

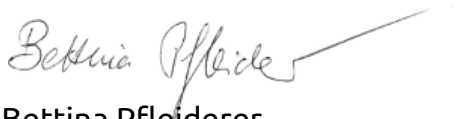
## VIPROM – NEWSLETTER

### Victim Protection in Medicine

Dear readers,

Welcome to our first newsletter of the EU Project VIPROM: "*Victim Protection in Medicine - Exploiting practical knowledge of medical staff to enhance the professional contact with victims of domestic violence*"! In our newsletters we want to share exciting project news of VIPROM, upcoming training events you can participate, events being held, interesting research news around violence and a whole lot more. Our newsletter will come out bi-annually. In this newsletter you will find an introduction to this EU project with a report on our first kick-off meeting in Münster in Germany, some information on latest EU politics regarding domestic violence (DV), tools and knowledge for your daily practice with some indicators for the presence on DV and why simulated patients programs are useful in medical DV training.

Enjoy reading this kick-off issue!



Bettina Pfeleiderer  
Coordinator of VIPROM

## VIPROM IN A NUTSHELL

### Why is a project like VIPROM necessary?

Domestic violence and sexual violence can cause serious short- and long-term health problems for victims. [Statistics](#) show that abused women use health-care services more than non-abused women do. However, it is important to mention that people of all genders, ages, victims with impairments and disabilities, and diverse socioeconomic, ethnic, educational, religious and cultural backgrounds are affected by DV and face similar problems.

Despite these facts, victims of DV do not receive adequate support in the medical sector. Reasons for not supporting victims adequately are that many health practitioners do not feel confident in raising the issue and consequently are not well equipped to identify and appropriately help the victims. The VIPROM project, which is running from 2023 to 2026, is funded by the European Union. Project partners from Sweden, Austria, Italy, Greece, and Germany are jointly developing approaches to strengthen the topic by developing medical curricula in the long term.

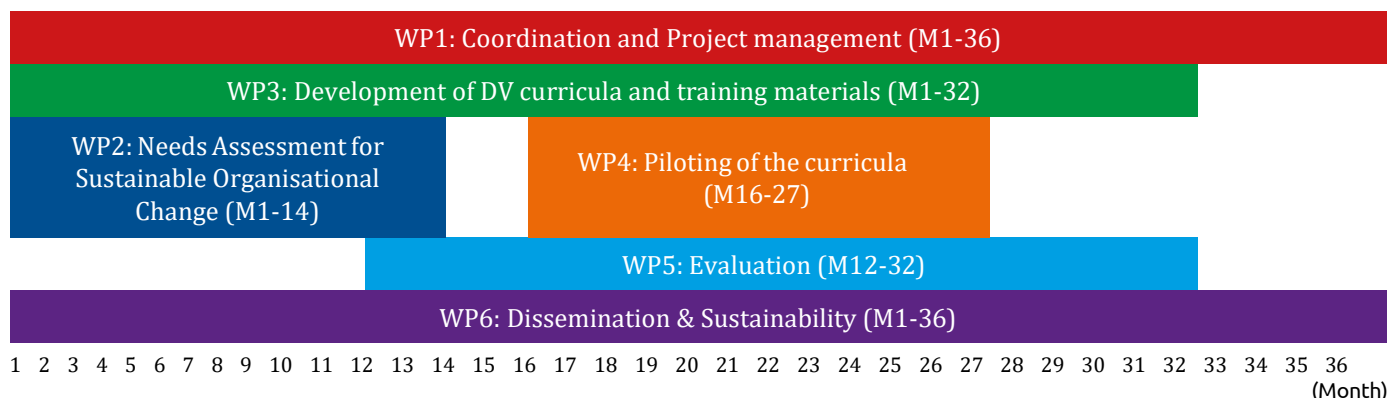
The developed material will target the following healthcare professionals: nurses, midwives, medical doctors, dentists and medical and dental students. VIPROM is divided into six work packages (WP) among the participating partner countries (see graphic below). We invite you to read more about our work in detail on our [website](#). The project is coordinated by Prof. Dr. Dr. Bettina Pfeleiderer, Professor at the Medical Faculty of the University of Münster in Germany.

### Kick-off meeting in Münster

At the kick-off meeting, which was held from the 28th of February to the 1st of March, the VIPROM partners focused on discussing a general work structure, time schedule and project goals. As a result of the participation of many experts from various professional groups, such as medical faculties, hospitals, research organisations, medical educators, and victim protection organisations, there were intensive discussions about how knowledge can be transferred. The participants quickly agreed that VIPROM can only pursue an intersectional approach in order to find solutions that meet the needs of all victims. Therefore, VIPROM aims to follow a participatory and culturally sensitive approach since this is vital for sustaining intervention programmes in the long term. Additionally, WWU gave the partners the opportunity to participate in a practical training to get an insight into simulated patient programmes of the university. Read more about this interesting topic on [page 5](#).



Group picture of the consortium of the EU project VIPROM: 23 partners participated at the kick-off meeting of VIPROM at the University of Muenster in Germany. (Photo: WWU / Erk Wibberg)



## First project results

We are currently in month 5 of VIPROM. Thus far, several medical professional groups, like gynaecologists, paediatricians, surgeons, dentists, midwives, nurses, medical students and students of dentistry have been interviewed as part of the WP2 needs assessment. Through these interviews, we got interesting insights from various medical professions which help us a lot to improve our methodology. The insights from the interviews as well as a detailed feedback from the VIPROM partners will flow into the review of the existing training materials from the previous EU-project [IMPRODOVA](#). This procedure is a major part of WP3, which aims to develop DV curricula and training materials. Moreover, first dissemination tools, materials and activities have been defined, e.g. the official VIPROM [website](#) as well as three social media channels.

We invite you to take a closer look:

Twitter: [https://twitter.com/viprom\\_cerveu](https://twitter.com/viprom_cerveu)

LinkedIn: <https://www.linkedin.com/company/viprom-cerveu>

Facebook: <https://www.facebook.com/vipromcerveu>

In addition, an Advisory Expert Board (AEB) was formed, including professionals like physicians, physicians working in the emergency room and psychologists. The Advisory Expert Board plays a crucial role in providing guidance, expertise, and strategic advice to our project partners. It consists of a group of highly competent experts, who possess relevant knowledge and experience in the project's domain. Their role is to advise and support the project in achieving its objectives effectively.

After evaluating the results, VIPROM will start to draw practical conclusions from the completed tasks in the further process of the project. We will report on further progress in the upcoming newsletters.

We are looking forward to our upcoming in-person consortium meeting in Parma, Italy in September.

Stay tuned!

## DOMESTIC VIOLENCE - WHAT'S NEW IN EUROPEAN POLITICS?

### EU Parliament approves Istanbul Convention to combat violence against women

We are pleased that the European Parliament has recently approved the ratification of the Istanbul Convention, a landmark treaty aimed at combating violence against women. Despite concerns raised by some member states, the European Parliament has overwhelmingly voted in favour of joining this crucial international initiative.

The ratification of the Istanbul Convention underscores the urgent need to address and eliminate violence against women. By coming together and actively supporting this convention, we can work towards creating safer and more inclusive societies for women across Europe.

We invite you to learn more about this significant development and the importance of the Istanbul Convention by reading the official [European Parliament press release](#).

At VIPROM, we are dedicated to our mission of victim protection in medicine. This recent approval of the Istanbul Convention serves as a powerful reminder of the collective effort needed to ensure the safety and well-being of women.

## New European reform of the European asylum system



Simultaneously, we are concerned about the current developments at Europe's external borders: In April, the interior ministers of the EU member states agreed on a reform of the Common European Asylum System. You can read the joint position [here](#).

The focus on accelerated asylum procedures at Europe's „external borders“ is challenging strategies for preventing health consequences for victims of violence, putting especially women and children at [higher risk](#) for rape, physical and psychological violence while they are stuck in the camps. As already known by experts, this can lead to various and prolonged health issues.

## GOOD TO KNOW – TOOLS & KNOWLEDGE FOR YOUR DAILY PRACTICE

Did you know that victims of domestic violence – regardless of their gender, social background or age - can face serious health issues? For example, women are three times more likely to develop depression. It's a similar situation with gastrointestinal symptoms. Many people think of DV only in terms of visible, physical injuries, but indicators are much more complex.

As women are likely to be most affected, the WHO conducted a study to look at this focus group. In the following, we want to share an exemplary compilation of possible indicators for DV from the report health practitioners could incorporate in their daily practice.

### Examples of health-related clinical conditions which can be associated with domestic violence:

Mental health	Pain syndromes/infections	Injuries	Other
Symptoms of depression, anxiety, Posttraumatic Stress Disorder (PTSD), sleep disorders	Unexplained chronic gastrointestinal symptoms or generally unexplained chronic pain	Repeated vaginal bleeding	Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes
Suicidality or self-harm	Unexplained reproductive symptoms, including pelvic pain, sexual dysfunction	Traumatic injuries, particularly if repeated and with vague or implausible explanations	Central nervous symptomatology e.g. headaches, cognitive problems, hearing loss
Alcohol and other substance abuse	Unexplained genitourinary symptoms, including frequent bladder or kidney infections or other		Repeated health consultations with no clear diagnosis
Intrusive partner or husband in consultations	Sexually transmitted infections		

<sup>1</sup> [Adapted by: Responding to intimate partner violence and sexual violence against women. WHO clinical and policy guidelines](#)

Just as important as recognising possible violence is the sensitive approach to those affected. Victim support organizations like the VIPROM partner GESINE Intervention have created practical conversation techniques. Read more about this in the next newsletter in January!



## TOPIC OF INTEREST IN MEDICAL EDUCATION IN DV

### Introducing Simulated patient programs and their benefits in implementing a curriculum on Domestic violence in the medical sector

In today's newsletter, we would like to introduce you to the concept of Simulated Patient Programs (SPP) and explore their significant advantages in implementing a curriculum focused on domestic violence (DV) within the medical sector.

#### What does this have to do with VIPROM?

The aim of VIPROM is to develop curricula on DV tailored to the medical profession groups such as physicians, nurses, midwives, dentists, other healthcare professionals, and medical students in close cooperation with medical faculties, hospitals, research organisations, medical educators and victim protection organisations in Austria, Germany, Greece, Italy, and Sweden.

#### What is a Simulated Patient Program (SPP)?

A SPP is an innovative educational approach used in medical training. It involves the use of actors who are trained to portray specific medical scenarios and patient profiles realistically. These actors, known as simulated patients, simulate a wide range of medical conditions, symptoms, and behaviours, offering medical students an opportunity to enhance their clinical skills, communication, and empathy.



#### How can it be applied to domestic violence?

When it comes to addressing DV in the medical sector, developing a well-rounded curriculum is crucial. By incorporating SPPs into such a curriculum, several benefits arise:

- **Realistic Scenarios:** Simulated patients can accurately portray victims of DV, presenting various emotional and physical signs. This enables to learn how to identify and handle potential cases of DV in a safe and controlled environment.
- **Communication Skills:** Sensitive communication is important when addressing DV. Simulated patients can mimic the emotions, fears, and resistance that real victims may exhibit, allowing medical students to practice empathetic communication. This experience translates into improved patient interactions and better support for those affected by DV.
- **Non-Judgmental Environment:** SPPs provide a non-judgmental space for students to practice their skills without fear of making mistakes or causing harm. This fosters an atmosphere of learning, ensuring that medical students feel more confident when dealing with sensitive issues such as DV.
- **Feedback and Evaluation:** SPPs typically include feedback sessions where medical students can receive constructive criticism and guidance. This feedback helps identify areas of improvement, reinforcing the learning process.

In summary, integrating SPPs into a curriculum on DV in the medical sector brings immense value. Through realistic scenarios, improved communication skills, a non-judgmental learning environment, and valuable feedback, medical students can enhance their ability to identify, address, and support victims of DV. VIPROM plans to include simulated patients into their curricula and VIPROM partner WWU is drafting currently in WP3: Development of DV curricula and training materials - first scenarios, as the medical faculty of Münster has a simulation hospital which can be used. More to follow on this in one of our next newsletters!

## VIPROM CONSORTIUM



## CONTACT US



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