Deliverable 4.1
Report on Train-the-Trainers courses

Victim Protection
in Medicine

Exploiting practical knowledge of medical staff to enhance
the multi-professional contact with victims of domestic violence

Co-funded by
the European Union

Grant Agreement No. 101095828.

About this document

Published on the VIPROM project website in November 4 2025

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No.	Acronym	Institution	Country
1	WWU	Universität Münster	Germany
2	VICESSE	Vienna Centre for Societal Security	Austria
3	IKF	Institut für Konfliktforschung	Austria
4	GES	GESINE Intervention (Frauen helfen Frauen EN e.V.)	Germany
5	UU	Uppsala Universitet	Sweden
6	HFPA	Elliniki Psychiatrodikastiki Etaireia	Greece
7	AOU-PR	Azienda Ospedaliero-Universitaria di Parma	Italy
8	PLUS	Paris Lodron University Salzburg	Austria

Co-funded by the European Union

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Abbreviations and acronyms

D	Deliverable
DV	Domestic Violence
WP	Work Package
TtT	Train-the-Trainer
TEC	Training of Emotional Competencies
ST	Secondary Traumatization
CA	Constructive Alignment
CIT	Critical Incident Technique

Table of Contents

1. Executive Summary

In response to the widespread need for specialised training in the medical sector, the EU-funded project “VIPROM – Victim Protection in Medicine” aims to harness the practical knowledge of medical staff to improve multi-professional contact with victims of domestic violence. The VIPROM project is developing curricula on domestic violence for various medical stakeholders (physicians, nurses, midwives, dentists) and students (medical students and dental students) in close cooperation with medical faculties, hospitals, research organisations, medical educators and victim support organisations in Austria, Germany, Greece, Italy and Sweden. To be able to do so in a sustainable way, **VIPROM developed and implemented a Train-the-Trainer (TtT) programme.** This deliverable D4.1 *Report on Train-the-Trainers courses* as part of WP4 describes the preparatory phase prior to the implementation of the TtT trainer courses and the used recruitment strategy for trainers.

This report describes the European TtT workshop held in Münster from 3 to 4 September 2024 in detail, highlighting the topics covered and explaining the didactic methodology used to facilitate comparable training courses in other countries as a blueprint. National TtT courses used the agenda and methods as in Münster to ensure that they are of high quality, use state-of-the-art training concepts, and take into account the challenges faced by stakeholders in the clinical context.

The national implementation of the courses in the five VIPROM countries (Germany, Austria, Greece, Italy, Sweden), was highly successful and the project was able to train the VIPROM curriculum **to 32 new trainers** using VIPROM materials and the TtT handbooks. **VIPROM exceeded the number of trainers to be trained (n= 24) by 30%**

The present deliverable 4.1, together with deliverable D3.2, the TtT training handbooks and the European training platform serve as a didactic tool box to be used by all trainers to pilot the VIPROM curricula in the most efficient way, ensuring the highest levels of competence and sustainability.

2. Introduction

2.1 Overview on WP4 and task descriptions

Work package 4 (WP4) of VIPROM aims to train trainers on how to teach domestic violence (DV) to medical stakeholders using the curricula and materials developed in the EU project VIPROM. Work package 4 started in June 2024 (M16) and will continue till May 2025 (M27); for an overview see Figure 1.

In short, based on the **needs assessment** (D2.1) trainings gaps and needs were identified. Based on that, **training contents and curricula** were designed (see D3.1, T3.1, T3.2) and the **training curricula for train-the-trainer** (TtT) course and accompanying **TtT handbooks** (T3.3, D3.2) were drafted, translated and adapted to the national context. The TtT courses have been piloted (WP4, T4.2) and evaluated (WP5 T5.2). In this deliverable 4.1 the report on the *implementation of Train-the-Trainers courses* is presented. This report will encompass the documentation of the methodology and implementation of all TtT courses in 5 countries. The evaluation of the TtT courses will be reported in detail in the upcoming deliverable of WP5 (D5.2).

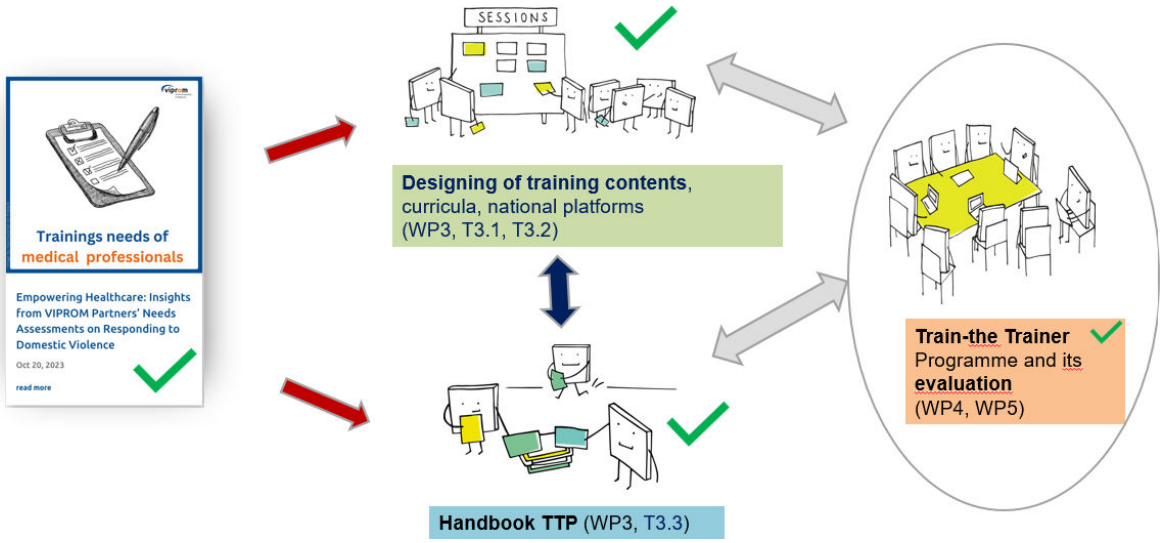

Figure 1. VIPROM in a nutshell. V = task has been completed.

WP4 includes four tasks T4.1-T4.4, but only T4.1 and T4.2 are part of this deliverable D4.1:

1) TASK 4.1 Recruitment & Preparation of curricula piloting (June 24 (M16) - August 24 (M18).

In T4.1, a recruitment strategy for peer-to-peer trainers tailored to each of the stakeholder groups (medical doctors, nurses, medical students, midwives) should be developed and implemented. In each case location, at least 4 peer-to-peer trainers should be recruited. Information packages containing the materials developed for the curricula, as well as didactic recommendations useful for trainers of the relevant stakeholder group should be drafted and to be adapted to national context and translated into national languages (June 24 (M16) - September 24 (M19); D3.2)

2) **TASK 4.2 TtT course implementation** (September 24 (M19) - October 24 (M20).

T4.2 entails the implementation of the TtT trainer courses using the train-the-trainer handbook for TtT course participants, introducing the didactic concepts of the VIPROM curricula, which was previously developed with input from all partners to accompany the TtT course (see D3.2). The handbook is available in English and has been translated into German, Italian, Swedish and Greek (see also D3.2). **24 trainers across all VIPROM countries for four stakeholder groups (**medical doctors, nurses, medical students, midwives) will need to be trained by the end of October 24 (M20) (ideally 5 trainers per 5 countries). Different partner countries will place particular focus on specific stakeholder groups in order to facilitate a more sustainable integration into organisational structures.

3. Preparatory phase for the Implementation of the TtT trainer courses

3.1 Recruiting of the trainers – recruitment strategy

To prepare, we held two WP4 task meetings and discussed the organisation of WP4 TtT courses and the piloting of the VIPROM curriculum at our consortium meetings.

In these meetings, partners discussed:

- The strategy needed to be followed to recruit the maximum required number of trainers who will train other trainers and stakeholders from the medical sector
- The problems and challenges which partners might encounter during the recruitment process
- Possible mitigation measures for overcoming the relevant obstacles
- The minimum criteria for the selection of trainers.

The participating partners in T4.1 and T4.2 agreed upon:

1. **The minimum criteria for the selection of train-the-trainers**: trainers should be experts on domestic violence (DV), have experience in training adults and should ideally be selected from those stakeholder groups to be trained: medical doctors, nurses, midwives. But also, professional trainers experienced in teaching DV can be recruited
2. **The strategy for the dissemination of the action** (using a plethora of recruitment channels, such as medical conferences and workshops, online platforms, hospital and clinic partnerships, professional associations, Medical Schools & University hospitals, personal networks, social media and domestic violence related NGOs), as well as
3. **The next required steps**.

Prior to the second meeting, the lead partner HFPA had sent a template to assess the status on the national implementation of recruitment strategies for trainers and trainees. In the meeting on 14 April 24, partners discussed the challenges they may face when recruiting trainers (and trainees), they also discussed how to ensure the commitment of participants of TtT courses in the evaluation process of the trainings.

The main problems which partners thought would emerge when recruiting physicians as trainers in the national TtT programmes were:

1. To find enough trainers due to lack, for some partners, of available networks in the medical field

2. The lack of physicians in the work force and consequently the difficulty in covering shifts, therefore inability to give seminars within working hours
3. The heavy workload and burnout that prevents participation in voluntary activities
4. The attitudes of medical professionals who consider that identification and support of DV does not fall within their role and responsibilities, and not training others as well.

Subsequently, those possible measures of mitigating the above obstacles were proposed and adopted:

1. Search for alternative groups of trainers (e.g. psychologists, dentists, mental health specialists)
2. Timely planning of seminars
3. Further networking with relevant stakeholders and use of personal/professional networks

3.2 European TtT course in Muenster

In D3.2, the framework for the TtT courses and the theoretical background was introduced and discussed in detail. In short, to ensure comparable VIPROM trainings across the 5 VIPROM partner countries and high training quality (see also chapter 6), a European train-the-trainer workshop had been designed and conducted by WWU in Münster, Germany, on 3-4 September. In September and October 2024 trainers who had completed the course in Münster, trained national trainers in their respective countries, who will in turn pilot the VIPROM curricula in each of the partner countries. **These VIPROM trained trainers will act as competence centres and champions of the curricula, ensuring sustainability beyond the project duration.**

4. Implementation of a European TtT course in Münster

Group picture of the participants and trainers of the European TtT course which was held in Münster for 1.5 days (3 and 4 of September 2024).

The following topics were covered (see Annex 7.1):

- ✓ Reflection on how to create a safe setting for participants in courses (morning day 1, see 4.1)
- ✓ Introduction to VIPROM training platform and VIPROM curriculum (morning day 1, see 4.2)
- ✓ Experiencing a simulation setting with simulation patients and feedback (afternoon day 1, see 4.3)
- ✓ Self-care and self- support with reflection and exercises (see 4.3.1)
- ✓ Introduction of SMART criteria and constructive alignment (see 4.4)
- ✓ Critical incidence technique (CIT) (see 4.4.1)
- ✓ Feedback rules to students and structure (see 4.5)
- ✓ Planning of own VIPROM curriculum (see 4.6)

The course agenda (Annex 7.1) and its contents are presented here in more detail, as this served as model of how to conduct the national TtT courses. The English version of the handbook was used for the TtT course on 3-4 September 2024 in Münster. In total 15 trainers participated in the course: 2 from Sweden, 2 from GESINE (Germany), 6 from WWU of which 3 were the trainers of the course (Germany), 1 from Greece, 2 from Italy and 2 from Austria. The profiles of all trainers who completed the TtT programme can be found in **chapter 5.1.**

4.1 How to create a safe setting for participants in courses

Trainers were introduced to several methods on how to create a safe space for participants (and trainers) (see Figure 2):

1) **Chatham rules** (introduce the consent agreement and confidentiality rules)
2) Pay attention to the **seating** in the classroom: good ones are for example the circle, narrow seats, enabling to keep the eye level
3) **Relation**: Know each other, build up the relation with some personal info (not private)
4) Remember that you have to be a **Role Model** (“People will desire to become like you”)
5) Promote as much as possible **Group Activities**
6) Promote a **No Evaluation** and **non-judgmental climate**
7) Cultivate the **Culture of Failure**
8) Take care of **feelings of comfort**, by keeping in mind **Maslow’s Pyramid of Hierarchy of Needs** (Figure 3)

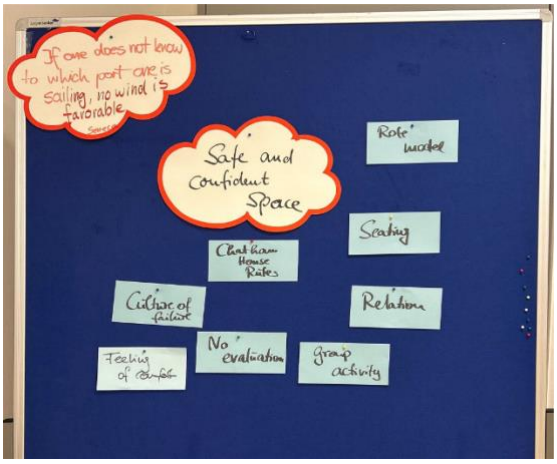

Figure 2. How to be build a safe and confident space for your learners.

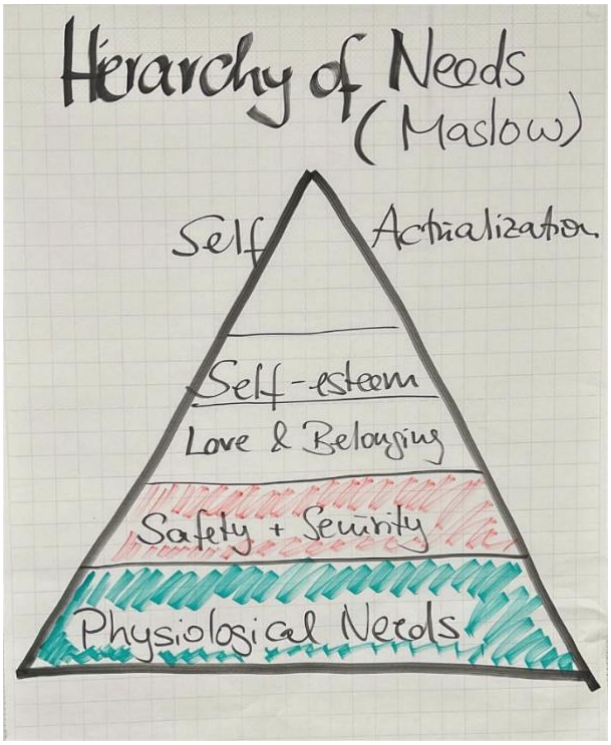

Figure 3. Maslow pyramid of hierarchy of needs. Physiological needs involve e.g. providing enough breaks, time to eat etc.

For further information please refer to page 28 of the English TtT handbook.

4.2 Introduction to VIPROM training platform and VIPROM curriculum

After introducing methods how trainers could ensure a secure environment for trainings, the VIPROM training platform was briefly introduced.

4.2.1 Introduction of the VIPROM training platform

The participants had been asked to go through all modules in detail prior to the course and to read the related Chapter 2 of the pages 9-20 of the English TtT handbook. Case studies, quizzes and other interactive tools were introduced and how they could be used. Also, they received a home assignment to study the self-study Module 8 on stereotypes and biases. Home assignment was taken-up during the TtT course by performing an exercise on how materials from Module 8 on stereotypes and bias can be used during trainings interactively; participants were asked to select the 3 biases they considered the most important in DV from a list (see Annex 7.2, Figure 4). The biases trainers in Münster considered to be the most important were:

- The Attribution Error
- The Confirmation Bias
- Stereotypes

For further information please refer to page 22 of the English TtT handbook.

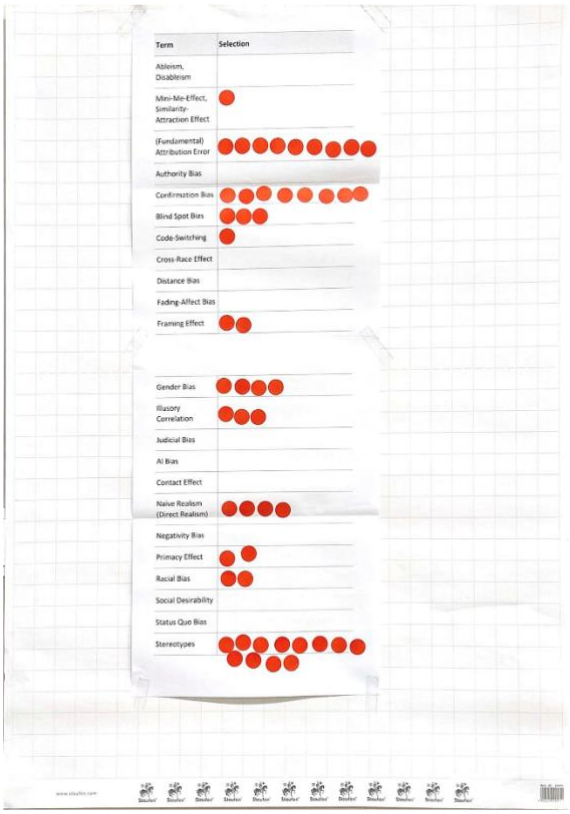

Figure 4. left: group activity on Module 8.

Each participant had to indicate those three biases they considered the most important in DV (right)

4.2.2 VIPROM training curriculum

The VIPROM curriculum consists of a face-to-face and a self-study part (Figure 5). The details what to be trained was presented in great detail in D3.2 at pages 8-15, chapter 3 and table 1 and 2 (pages 10 and 13)

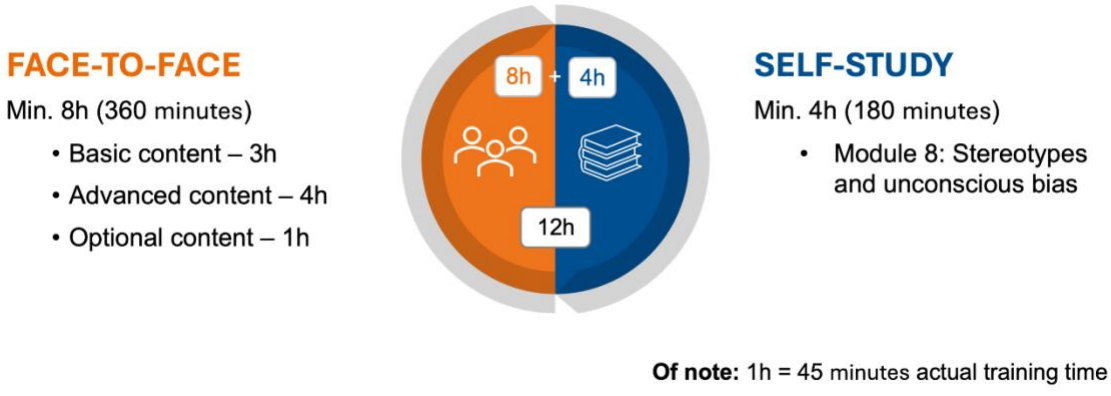

Figure 5: Overview on the general VIPROM curriculum

The curriculum consists of 3 hours basic content, 4 hours advance content and 1h optional content (Figure 6).

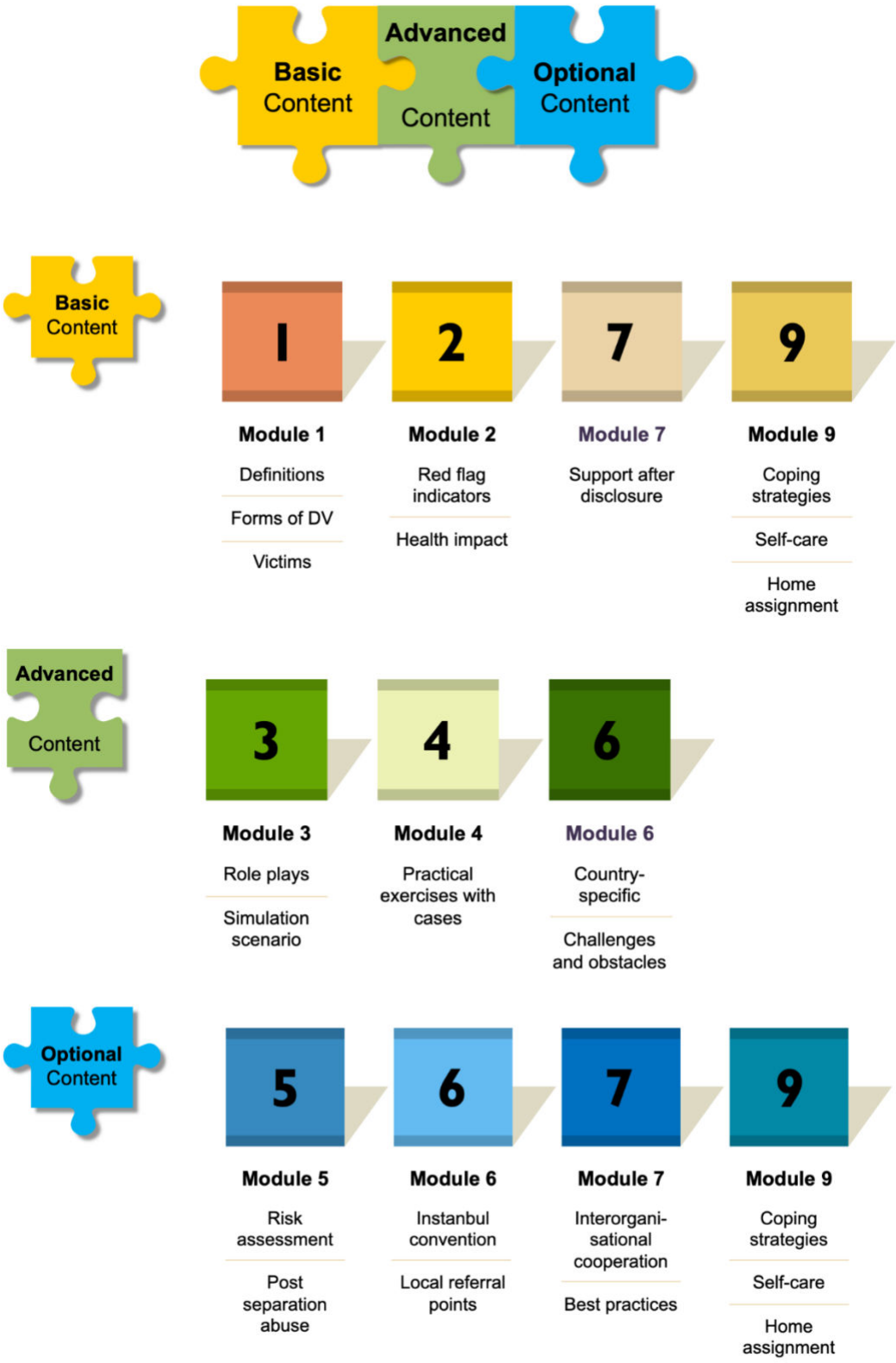

Figure 6. Structure of VIPROM training

To support trainers to tailor their national trainings to the VIPROM curriculum, WWU had drafted a template of those items to be considered when designing one's own curriculum (Annex 7.3) taking into account the didactic principles as summarised in the training handbook. In this template, also an example on how the VIPROM training could be implemented was provided and highlighted in which modules the content to be used can be found (Appendix I, Appendix II of Annex 7.3). For further information please refer to page 21 and the English TtT handbook.

In this part of the training all participants went through all important questions to be addressed before drafting a curriculum:

- What stakeholder group I want to train? E.g. Doctors, Nurses, Midwives, mixed groups, Dentists, Medical and dental students
- What is their background and experience level?
- What are their expectations and their main training gaps you want to address? E.g. Based on the needs assessment you may want to address the current gaps, knowledge and competencies. By answering this specific question, you can decide which optional contents you may add to the mandatory material.
- What do your students know yet, what do they expect/want to know in a structured way: start the training with asking by means of a questionnaire with learning goals and level of supervision needed; provide Pre-questionnaire and Post-questionnaire sheets
- Which are your training objectives and your learning goals by following the SMART rule? For further information please refer to page 37 of the English TtT handbook.

4.2.3 Training preparation

A framework on how to prepare the training of medical stakeholders was outlined. For further information please refer to Appendix III of the English TtT handbook.

The three main things we have to prepare are in short:

- ✓ A list of what resources are available to me (e.g. room, opportunities to separate mixed group, beamer, flipchart)
- ✓ Training materials
- ✓ Training schedule

4.2.4 TtT training evaluation

In order to evaluate the TtT trainings in a structured and comparable way, evaluation sheets were provided by IKF in WP5, see D5.1:

- ✓ Comparing pre and post training performance
- ✓ Collect feedback
- ✓ Knowledge assessment

For further information please refer to page 42 of the English TtT handbook.

4.3 Experiencing a simulation setting with simulation patients and feedback

The next part of the TtT course was dedicated to a simulation learning experience in the Münster LIME center (**L**earning-center for **I**ndividualized **M**edical training and personality **E**volution). Twelve to be trained trainers were divided in 4 groups, 2 groups performed the simulation training (blue and red group, each), the other two groups were observers (Figure 7), later the roles were reversed.

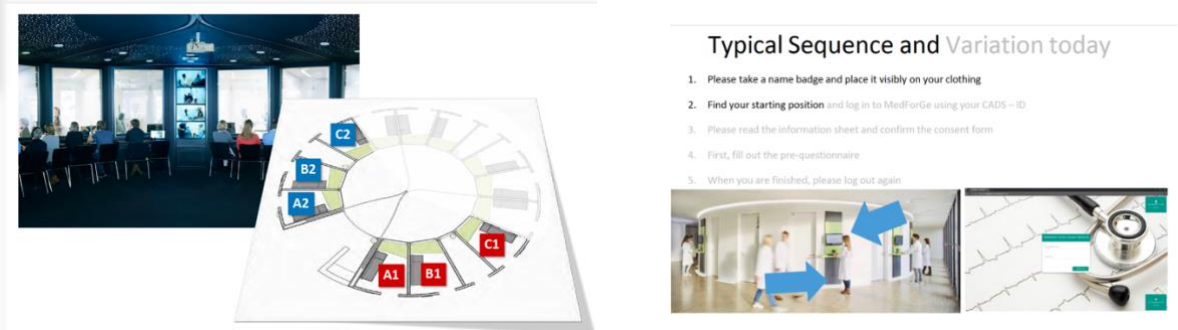

Figure 7. Simulation activity on DV at LIME

Three different patient settings with a history of DV were simulated: i) in a surgical emergency room in a hospital, ii) in a general practitioner practice, iii) in a paediatric general practice. A debriefing session for participants and actors/actresses of the simulation session was led by the WWU team (Fig. 8). For further information please refer to page 34 of the English TtT handbook.

Figure 8. Pictures from the debriefing session after simulation cases on DV

4.3.1 Self-care and self- support with reflection and exercises

After the simulation exercises, the WWU team talked about physical and mental implication of DV on medical professionals and how to prevent post-traumatic stress disorders or burn- out syndromes, which are common forms of secondary traumatisation in the field of DV for health care professionals. The self-study module 9 on selfcare was introduced. For further information also please refer to page 30 of the English TtT handbook. Two useful techniques to reduce stress were done with the trainers: a breathing exercise and the Trauma Tapping technique: Link to the video https://www.youtube.com/watch?v=9vbl-R9Rw0c

4.4 SMART criteria and constructive alignment for effective didactics

"You don't have to work hard, but you have to work SMART for your goals"

The next day of the training demonstrated to the trainers how to formulate one's own teaching goals. For further information please refer to page 37 of the English TtT handbook. The proposed methodology in medical didactics is to **follow the SMART criteria** to set up goals and learning objectives (Figure 9). A list of words that can be used when describing goals are:
Learners have to demonstrate, to communicate, to experience, to reflect on, to explain, to practice, to notice.

A group activity on choosing one SMART goal for the training was conducted and ideas shared in the plenary session.

Figure 9. SMART criteria for learning goals

4.4.1 Constructive alignment and critical incidence technique (CIT)

In order to be effective, didactics should follow the methodology of constructive alignment, because a balance is needed between learning goals, the methods used and the knowledge assessment chosen. For further information please refer to page 37-38 of the English TtT handbook. CIT was explained with examples on how to develop your own role plays tailored to your needs. For further information please refer to page 39 of the English TtT handbook.

4.5 Feedback rules to students and structure

The trainers also got input on how to give feedback to learners; feedback should always follow some rules:

For the feedback provider: Me-perspective: talk about your feelings/emotions, feedback should be specific, only on one situation in a given context, talk about the the frame, feedback should be caring, valuable/constructive

For the receiver of feedback: should be active listening, no excuses, talk about questions of content, "consider that feedback is always a present"

For further information please refer to page 42 of the English TtT handbook.

4.6 Planning your own VIPROM curriculum

As last part of the TtT course, a group work was done: in a group of four, first ideas of a curriculum were developed and potential challenges were discussed. The results were shared in the plenary session.

The participants of the TtT course in Münster were asked to submit their own training VIPROM training concept by the 4 October to WWU to receive some feedback and further ideas if needed. WWU also offered to help partners in cases of didactic challenges. The latter was not needed and the training concepts WWU had received were of high quality.

4.7 Handouts after the training

Every participant received after the training

- ✓ Pdfs of all inputs and related pictures
- ✓ A VIPROM TtT certificate to be adapted and translated to the national context (see Annex 7.4)

4.8 Sneak preview on the feedback of the European TtT course

"Great learning atmosphere, creation of safe space led to active participation"

In a first sneak analysis, we examined the evaluation of the European TtT course. Overall, the quality of the training was rated at an impressive 9.1 out of 10. The simulation training for patient communication in particular was very well received.

5. Implementation of National TtT courses

5.1 Report on national implementation of the TtT courses

A template was sent to the partners who participated in the TtT course programme to assess the numbers of trainers recruited in each country, the mode of training, the professional background of trainers and their experience in training DV. The partners had to return their template on 4 October 24. Some trainers participated in the Münster training in face-to-face modality, some others online, some others were trained by the trainers being trained at the TtT course in Münster before. Locally implemented trainings used as methodology a mix of power point lectures, input with the TtT handbook, materials of the training platform, use of the role plays and exercises.

The professional background of the trainers included medical doctors, psychologists, psychiatric nurses, social workers and social scientists, midwives, human rights master, medical law and nursing scientist, study directors and project leaders, professor at a medical school. Professional background in the field of domestic violence varied from 1,5 to more than 20 years of experience.

32 Trainers could be trained, the minimum numbers of trainers to be trained according to the grant agreement were 24. **VIPROM partners were able to train 30 % more trainers than foreseen in the grant agreement** and this milestone has been achieved as planned. Accordingly, T4.2 has been completed as planned in M20 (October 24). The results are summarised in Table 1.

Table 1. Summary of the national TtT courses implementations

<table>
<tr><td></td><td></td></tr>
<tr><td>Numbers of trainers recruited in total and trained per each partner country</td><td>

WWU: 6
GES: 3
HFA: 7
UU: 9
VICESSE: 2
AOU-PR: 5

In total 32 trainers were trained.
</td></tr>
<tr><td>Location of TtT trainings</td><td>
In Münster trained face-to-face: 15
In Münster trained online: 6
Nationally trained trainers: 11 including

GES: 1
UU: 7
AOU-PR: 3

</td></tr>
<tr><td>Duration and methodology implemented</td><td>
<table>
<tr><th>Duration</th><th>Methodology implemented</th></tr>
<tr><td>1,5 days</td><td>See agenda of the TtT course in Münster (Annex 7.1)</td></tr>
<tr><td>One day</td><td>Lectures, interactive methods, reflection, role plays, group discussions, evaluation, ppt slides show</td></tr>
<tr><td>One half day for very experienced trainers</td><td>Role plays/exercises</td></tr>
</table>
</td></tr>
<tr><td>Professional background and years of experiences</td><td>
<table>
<tr><th>Professional Background of trainers</th><th>Years (yrs) of experiences training in Domestic violence</th></tr>
<tr><td>4 Physicians, medical educations degree in addition</td><td>>10 yrs</td></tr>
<tr><td>1 midwife</td><td>> 20 yrs</td></tr>
<tr><td>1 human rights master</td><td>1,5 yrs</td></tr>
<tr><td>3 Medical doctors</td><td>about 2- 5 yrs</td></tr>
<tr><td>3 nurses</td><td>Not known</td></tr>
<tr><td>1 psychologist</td><td>about 5 yrs</td></tr>
<tr><td>1 director of studies
1 project leader, helplines</td><td>about 10 yrs
about 10 yrs</td></tr>
<tr><td>3 physicians, medical educations degree in addition</td><td>>15 yrs</td></tr>
<tr><td>Professor in medical university with experience in the field of Domestic Violence, significant experience in adult training).</td><td>> 15 yrs</td></tr>
<tr><td>1 human rights master</td><td>> 5 yrs</td></tr>
<tr><td>3 Medical doctors</td><td>>15 yrs</td></tr>
</table>
</td></tr>
</table>

	2 Psychologists	>15 yrs
	1 Psychiatric nurse	>15 yrs
	1 Social worker	>15 yrs
	3 Social scientist	about 20 yrs
	1 medical doctor	1 yr
	1 medical law & nursing sciences	>15 yrs

6. Challenges, solutions and outlook

6.1 Challenges and solutions

a) Ensure comparable trainings across countries

While working on the TtT course agenda and finalising the VIPROM curriculum, it became obvious that it **will become very difficult to ensure national trainings across countries to be comparable** in such a way that it is possible to evaluate them properly and to ensure high trainings quality in all VIPROM countries. We also realised that even though we have drafted a VIPROM TtT training handbook, it is may not be sufficient to have the theoretical background only; trainers need also to experience what they teach later.

Overcoming these challenges, the WP3 Lead WWU **decided to draft a European TtT course and to host this course for national trainers in Münster Germany**. Every VIPROM partner sent 1-2 trainers, who went back to their respective countries and trained additional trainers using the translated national materials. As every trainer who participated in the Münster training had to send the draft of the VIPROM curriculum after the training to the WP3 lead WWU, it was ensured that trainings were comparable.

It was also much easier to train newly recruited trainers in the VIPROM course materials after coming back from Münster. Judging from the very good feedback for the TtT course in Muenster, it was money well spent. **As this TtT course was not foreseen in the budget, every partner had to shift some of his grant money to be able to send 1-2 trainers to Münster or in the case of WWU to organise the course**.

b) Recruiting enough trainers

The main challenge in the TtT implementation was recruiting enough trainers on a national level, as suitable trainers often did not have enough time during their working hours due to the relatively short time period the trainings had to be done (September-December 24). Also, trainers had to train medical stakeholders afterwards. The problem was mitigated by training trainers not being physicians, but coming from other fields e.g. social workers, psychologists.

6.2 Outlook

After the completion of the TtT courses, the next steps will be **task 4.3**: Implementing and piloting the curricula in partner countries (M21 November 24-24 February 25). Currently, in **task 4.4** (European webinar series)**,** partners together with the national trainers and task lead GESINE are developing the curricula of their own webinar in the European Webinar Series (M25-35). Both tasks are already in the planning stages and are well within the given time frame.

7. Annexes

Annex 7.1: Course agenda of the European TtT course in Münster

3 September 2024	Timeline	Contents	Methods
	Day 1		
9:15			
9:30 – 10:15	45 min	Tour de Table and creation of a safe space for TtT participants	Partner interviews, framework conduction
10:15 – 10:45	30 min	Reflection on how to create a safe setting for participants in courses	Maslow, Chatham House rules, Framework
10:45 - 11.00	15 min	Short coffee break	
11:00 – 12:15	1,15 h	Training platform and handbook	Interactive input
12:15 – 13:15	1h	Lunch break and walk to Limette, Malmedyweg 19	
13:15 – 14:30	1,15 h	Simulation setting	Experiencing
14:30 – 16:00	1,5h	Feedback simulation	
16:00 – 17:00	1h	Self-care and self- support	Input and exercises
17:00 – 17:30	30 min	Reflection and wrap-up day 1	
4 September 2024	Timeline	Content	Material
9:00 – 9:45	45 min	SMART criteria and constructive alignment	Input
9:45 – 10:30	45 min	Critical incidence technique (CIT)	Interviews
10:30- 10.45	15 min	Short coffee break	
10:45– 11:45	1h	Feedback rules to students and structure	Input and tridem exercise
11:45-12:30	45 min	Planning my own VIPROM curriculum	
12:30-12:45	15 min	Wrap-up, farewell	

Annex 7.2: Table with some examples of biases from Module 8.

Term	Explanation
Ableism, Disableism	Ableism refers to judging people based on their abilities. Disableism is the discrimination against people seen as impaired.
Mini-Me-Effect, Similarity-Attraction Effect	People are attracted to others who are similar to them in appearance and personality traits. We tend to like people who are like us in many ways.
(Fundamental) Attribution Error	We often think a person's behaviour is because of their personality, even though it may be due to the situation they are in.
Authority Bias	We tend to believe and follow the opinions of authority figures, even though their opinions may not be correct.
Confirmation Bias	We tend to look for information that supports our existing beliefs and ignore information that contradicts them.
Blind Spot Bias	We often think we are unbiased and unaffected by biases, even though we are influenced by them just like everyone else.
Code-Switching	Changing behaviour depending on the situation or who we are interacting with.
Cross-Race Effect	People may have difficulty recognising and distinguishing faces of individuals from a different ethnic group than their own. This is linked to a tendency to more easily identify/recognise faces of people belonging to one's own racial group.
Distance Bias	We tend to place more importance on things that are closer to us in space or time.
Fading-Affect Bias	Negative memories tend to fade faster than positive memories, which can sometimes lead to biased behaviour.
Framing Effect	Different ways of presenting information can influence how people respond, even if the content is the same.
Gender Bias	Biased perceptions and stereotypes based on gender can lead to unfair treatment or misinterpretation of situations.
Illusory Correlation	Stereotypes often lead to attributing certain characteristics to certain groups, even if they are not accurate or supported by evidence.

Judicial Bias	Biases that can affect judges' decision-making, including cognitive biases and external influences.
AI Bias	Biases that can occur in artificial intelligence systems due to skewed or incorrect data, leading to unequal treatment or discrimination.
Contact Effect	More contact with different people can help reduce prejudice and hostility between groups.
Naïve Realism (Direct Realism)	Believing that our own perception of reality is objective and unbiased, and assuming others should reach the same conclusions if they have the same information.
Negativity Bias	Negative experiences or thoughts have a stronger impact on us than neutral or positive ones.
Primacy Effect	The first information we receive often has a strong influence on our judgments and memories.
Racial Bias	Stereotypes and biases based on race can influence judgment and behaviour, even if they are unconscious.
Social Desirability	People may give answers they think others want to hear, instead of expressing their true beliefs, to avoid social disapproval.
Status Quo Bias	A tendency to prefer the current situation over making changes, especially when there are limited alternatives and knowledge about them.
Stereotypes	Generalised beliefs about certain groups of people based on their gender, race, ethnicity, religion, sexual orientation, socioeconomic background, or education.

Annex 7.3: Template on how to develop your own VIPROM training.

What stakeholder group I want to train?
E.g. medical students
Understand your stakeholder group
• What are their background and experience level? • What are their expectations?
What are their main training gaps you want to address?
Analyse the current gaps, knowledge, and competencies of your stakeholders to be trained (see D2.1 deliverable on the website). This will define also your optional content. • E.g. The same topic of the basic content should be covered for all stakeholders, however the time allocated can vary depending on the level of knowledge
What are your training objectives?
• Objectives should be Specific, Measurable, Achievable, Relevant, and Time-bound (SMART). • What are the learning goals? What do you aim at?

What format I will be using for my training? And why? (Stakeholder- specifity!)

Of note: 1 h = 45 min, VIPROM training is formally 12 h, which results in 540 min actual training time

- Training in two parts e.g. 2 afternoons of 180 min each plus Module 8 self-study home assignment (180 min); A weekend – 2 mornings plus Module 8 self-study home assignment (180 min)?
- One full day (360 min) plus Module 8 self-study home assignment (180 min)?

- 3 x 120 min trainings plus Module 8 self-study home assignment (180 min)- 1-2 units per week= 2 weeks
- E.g. Mixed groups with physicians and nurses for example?
- Different level of experience?
- Etc.

Generally, one should include different learning methods and techniques to engage your learners:

Use a mix of lectures, interactive sessions, hands-on exercises, case studies, and discussions to cater to different learning styles. Use of training videos

Design the training course

Create an outline: Develop a detailed outline that covers all the topics necessary to achieve the VIPROM training objectives. Please find the mandatory and optional contents to be included **in Appendix 1 and Appendix 2.**

Preparations:

- **What resources are available to me** (e.g. financial organisational support)?
- **Prepare your Training Materials**: prepare slides, handouts, manuals, and any other resources needed for the training based on the training platform
- **Schedule the Training** based on your chosen training format and training outline/concept

For example:

Materials needed: Projector, whiteboard, training manuals, role-playing scripts, video equipment

Evaluation of the Training (self-assessment)
How to the assess learning outcomes and sustainability? • Comparing pre- and post-training performance. • Collect Feedback at the end of the training and by using our VIPROM survey after training and after 6 months. • Knowledge assessment as needed by your national guidelines.

Optimise if needed
Review Feedback and adjust training if needed.

Appendix 1: Training content of the VIPROM curriculum to be taught, the modules on the training platform where this content can be found and a description whether **this content is mandatory (basic or advanced) or optional** in our VIPROM training courses.

Training content	Content to be taught	Mandatory (basic, advanced) or optional content?
Forms of DV (Module 1)	• Definitions • Examples	• Basic content
Identification of DV (Module 2)	• Red flag indicators depending on stakeholder and focus group)	• Basic content
Impact of DV (Module 2)	• Health impact: - Short-term impact - Long-term impact	• Basic content
Communication with DV victims (Module 3)	• Focus on role plays and simulation scenarios, practical exercises are the key	• Advanced content
Medical documentation of DV (Module 4)	• Focus on practical exercises with cases	• Advanced content for physicians, medical and dental students
Risk assessment: Post Separation Abuse (Module 5)	• Definitions • Relevance • Awareness!	• Optional content
Risk assessment (Module 5)	• Risk assessment and safety planning principles • Risk assessment scales	• Optional content
International standards (Module 6)	• Instanbul convention	• Optional content

	• Local referral points / contact points	
Legal aspects (Module 6)	• Country-specific • Acknowledge that each country faces its unique challenges and obstacles	• Advanced content: but content varies; dependent upon the stakeholder group
Referral of victims (Module 7)	• Knowledge on how to support after DV disclosure • Important for every stakeholder	• Basic content
Principles of Interorganisational Cooperation (Module 7)	• Information on relevance of interorganisational cooperation • Highlighting of best practices	• Optional content
Stereotypes and bias (Module 8)	• Self-study – as home assignment in preparation for the training	• Basic content
Self-care (Module 9)[1]	• Healthy/unhealthy coping strategies • Strategies on how to improve self-care • Some content can be prepared as part of a home assignment	• Basic content • In-depth in optional content

[1] This module was drafted by the EU Project IMPROVE, but it is part of the European training platform and we decided to include it as teaching material in our courses, as it is such an important topic.

Appendix 2: Example how a course could look like:

Beginning: Warm-up, tour de table, setting a safe space (15 minutes)

- **Basic content- 120 min**

Understanding Domestic Violence and Indicators: (90 min)

- Why it is so important
- Definition and main types of domestic violence.
- Impact on victims, including psychological and emotional effects.
- Red flags (stakeholder specific)

General Communication Principles (15 minutes)

- The importance of empathy and active listening.
- Barriers to effective communication and how to overcome them.
- Managing your own emotional response while remaining professional.

(Break)

- **Advanced content I: 120 min each**

Practical Communication Strategies (60 minutes)

- Techniques for initiating conversation with victims (do´s and don´t).
- Strategies for handling distressed or uncooperative victims.

Role-Playing Scenarios (or "Communication exercises") (60 minutes)

- Real-life scenarios with role-playing exercises.
- Group discussions and feedback sessions.

(Break lunch)

- **Advanced content plus optional content: 120 min**

Documenting well (45 min)

- practical part
- Legal aspects

Providing Support and Referrals (15 minutes)

- Presenting local resources and services available to victims.
- Respectful ways to support victims

Optional content: optional! (45 min)

Summary, wrap-up, take home points (15 minutes)

- Wrap up, feed-back round
- Reminders of self-care on how frontline responders can also seek help for themselves
- Instructions on how to participate in a survey to give feedback for the training sessions and give time to complete survey

Annex 7.4: VIPROM certificate for the European TtT course in Münster

VIPROM – Victim Protection in Medicine

Co-funded by the European Union

viprom Victim Protection in Medicine

Certificate of Attendance

VIPROM – European Webinar Series 2025

Surname, Name

Surname, Name

11.11.1111 — Date of birth

Xxx, country — Place and country of birth

Surname Name has participated successfully in the
European Webinar Series 2025 on Domestic Violence.

The following topics were covered:

Webinar 1:	Forms and Dynamics of Domestic Violence (**04.03.25**)
Webinar 2:	Becoming Culturally Responsive and Blocking Bias in Healthcare (**18.03.25**)
Webinar 3:	Indicators of Domestic Violence (**01.04.25**)
Webinar 4:	Communication in Cases of Domestic Violence (**15.04.25**)
Webinar 5:	Medical Assessment and Documentation (**29.04.25**)
Webinar 6:	Risk Assessment (**13.05.25**)
Webinar 7:	Working Together – Key Institutions in Cases of Domestic Violence (**27.05.25**)
Webinar 8:	Theory Meets Practice: Identifying and Responding to Domestic Violence in the Medical Sector Using Dentistry as an Example (**10.06.25**)
Webinar 9:	Spotlight on Domestic Abuse and Sexual Violence Within Sexual Health Settings (**24.06.25**)
Webinar 10:	Council of Europe Legal Framework: Guidelines for Medical Professionals in Accordance with the Istanbul Convention (**08.07.25**)

Duration of each webinar: 1.5 h (total: 15 h)

Münster, — Place, Date

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