

VIPROM – NEWSLETTER

Dear readers,

VIPROM has been progressing for two years now, and this marks the release of the **fourth 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 (DV)”!*

The last 6 months have been extremely busy, as we have achieved the following milestones:

- ✓ We have successfully launched the [European training platform on DV](#) which is now available in five languages (English, German, Greek, Swedish, and Italian), along with an Austrian adaptation. In addition, we have implemented and conducted both **European and national train-the-trainer courses**, supported by comprehensive [pedagogic training handbooks](#).
- ✓ Tailored **VIPROM curricula** have been developed to meet the needs of various stakeholders in the medical sector across partner countries, and we have [conducting pilot trainings](#) to test and refine these.
- ✓ We have also been planning the [VIPROM European webinar series on domestic violence](#)
- ✓ Finally, five of our [deliverables](#) have already been published, showcasing the progress and dedication of the project team.

Reports on these various activities can be found in the newsletter, along with latest news on European politics related to the topics of VIPROM, information on pregnancy as a major risk for DV and how to document DV injuries well. Enjoy reading it!

Sincerely, yours



Bettina Pfeleiderer
Coordinator of VIPROM

UPDATE ON VIPROM'S ACTIVITIES IN A NUTSHELL

4th consortium meeting in Uppsala, Sweden



Group picture of the consortium in Uppsala in front of the meeting venue
(Photo: copyright @VIPROM)

Following previous meetings in Münster (Germany), [Parma](#) (Italy), and [Vienna](#) (Austria), the [VIPROM consortium](#) met this time in Uppsala, Sweden, on 17-18 September 2024, hosted by our Swedish partners, the [National Centre for Knowledge on Men's Violence Against Women](#) (NCK). The meeting proved highly productive, with significant progress made on key aspects of the project.

The discussions focused on the upcoming stages of the project. VIPROM will soon transition to its next phase, which included conducting national "Train-the-Trainer" courses. These courses will equip national trainers with the skills and knowledge to educate medical professionals using the VIPROM curriculum that has been meticulously developed over the course of the project. In parallel, partners will start with the national first stakeholder trainings. In March our European webinar series will start.

Project Coordinator Bettina Pfleiderer stated: "These days at NCK have been truly impressive. In Germany, we don't have a national

centre that encompasses everything under one roof – helplines, research, and counselling. NCK is an exemplary model of how such a centre should be organised to effectively meet the needs of victims. During our visit, we made key decisions and laid out the plan for the next year and a half of the project."

In addition to our productive sessions, we had the pleasure of exploring Sweden's rich culture. We enjoyed excellent food and had an engaging guided tour at [Gustavianum – Uppsala University](#) and [Old Uppsala Gamla Uppsala Museum – Upplandsmuseet](#).

A big thank you to our Swedish partners at **Uppsala University (UU)** for their outstanding organisation and warm hospitality!

VIPROM pilot trainings have successfully started!

We are happy to share with you that our pilot trainings have successfully started! In the past weeks, our partners from Austria, Germany, Greece, Italy and Sweden have trained a large number of medical students and professionals such as emergency doctors, midwives, nurses, medical doctors and more.

In the following you can find interesting insights, quotes and impressions from these trainings. Next year, we will continue training more people who want to join the fight against Domestic Violence. **Read more on this on page 6!**

Scroll to read more about the trainings...



Training German Medical Students on Domestic Violence as Part of the European Project VIPROM in Münster

Report from our German partner WWU:

In November and December 2024, VIPROM partner and project coordinator WWU hosted two training courses on domestic violence for medical students at the medical faculty of the University of Münster (WWU). The courses, held on **16–17 November 24** and **7–8 December 24** in Münster (Germany), brought together 30 medical students and three experienced trainers for an immersive and engaging educational experience.

The courses aimed to equip future physicians with the skills and knowledge needed to recognise, understand, and respond effectively to cases of domestic violence. Through interactive activities such as experiential role-plays, detailed case studies, and collaborative group exercises, participants explored the complexities of domestic violence in a dynamic and supportive learning environment.



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A range of critical topics was covered throughout the training. Participants learned about the **forms and dynamics of domestic violence**, about **stereotypes and unconscious biases**, which can often hinder effective responses to victims, and how to recognise subtle **indicators** of domestic violence, including **radiological** signs that may suggest violence - a crucial skill for healthcare professionals. **Communication** with victims was a central focus, with participants learning strategies to build trust and create a safe environment for disclosure. To address the emotional challenges associated with supporting victims, the seminars also included sessions on **self-care**, equipping students with techniques to manage their own well-being while responding empathetically to those affected by violence.

These courses were evaluated quite well by students: *“Personally, I got a lot out of this course, and I can't remember the last time I followed a course so closely. Many thanks!”* They agreed that the course provided them with a deeper understanding of the issue highlighting the essential role of the medical sector in identifying and supporting victims as being door opener for DV victims in the future!

Report from our Swedish partner NCK:

On 3 December, the first **training for emergency doctors and nurses** was held at Uppsala University Hospital on domestic violence. The training was held by emergency physicians Karolina Berglund and Louise Eriksson, who also teach in the medical program. Both trainers have taken part of **VIPROM's train the trainer course** to be ready to train about this subject.

Six emergency doctors and a midwife participated. The interest was great and the commitment clear. Many questions arose in the following areas: **Coercive control, warning flags, how to ask patients questions, and how to take care of yourself a time-pressed emergency doctor**, but also how **bias and prejudices about victims of violence** need to be counteracted to give the patients the best care.



Report from our Greek partner HFPA:



HFPA completed piloting the VIPROM curricula and held with great success the training seminars on Domestic Violence within the framework of the European program VIPROM **on the 2-3 and 23-24 of November in Athens**. The last training will take place on the 13-14 of November in Thessaloniki.

Medical students, nurses, midwives, community health workers and medical doctors had a unique training experience, with experiential role-plays, case studies and group exercises, that allowed them to explore in depth the phenomenon of violence and the most effective response to it.

Some quotes from our very engaged participants:

"I really enjoyed the interaction with the other participants, the use of a variety of teaching methods and the holistic and inclusive approach!"

"I feel more confident to identify and take care of a victim."

"It wasn't just the content. It was the way of training that made the difference!"

"It was totally worth spending my weekend on this training!", were some of the participants' words.

Let's all keep up with the commitment to stop Domestic and Gender-based Violence!

Report from our Italian partner AOUPR:



After completing the training of trainers, the University of Parma started the training seminars on Domestic Violence within the framework of the European VIPROM project. The number of requests to participate in the courses was so high that it was necessary to repeat the course on several occasions. The courses were held in presence in Parma, on 15-16, 22, 25 October and 2, 3 December. In total, 16 Doctors, 43 nurses, 10 midwives and 15 psychologists participated. The opportunity to work in groups

on case studies, the viewing of explanatory videos and the discussion of simulations were particularly appreciated.

Prior to the training of the professionals, AOUPR trained 196 medical students who had the opportunity to learn more about the phenomenon of DV and the most effective response to it.

These are a few of the participants' quotes:

"I enjoyed working as a team with the other professionals involved in the reception of victims and the use of various teaching methods."

"Finally, a training with the possibility of working on real cases and hypothesizing about an effective response."

"I really appreciated the video showing the communication strategies the doctor uses to bring domestic violence to light."

Report from our Austrian partners VICESSE and IKF:

On **14 December 2024**, **14 medical doctors** successfully completed the first training on Domestic Violence (DV) in Austria using the VIPROM curriculum. Eleven female and three male doctors with different professional backgrounds and at different stages of their careers spent the better part of their Saturday listening to and engaging with the trainer, who brought **her expertise as the leader a specialised DV-ambulance in Austria's biggest hospital** to the VIPROM training setting. A broad range of issues was covered, quickly moving from the basics – e.g. different forms and indicators of DV – to more advanced issues like documentation, legal issues and inter-organisational cooperation. The VIPROM-curriculum provided the framework and structure for the training, which also included interactive exercises and role play. Participants were especially interested in the practical tips the trainer was able to provide based on her vast experience. These included e.g. the importance of using (or avoiding) specific vocabulary in medical documentations as courts interpret the language used in specific ways, correct ways to handle photo documentation and the information requirements in the case of children being affected by DV. Further VIPROM-trainings in Austria are planned for January.



++ Exclusive Announcement ++
Our VIPROM European Webinar Series is now open for registration!

“How can I address my suspicion of Domestic Violence appropriately with my patient?”

“How can cooperation help me to provide better support for my patient?”

“What do I need to consider when documenting violence?”



FIRST RESPONDERS IN FOCUS:
EMPOWERING HEALTHCARE
AGAINST DOMESTIC VIOLENCE (DV)

SAVE the DATE and join us for the

EUROPEAN WEBINAR SERIES 2025

on topics such as forms and dynamics of DV, stereotypes, indicators, communication, medical assessment/documentation, risk assessment, interorganisational cooperation, theory meets practice, effects of DV and the Istanbul Convention.

Speakers are known experts and practitioners across Europe.

- ✓ Start: 04 March, 2025
- ✓ 6.00 PM - 7.30 PM
- ✓ 10 Sessions | Bi-weekly on Tuesdays
- ✓ Language: English
- ✓ Certificate
- ✓ Credit Points
- ✓ Recordings available

REGISTER NOW
www.viprom-cerv.eu/european-webinar-series/

Further Information: www.viprom-cerv.eu

The content of the webinars is aligned with the European Training Platform on Domestic Violence: <https://training.intradosova.eu>



Experienced Experts on Domestic Violence and Medical trainers share their knowledge and best practice with you!

Don't miss your opportunity to take part in our Europe-wide training and follow the **registration link:** <https://viprom-cerv.eu/european-webinar-series/>

DATE	TOPICS OF THE WEBINARS	SPEAKERS
04.03.25	Forms and Dynamics of Domestic Violence	IKF
18.03.25	Becoming Culturally Responsive and Blocking Bias in Healthcare	PLUS
01.04.25	Indicators of Domestic Violence	UU
15.04.25	Communication in cases of Domestic Violence	HFPA
29.04.25	Medical assessment and documentation	AOUPR
13.05.25	Risk Assessment	VIC
27.05.25	Working together – key institutions in cases of Domestic Violence	GES
10.06.25	Theory meets practice: Identifying and Responding to Domestic Violence in the medical sector by using dentistry as an example	WWU
24.06.25	Spotlight on domestic abuse and sexual violence within sexual health settings	IRISI
08.07.25	Council of Europe legal framework: guidelines for medical professionals in accordance with the Istanbul Convention	WAVE

You can download the **webinar agenda** [here](#).

And last but not least...

Giving a Voice to Domestic Violence Survivors: Clothesline Exhibition in Münster



On **28 November 2024**, the Medical Faculty in Münster (Germany) hosted the moving **Clothesline Exhibition**, where T-shirts hung not just as normal laundry, but with the powerful stories of women and children affected by domestic violence.

Each T-shirt carried messages of pain, resilience, and hope, breaking the silence around DV. Visitors—medical/dental students, university hospital staff, and the public—engaged deeply with these stories, sparking conversations about the human impact behind the statistics.

This traveling exhibition, was brought to Münster by Bettina Pfeleiderer together with Christina Klöckner, Equal Opportunities Officer at the [University Hospital](#), as part of **EU VIPROM** and **IMPROVE** projects dissemination activities. Clothesline has journeyed through Spain, Finland, and now Germany, adding eight new T-shirts in Münster.

Bettina Pfeleiderer, VIPROM coordinator and partner in IMPROVE, shared, *“The overwhelming response shows the importance of addressing domestic violence openly and compassionately.”* Let’s continue breaking the silence together.

Find a more detailed report [here](#).



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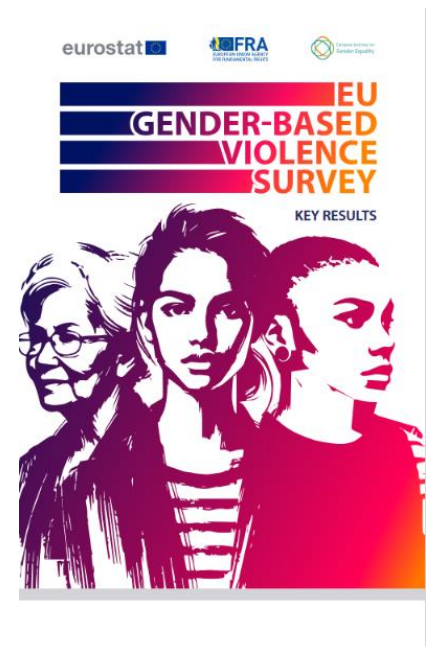


DOMESTIC VIOLENCE - WHAT'S NEW IN EUROPEAN POLITICS?

EU-Gender-Based Violence Survey - Experiences of women in the 27 EU Member States

In September 2024, the newest **EU gender-based violence survey** was published. The results were based on data collected from 114023 women between 18 and 74 years across the European Union. The data collection took place between September 2020 and March 2024, covering the 27 Member States.

The EU gender-based violence survey also collected specific data about women's experiences of violence, including an overview on the consequences of violence and contacts with different services that aid victims. Data on both, the prevalence and the consequences of violence will be analysed in detail in the survey report that **Eurostat, FRA and EIGE** will publish in 2025.



So far, the key results presented in this report emphasise that:

- Close to one in five women in the EU-27 (17.7 %) have experienced physical violence or threats and/or sexual violence by an intimate partner in their lifetime.
- Across the EU-27, 14.6 % of women have experienced violence by their intimate partner more than once.
- 4 % of women in the EU have experienced physical violence or threats and/or sexual violence perpetrated by a family member or relative in their lifetime.
- In total, 19.3 % of women in the EU-27 have experienced physical violence or threats and/or sexual violence in their lifetime by a domestic perpetrator.

The results presented in this report also pointed out the different prevalence rates of violence between Member States. For example, in regards with the percentage of women who have experienced physical violence or threats and/or sexual abuse in their lifetime, there seems to be a huge difference between Germany (15.7%), Greece (21.7%), Italy (13.6%), Austria (17.1%) when compared to Sweden (31%). If psychological violence is included, almost half of the Swedish and Greek sample was affected (48.2% and 41.8% retrospectively) while Austrian (37.8%), German (31.9%) and Italian (25.9%) women were less impacted¹. **20.5 % of the women who have experienced physical violence or threats and/or sexual violence in their lifetime have contacted a healthcare service or social service provider** because of the incident. The results of the survey highlight the need of a project like the **#VIPROM** project to enable medical professionals from different medical fields to detect the signs of domestic violence, as violence has a negative health impact.

Read the full report here: https://fra.europa.eu/sites/default/files/fra_uploads/eu-gender_based_violence_survey_key_results.pdf

¹ Please keep in mind that these figures have yet to be interpreted more in depth, since the understanding of what is perceived as "violence" may vary in the listed countries. It is, for example, possible that the study group in Sweden is more aware where physical violence starts while some forms of violence might be still "normalised" by the participant of the other study groups.

GOOD TO KNOW – HOW TO DOCUMENT INJURIES FOR EVIDENCE RECOVERY

As medical professionals are often the first ones interacting with victims of Domestic Violence, they have a special opportunity to intervene and contribute to the support and safety of the victim. Especially when it comes to securing evidence, they play a crucial role by **ensuring that the medical documentation** is done properly and **valid for legal purposes**. One of the major problems of Domestic Violence is the fact that many victims don't have any evidence of (previous injuries) and therefore don't want to consult the police as most cases are usually dropped.

In this Newsletter, we want to put a spotlight on easy tools to document injuries. Our medical experts from VIPROM follow the [seven principles of written documentation](#): → → → → → → → → → → → →



First steps:

Before you start with the documentation, always clarify whether a sexual assault, and thus evidence collection, is the primary focus of the documentation. In case of sexual violence, specific measures should be taken, as described in our [excursus on how to undertake the examination](#).

1. Use documentation sheet and kit for evidence recovery
2. Document in a way that is understandable for laypersons
3. First document, then supply
4. Describe, do not interpret
5. Photograph injuries
6. Secure evidence
7. Follow up

Regardless the form of violence, always use a **documentation sheet and evidence collection kit** for documenting injuries and securing evidence. The kit will guide you through the medical assessment and support you in a systematic approach:

- **Describe** each injury in the dimensions: localisation, shape/boundary, size, colour, type.
- If possible, **document** injuries before they receive medical care. Document purely descriptively! Refrain from interpreting findings, such as estimating the age of the wound or assessing whether an injury was inflicted externally. Photographs are particularly informative and can supplement written documentation.
- Create documentation that is **easily comprehensible** for non-medical professionals, including lawyers, police, and members of the judiciary.
- Avoid the use of abbreviations and complex medical terminology to **enhance clarity and accessibility**.

(Source: [Medical assessment and securing of evidence factsheet](#))

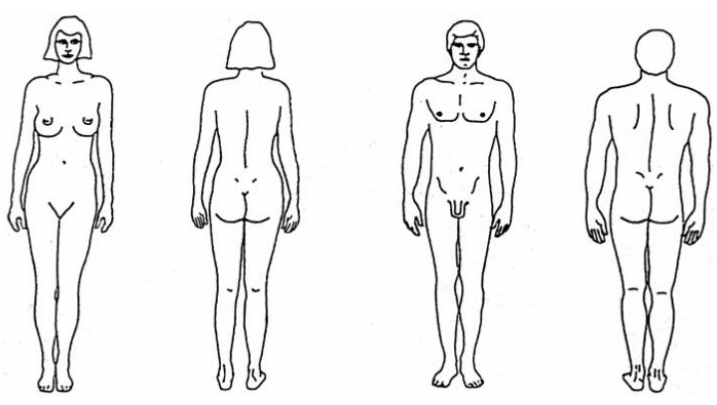
Let's take a look on a good-practice example from experts!

This [documentation sheet and evidence collection kit](#) for documenting injuries and securing evidence will guide you through the medical assessment and support you in a systematic approach:

DOMESTIC VIOLENCE SCREENING/DOCUMENTATION FORM

DV Screen
 DV + (Positive)
 DV ? (Suspected)

Date: _____ Patient ID# _____
 Patient Name _____
 Provider Name _____
 Patient Pregnant? Yes No



You can download the sheet [here](#).

Do you want to learn more?
 Check out [Module 4](#) of the European Training Platform on Domestic Violence or join our [Euro-pean Webinar Series!](#)

ASSESS PATIENT SAFETY		REFERRALS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Hotline number given
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Legal referral made
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shelter number given
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In-house referral made
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other referral made
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	REPORTING
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Law enforcement report made
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Child Protective Services report made
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Adult Protective Services report made
<input type="checkbox"/> Yes	<input type="checkbox"/> No	PHOTOGRAPHS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Consent to be photographed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Photographs taken?
		<i>Attach photograph and consent form</i>

Intimate Partner Violence: A Major Public Health Concern

1

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TOPIC OF INTEREST IN DV RESEARCH - Pregnancy as a major risk factor for domestic violence

In Italy, the latest **ISTAT survey (2021)** shows that the phenomenon of **violence in pregnancy** affects 16% of women. Moreover, the National Observatory on Women's Health (O.N.D.A) pointed out that among women aged between 15 and 44, DV is the second leading cause of death in pregnancy, after bleeding.

The abuse begins in the pregnancy (30%), continues (69%) or increases (13%) during the gestation period. **In 90% of the cases, the perpetrator of this abuse is the (ex-)partner or and/or the biological father of the unborn child.**



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The Superior Institute of Health has entrusted the Italian Society of Gynaecology and Obstetrics (SIGO) with the coordination of the process of producing a **Guideline for the diagnosis and treatment of reproductive health-related issues**, following the priorities established by the Strategic Committee of the National Guideline System (SNLG).

Several scientific societies have been involved, including the Italian Association of Women Physicians (AIDM), which will be in charge for the topic of domestic violence (DV) in pregnancy.

It is important that health workers who come into contact with female victims of violence are appropriately trained in detecting risk factors and in 'providing an appropriate and integrated intervention in the treatment of the physical and psychological consequences that male violence produces on the woman's health', as provided for in the 2017 DPCM: 'National GL for hospital on rescue and health care for women victims of violence'. Of note, **pregnancy offers a 'window of opportunity' for early detection of domestic violence** given the assiduous and regular contacts of mothers with health professionals.

Red flags include:

- repeated visits to the emergency room
- conversely, delayed access to antenatal care and examinations either because their partner actively obstructs them or because they neglect their own health due to the trauma they are subjected to;
- in addition, resort more often to abortion,
- forget appointments,
- do not follow up on treatment for sexually transmitted diseases
- display risky sexual behavior.
- The guidelines will be released in June 2025. If you want to learn more about "red flags" in Gynaecology/obstetrics, check out the respective section on our [European Platform on Domestic Violence](#).

Sources:

<https://www.istat.it/statistiche-per-temi/focus/violenza-sulle-donne/il-fenomeno/violenza-dentro-e-fuori-la-famiglia/la-gravita-e-le-conseguenze-della-violenza/#:~:text=La%20violenza%20nella%20coppia%20non,il%205%2C7%25%20iniziate>.

https://www.aogoi.it/media/1577/pp20_30.pdf

<https://www.iss.it/-/salute-riproduttiva>

<https://www.istat.it/it/files//2020/11/LineeGuidaSoccorsoViolenzaDonne2017.pdf>

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