
Further remarks
Patient intends to register a complaint with the police

Source: Signal e. V. Berlin

Suggestions for case evaluation
In the MIGG project, the project directors offered case evaluation, either within the context of physician's conferences or in personal discussions.

The basis of the case evaluation was a formalised evaluation form. In addition to the information documented here, the evaluation form from Berlin contains information on the patient, such as age, family status, migrant background, employment, contact to the practice and further medical measures.

The instrument of case evaluation is not always used in practices, because not that many patients who experience violence come into the practice and, thus, the form is forgotten.

The form could also serve the on-going documentation of patients confronted with violence in the practice and, beyond this, also be suited for assessing which groups, among the patients, are in greater danger.

7.2 Further training

7.2.1 Basic psychosomatic care

In the statutes for further training for physicians specialising in general medicine and physicians specialising in obstetrics and gynaecology, attending a course on basic psychosomatic care is obligatory. In addition, the Association of Statutory Health Insurance Physicians also requires the participation in such courses when certain invoicing codes for discussions with patients are included in the charges registered by physicians.

According to the requirements of the National Association of Statutory Health Insurance Physicians, the course in basic psychosomatic care encompasses 20 hours of theory, 30 hours of verbal intervention and 30 hours of participation in a Balint group.

In the courses on basic psychosomatic care, the trainers could adopt and explain the intervention standards. The Regional Medical Council of Lower Saxony has firmly integrated the topic in the curriculum.[31]

7.2.2 Balint groups

In Balint groups, physicians talk about their "problem patients" under the direction of an experienced psychotherapist, who is paid by the participants. The objective of the discussions is to shed light on the emotional background of medical and therapeutic behaviour, and to question it in order to improve the treatment of difficult patients. Through the work in the Balint groups, the physicians have the opportunity to overcome the barriers that often prevent them from recognising violence and thus to improve the medical and social care of patients confronted with violence through the introduction of the intervention standards.

"Work in Balint groups is obligatory in the training of specialists in the fields of general medicine, primary internal care, gynaecologists, all types of psychology and psychoanalysis and, particularly, for pain therapy." **(www.balintgesellschaft.de)**

7.3 Recommendations

7.3.1 Gain an overview and making contacts

In cooperation with the medical council responsible for the region and the Association of Statutory Health Insurance Physicians, events for physicians that are suited for the introduction of the intervention standards can be identified. It is possible to establish contacts via the physicians, e. g, those that participate in quality circles, and to present the implementation standards and to promote their introduction.

7.3.2 Organise conferences

In cooperation with hospitals, interested practices and care centres, the responsible medical council and the Association of Statutory Health Insurance Physicians, it was possible to organise at least one multi-professional conference every year. The topics are jointly determined in each case, as is the list of speakers. In each case, the thematic focus is on medical aspects that are dealt with by conveying knowledge and information and in exchanges between colleagues. The conferences can be established as an on-going programme in the region over the long-term, if locally prominent physicians, representatives of professional organisations and figures from public life are willing to become involved.

31 Source: Dr. Goesmann, German Federal Medical Council, Member of the Advisory Board of the MIGG Project.

7.3.3 Clarify and coordinate the further need for an exchange of ideas

At the project locations, different methods of/approaches to exchange among colleagues were offered. In Berlin and Düsseldorf, the focus was more on quality circles and working groups (see Chapter 5), in the Ennepe-Ruhr District it was on physicians' conferences and meetings. The question as to the need for additional options for exchange among colleagues was, in part, posed in a circular that was sent to all of the participating practices. Certification for all of the programmes should also be applied for from the respective medical council so that the participating physicians not only benefit in terms of gaining professional knowledge, but also through the proof of having fulfilled their further training obligations.

7.3.4 Promote the introduction of the topic of "domestic violence" in further training for physicians

The regional medical councils are responsible for all matters related to further training for physicians. This includes further training in various specialisations, further training to attain additional qualifications and further training in basic psychosomatic care. Hence, in all of the Länder there are contact persons for matters related to further training. They could, for example, be invited to regional conferences and events to provide information on the importance of the intervention standards for the medical care of patients confronted with violence and integrate the topic into the curricula of relevant further training courses.

7.4 Suggestions for further reading

A handbook on quality circles, current further training sessions as well as a flyer on "Qualitätszirkel in der ambulanten Versorgung"
www.kbv.de/qualitätszirkel

Numerous documents related to the topic of "supervision"
http://www.dgsv.de/or
http://media.manila.at/bruecke/gems/HelmutUtzerberSupervision.pdf

A good example of a quality circle
www.hausaerzte-minden.de/2_verbund/quali/quali_hg.html

A list of the local Balint groups as well as current further training sessions
www.balintgesellschaft.de

Bundesärztekammer – Arbeitsgemeinschaft der deutschen Ärztekammern (Hrsg.)
Curriculum Psychosomatische Grundversorgung – Basisdiagnostik und Basisversorgung bei Patienten mit psychischen und psychosomatischen Störungen einschließlich Aspekte der Qualitätssicherung –
http://www.bundesaerztekammer.de/downloads/Currpsych.pdf

Deutsche Gesellschaft for Supervision e. V.
http://www.dgsv.de/supervision.php

VIII.

Familiarity with and use of the materials for patients

Chapter 8 provides examples of materials for patients and practices.
In the MIGG model project, a wide variety of informative and attractively designed materials for patients and physicians was developed, also to support the implementation of the intervention standards in the everyday work of the practices, especially in relation to practice management (workflow and responsibilities). The materials can be classified in two groups according to their functions:

- Hand-outs and working aids, which can be used for further training and
- Material to inform patients and to aid the work in the practices.

Hand-outs and working aids for further training and for everyday work in the practices can be found in the curriculum: GESINE Netzwerk Gesundheit.EN Schwelm – Marion Steffens, Andrea Stolte, Ulrike Janz; SIGNAL Intervention im Gesundheitsbereich gegen Gewalt e. V., Hildegard Hellbernd, Dr. med. Heike Mark, Angelika May, Karin Wieners; Universitätsklinik Düsseldorf, Priv. Doz. Dr. med. Hildegard Graß, Dr. med. Lydia Berendes, Prof. Dr. med. Stefanie Ritz-Timme; Universitätsklinik Schleswig-Holstein, Dr. med. Regina Schlenger, Prof. Dr. med. Hans-Jürgen Kaatsch; Ludwig Maximilian Universität München, Prov. Doz. Dr. med. Elisabeth Mützel, Sabine Lüscher, Prof. Dr. Dr. med. Matthias Graw: Curriculum zum Model Projekt "MIGG", Medizinische Intervention gegen Gewalt an Frauen, Schwelm, Berlin, Düsseldorf 2011, mit drei Materialbänden als Anlagen.[32]

In Chapter 8, examples of material to inform patients and as aids in the work of the practices are documented.

8.1 Information for patients

In the form of a flyer or a brief brochure, the patients in the practice are provided with information on forms of violence and the consequences for health resulting from domestic violence and encouraged to address the problem when talking to the physician. Flyers and brochures are deposited in the woman's washroom in the physician's practice – like the emergency card – allowing women to collect the information without being seen by others. Experience in the projects has shown that these sources of information are always out of stock in a very short time. The materials are multi-lingual, so that they can also reach women with migrant backgrounds.

32 Avalable under: http://www.bmfsfj.de/BMFSFJ/Gleichstellung/frauen-vor-gewalt-schuetzen.html

Example: Ennepe-Ruhr District
Emergency card
http://www.gesine-intervention.de/images/pdf/mini-folderdeutsch2008.pdf
Brochure
"Mehr als das Herz gebrochen" (patient information on the impact of violence on health)
http://www.gesine-intervention.de/images/pdf/mehr-als-das-herzera.pdf

Posters and stickers also inform patients of the fact that the physician is sensitive to these issues and qualified in dealing with the topic of "domestic violence" and can therefore be openly addressed. Such options were well received in the model project. A poster in the practice is a low-threshold manner of drawing attention to the topic as well as the option of talking about it and finding support.

Example: Ennepe-Ruhr District
Sticker
"Wir sind Partner/Innen des Netzwerks GESINE"
http://www.gesine-intervention.de/images/pdf/aufkleber_gesine.pdf
GESINE Information poster in the sizes DIN A5 and DIN A2
http://www.gesine-intervention.de/images/pdf/gesine-plakatera.pdf

The sticker is – much like a seal of quality – an indication of the fact that the practice belongs to the GESINE Netzwerk in the rural district, has attained qualifications for the medical care of patients confronted with violence, and cooperates with support facilities and other figures active in this context.

Information on the effects of domestic violence on children, which can also be made available in waiting rooms, can also be important.

In this conjunction, the letter to parents published by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth "Kinder leiden mit, Hilfe bei häuslicher Gewalt", which is available in a number of languages, is also an option.

http://www.bmfsfj.de/BMFSFJ/Service/Publikationen/publikationen,did=133130.html
(German)
http://www.bmfsfj.de/BMFSFJ/Service/Publikationen/publikationen,did=133156.html
(Russian)

http://www.bmfsfj.de/BMFSFJ/Service/Publikationen/publikationen,did=133150.html
(Turkish)

http://www.bmfsfj.de/BMFSFJ/Service/Publikationen/publikationen,did=133144.html
(Arabic)

The inclusion of the topic of domestic violence on the website of individual practices also signalises that a practice has an open ear for the problem:

Example: Berlin
A physician working in a practice presented the MIGG project and his participation in it directly on the first page of his website.
http://www.dr-frey-berlin.de/index.php?id=140

In addition, references to the regional sources of aid can also be offered on the homepage of the practice in a low-threshold manner.

8.2 Materials and guidelines for physicians

As a guideline for physicians, materials on examining injuries and documenting them in a manner suitable for use in court were developed, including aids for formulating the findings in a manner suitable for use in court.

Examples: Ennepe-Ruhr District and Düsseldorf
Med-Doc-card (PDF)
http://www.uniklinik-duesseldorf.de/img/ejbfile/Lehrmodul_BefunddokumentationWEB.pdf?id=16267
Documentation forms:
a) on the documentation of injuries and health problems
http://www.gesine-intervention.de/images/pdf/dokumentationsbogen_haeusliche_gewaltpdf.pdf
b) on the documentation of sexualised violence
http://www.gesine-intervention.de/images/pdf/frauennotruf-ffm-sexualisierte-gewalt-dokubogen.pdf
Suggestions for the formulation the findings in a manner suitable for use in court
http://www.uniklinik-duesseldorf.de/img/ejbfile/Formuliergshilfe_gerichtsf_Befunddoku.pdf?id=16358 (protected by a password)

A case evaluation form was developed for the evaluation of cases (cf. Chapter 7); it was also adapted to each region.

Example: Düsseldorf
Case evaluation form
http://www.uniklinik-duesseldorf.de/img/ejbfile/FallevaluationsbogenStandApril09.pdf?id=16268 (protected by a password)

In addition, working aids were developed, for example a MIGG folder, samples of physician's letters, a guide to referring patients to sources of aid or an emergency plan for the practice as well as a so-called desktop card with brief information on the topic and on the network for providing aid (cf. emergency card from GESINE).

Example: Düsseldorf:
Vademecum (practice handbook with essential information and working aids for everyday medical practice, including local addresses)

Up to date are the "Guideline, Recommendations, Statements" formulated by the German Society of Gynaecology and Obstetrics, which were developed together with the German Society of Psychosomatic Gynaecology and Obstetrics (the latter in cooperation with S. I. G. N. A. L. Intervention im Gesundheitsbereich gegen Gewalt an Frauen e. V.").
http://www.dggg.de/fileadmin/public_docs/Leitlinien/1-8-4-haeusliche-gewalt.pdf

Background material, data, extent and health consequences of violence can be reviewed in issue no. 42 "Gesundheitliche Folgen von Gewalt unter besonderer Berücksichtigung von häuslicher Gewalt gegen Frauen", published by the Robert Koch Institute – Federal Statistical Office (2008).
http://www.rki.de/cln_091/nn_199850/DE/Content/GBE/Gesundheitsberichterstattung/GBEDownloadsT/gewalt,templateId=raw,property=publicationFile.pdf/gewalt.pdf

Further material can be requested directly from the project directors in Berlin, Düsseldorf and the Ennepe-Ruhr District.
SIGNAL e. V. Berlin:
www.signal-intervention.de

Institute of Forensic Medicine at the University Hospital in Düsseldorf:
http://www.uniklinik-duesseldorf.de/deutsch/unternehmen/institute/institutfrrechtsmedizin/page.html (keyword Forschung)

GESINE Netzwerk Gesundheit Ennepe-Ruhr District:
www.gesine-intervention.de

Published by:
Bundesministerium
für Familie, Senioren, Frauen
und Jugend
Referat Öffentlichkeitsarbeit
11018 Berlin
www.bmfsfj.de

Available from:
Publikationsversand der Bundesregierung
Postfach 48 10 09
18132 Rostock
Tel.: +49 180 5 778090*
Fax: +49 180 5 778094*
Telephone service for the deaf: gebaerdentelefon@sip.bundesregierung.de
E-Mail: publikationen@bundesregierung.de
www.bmfsfj.de

Authors:
Gesellschaft für Sozialwissenschaftliche Frauen und Genderforschung e.V.
Frankfurt am Main
Dr. Brigitte Sellach, Dr. Helga Kühner,
Gitte Landgrebe, Petra Landgrebe

If you have any questions, use our
service telephone: +49 30 20179130
Monday–Thursday 9:00 a.m.–6:00 p.m.
Fax: +49 30 18555-4400
E-Mail: info@bmfsfjservice.bund.de

Public service telephone number for all government agencies and offices: 115**
Access to the 115 telephone service for the deaf: 115@gebaerdentelefon.d115.de

Art. No.: 4BR98
As of: December 2012, 1. Edition
Designed by: www.avitamin.de
Printer: Bonifatius GmbH, Paderborn

* Each call from a German landline phone is charged with 14 cents per minute;
a maximum of 42 cents/min. from mobile networks.

** For general questions to all government offices and agencies, the general civil service telephone number 115 is also available from Monday to Friday from 8 a.m. to 6 p.m. Currently, you can reach this number from selected pilot regions, such as Berlin, Hamburg, Hessen, and North Rhine-Westphalia among others. You can find further information at www.d115.de; 7 cents/min. from German landlines, a maximum of 42 cents/min. from mobile networks.