

# Deliverable 6.2 – Report on Dissemination Activities



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

## About this document

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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 Psichiatrodikastiki Etaireia	Greece
7	AOU-PR	Azienda Ospedaliero-Universitaria di Parma	Italy
8	PLUS	Paris Lodron University Salzburg	Austria



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## Abbreviations and acronyms

AOU-PR	Azienda Ospedaliero-Universitaria di Parma
CP	Credit Points
D	Deliverable
DV	Domestic Violence
EWS	European Webinar Series
ERS	European Research Services GmbH
GES	Frauen helfen Frauen e.V. (GESINE)
HFPA	Elliniki Psychiatrodikastiki Etaireia
IKF	Institut für Konfliktforschung
PLUS	Paris-Lodron-Universität Salzburg
UM	(Westfälische Wilhelms) Universität Münster
UU	Uppsala Universitet
VICESSE	Vienna Centre for Societal Security
WP	Work Package

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## 1. Introduction

In response to the widespread need for specialised training in the medical sector, the EU-funded project **'VIPROM – Victim Protection in Medicine'** aims to improve multi-professional contact with victims of domestic violence. To this end, the VIPROM project has developed domestic violence curricula for medical professionals and students, including physicians, nurses, midwives, medical students, dentists and dental students, in close collaboration with medical faculties, hospitals, research organisations, medical educators and victim support organisations in Austria, Germany, Greece, Italy and Sweden.

During the project runtime, VIPROM conducted [stakeholder trainings](#) and [train-the-trainer programs](#) using the [training materials](#) developed in the project. Curricula were successfully implemented in pilot trainings among each of the stakeholder groups with approximately 500 participants (D4.2). To facilitate the rollout beyond project partner countries, VIPROM hosted a [European Webinar Series](#) across Europe with ten sessions, and disseminated the curricula and implementation roadmap to over 150 specialised victim protection organisations globally. By 14 August 2023, a detailed Dissemination Plan (D6.1) was finalised. The dissemination plan included a comprehensive strategy, including key channels of communication, groups of stakeholders and audiences at local, national and European level and dissemination key messages. This includes for example categorising channels and messages according to the groups of stakeholders involved.

Starting from this, the plan set the foundation for the implementation of dissemination activities. This report describes the main activities carried out as well as an analysis of the impact of those activities, reached KPIs and related challenges.

## 2. Dissemination strategy

### 2.1 Preparatory phase

#### 2.1.1 Setup of Dissemination Plan

The main aims of the dissemination strategy were to set up a framework for all communication and dissemination activities planned by the partner organisations, such as identifying stakeholder groups or modifying the associated key messages and channels. Furthermore, potential barriers have been identified and monitoring mechanisms defined.

The general aim of the communication and dissemination activities was to attract attention of the targeted groups and audiences to the project and related outcomes, raise their awareness on the issue of Domestic Violence (DV), and secure their support and engagement within the project duration by participation in the webinar series and the final conference. Thus, the activities were designed to ensure that the project's results reach the widest audience possible, and thus facilitate not only its visibility, but also its long-term positive impacts on local, national and European levels. Moreover, all dissemination activities and results aimed to support to the publication of a [Roadmap](#) presenting how to implement DV curricula in your institution in a sustainable way, how to accredit training courses, and what is important when conducting DV training.

Within the Dissemination Plan, the following main objectives of the communication and dissemination activities were set up:

- To **raise awareness** on the topic of DV and the impact on the health sector,
- To **create awareness on the outputs and results of VIPROM**; especially the webinar series and developed curricula,
- To **engage stakeholders on a national and European level** and motivate them to use project deliverables and participate in the project's events and webinar series,
- To **boost the impact and practical application of the VIPROM deliverables**,
- To **contribute to the sustainability of project outputs** and their long-term impact, especially concerning the DV Curricula & trainings,
- To **raise awareness about the support of the EU for the project**, as well as the link between the project and the objectives of the EU.

In addition, the goal was to build a strong network of professionals which contributes to the broader structural institutionalisation of victim protection in work in the medical field through the communication and dissemination activities. For that purpose, the project partners used a variety of communication tools and channels reaching out to different target groups and audiences and communicating target group-specific information and messages.

#### 2.1.2 Intellectual Property Rights (IPR) and General Data Protection Regulation (GDPR)

All type of communication took place under consideration of Intellectual Property Rights (IPR) and General Data Protection Regulation (GDPR). By this date, no complaints were received.

## 2.2 Implementation of Dissemination Activities

### 2.2.1 Stakeholder Strategy

#### Description

One of the most important questions while setting a strategy for dissemination was to identify stakeholders that might be interested in the project's process and outcomes - for VIPROM, stakeholders from the medical sector are crucial to reach the project objectives. A crucial part of the dissemination strategy was therefore to involve stakeholders from various professions and expert fields on the national and international level, formulating tailored messages and entering in dialogue with them through tools and channels.

By the beginning of the project, VIPROM partners had set up lists with possible stakeholders for the project in a excel file that ensured data protection. One approach was to reach out to existing national and international networks and acquire relevant stakeholders and ask for cooperation by handing them out a consent form. By signing it, the interested parties gave their consent to be contacted via a specified e-mail. The consent form could be fulfilled by individuals, like physicians, or by representatives of an institution. This could be done via face-to-face or digital interactions. Since this procedure soon proved to be high-threshold – especially for medical professionals, who work in busy environments – the WP6 team discussed about additional options. One low-threshold, albeit more passive approach was registering for the VIPROM newsletter via the VIPROM Website (see [Chapter 2.3.3](#)). Simultaneously to the more classic approach, the idea of a “VIPROM Changemaker” was developed for those who want to support the project beyond participating in trainings. The procedure is described in the following.

#### VIPROM Changemakers

In a first step, project coordinator UM added a “VIPROM Changemaker” registration button to the VIPROM website (see Figures 1 and 2). By filling out the registration mask, interested individuals could give their consent to be contacted by UM and GES via e-mail, e.g. for event announcements or receiving the Newsletter. In return, ‘changemakers’ get the opportunity to become visible as a supporter by showcasing their affiliation with the VIPROM project on their website or Social Media or receiving a certificate (see [VIPROM Changemaker entry](#)).

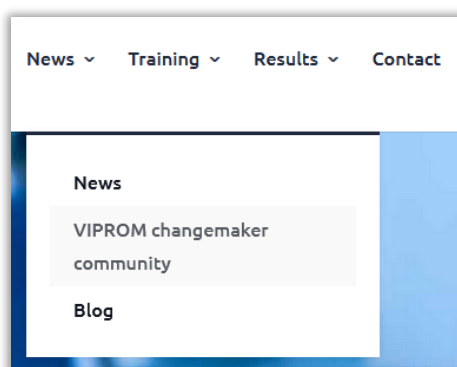


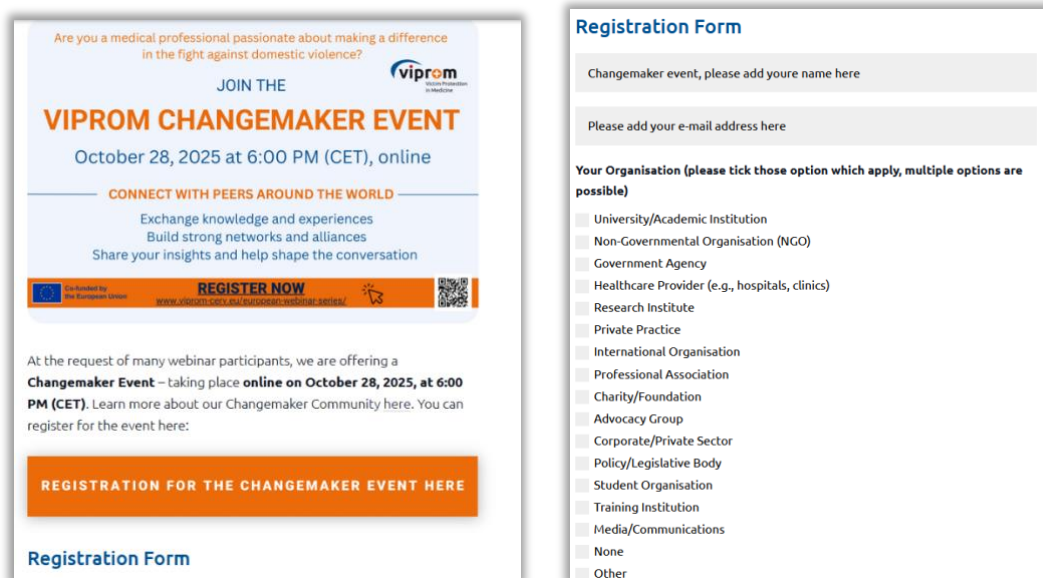
Figure 1 and 2: Screenshots of the VIPROM Changemaker entries on the website

By the end of the project, however, **another approach proved to be successful:**


During the implementation of the European Webinar Series, participants expressed the wish for having a networking event. The advantage here was that we were already in contact with potential stakeholders through the webinar series and were able to capitalise on their existing interest. VIPROM coordinator UM and WP6 lead GES took up the idea and started organising a so-called online “Changemaker Event” for the 28 October 2025. The event was promoted in the last four webinars and in the mail-teasers. In July 25, the registration form for the European Webinar Series was replaced by a registration form for the Changemaker Event (see Figures 3 and 4). By 27 October, 33 persons had registered for the event; however, only 5 actually attended. While the event was still successful with fruitful discussions and exchange, the coordinators looked for possible explanations of the low number of attendees. After one registered person mentioned via e-mail that she could not enter the Zoom call, project coordinator found out that the platform Zoom had massive technical issues that day.

Another hypothesis is the fact that the event was happening in the participants free time and offered no certificate. It can be therefore assumed that, due to other priorities, some decided not to participate. End of November, the [handout](#) of the Changemaker event was uploaded on the respective website entry and was being looked at 51 times (as of 30.11.2025).

Moreover, the [Changemaker Guidelines](#), written by the project coordinator UM, were uploaded on the website in December 2025, the translated guidelines (German, Greek, Italian and Swedish) can be also found there. Last but not least, the “VIPROM Week of the Changemakers” marked the final highlight. From 9 to 13 February, topic-related social media postings – like promoting the changemaker guidelines – and special features such as 2 videos on Intercultural Competence<sup>1</sup> - had been posted on VIPROM’s social media accounts.



Are you a medical professional passionate about making a difference in the fight against domestic violence?

JOIN THE 

## VIPROM CHANGEMAKER EVENT

October 28, 2025 at 6:00 PM (CET), online

**CONNECT WITH PEERS AROUND THE WORLD**

Exchange knowledge and experiences  
Build strong networks and alliances  
Share your insights and help shape the conversation

**REGISTER NOW**  
[www.viprom.com/eu/european-webinar-series/](http://www.viprom.com/eu/european-webinar-series/)

At the request of many webinar participants, we are offering a **Changemaker Event** – taking place **online on October 28, 2025, at 6:00 PM (CET)**. Learn more about our Changemaker Community [here](#). You can register for the event [here](#):

**REGISTRATION FOR THE CHANGEMAKER EVENT HERE**

[Registration Form](#)

### Registration Form

Changemaker event, please add your name here

Please add your e-mail address here

**Your Organisation (please tick those option which apply, multiple options are possible)**

- University/Academic Institution
- Non-Governmental Organisation (NGO)
- Government Agency
- Healthcare Provider (e.g., hospitals, clinics)
- Research Institute
- Private Practice
- International Organisation
- Professional Association
- Charity/Foundation
- Advocacy Group
- Corporate/Private Sector
- Policy/Legislative Body
- Student Organisation
- Training Institution
- Media/Communications
- None
- Other

Figures 3 and 4: Registration button and mask for the Changemaker Event

<sup>1</sup> Culture is an important facet of becoming a changemaker. Culture often acts as an invisible gatekeeper when it comes to decision-making and agency, particularly in the context of domestic violence. Therefore, VIPROM partner PLUS has developed a [presentation for DV trainers](#) on how to address culture in DV trainings more effectively.

### Advisory Expert Board (AEB)

The [Advisory Expert Board \(AEB\)](#) played a crucial role in providing guidance, expertise, and strategic advice to the project partners. Consisting of a group of highly competent experts who possess relevant knowledge and experience in the project's domain, their role was to advise and support the project in achieving its objectives effectively as well as sharing their expertise and wisdom. Some of their tasks were reviewing and feedbacking first drafts of the modules or the training platform. Four AEB meetings were held and one AEB board member participated in our EWS Series ([IRISi](#)) and one member from Greece was a speaker at VIPROM skills workshop at the [European public health meeting](#).

## 2.2.2 Dissemination Tools, Channels and Schedule

In order to ensure a comprehensive and sustainable dissemination, the WP6 team set up a diversified communication strategy that was adapted to the reception modes of the different target groups.

In the Dissemination Plan, the following criteria was defined:

- **Information and tools for health professionals** must be easy to find and readily available.
- **Different information channels** (social media, webinars, website, specific information systems (e.g. journals) of the different health professions) will be tested and evaluated.
- **The target group-oriented development of information** and tools is designed as a process, and includes feedback loops.
- **Communication and dissemination activities** should also contribute to the promotion of gender equality and non-discrimination.
- **Communication materials should use gender-inclusive language** and positive visual representations.
- When developing materials, it has to be ensured that women and men, in all their diversity, are equally represented in a **non-stereotypical fashion** and portrayed in active empowered roles.
- **Communication channels are accessible to general audience** and patient-friendly, by considering gender-specific medical characteristics.
- **Through translating several key messages** and the training platform in the national partner languages (Italian, Swedish, Greek, German), the training materials and outputs of VIPROM will be made accessible for a broader audience.

These criteria served as general guidelines for all dissemination activities.

### Tools & Channels

Table 1 summarises the tools and channels VIPROM used to disseminate its messages in results. More detailed information on all channels in [Chapter 2.3](#).

Table 1: Dissemination Statistics per Channel

Channels	Audience	Key message/content	Indicators	Reached Numbers <sup>2</sup>
Website	All groups	Project activities, updates, results,	-	n.a.
LinkedIn	Mainly Professionals	Project activities, updates, results; Engaging stakeholders in the field of countering DV; raising awareness and engaging in discussion; inviting people to join the events and the webinar series; linking to more extensive content at the website or newsletter.	4000 engagements via social media (across 4 channels)	Total number by 9 February 2026: 101.786
Facebook	Mainly Professionals	See above.		
Twitter	Researches, Policy makers	Project activities, updates, results. Short and on-point messages, linking to more extensive content at the website or newsletter.		Total number: 2400  Discontinued 1 September 2023
Blog	All groups	Current developments, discussions, updates on DV on the national and international level.	N=12	N=18
Newsletters	All groups	Project activities, updates, results; current developments, discussions, updates on the national and international level; practical insights; inviting people to join the events and the webinar series	N=6	N=6
Events (Participation)	All groups	Project activities, updates, results; engaging stakeholders in the field of countering DV; raising awareness and engaging in discussion.	N=15	N=23
Conferences (Participation)	All groups	Project activities, updates, results; engaging stakeholders in the field of countering DV; raising	N=15	N=35

<sup>2</sup> More information in the respective chapters below.

		awareness and engaging in discussion.		
Press releases	All groups	Project activities, updates, results; event- and outcome-based form of engagement.	N=8	N=1
Flyers	Mainly Professionals	Key information, raising awareness for VIPROM	-	-
Journal articles	Professionals, Researchers	Academic background information on DV; raising awareness	N=10	N=6 <sup>3</sup>
Webinar Series	Professionals	Project results; engaging stakeholders in the field of countering DV; raising awareness and engaging in discussion; increasing motivation of stakeholders to advocate VIPROM's project topics on the long-term	400 interactions, 900 engagements via the EU training platform <sup>4</sup>	Total reach: 1877 See Deliverable <a href="#">D4.3</a>
Final Conference	All groups	Project results; engaging stakeholders in the field of DV; raising awareness and engaging in discussion; increasing motivation of stakeholders to advocate VIPROM's project topics on the long-term	-	Total reach about 100

### Content type & Sources

The following table 3 provides an overview of the different content types and key messages that were planned for the dissemination materials:

**Table 2: Content type & Sources used for the dissemination of project related materials.**

Content type	Sources
Internal content	Project activities, updates, results (e.g. interview findings)
External content	Blogs, policy discussions, academic papers, videos
Project taglines	End domestic violence Protect victims in the health sector Break the cycle
Hashtags	#WhiteRibbon #DomesticAbuse #DomesticViolence #IdentifyAbuse #HelpingVictims #StopTheViolence #EndAbuse #BreakTheCycle #SpeakUp #SupportSurvivors #BelieveSurvivors #TraumaInformedCare #PatientAdvocacy #HealingJourney #CompassionateCare #PatientSafety #AwarenessCampaign #MedicalTraining #PublicHealth #HealthcareLeadership #HealthEquity #femicides #endGBV #endFemicide

<sup>3</sup> N=6 having a DOI and/or ISBN number.

<sup>4</sup> <https://training.vimprodo.eu/>

Media discussion	Newspapers, Google news, trending topics, press releases, International Organisations' statements
International Days	International Day of Zero Tolerance for Female Genital Mutilation (6 <sup>th</sup> February), International Women's Day (8 <sup>th</sup> March), United Nations' World Health Day (7 <sup>th</sup> April), International Day Against Homophobia, Transphobia, and Biphobia (17 <sup>th</sup> May), International Day of Innocent Children Victims of Aggression (4 <sup>th</sup> June), International Day for the Elimination of Violence against Women (25 <sup>th</sup> November), Human Rights Day (10 <sup>th</sup> December)
Other EU projects	Previous and ongoing EU projects on IPV / DV (e.g. IMPROVE), EU publications/events

The VIPROM partners predominantly following the content types as suggested in table 3 in the Dissemination Plan. However, there were slight deviations. For example, the suggested project taglines were used as hashtag, but not as taglines. The hashtags were always adapted to the relevant context. Moreover, the international days were not used as content in the way originally planned. Only the International Women's Day (8 March) and the International Day for the Elimination of Violence against Women (25 November and "Orange Days") were used. The content was planned weeks in advance. For the International Day for the Elimination of Violence against Women 2023, a series of postings was created. However, the analysis showed that the reach was low and had a negative effect on our social media engagements. Therefore, the WP6 team decided to upload only one, maximum two postings for this day and the 8 March.

## 2.3 Dissemination of project activities and outcomes

This chapter offers a detailed description of the planned and realised dissemination activities during the project runtime.

### 2.3.1 Website

Setting up of the website was funded by the coordinator with other resources. No project time resources were used. The website (link: <https://viprom-cerv.eu/>) played an important role in dissemination and will be even after project ends continuously updated for another 3 years. The coordinator UM found some funds to do so.

#### Partner contribution

The website was fully designed by the project coordinator UM. However, the partners provided feedback, e.g. for the landing page.

#### Result / Outcome

The VIPROM website serves as a comprehensive and central dissemination and sustainability tool for the project, bringing together information, resources, results, and training opportunities for professionals and stakeholders across Europe.

The website includes the following key components:

**VIPROM Calendar ("VIPROM on Tour"):** The [calendar](#) promotes VIPROM-related events, conferences, trainings, and public activities organised by all project partners, increasing the visibility and outreach of the project beyond the consortium.

**Project-Related Information:** Dedicated sections provide structured information on the [project background and objectives](#), [advisory expert board](#), [sister projects](#), [work packages](#), [project impact](#), and the [VIPROM consortium](#).

- **News, Blogs, and Community Engagement:** [News section](#) and [blog area](#) publish regular content, covering project-related topics as well as broader themes on domestic violence and prevention. The website also hosts the [VIPROM Changemaker Community](#), fostering engagement and exchange beyond the project duration.
- **Training and Capacity Building:** The website functions as a training hub, including access to the [VIPROM Training Platform](#), [training materials](#) (such as Medical Doctor and Dental Doctor Cards, videos, and training handbooks), [training courses](#), the [European Webinar Series](#), and a [repository of existing training programmes](#).
- **Results and Outputs:** All key project results are made publicly available, including [deliverables](#), scientific [publications](#), and tailored [information for the press](#), supporting transparency and dissemination.
- **Contact and Accessibility:** A dedicated [contact section](#) enables stakeholders, professionals, and interested parties to reach the project team easily.

Overall, the website significantly contributes to the dissemination, exploitation, and long-term sustainability of VIPROM outcomes and will remain an active resource for at least three years beyond the project's end.

### 2.3.2 Flyer

For face-to-face dissemination purposes, a self-referential flyer was created (Annex 1). It consists of a six-page-leaflet and has the following sections: cover, project description, project objectives, output/impact, partners and contact.

#### Partner contribution

Task coordinator: GES, UM

All partners reviewed the initial flyer drafts and approved the final version. The digital version was sent out to all partners and [uploaded on the VIPROM website](#). In a next step, GES sent out printed editions for the purpose of face-to-face dissemination. All partners received 1000 copies, except UM (1990) and ERS (10). The partners have been asked to use the flyer frequently to disseminate the project.

#### Results

While some partners reported back to have distributed all (or almost all) flyers, others shared to have leftovers after the end of the project. Two partners (GES and AOUPR) gave the feedback that the language barrier might have been a factor. One explanation could be that in institutions like universities, most people are fluent in English, while GES for example is a victim support centre in a rural area and less people speak English. In Italy, generally many people don't speak English well.

Flyers have been distributed at events and conferences on the topic of DV, trainings, local stakeholder events, on university campuses as well as clinics.

### 2.3.3 Newsletter

The Newsletter had the purpose to complement the dissemination strategy by providing news about the project, international developments, practical tools and expert knowledge; therefore, addressing the different needs of our stakeholders on a holistic level. In contrast to the VIPROM social media posts ([see Chapter 2.4](#)), where information was transferred

more compact and visually, the newsletter offered more in-depth information that covers a broader spectrum on both a practical and academic level.

The biannual Newsletter was published every July and January, with a kick-off-edition in July 2023 and final issue in January February 2026.

#### List of all Newsletters:

[VIPROM Newsletter July 2023](#) (adapted in September 2023 with the new EU-Logo)

[VIPROM Newsletter January 2024](#)

[VIPROM Newsletter July 2024](#)

[VIPROM Newsletter January 2025](#)

[VIPROM Newsletter July 2025](#)

[VIPROM Newsletter February 2026](#)

Each Newsletter consisted of the following four main sections:

Four main Sections		Purpose
1	About VIPROM	Inform about the projects activities and results, updates
2	Domestic violence - What's new in European politics?	Raise awareness for DV, current developments, events, publications
3	Good to know – tools & knowledge for your daily practice	Practical working tools for medical professionals
4	Topic of interest in medical education in DV	Consolidation of the topic through academic contributions, publications, policy papers...

As WP6 lead, GESINE always provided the project update section (1) and the practical working tool (3). For section 2 and 3, the partners received timeslots during the runtime of the project duration and have been asked to fill in their text and graphics into templates (Annex 2).

The practical working tools complemented this approach and offered practical hands-on methods for every practice. Moreover, the section about political developments served the purpose to show the readers that the topic is up to date and positive changes are happening to combat DV. In addition to this and apart from Social Media, the Newsletter was one of the main channels to announce important events, such as the European Webinar Series.

Interested stakeholder were able to subscribe for the Newsletter through a button on the Website (see Figure 5). The registrations were forwarded to GES via e-mail who maintained a list and send out the Newsletter.



Figure 5: Screenshot of the registration button for the newsletter

### Partner contribution

Task coordinator: GES, UM

All partners contributed to the Newsletter. A timeframe and task allocation were set up before the WP6 kick-off meeting. Around 6 weeks before the publication date, responsible VIPROM partners received reminders and a template for the section they were responsible for. The contributions were reviewed by GES and UM, who eventually finalised the Newsletter issue. The issue was sent out via e-mail by GES to individuals who registered via the Newsletter button. The registrations were collected in an excel-file, with the e-mail address only.

The Newsletter was sent out by GES via e-mail every last Tuesday of the months January and July during the project runtime, except for the last issue that was published on 11 February 2026. This date was considered to be more appropriate to close the project with final outcomes and to present all relevant outputs.

As soon as the Newsletter was sent out via e-mail, UM uploaded the latest issue on the VIPROM website. Moreover, the same day, the issue was announced via Social Media (see Figure 6).

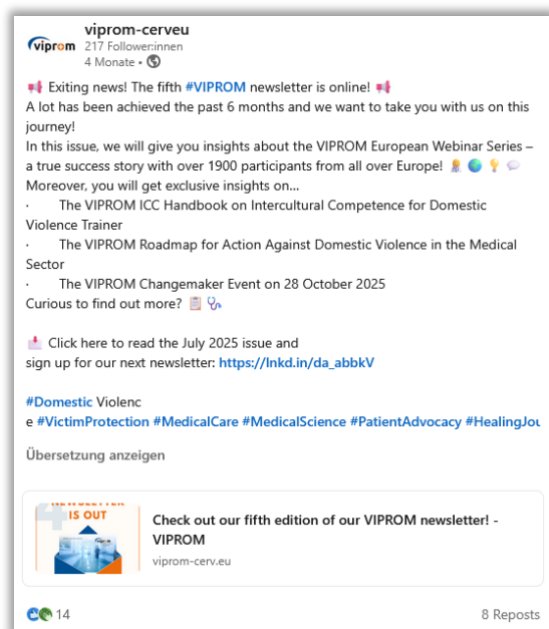


Figure 6: Announcement of Newsletter issue 5 on LinkedIn

### Results

By the end of the project, 423 individuals received the Newsletter via Mail, however, it is not possible to track how many subscribers actually opened and read the Newsletter. One known fact is that the number of subscribers increased by 220 during the registration and implementation process of the European Webinar Series. Therefore, the number of subscribers almost doubled within 6 months.

#### 2.3.4 Blog

The project blog served as a resource for professionals and a broader public in the field of domestic violence, providing insights, updates, and expert perspectives. Blog topics included project updates, e.g. results of the needs assessment, evaluation of trainings or DV as a

societal challenge in the medical field. Starting in August 2023, the VIPROM blog was launched approximately every two months in a section on the website: <https://viprom-cerv.eu/news/blog/>.

### Partner contribution

Task coordinator: VIC, UM

After VICESSE set up a guideline (see Annex 3) for writing the blog and sent out the reminders, UM was responsible for approving the content of the submissions as well as publishing it on the VIPROM website including layout it and creating the cover page. After the blog was uploaded on the website, GES created a Social Media posting in which the blog was announced.

Each partner contributed at least one blog. In addition to Consortium members, the coordinator invited third parties to contribute with a VIPROM-related topic, such as [IRISi interventions](#) or the [Hungarian Women's Lobby \(HWL\)](#).

### Result

By the end of the project, VIPROM published eighteen blogs, which is six more than promised in the Consortium agreement (N=12). For details, see table 3 and Figure 7.

Table 3: Summary of the title of the VIPROM blogs and corresponding publication dates.

Blog title	Date, Contributor
<a href="#">What is among the most common and at the same time a rather unknown form of domestic violence?</a>	28. August 2023
<a href="#">Empowering Healthcare: Insights from VIPROM Partners' Needs Assessments on Responding to Domestic Violence</a>	20. October 2023
<a href="#">Red Shoes and a Red Bench – What has this to do with Domestic Violence in Italy?</a>	20. November 2023
<a href="#">The Crucial Role of Intercultural Competence in the Domestic Violence Context</a>	18. December 2023
<a href="#">Introducing the Münster simulated patient program (SPP) to teach domestic violence to medical students and professionals</a>	18. January 2024
<a href="#">Dentists see more than just teeth!</a>	22. April 2024
<a href="#">Empowering Sexual Health Clinicians: The ADVISE Programme for Addressing Domestic Violence and Abuse</a>	31. May 2024
<a href="#">Strengthening Responses: The VIPROM Project's Role in the Interplay of European Anti-VAW Initiatives</a>	16. August 2024
<a href="#">Developing Cultural Responsivity in Domestic Violence Training Programs</a>	24. September 2024
<a href="#">Empowering Healthcare Professionals: Sweden's VIPROM Train-the-Trainer Program on Domestic Violence</a>	23. October 2024

<a href="#">“Shame must change the sides” – both in the private and in the political sphere</a>	<b>22. November 2024</b>
<a href="#">Domestic violence as a societal challenge in the medical field</a>	<b>20. January 2025</b>
<a href="#">Implementing Sustainable Systems for Victim Support in the Medical Sector</a>	<b>20. March 2025</b>
<a href="#">VIPROM Across Europe – Highlights from the VIPROM European Webinar Series</a>	<b>26. July 2025</b>
<a href="#">Lessons from the VIPROM-Trainings – Results from a Multi-Perspective Evaluation</a>	<b>05. November 2025</b>
<a href="#">Working Together as Changemaker! Your Key Role in Violence Intervention</a>	<b>24. November 2025</b>
<a href="#">Stepstones towards a successful accreditation of a VIPROM curriculum in medical education in Germany – a best practice example</a>	<b>08. January 2026</b>
<a href="#">From Ambition to Impact: How VIPROM Became a European Success Story</a>	<b>13. February 2026</b>



Figure 7: Exemplary screenshots from the cover page of the blogs.

### 2.3.5 ZENODO

By the end of January, VIPROM got an approval by [Zenodo](#) to set up a “VIPROM community” on this repository platform. By uploading the most relevant materials (e.g. publications, guidelines, roadmap, handbooks), the project’s outputs will be accessible for a larger audience

for a longer time period. This contributes to the sustainability of the project (more on VIPROM's sustainability efforts in [Chapter 5](#)).

### 2.3.6 Events & Conferences

All partners participated in events and conferences to promote the project and get engaged with relevant stakeholders. In total, 23 events and 35 conferences were attended.

After implementing the [VIPROM calendar](#) in September 2023, all project-related events and conferences have been included there. Some examples can be found here:

- European Conference on Domestic Violence, Reykjavík, Island: VIPROM Symposium (VIPROM partners WWU, UU, PLUS, GESINE) on 11-13 September 2023
- European Conference on Domestic Violence, Barcelona (Spain): Symposium on domestic violence training (VIPROM partners WWU, AOUPR, PLUS, IKF, UU) on 3. – 5. September 2025
- European Public Health conference, Helsinki (Finland): VIPROM skills workshop on communication in domestic violence cases (VIPROM coordinator Bettina Pfeiderer, UM), on 12. – 14. November 2025.

### 2.3.7 European Webinar Series (WP4/WP6 crossover)

Despite not being a WP6 task predominantly, disseminating the European Webinar Series was one main activity during the timeframe for task 4.4. The purpose of the European Webinar Series was not only to train a broad, European-wide audience, but also to promote the [European Training Platform on Domestic Violence](#). Thus, a good dissemination strategy and working with professional networks, such as WAVE, was a key component of WP6. The [Deliverable 4.3 – Report on the European Webinar Series](#) describes the complete process, including the dissemination strategy, impact and statistics.

### 2.3.8 Final Conference

The [final conference for VIPROM](#) took place in Athens, Greece on 13 December 2025. Organised by VIPROM partner HFFPA, the conference consisted of an international panel and a plenary lecture by VIPROM partners and VIPROM coordinator Bettina Pfeiderer, as well as the final VIPROM consortium meeting. As one highlight, the symposium also featured the Clothesline Project presentation, coordinated by B. Pfeiderer and M.-L. Psarra, as well as a female self-defence workshop.

### 2.3.9 Roadmap

The [VIPROM Roadmap \(D6.3\)](#) was developed as a **practical implementation and guidance tool** to support the long-term integration of domestic violence (DV) training into medical education and healthcare institutions across Europe. The roadmap is meant to bundle the knowledge, curricula, and tools developed throughout the VIPROM project into an **easy-to-use implementation guide**. Its primary aim is to lower the threshold for medical institutions, trainers, and decision-makers to engage with DV training by offering:

- a clear orientation within the [VIPROM training platform](#),

- concrete implementation guidance for medical practitioners, especially trainers and educators
- and ready-to-use tools that support sustainable uptake beyond the project's lifetime.

The [Roadmap](#) is designed as a **complementary resource** to the VIPROM online training platform and [pedagogical handbooks](#) that were developed, enabling medical practitioners to move from awareness to practical application.

### Dissemination and Sustainability Strategy

The VIPROM Roadmap serves as a **central dissemination and sustainability instrument** of the project. Its dissemination strategy focuses on reaching medical professionals and institutions beyond the immediate project consortium.

Planned dissemination channels include:

- publication on the VIPROM project website and training platform,
- use in Train-the-Trainer formats and multiplier events,
- presentation and dissemination at stakeholder meetings and conferences,
- distribution through professional networks and partner organisations.
- Week of the changemaker social media activities (see [Chapter 2.2.1](#))

#### 2.1.10 Press Releases

For the VIPROM project, 10 Press Releases were indicated during the project runtime. Their purpose was to publish milestones and project achievements to a broader audience. In order to facilitate the contact with the press, GES and UM designed a VIPROM Press Map in English language. After the document was approved by the consortium, it was translated and adapted into the Austrian, German, Greek, Italian and Swedish context. All Press Maps were added to the website and uploaded under "[Information for the press](#)". The Press Maps can be found here: [Austrian context](#), [German](#), [Greek](#), [English](#), [Italian](#), [Swedish](#).

In addition to the Press Maps, the website entry offers images to be used for the press (see Figure 8).



Figure 8: Screenshot of the images that were provided for the press to use.

By the end of the project, VIPROM published one press release: [VIPROM Kick-off event in Münster, Germany](#). Since VIPROM's main outputs have been practical materials and stakeholder trainings, the consortium decided to promote these results more through our social media channels and the newsletter, where we already had subscribers who had interest on the topic of DV. Through this, the VIPROM coordinator got frequently asked to provide an interview for the media. By the end of the project, UM contributed to various media articles, such as for a big [German health insurance \(AOK\)](#) or a [Lifestyle Magazine](#).

### 2.1.11 Publications

Building on the legacy of the IMPRODOVA project – where academic publications were well received by policy and research stakeholders – the initial dissemination strategy of VIPROM envisaged the production of ten academic publications over the project's lifetime. These publications were intended to contribute to the scholarly discourse on violence prevention in healthcare settings and to ensure visibility and long-term impact within the academic community.

However, as the project progressed and close interaction with healthcare professionals and medical institutions intensified, it became increasingly evident that **practitioners expressed a stronger need for tailored, practice-oriented dissemination formats**. While academic outputs remained relevant, frontline professionals (especially in medical settings) required concise, accessible, and directly applicable materials to support daily practice, training, and institutional implementation.

In response, VIPROM adapted and expanded its dissemination approach, adopting a dual strategy that encompassed both classical peer-reviewed academic publications and practitioner-facing outputs. This approach ensured alignment with Horizon Europe dissemination criteria while maximising relevance for end users in the medical sector.

Practical dissemination outputs included, among others:

- VIPROM Handbooks ([ICC VIPROM Handbook](#); [Train-the-Trainer Handbook in several languages](#); [Roadmap for Victim Protection in Medicine and Domestic Violence – Informed Medical Care](#); [Guidelines for Changemaker in Domestic Violence Prevention & Response](#))
- [Medical documentation cards](#) (Med.Doc Card & Dent.Doc Card, also available in several languages)
- [Factsheets and information sheets linked to each training module](#)
- [Trainer resources and practical guidelines](#)

These materials are publicly available via the VIPROM website and diverse partner channels. To ensure sustainability and accessibility beyond the project's duration, the handbooks were assigned with ISBN numbers and deposited in open repositories such as ZENODO in line with open-access principles and European Commission requirements.

#### Dissemination Criteria and Quality Standards

VIPROM's dissemination activities were guided by the following criteria:

- **Open access:** All key outputs were made freely available without paywalls.
- **Scientific quality:** Academic publications followed peer-review standards.
- **Practical relevance:** Practitioner materials were co-designed based on peer feedback.

- **Accessibility:** Outputs were written in plain language and supported by visual design.
- **Sustainability:** Use of repositories and ISBN registration ensured long-term availability.

### Outcomes and Added Value

The adapted dissemination strategy significantly increased the project's reach and usability. Practitioner-oriented materials were well received by healthcare professionals, trainers, and institutional stakeholders, who highlighted their clarity, applicability, and relevance. The combination of academic and practical outputs strengthened VIPROM's impact across research, policy, and practice communities.

### Barriers and Mitigation Measures

Several challenges were encountered during dissemination:

- **Accessibility and language barriers:** Given the practitioner focus, extensive translation efforts were required. All key materials were translated into relevant partner languages and adapted to the national context to ensure inclusivity and effective uptake.
- **Visual accessibility:** Making materials visually appealing and easy to navigate required substantial investment in graphic design and layout, which proved essential for practitioner engagement.
- **Coordination among partners:** Producing harmonised outputs across countries required intensive coordination and collective effort. Strong working relationships, high-level partner engagement, and continuous communication were key success factors in overcoming these challenges.

Overall, VIPROM's adaptive dissemination approach ensured both scientific rigor and practical impact, contributing to sustainable knowledge transfer on DV in medicine and healthcare and long-term use beyond the project's lifetime.

#### 2.1.12 Further dissemination through cooperation partners

Between October 2023 and April 2025, the sister projects VIPROM and IMPROVE have been in regular exchange. The aim was to build dissemination synergies. During this time, there have been project introductions in the respective Newsletters and engagement on Social Media by liking or sharing each other's postings.

On 2 April 2025, a Publications video call took place with relevant partners from both projects. During this "publication speed dating", common publication topics and interests were determined.

In addition to this, VIPROM's dissemination partner WAVE included VIPROM's outputs in their Newsletter, e.g. introduction of the project (see Figure 9, European Webinar Series and the Changemaker Guidelines).

## International News

updates from WAVE members and political developments

### VIPROM – VICTIM PROTECTION IN MEDICINE

Domestic violence (DV) may have a serious impact on physical and psychological health as well as quality of life of victims. Those working in the medical sector often meet DV victims, but many do not feel informed sufficiently to identify or to support them in an adequate way. **The goal of the EU project VIPROM is to provide sustainable, organisationally embedded, and institutionally recognised training tailored to the specific needs of various medical professionals from different medical fields.** Partners from Austria, Germany, Greece, Italy and Sweden are jointly working in this project. Train-the-trainer programs will be conducted so that the curricula and training materials developed in VIPROM can be implemented in pilot trainings with high quality. Stay tuned and follow the project journey via the [VIPROM website](#) and social media accounts!

#### Partners of the of the EU project VIPROM

- Medical faculty, University of Münster, DE (Project coordinator: Prof. Dr. Bettina Pfleiderer)
- Institute of Conflict Research (IKF) – AT
- Paris Lodron University Salzburg (PLUS) – AT
- Vienna Centre for Societal Security (VICESS) – AT
- European Research Services (ERS) – DE
- GESINE Intervention (GESINE) – DE
- University of Münster (WWU) – DE
- Hellenic Forensic Psychiatric Association (HPPA) – GR
- Italian Medical Women's Association (Associazione Italiana Donne Medico – AIDM) – IT
- Parma University Hospital (Azienda Ospedaliera – Universitaria di Parma – AOU/UP) – IT
- University of Parma (Università di Parma – UNIPR) – IT
- Uppsala University (Nationell centrum för kvinnofrid – NCK & Uppsala universitet – UU) – SE



written by WAVE member in Germany GESINE Network „Gesundheit EN“ (GESINE Netzwerk Gesundheit EN)

Figure 9: Introduction of VIPROM in WAVE's Newsletter (30.08.2023)

## 2.4 Social Media

### 2.4.1 Social medial channels

For the project runtime, initially three social media channels were created: Twitter, LinkedIn and Facebook<sup>5</sup>. Possible key messages and content was already described in [Chapter 2.2.2](#). To set up a social media strategy, a template was created (see Annex 4). Partner were asked on a monthly basis to provide project-relevant content considering the specifications, e.g. character limit. Once a week – each Tuesday by 11 am and sometimes additionally in between – a posting was published on both channels.

<sup>5</sup> Twitter (now “X”): [https://twitter.com/viprom\\_cerveu](https://twitter.com/viprom_cerveu)  
 LinkedIn: <https://www.linkedin.com/company/viprom-cerveu>  
 Facebook: <https://www.facebook.com/vipromcerveu>

### Changes in VIPROM's social media channels:

At the dissemination project meeting on the 25<sup>th</sup> of July 2023, the VIPROM consortium discussed to discontinue with the Channel "Twitter" (now "X") based on the following reasons and concerns:

- Renaming to "X": the rebranding of the medium with previously great recognition value will possibly destroy the brand.
- Use of "X" was in sharp decline and people were leaving the platform. For our VIPROM account, the reach was 900 in June 2023, but only 300 in July.
- The channel became increasingly right-wing populist since Musk took over, especially after Musk's open support of Donald Trump.
- The verification checkmark is no longer free of cost and must be purchased. The identification of users is no longer checked mandatory.
- The terms "cis" and "cisgender" have been considered offensive since June, which we consider as transphobic and goes against of our VIPROM principle of diversity.

Closing the Twitter account did not have a negative impact on the dissemination activities as it can be seen in the overall reach. The procedure was approved by the Project Office on the 4<sup>th</sup> of August 2023. Thus, the Channel "X" was deleted on 1 September 2023.

### Partner contribution

Task coordinator: GES, VIC, UM

The partners were reminded each month to send social media templates with project-relevant content and pictures. The content was subsequently reviewed by the project coordinator before being uploaded. The partners were asked to actively support the dissemination through following the accounts and sharing, liking or commenting the posts. For each partner, a responsible person has been appointed who was informed by a separate e-mail distribution list as soon as a post has been put online.

The task coordinators held monitoring meetings every six months. In these, the social media reach was observed and adaptations made where necessary. The next part gives a detailed analysis of VIPROM's social media strategy.

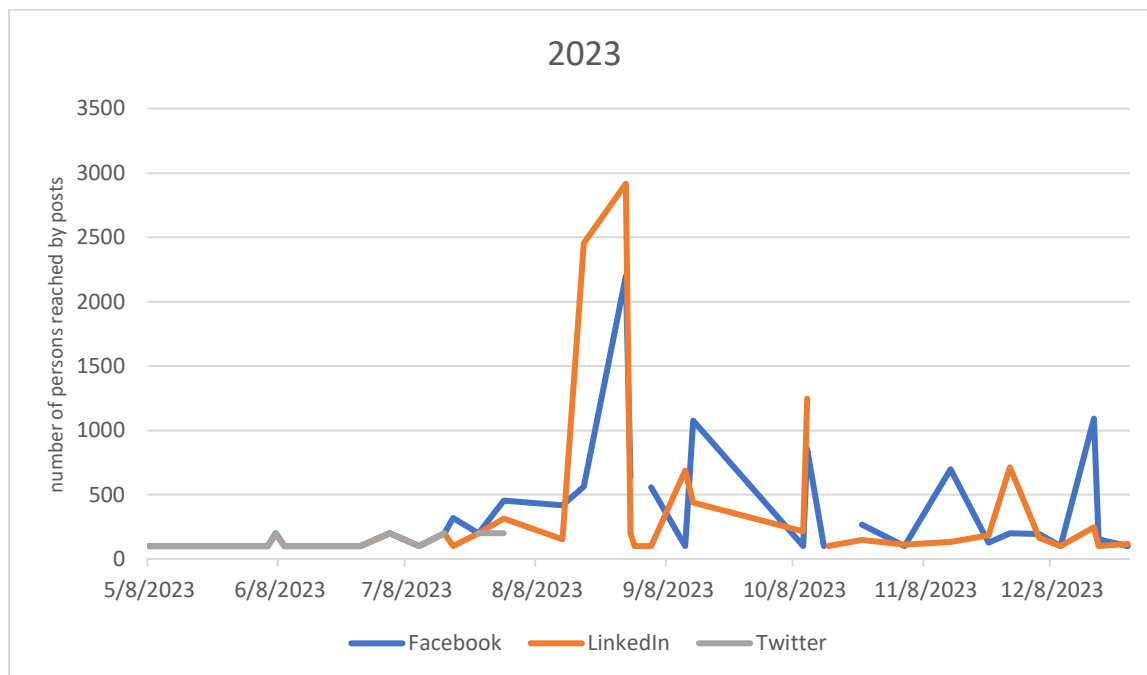
### Analysis of VIPROM's social media strategy and results

VIPROM's social media strategy was co-developed and implemented by task coordinators GES and VIC and frequently reviewed by the project coordinator (UM). It followed a three-stage approach:

First, an exploratory stage to determine where to target which audiences, at which times on which on the initially three platforms (LinkedIn, Facebook, Twitter). Through A/B-testing – the systematical comparing of performance of identical posts published at different times – we determined Tuesdays between 10 and 12 Central European Time to be the ideal time for our regular postings, and Thursdays as ideal day for follow up or out of schedule posts. The testing period was conducted in May and early June 2023 during VIPROM's set-up phase. During this period, it was also decided to drop Twitter as a platform for the project (as mentioned above), both as it showed the least promise for the project's goals as well as the implications of Elon Musk's takeover of the company.

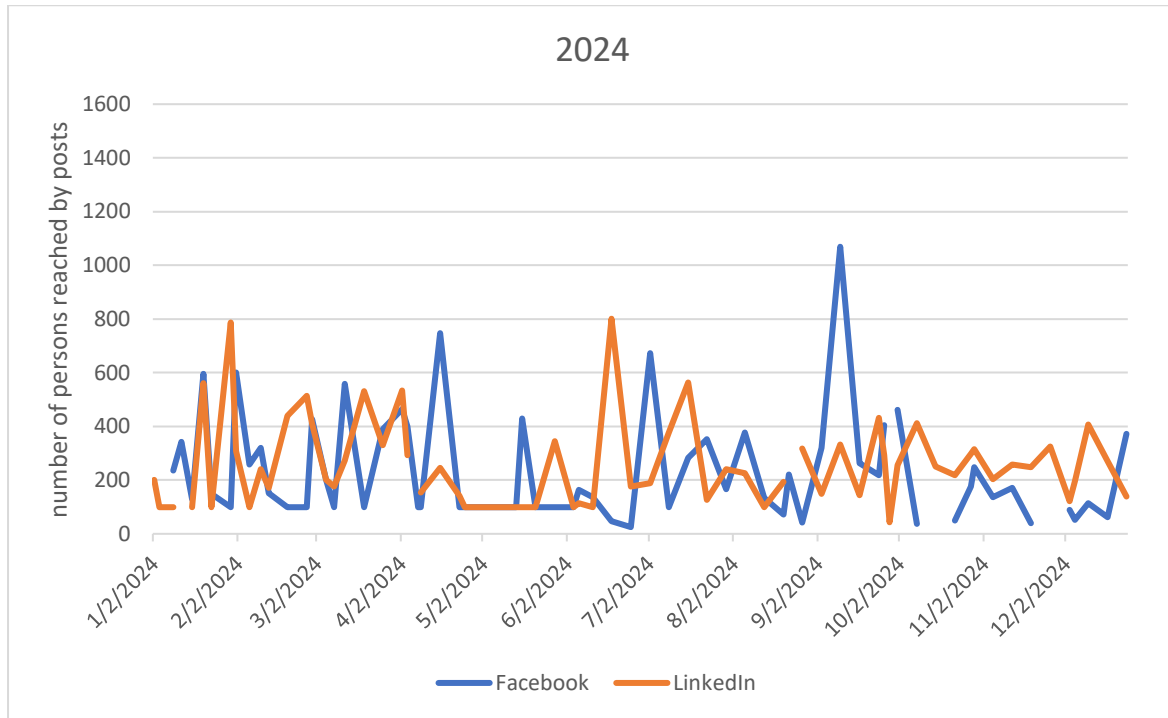
in the later stages of 2023 saw the implementation of the second phase, when we geared our postings towards maximising the reach of our channels (see Graph 1). This phase lasted until the second half of 2024 accompanied by an early growth thanks to postings created by our

Greek partner HFPA. This increase in reach coincided with a period of heightened public and media attention in Greece on issues related to gender-based violence, following several high-profile cases. In this context, VIPROM’s thematic focus proved particularly relevant and timely, which contributed to increased visibility and engagement on social media. VIPROM also encouraged its partners to write additional posts in their native language. Since these postings only in very selected cases proved to garner additional reach, it was decided to discontinue asking the partners for such posting, while partners still could provide them if they wanted it.

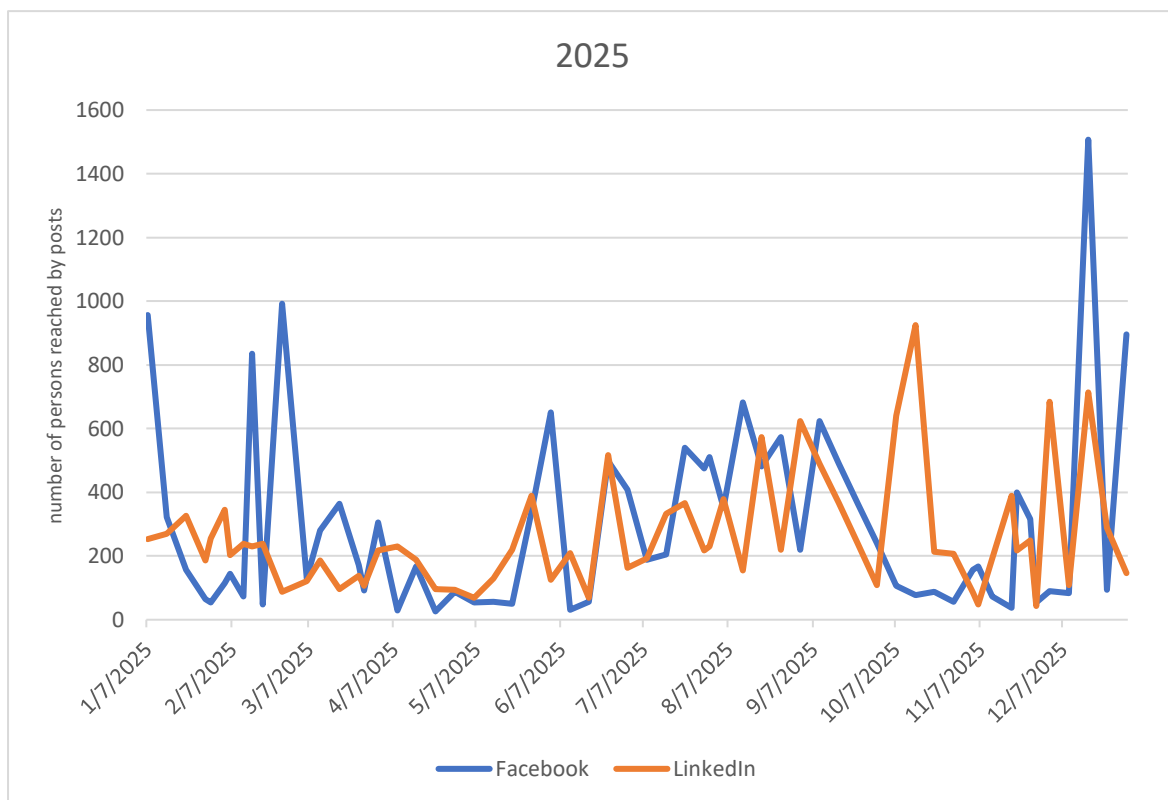


Graph 1: VIPROM social media reach in 2023.

The strategy to increase the overall reach of our channels by focusing on more popular rather than project specific topics was continued until the third quarter of 2024. The most successful posting of that year came from our coordinator UM about the VIPROM Train-the-Trainer course held in Münster with a total reach of 2471. Which was one of the earliest project centered posts. Looking at Graph 2 and Graph 3 it can clearly be seen that our LinkedIn and Facebook audiences differ. Posts on more general topics are more successful on Facebook, while posts on project results have been more successful on LinkedIn. This trend was also observed in 2025, when reach levelled off at a higher average with significantly fewer outlier posts (see Graph 3).



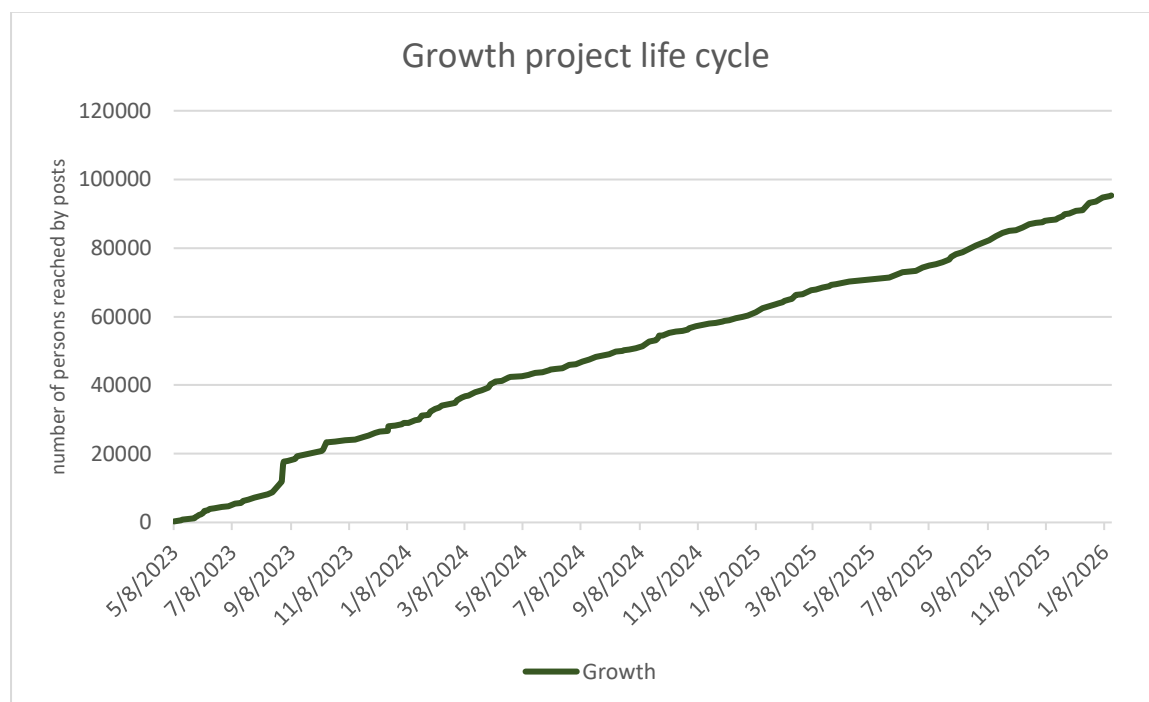
Graph 2: VIPROM social media reach in 2024.



Graph 3: VIPROM social media reach in 2025.

Throughout the project's run-time the focus remained on disseminating the project results. In 2025, the most successful postings were on the final project meeting in Athens in December and in October on the participation of IKF and VICESSE in the Austria's National Action Plan

on Violence Against Women (see annexes 5 a + b). By 9 February 2026, our channels had reached over 101.786 engagements, almost equally distributed between the both platforms. There was a steady increase in reach throughout the project’s run-time. As expected during the holiday season, marginal plateauing can be observed during the summer months. The increase in reach in September 2023 (see Graph 4) is consistent with this pattern, but was exacerbated by the aforementioned postings from Greece.



Graph 4: Increase of reach throughout the project’s runtime.

Overall, the Social Media campaign of VIPROM proved to be very successful and achieved all its reach organically making it all the more impactful as this proves the interest of our audience in our channels and by extension the results of our project and their aim.

## 2.5 Monitoring of the Dissemination strategy

The dissemination strategy was regularly reviewed and adapted wherever it deemed necessary. One example is the discontinuation of the Channel “Twitter” (see [Chapter 2.4.1](#)). WP6 lead GESINE was regularly participating in the Consortium and Steering Board meetings and provided updates. The project partners provided feedback by either templates or at WP6 meetings, respectively. GES and UM were in frequent contact; moreover, Social Media monitoring meetings took place between GES and VIC twice a year.

### Tracking Files

In order to track all dissemination activities appropriately, task coordinator GES and ERS set up three google spreadsheets where the VIPROM partners could report on their activities. All VIPROM partners had access to the files and updated them frequently.

### 3. Obstacles faced during the dissemination process

Even though dynamics can change at any time in a three-year project like VIPROM, the amount of obstacles we faced remained very low. The main obstacle was the high workload during the everyday life of healthcare. Nevertheless, while it was difficult to find stakeholders who wanted to engage in the project as “changemaker” in their free time (except the [Advisory Board](#)), it was less challenging as expected to find participants for the VIPROM DV trainings. Therefore, we assume that the promotional strategy consisting of Social Media announcements with brief, and consisted content, a newsletter with more in-depth information and face-to-face promotion was successful.

While all planned dissemination activities were successful, the VIPROM consortium had to make adaptations regarding press releases and publications (see [Chapters 2.1.10](#) and [2.1.11](#)).

### 4. Recommendations

VIPROM’s dissemination strategy and process was reviewed and adapted frequently. While not every aspect written in the proposal was useful for the project, others, however, turned out better than planned. Based on the experience, we can make the following recommendations:

#### Social Media:

By promising 4000 engagements and achieving more than 101.000, the reach was multiplied more than 25 times. This success story can be attributed to the following aspects:

- We used two different channels, Facebook and LinkedIn<sup>6</sup>. As described in [Chapter 2.4](#), each channel attracted a different audience. Although the specific stakeholder group cannot be traced back, it is visible that the same posting had a different impact (see Graphs 1-3 in [Chapter 2.4.1](#)).
- GES and VIC held monitoring meetings every 3 months and analysed the insights. Thus, adaptations in the strategy could be implemented quickly.

We therefore recommend to use a variety of Social Media channels with content tailored to the desired target group (like in our case, medical professionals) and to hold monitoring meetings regularly.

#### Stakeholder engagement:

Through the projects’ run-time, it became evident that the initial strategy of “stakeholder engagement” was not leading to the desired outcome. Since the project still turned out to be very impactful (e.g.: high number of training participants, high Social Media reach etc.), we recommend to stay adaptable and maybe change the direction when needed. Also, consent forms seem to be a higher barrier for stakeholder engagement, while face-to-face networking or promoting events and trainings worked out well.

#### Flyer:

As described in [Chapter 2.3.2](#), the distribution of flyers was successful for some partner, events or institutions (like universities) and less successful in others (like rural areas). For this case, it is recommended to include mandatory translations into project proposals (20% English, 80% national adaptation). Nationally adapted translations can be managed quickly

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<sup>6</sup> Three at the beginning, see [Chapter 2.4.1](#).

(e.g. through DeepL Pro or other AI based translations tools), as translated flyers might reach a higher audience.

### Other

Subcontracting an international network as dissemination partner, such as WAVE, can be also listed as good-practice recommendation. Through promoting the European Webinar Series in their Newsletters, we gained a lot of participants. For example, 139 participants from Malta can be traced back to WAVE's promotion, which made 27,6% of the participants.

## 5. Sustainability & Exploitation

The sustainability of the project will be ensured through a variety of actions by all partners, for example by continuing with train-the-trainer programmes or engaging with relevant stakeholders (see table 4). One major factor is the continued service of the VIPROM website and Training Platform by UM for another 3 years. This ensures that developed materials can be still downloaded by professionals and used in trainings. Moreover, some partners ensured to include a link to the Platform on their own homepage.

Another path is to include all VIPROM publications, including Deliverables and major outputs, on the platform "ZENODO" as already described in [Chapter 2.3.5](#).

Table 4: Planned actions after the end of the project to ensure sustainability of the project achievements.

Partner	Planned action
UM	<p><b>Training Platform &amp; Website:</b></p> <ul style="list-style-type: none"> <li>Updating and servicing the platform and project website for 3 years (e.g. articles published, VIPROM related training events)</li> </ul> <p><b>Social Media:</b></p> <ul style="list-style-type: none"> <li>Posting on the VIPROM social media channel for 3 years</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>Continue using the VIPROM platform, giving talks on DV referring to our outputs</li> <li>Writing papers on project results</li> <li>Active use of VIPROM materials in talks/training sessions/seminars, etc., e.g. training videos/fact sheets, etc.</li> </ul>
VICESSE	<p><b>Publications planned:</b></p> <ul style="list-style-type: none"> <li>Working title: "Integrating domestic violence training into medical education: training-specific needs for medical professionals across five European countries" Journal: <a href="https://www.sciencedirect.com/journal/health-policy/about/aims-and-scope">https://www.sciencedirect.com/journal/health-policy/about/aims-and-scope</a></li> </ul> <p><b>Stakeholder Network:</b></p> <ul style="list-style-type: none"> <li>VICESSE has been invited to continue presenting VIPROM project results in different constellations of practitioners from the violence prevention network in 2027. Two such presentations will take place in January and March of next year.</li> <li>Moreover, VIPROM will be presented to leadership of hospitals in Upper-Austria in January 2027.</li> </ul>

	<ul style="list-style-type: none"> <li>• Lastly VICESSE has been invited to discuss the uptake of VIPROM results by the Gesundheit Österreich GmbH (Ministry of Health), who are engaged in consolidating all available DV training for the medical sector in Austria.</li> </ul>
<b>PLUS</b>	<p><b>3 publications are planned to be submitted soon:</b></p> <ul style="list-style-type: none"> <li>• Breninger, Birgit and Thomas Kaltenbacher. Changing Perceptions – Changing Minds: Creative Interventions to Meaningfully Address Violence in Health Organizations. In: <i>Sage Handbook of Inclusive Research Methodologies</i>. Publication planned for Summer 2026. <a href="https://learningresources.sagepub.com/research-methods/inclusive-research-methodologies">https://learningresources.sagepub.com/research-methods/inclusive-research-methodologies</a></li> <li>• “Creative Interventions for Cultural Responsiveness: Designing Culturally Responsive Domestic Violence Trainings for Health Professionals: A European Case Study (VIPROM)” by Birgit Breninger under review in: <i>Violence against Women (VAW)</i></li> <li>• "Creative Communicative Interventions for Addressing Domestic Violence: Designing Transformative Development Programmes for Inclusive and Trauma-Informed Healthcare“ by Birgit Breninger and Thomas Kaltenbacher uploaded to the Journal: <i>Frontiers in Health Communication</i>.</li> </ul>
<b>IKF</b>	<p><b>Publications planned:</b></p> <ul style="list-style-type: none"> <li>• Journal article in the making (spring 2026): Mayer, S./Temel, B., Den Erfolg von Gewaltschutztrainings im medizinischen Sektor messen: Erfahrungen aus der Evaluierung des europäischen VIPROM-Projekts (<i>eng. Measuring the success of violence prevention training in the medical sector: experiences from the evaluation of the European VIPROM project</i>), SWS-Rundschau 1/26 (manuscript accepted, 10.2.2026)</li> </ul> <p><b>Stakeholder Network:</b></p> <ul style="list-style-type: none"> <li>• Continued work with stakeholders e.g. in the framework of GÖG (Gesundheit Österreich GmbH)</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Publication of materials on institute’s website</li> </ul>
<b>UU/NCK</b>	<p><b>Train-the-Trainer courses:</b></p> <ul style="list-style-type: none"> <li>• Swedish Train-the-Trainer is implemented in own <u>university course</u> “Education on Men’s violence against Women (Bachelor level, 7,5 credits)</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• It is planned to have a VIPROM site on the NCK’s homepage and a direct link to the VIPROM website</li> <li>• VIPROM is also already included in the <u>university program</u> (UU) on “Men’s violence against women and violence in close relationships”</li> </ul>
<b>GES</b>	<p><b>Training Platform and Website:</b></p> <ul style="list-style-type: none"> <li>• GESINE plans to put some of the VIPROM materials on their homepage</li> <li>• It is also planned to use the Training Platform and VIPROM material for our trainings and the Roadmap in the local network</li> </ul>
<b>AOUPR</b>	<p><b>Train-the-Trainer courses:</b></p> <ul style="list-style-type: none"> <li>• A new Train-the-Trainer course is planned in July 2026, expanding the network of trainers in Italy</li> </ul> <p><b>Other:</b></p>

	<ul style="list-style-type: none"> <li>After the end of the project, it is also planned to continue disseminating the results of the project through the AIDM network (e.g trainings)</li> </ul>
<b>HFPA</b>	<p><b>Stakeholder Network:</b></p> <ul style="list-style-type: none"> <li>It is planned to disseminate the project's outcomes through congresses and trainings</li> </ul> <p><b>Trainings:</b></p> <ul style="list-style-type: none"> <li>Further VIPROM trainings have already been requested for regions outside of Athens and in Thessaloniki</li> </ul>
<b>ERS</b>	<p><b>Zenodo:</b></p> <ul style="list-style-type: none"> <li>ERS will open a VIPROM community on Zenodo and upload the most relevant VIPROM materials.</li> </ul>

## 6. Conclusions

The VIPROM dissemination activities demonstrate that a multi-professional, interdisciplinary, and participatory approach is essential for the successful dissemination and uptake of project results in the medical sector. By strategically combining a wide range of dissemination formats - such as newsletters, blogs, conferences, webinars, face-to-face events, and two complementary social media channels - the project succeeded in reaching a broad and diverse audience across Europe, particularly medical professionals and institutional stakeholders.

Throughout the three-year project duration, the consortium remained responsive to evolving contexts and emerging challenges. Regular monitoring and evaluation meetings enabled timely, allowed optimisation of the dissemination strategy when initially planned activities did not achieve the expected impact. This flexibility proved to be a key success factor, allowing the consortium to refine communication channels, adjust messaging, and prioritise formats with higher relevance and reach for target groups.

Overall, the dissemination strategy was closely aligned with VIPROM's core objectives and effectively supported awareness-raising, engagement, and knowledge transfer on domestic violence within medical settings. The achieved reach, stakeholder engagement, and uptake of project outputs indicate that the dissemination efforts substantially contributed to strengthening awareness, professional agency, and capacity-building among medical professionals across Europe. In this way, WP6 has laid a solid foundation for the sustainable use and further dissemination of VIPROM results beyond the project's lifetime.

## 7. Annexes

### Annex 7.1: VIPROM Flyer Screenshots

#### a) Backside:

**+ Who we are**

Our consortium and cooperation partner (AIDM) consists of universities, medical and social organisations as well as experts from various professions with many years of expertise in the subject of domestic violence and health.

**Project coordinator:**  
 Prof. Dr. Dr. Bettina Pfleiderer, Medical faculty,  
 University of Münster, Germany

Institute of Conflict Research (IKF) – Austria  
 Paris Lodron University Salzburg (PLUS) – Austria  
 Vienna Centre for Societal Security (VICESSE) – Austria  
 European Research Services (ERS) – Germany  
 GESINE Intervention (GESINE) – Germany  
 University of Münster (WWU) – Germany  
 Hellenic Forensic Psychiatric Association (HFPA) – Greece  
 Italian Medical Women's Association (Associazione Italiana Donne Medico – AIDM) – Italy  
 Parma University Hospital (Azienda Ospedaliero – Universitaria di Parma – AOU-PR) – Italy  
 University of Parma (Università di Parma – UniPR) – Italy  
 Uppsala University (Nationellt centrum för kvinnofrid – NCK & Uppsala universitet – UU) – Sweden

**Contact**

[www.viprom-cer.eu](http://www.viprom-cer.eu)  
 pfleide@uni-muenster.de  
 @viprom-cer.eu

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

An EU project fostering innovation for health care services to ensure safety and support for victims of domestic violence by developing curricula for medical professionals all over Europe

**Co-funded by the European Union**

## b) Inside:



## Annex 7.2: Newsletter templates

## a) Topic of Interest:

1. Complete the form.
2. Please name the Word document according to the purpose of the dissemination.
3. Please provide a visual/image/picture (which is not copyright protected!) in high resolution.
4. Please send this Word document and your visual/image/picture by email to [REDACTED]
5. We will publish your content with the specifications provided by you.

## TIMESLOT

DATE OF PUBLICATION	PARTNER	REMINDER	DUE DATES
30. JAN 2024	UU	14. NOV 23	09. JAN 24
30. JUL 2024	IKF	14. MAI 24	09. JUL 24
28. JAN 2025	AOU-PR	12. NOV 24	07. JAN 25
29. JUL 2025	VIC + PLUS (2 contributions)	13. MAI 25	08. JUL 25
27. JAN 2026	GES + HFA (2 contributions)	11. NOV 25	06. JAN 26

 Task Leader: **GES** (lead)

 Contributors: **all partners**

E-Mail: [REDACTED]

## DESCRIPTION

## Possible content for this section:

- Scientific inputs or news (from external sources)
  - Sharing of your institution's expertise (e.g. unique features, field of action, relevant publications, interesting projects). You can include external sources or scientific inputs/news
- the content can refer to the local, national and international level
- please also consider non-academic readers when writing your text
- Important note: if you use external sources, please make sure your text is IPR (Intellectual Property Rights) compliant (see Consortium Agreement)

## FRAMEWORK

Font type	If available <i>Ubuntu</i> You can download the free font here: <a href="https://fonts.google.com/specimen/Ubuntu">https://fonts.google.com/specimen/Ubuntu</a>
Font size	11
Character limit	2.000- 2.500 characters incl. spaces
External source/link (if used)	(please fill in)
Image/visual/picture (with link/credit to external source if needed)	(please fill in)

### TEMPLATE „TOPIC OF INTEREST“

Text	(fill in text for “TOPIC OF INTEREST”)
------	--

WP6: Newsletter Template: **What's new in Europe:**

### What's new in Europe?

6. Complete the form.
7. Please name the Word document according to the purpose of the dissemination.
8. Please provide a visual/image/picture (which is not copyright protected!) in high resolution.
9. Please send this Word document and your visual/image/picture by email to [REDACTED]  
[REDACTED]
10. We will publish your content with the specifications provided by you.

### TIMESLOT

DATE OF PUBLICATION	PARTNER	REMINDER	DUE DATES
30. JAN 2024	VIC	14. NOV 23	09. JAN 24
30. JUL 2024	PLUS	14. MAI 24	09. JUL 24
28. JAN 2025	HFA	12. NOV 24	07. JAN 25

29. JUL 2025	IKF + UU (2 contributions)	13. MAI 25	08. JUL 25
27. JAN 2026	WWU + AOU-PR (2 contributions)	11. NOV 25	06. JAN 26

Task Leader: **GES** (lead)

Contributors: **all partners**

E-Mail [REDACTED]

## DESCRIPTION

### Possible content for this section:

- Current developments in politics (e.g. local laws, reforms, precedential cases...)
  - Social issues (e.g. bigger social movements on DV or medicine e.g. “#Metoo”...)
  - Upcoming/past events, conferences, trainings you want readers to know about (you can write about interesting insights in cases you participated)
- ➔ the content can refer to the local, national and international level
- ➔ please also consider non-academic readers when writing your text
- ➔ **Important note: your contributions ideally should be related to happenings within the past six months**

## FRAMEWORK

Font type	If available <i>Ubuntu</i> You can download the free font here: <a href="https://fonts.google.com/specimen/Ubuntu">https://fonts.google.com/specimen/Ubuntu</a>
Font size	11
Character limit	1.500- 2.000 characters incl. spaces
External source/link (if used)	(please fill in)
Image/visual/picture (with link/credit to external source if needed)	(please fill in)

## TEMPLATE „WHAT’S NEW IN EUROPE?”

Text (1.500- 2.000 characters incl. spaces)	(fill in text for “What’s new in Europe?”)
--	--

### Annex 7.3: Blog Guidelines

#### How to draft a VIPROM Blog post?

Blog posts have become increasingly popular in disseminating interesting findings/developments in a certain field and to engage with a wider audience. A well-crafted blog post engages readers and encourages dialogue. By incorporating elements such as an engaging introduction, clear objectives, accurate information, logical structure, supporting evidence and thoughtful analysis you can create an informative and impactful blog post that resonates well with your audience.

#### Instructions:

- Each blog post should be about one-two pages max A4 page (~500-1000 words) long
- Proposed topics for blog posts can be found in the google blog entry document: <https://docs.google.com/spreadsheets/d/1jptMbDg-YJ0Cd7c4sYvGcacm8ugOLpRXDctzLn5x6U/edit?usp=sharing>
- The topics are of course not set in stone. If you think another topic would be more suited for dissemination, please feel free to choose your own topic. The only requirement is **relevance for the aims of the VIPROM Project**.
- Please provide the e-mail-address of the author (or lead author). This address will be used for coordinating the entries as well as reminders for due dates. The entries should be sent to [REDACTED] by the **20th of the respective month**.
  - Please also include -if feasible at least one picture and links in your blog post. They make the text more engaging and help with search engine optimization.
- **Please submit a high-resolution portrait photo** of the authors to go with your blog post and **a short CV of a max of 100 words** (we will shorten it!)

If you have any questions about the blog, topic or schedule please contact [REDACTED].

#### What are the essential components that can contribute to a good informative blog post?

However, to create an impactful and informative blog post, certain key elements should be considered. The following will outline some of the components that can contribute to a good informative blog post.

- **Engaging Introduction:** A compelling introduction is vital to grab the readers' attention. Start with a captivating opening that highlights the relevance and significance of the topic of your blog post. Clearly state the purpose and its potential impact. This will encourage readers to delve further into the blog post.
- **Accurate and Accessible Information:** Ensure that the blog post presents accurate and up-to-date information. Use clear and concise language, avoiding excessive jargon. When using technical terms, provide brief explanations or include hyperlinks to relevant resources for further clarification. This makes the blog post accessible to a broader audience.
- **Well-Structured Content:** Organize the content into logical sections for ease of reading. Use headings and subheadings may help to break down the information and create a clear flow. Each section should focus on a specific aspect of your topic. This allows readers to navigate the blog post easily and find the information they seek.
- **Supporting Evidence:** Back up your claims with relevant evidence and data by for example by including key findings, statistics, or examples to strengthen the credibility of your blog post. Use visuals like graphs, charts, or images when appropriate, as they can enhance the understanding of complex information. Remember to cite your sources accurately to maintain transparency and academic integrity.
- **References and Citations:** Include a list of references and citations at the end of the blog post if it does make sense. This allows readers to explore the sources you referenced and delve deeper into the topic if desired. Use a consistent citation style.

As an example, please see the blog post WWU has written for another EU project on VIPROM: <https://www.improve-horizon.eu/blog-training-platform-domestic-violencehealth-professionals>

### Training platform on domestic violence for health professionals to improve their response to victims of domestic violence

Domestic violence (DV) is a serious public health issue that affects individuals of all ages, genders, and backgrounds. According to the World Health Organization (WHO), one in three women worldwide experience physical or sexual violence from an intimate partner, and this figure may be even underestimated as many cases go unreported. DV can have serious physical, emotional, and psychological consequences for victims, and it can also lead to long-term health problems, including chronic pain, depression, and substance abuse. Health professionals, such as physicians, nurses, and midwives are often the first point of contact for individuals experiencing DV and thus play a critical role in identifying and responding to victims of DV.

Previous work done in the IMPRODOVA project

(<https://press.um.si/index.php/ump/catalog/view/628/832/1926-2>) indicated that many health professionals may not have the necessary knowledge, and skills to effectively identify victims of DV, to communicate with them well, and to be aware of the next steps after the disclosure of DV.

Thus, a training platform was designed to provide training materials (e.g., for the medical sector) taking into account the following:

- **Comprehensive content** to provide health professionals with a comprehensive understanding of the forms and dynamics of DV, including the risk factors associated with DV and the impact on victims.
- **Tools and techniques** needed by health professionals to identify signs of abuse and effectively screen for DV. By enhancing their assessment and screening skills, health professionals can identify victims who may be at high risk of further harm and provide appropriate support and referrals.
- **Interactive and engaging learning modules** with a variety of multimedia content, including videos, case studies, and quizzes to promote active learning and to help health professionals apply the knowledge and skills they have learned in their practice.
- **Tailored to the needs of different health professionals**, including physicians, nurses, and midwives.
- **Emphasis on communication skills** by e.g., training on active listening, empathy, and the use of appropriate language and terminology. Health professionals should also learn how to communicate in a way that is culturally sensitive and appropriate for diverse populations.
- **Collaborative and coordinated approach** to provide health professionals with an understanding of the roles and responsibilities of different agencies and how to effectively collaborate with other professionals.
- **Ongoing education and support** to provide health professionals with ongoing education and support, such as webinars, and case studies, to ensure that they remain up to date with the latest developments in the field.

### European Training Platform on Domestic Violence

Based on these principles, a European training platform on DV for three different EU trainings have been drafted and just been launched. To facilitate access, a joint landing page (<https://training.vimprodo.eu/>) was developed, where the different EU trainings can be easily found.

What do the three EU projects IMPRODOVA (<https://www.improdova.eu/>), IMPROVE (<https://www.improve-horizon.eu/>) and VIPROM (<https://viprom-cerv.eu/>) have in common? They all use training materials on DV of the IMPRODOVA training platform (<https://training.improdova.eu/>).

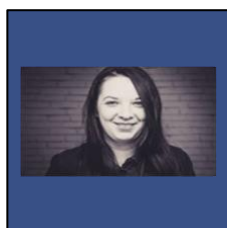
IMPRODOVA – *Improving Frontline Responses to High Impact Domestic Violence* – was a research and innovation project funded by the European Union (No. 787054). IMPRODOVA designed a training platform for an integrated response to High Impact Domestic Violence (HIDV), based on comprehensive empirical research of how frontline responders respond to domestic violence in European countries. The IMPRODOVA training platform provides training materials on domestic violence tailored to the specific needs of the police, health sector and social sector, separately. These materials are to be adapted to the needs of IMPROVE (e.g., by adding training materials for the legal sector as well as a new module on stereotypes and biases) (<https://training.improve-horizon.eu/>),

IMPROVE – *Improving Access to Services for Victims of Domestic Violence by Accelerating Change in Frontline Responder Organisations* – is a research and innovation project funded by the European Union (No. 101074010). IMPROVE expands the training platform and materials developed in IMPRODOVA to better reflect the European multicultural population, diversity of the victims and multiple forms and situations of violence. IMPROVE develops innovative teaching and learning tools to strengthen frontline responders’ competencies to identify victims of violence and to empower particularly vulnerable, underserved, and marginalised victims to access support services and to the needs of VIPROM by developing training modules tailored to the medical sector (<https://training.viprom-cerv.eu/>).

VIPROM – *Victim Protection in Medicine – Exploiting practical knowledge of medical staff to enhance the multiprofessional contact with victims of domestic violence* – is a research and innovation project funded by the European Union (No. 101095828). VIPROM aims to develop curricula for medical doctors, dentists, nurses, midwives, and medical students on domestic violence and provides medical practitioners with stakeholder-specific training materials and methods, as well as practical guidelines for the sustainable integration of the developed curricula in medical institutions. Moreover, a train the domestic violence trainer programme will be established.

In conclusion, a training platform on DV can play a critical role in helping health professionals respond to this complex issue. This can ultimately lead to better outcomes for victims, including increased safety, healing, and empowerment.

### About the authors



██████████ M.A., is a research assistant at the Clinic of Radiology of the Medical Faculty of the University of Muenster in Germany. She has a Master's degree in Education and was involved in the development of the IMPRODOVA training platform. She is currently working on the EU projects IMPROVE and VIPROM and the further development of the trainings.



██████████ works as associate professor and head of the research group Cognition & Gender at the clinic of Radiology of the medical faculty of the University Muenster in Germany. She is a known expert in the field of domestic violence and medical education since many years and is lecturing on domestic violence globally. She and her research team developed the IMPRODOVA training platform on DV for the health care sector, police, and social sector ([www.training.improdova.eu](http://www.training.improdova.eu)) and piloted a course for medical students based on the materials of this platform as part of an EU project tackling DV and improving interprofessional collaboration.

## Annex 7.4: Social Media Template

Social Media Template (updated and longest used version from 12 July 2024)

### VIRPOM Social Media Template 2.0

The purpose of our Social Media channels is to promote VIPROM. Postings should preferably be about the project (results, challenges, news, etc.). The guiding principle of every post should be how does the post benefit the audience.

Your Text can be up to 900 characters. This doesn't include hashtags, mentions, links, etc. Just the text. Please don't treat this as a challenge, be as short as possible. Social Media is fast paced, the more concise your text is, the more impact it will have.

Please include links as full text and don't embed them (add them like this: <https://viprom-cerv.eu/> and not (!) [click here](#) ). Also please note, there can be only one "clickable" link per posting. However, a lot of institutions have accounts on LinkedIn/Facebook. Those can be included as mentions (@), which don't count as links.

Please include **Emojis**<sup>7</sup>, a **Headline**, **Hashtags (#)** and **Mentions (@)** A list of suggested Mentions and Hashtags can be found at the end of the Template. There are also some further tips for writing social media posts.

#### Here is one example:

👤: "I feel like I can start imagining what the future could be like."

Empowering Sexual Health Clinicians: The ADViSE Programme

📄 In our latest blog post on our @VIPROM website you can read about ADViSE, a programme for addressing Domestic Violence and abuse, which was developed by IRISi.

ADViSE seeks to support medical staff in recognising and responding to patients affected by DV, while also offering direct referrals to specialist services.

👤 If you want more information about ADViSe you can get it right here: <https://viprom-cerv.eu/2024/05/31/empowering-sexual-health-clinicians-the-advise-programme-for-addressing-domestic-violence-and-abuse/>

#VIPROM #IdentifyAbuse #HealthcareLeadership #MedicalTraining #CompassionateCare

(Add your own text here)

**Please include a picture here.** Pictures which are just illustrations without additional benefit to the audience can be added, but please don't feel an obligation to do so. Also, if you have included a link to a website, there will automatically be a preview picture to the website in the posting. An additional picture doesn't serve a point in this case, unless you don't want the preview to be visible.

Picture here

### Suggestions for a successful social media post

- The social media channels are a tool to promote VIPROM, the more the post centres on the project the better.

<sup>7</sup> You can copy emojis for example here: <https://getemoji.com/>

- Try to maximise the audience's benefit from the post. What could they gain from the post, why should they be interested in it and how can this enhance their interest in the project, should be guiding principles for writing posts.
- Try to be short and precise in your texts
- Try to include "Calls to action" into your posts. For example: "If this interests you, go to the VIPROM website"; "If this interests you, meet us at this conference"; "What's your opinion about this, leave a comment" etc.
- Relevance also extends to pictures and graphics.
- Please include mentions and hashtags. That way your post can "piggyback ride" on established accounts, etc.
- Don't feel like you have to follow all of this on every post. These are guidelines, not a list, you have to check off. See them as something to guide you, not limit you. If you feel creative and want to try something, please do!

### **Mentions & Hashtag Suggestions**

#### Mentions:

@viprom\_cerv  
@VICESSE

#### Hashtag Suggestions:

#WhiteRibbon  
#DomesticAbuse  
#DomesticViolence  
#IdentifyAbuse  
#HelpingVictims  
#StopTheViolence  
#EndAbuse  
#BreakTheCycle  
...

## Annex 7.5 Social Media Screenshots

a)

### Übersicht

Aufrufe	Interaktionen	Link-Klicks	Neue Follower
1.507	19	--	1

↗ Dieser/Diese/Dieses post hat im Vergleich mit deinen letzten Facebook-posts mehr Aufrufe erzielt.

#### Aufrufe

1.507

Gesamt    Follower

15 Min.    9 Std.    1 Tag(e), 6 Std.    7 Tage

— Aufrufe dieses Beitrags    — Deine typischen Beitragsaufrufe

#### Betrachter

804

↗ Dieser/Diese/Dieses post hat im Vergleich mit deinen letzten Facebook-posts mehr Interaktionen erzielt.

#### Interaktionen

19

„Gefällt mir“-Angaben und Reaktionen	Kommentare	Geteilt	Gespeichert
16	1	1	1

### Feed-Vorschau

**Viprom cerv**

Veröffentlicht von **Matthäus Vobruba** · 16. Dezember 2025 · 🌐

⋮

Productive and Inspiring VIPROM Consortium Meeting in Athens 🇬🇷

T... [Mehr anzeigen](#)

Bewerben

👍👎 Du und 15 weitere Personen    1 💬 1 ➦

👍 **Gefällt mir**    💬 Kommentieren    ➦ Teilen

Relevanteste zuerst ▾

Als Viprom cerv kommen... 🗨️ 😄 📷 📺 🗣️

**Elizabeth Lichtenstein**

🔗 Beitrag auf Facebook ansehen

b)

**viprom-cerveu** 213 followers  
1mo •

Austria's National Action Plan on Violence Against Women is taking shape

Since the Austrian government announced the development of a National Action Plan on Violence Against Women in spring 2025, eight expert groups have been busy devising measures in different fields of violence protection.

The VIPROM partners IKF and [VICESSE Research GmbH](#) have taken part in the working group focussing on the medical sector.

Topics discussed in this group ranged

- from the protection of intersex kids...
- to the strengthening of victim protection groups in hospitals...
- and the continued education of medical professionals.

On 29 August 2025, the last expert session was held and results have been forwarded to the political level, where under the auspices of the women's ministry decisions have to be taken so implementation can start in autumn 2025.

More information (in German): <https://lnkd.in/djGj6QMc>

[#EndDomesticViolence](#) [#endGBV](#) [#StopTheViolence](#)

**Nationaler Aktionsplan gegen Gewalt an Frauen 2025-2029**  
bmfwf.gv.at

You and 18 others 1 repost

Reactions

Celebrate Comment Repost

Give your good wishes...