Changing People, Changing Lives

– Highlighting Culture in Domestic Violence Trainings –

Become an ICC Changemaker of VIPROM

BECOME an ICC Changemaker of viprom

Victim Protection in Medicine

Domestic Violence is a shared societal responsibility.

It emphasises that change does not begin with policies but with everyday professional interactions.

Learn more:

Changemaker Guidelines: https://viprom-cerv.eu/wp-content/uploads/2025/12/VIPROM_Changemaker_Guidelines.pdf

Webinar on Bias: https://www.youtube.com/watch?v=HACuKRO8los

ICC handbook: https://doi.org/10.25598/11689053

VIPROM homepage: https://viprom-cerv.eu/

WHAT IS AN ICC CHANGEMAKER?

"Nothing will work unless you do"

– Maya Angelou –

Significant change begins with mindful listening, sharing stories and resonant ideas. This often takes place in small, informal settings where people connect with one another, planting the seeds for bigger movements.

The ability to imagine the "what-ifs", different futures, a world without violence… **Caring for people beyond 'conditional inclusion' depends on respect and trust for those who are different from oneself.** It means giving a voice to people who have been silenced and challenging powerful 'normalities'.

Unlearning to learn – imagining a new normal – making it happen.
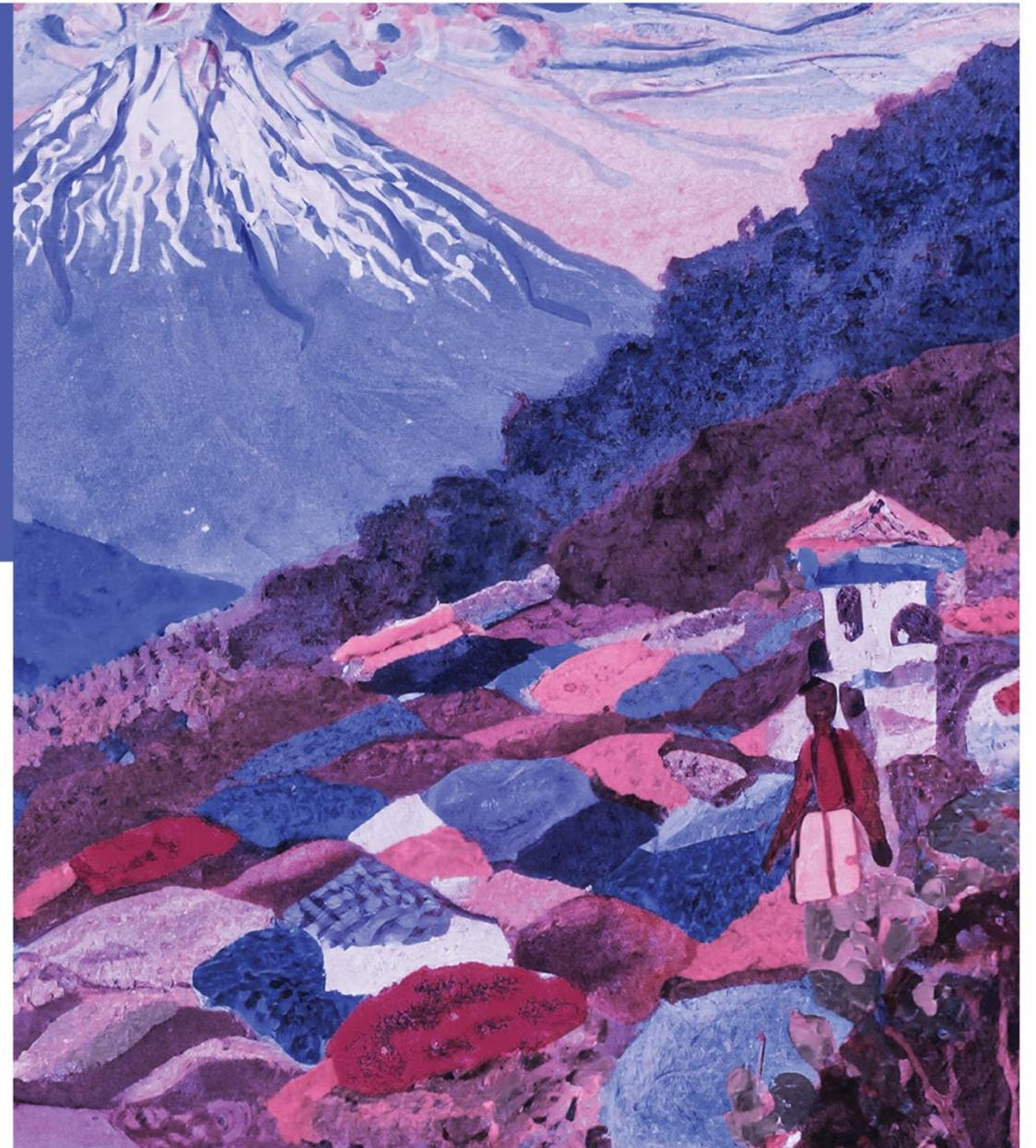
A TRANSFORMATIONAL DEVELOPMENT PROGRAMME

How to Address CULTURE in DOMESTIC VIOLENCE Trainings?

1. Introduction

2. Culture & InterCultural Competence

3. Unintentional Discrimination?

4. Culture in the Context of Healthcare

5. Becoming Culturally Responsive in Domestic Violence Trainings: Training Items

1. INTRODUCTION

Culture has often acted as an **invisible gatekeeper** when it comes to decision making and agency, specifically in the context of domestic violence:

- an individual's culture **influences help-seeking behaviours,**

- the **different ways domestic violence is experienced,**

- the **culture-specific risk factors** encountered,

- the **cultural values endorsed,** etc.

(Raj & Silverman, 2002).

2. CULTURE & INTERCULTURAL COMPETENCE

"*Culture as networks of knowledge*, consisting of **learned routines of thinking, feeling**, and **interacting** with other people, as well as **a corpus of substantive assertions and ideas** about aspects of the world"

(Hong 2009: 4).

A BIO-SOCIAL APPROACH IS NEEDED:

The conception of **culture as a phenomenon of highly dynamic and complexly interwoven meaning constructions.**

Culture is approached as **deeply built into a human's neurological wiring**, i.e. not so much a 'thing' but as existing in relations and interactions emergent from diverse experiences (Kitayama & Uskul, 2011) .

INTERCULTURAL COMPETENCE:
CHANGING HOW WE THINK, ACT & FEEL

Intercultural competence refers to the **ability to embody and enact intercultural sensitivity** (Bennett 2013:12).

MINDSET

Refers to one's **awareness** of operating in a cultural context. This **cognitive dimension** includes knowledge of culture-general maps or frameworks, of specific cultures, of identity development patterns, of cultural adaptation processes, of cultural self-awareness and of many others.

SKILLSET

Includes the **ability to analyse** interaction, predict misunderstanding and fashion adaptive behaviour. This **behavioural dimension** includes the ability to empathize, gather appropriate information, listen, perceive accurately, adapt, build relationships, resolve problems, manage social interactions and anxiety, etc.

HEARTSET

This **affective dimension of attitudes and motivation** includes curiosity, as well as initiative, nonjudgmentalness, risk taking, cognitive flexibility, open-mindedness, tolerance of ambiguity, flexibility, resourcefulness, etc.

Training Item: Cultural Reflection Exercise

The following exercise discusses the importance of self-reflection in fostering cultural awareness and understanding:

Understanding and respecting different cultures begins with examining our own identities and life experiences. By engaging in introspective exercises, such as reflecting on our upbringing, societal advantages, or family history, we develop greater self-awareness and empathy toward others. This process not only highlights how our backgrounds shape our perspectives but also prepares us to engage more thoughtfully with diverse cultures. This exercise is inspired by the **Ethnic Roots Assignment**, which encourages individuals to explore their personal histories as a foundation for intercultural learning.

Grab a paper and start reflecting

Reflection Questions:

1. How do your own cultural values shape the ways you view domestic violence and support survivors?

2. What values do you think are most important to you, and how might they guide your actions in difficult situations?

HOW CAN WE BECOME INTERCULTURALLY COMPETENT (ICC)?

"the **systematic neglect of culture in health and health care is the single biggest barrier to advancement of the highest attainable standard** of health worldwide"

(Napier et al. 2014)

Intercultural learning underpins effective trainings.

It is about **creating inclusive mindsets**, socio-emotional skills and behavioural repertoires that cross cultural boundaries, **promote societal transformation and drive long-term change** health systems.

FROM ETHNOCENTRIC (EC) › TO ETHNORELATIVE (ER) › TO INTERCULTURAL (IC)

Three forms of perceptual difference in relation to culturalised individuals are outlined in this framework (Breninger 2021):

1. Ethnocentric (EC) – one's own culturalized view is perceived to be the only viable and 'normal' one;

2. Ethnorelative (ER) – one does accept the existence of other viable perspectives, yet lacks genuine appreciation for them;

3. Intercultural – (IC) one is able to truly value difference based on a successful integration of cultural otherness into the neurological wiring; novel ways of seeing and meaning making can be authentically employed leading to perceptions of trust and pro-social actions.

SO LET'S REWIRE AND MAKE CHANGE HAPPEN

Intercultural Competence for Domestic Violence Trainers

3. UNINTENTIONAL DISCRIMINATION?

The brain relies on shortcuts all the time:

We use what we've learned from our environment to make quick assumptions about whom to trust, how to behave, what to say, but shortcuts can sometimes lead us astray.

BIAS: A systematic error or distortion in judgment, perception, or reasoning leading to skewed judgments and decision-making, often occurring unconsciously.

Training Item: Empower Her Podcast

The following podcast discusses the critical role of friendship in supporting women experiencing domestic violence:

Friendship can be a lifeline for women experiencing domestic violence, but knowing how to support a friend in times of need isn't always easy. This podcast unpacks the role of female friendships in navigating domestic violence (DV), exploring how cultural norms shape perceptions of abuse and how friends can offer meaningful support.

In addition, research articles such as Narrating the Self-in-Relation (2021) and Walking on Eggshells (2020) highlight how friends' responses can influence a survivor's sense of identity and their journey toward healing. By examining both personal stories and academic insights, this discussion provides valuable guidance for those seeking to support loved ones in abusive situations.

◀ **Listen now**

Reflection Questions:

1. How might accent bias affect a survivor's willingness to share their story or seek support?

2. In what ways can we challenge our own unconscious biases about accents when listening to survivors' stories?

UNINTENTIONAL DISCRIMINATION?

Do our brains encode some people as more human and others as less human?

When physicians make treatment decisions, they must also make judgments about the patients. As physicians make these judgments, they must ascribe certain emotions to the patients.

- Encoding **people as more or less human** (vmPFC vs. dmPFC) (Mitchell et al. 2006).

- **Discrimination-related neuroplastic changes** indirectly affect health outcomes (Okeke et al. 2023).

WE ALL MAKE SENSE TO OURSELVES JUST NOT TO OTHER PEOPLE

It's the Biases and Assumptions that shape who you are!

You can never leave your biases and assumptions: the silly idea of stepping outside the 'box' – because all you do is step inside a new box. Watch Beau Lotto's TED Talk (2020) on **'Creating Possibility'**.

https://www.youtube.com/watch?v=BNxVSXaEj7Y

BIAS IS A HABIT: VISUAL BIAS

Our **brain evolved to predict,** and the way it predicts is **by encoding the bias and assumptions that were useful in the past.**

We never perceive cultural others in a 'neutral' or 'objective' way, albeit we might think that we do.

Perception is always already motivated by 'past experiences', such as habitualized actions and attitudes, engrained judgements and cultural norms which orient the gaze and direct attention towards a 'culturalized', selective way of processing.

4. BIAS CONSCIOUS HEALTHCARE

Bias-conscious healthcare arises from the intersection between (inter)cultural competence and healthcare.

It happens when we invite different perspectives to challenge our attitudes and thereby minimize or 'block' our biases. Hence the need to **include 'culture'** in all it's complexity!

Various attempts to include 'culture' in domestic violence trainings have suffered from:

Surface-level cultural sensitivity: such as simply translating material into different languages and hiring bicultural service providers, which is not sufficient to address deeper-level cultural issues.

Reduction of complexity: which results in the production of stereotypical information about cultures: 'do's and don'ts' lists.

Approaching 'culture' as a static entity: led to the perception that only the 'special' needs and values of certain populations, e.g. 'immigrants' or 'non-mainstream culture members' require attention in order to be culturally responsive.

Bias-conscious healthcare arises from the intersection between (inter)cultural competence and healthcare. It happens when **we invite different perspectives to challenge our attitudes and thereby minimize or 'block' our biases.**

Bias-conscious healthcare is a process that **requires courage and humility, it is not about 'handling' patients** and employees but about growing with and in socio-cultural relationships.

Hence the need to **include the 'culture' in all it's complexity.**

5. BECOMING CULTURALLY RESPONSIVE IN DOMESTIC VIOLENCE TRAININGS: TRAINING ITEMS

Moving beyond 'to-do' lists and focusing on developing 'to-be' mindsets.

Crafting Inclusive Mindsets

Include a variety of training items that address and advance deep-level changes in individuals.

'**Cultural responsivity**' = the extent to which people can understand, embody and feel 'culture' and communicate effectively (i.e. make sense of other people's realities and encourage certain behaviours) in multicultural environments.

Moving beyond superficial cultural sensitivity and addressing deep-level cultural issues:

Cultural responsiveness is not simply a matter of adding 'culture' at some point in the training; it is about including it as an inescapable and pervasive dimension underpinning all actions (i.e. designing it in a transformational manner).

BECOMING CULTURAL RESPONSIVE WITH ICC

The ICC VIPROM DV Training includes:

1. Inclusive Training Items in the Modules

2. An '(inter)cultural competence' training handbook for the DV trainers

3. An academic article for explanation

4. A webinar on blocking bias

The Handbook: https://doi.org/10.25598/11689053

INTERCULTURAL COMPETENCE: CHOOSE CONTENT

Training Item: Dysfunctional Dynamics

This powerful training item uses a thought-provoking parable about a village by a river to expose a critical flaw in many organizations, particularly in healthcare: **the tendency to focus on reacting to symptoms rather than addressing the root causes.**

The story follows Maya, a leader who dares to question the status quo, challenging her village's pride in their rescue efforts while ignoring the systemic failures that keep people drowning.

Her journey mirrors the struggles of inclusive leaders in healthcare, and guide you to analysed the following concepts:

▶ Challenge short-term thinking and reactive approaches to embrace upstream systemic change (Braithwaite et al., 2018).

▶ Use narrative distancing through animated storytelling to reduce psychological defensiveness and enable critical self-reflection (Dahlstrom, 2014).

▶ Examine how narrator identity and privilege shape perceived credibility: the voice of the storyteller is that of a white man with a posh accent, who do you take more seriously when they tell a story? (Roth, 2025).

Reflection Questions:

1. In your workplace, where are "rescues" prioritized over systemic fixes? (e.g., burnout interventions vs. addressing toxic culture).

2. How do hierarchies or traditions in healthcare discourage "upstream" questions like Maya's?

3. When have you seen vested interests (e.g., pride in crisis management) block inclusive change?

4. Which broken bridge in your organisation needs repairing?

ICC VIPROM TRAINING ITEMS
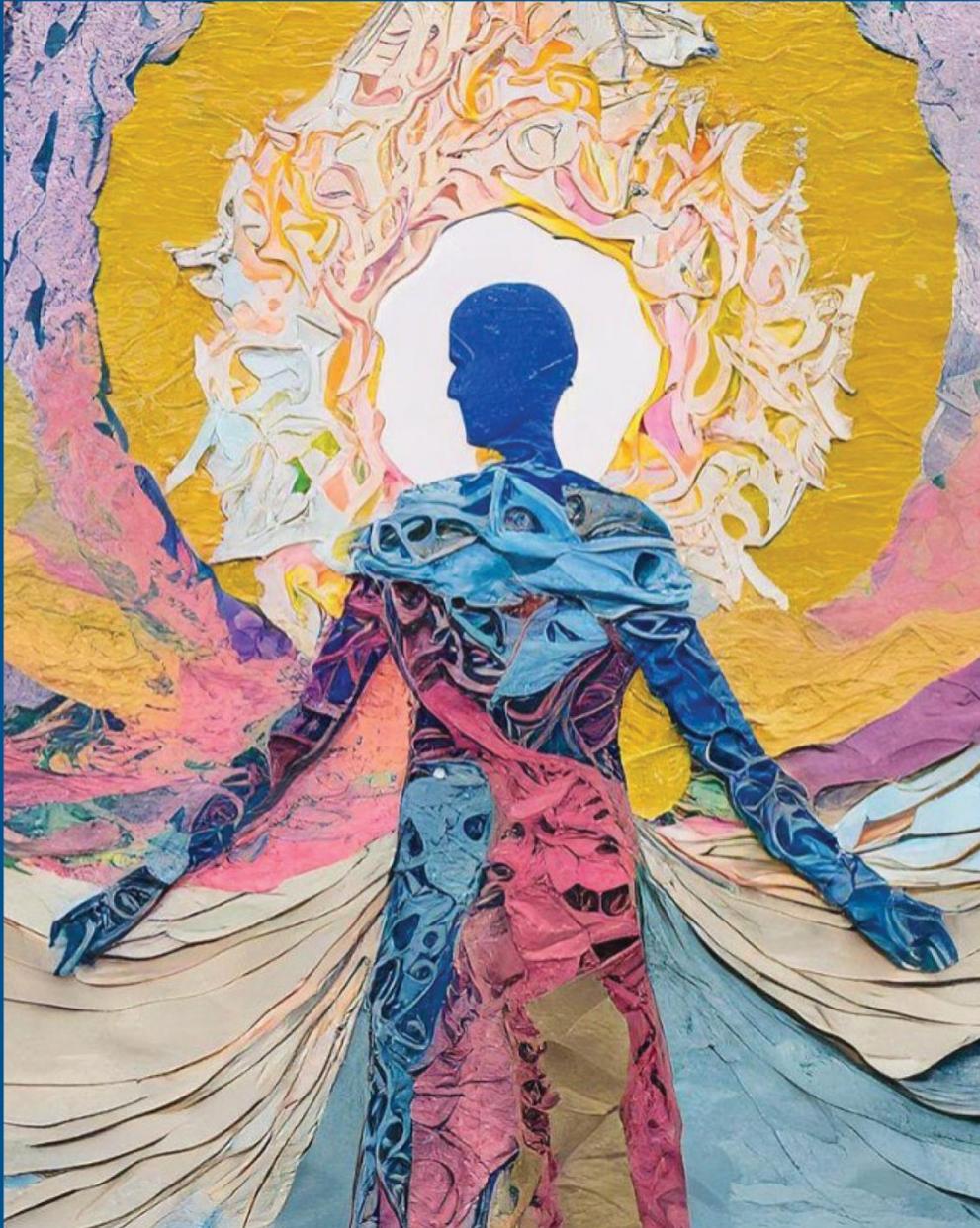
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