

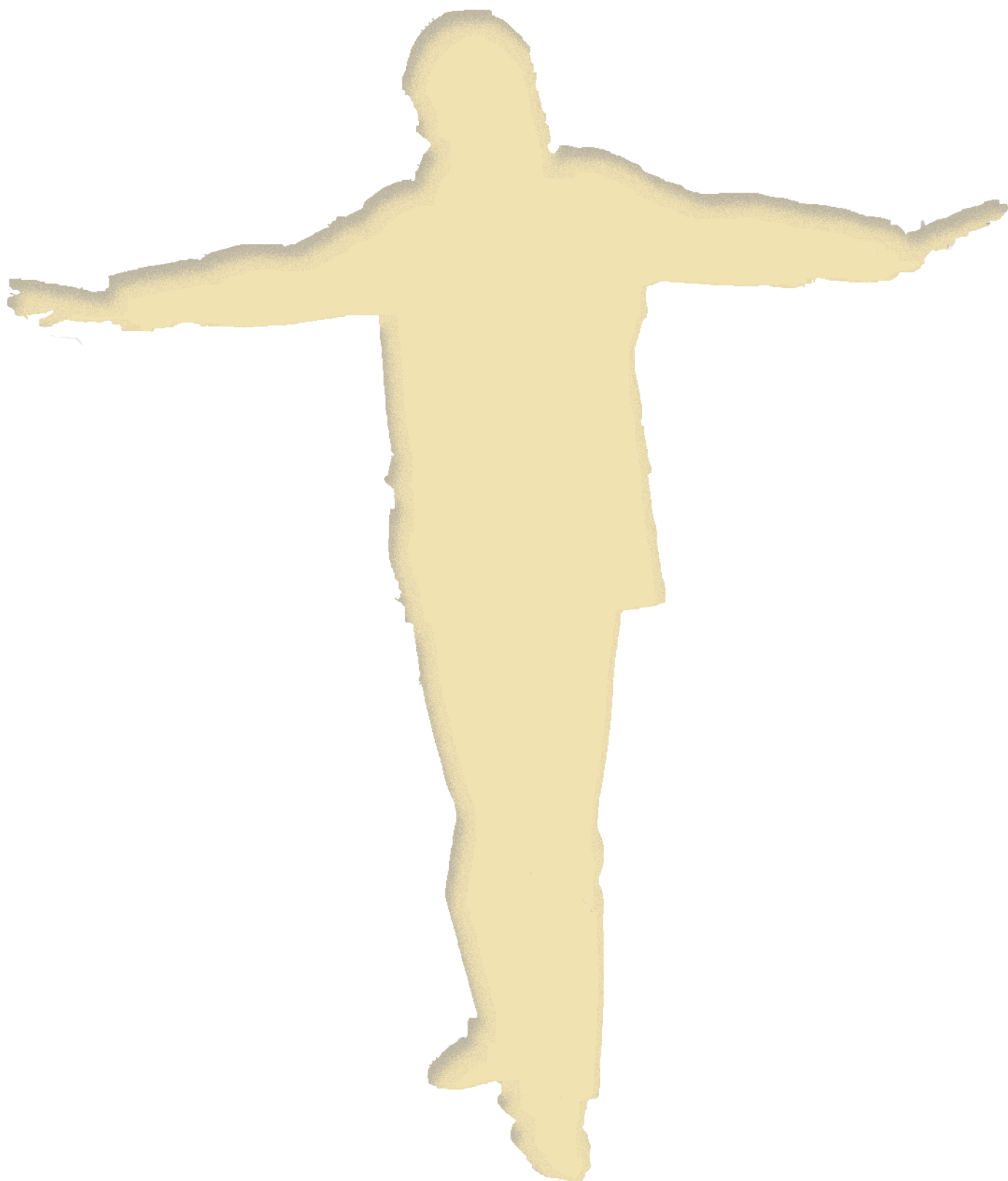


Social and Health Care Teachers against Violence

Teachers' Guidebook



Mary Allen
Hilde Hellbernd
Silke Huschka
Sabine Jenner
Sirkka Perttu
Tiina Savola



Layout
Leila Raninen
University of Helsinki, Palmenia Centre for Continuing Education 2010

ISBN 978-952-10-4817-3

<http://www.helsinki.fi/palmenia/>

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Introduction

Intimate partner violence (IPV) is a well known problem in Europe and globally. According to WHO studies, injuries and violence are among the leading causes of death for people aged 1-44 years. The estimates indicate that the costs of fatal and nonfatal injuries for the health sector are not less than 81 billion Euros. Surveys from diverse European countries suggest that 5-45 % of women in Europe have been assaulted by an intimate partner at some time in their lives. Women's greatest risk of violence is from a male partner (WHO Multicountry Study 2005).

The task for the Social and Health care professionals is to be more aware and knowledgeable about IPV. WHO recommendations are e.g. strengthening national commitment and action, involving the Health and Social education sector and strengthening the Health and Social sector response. World Health Organization's Regional Committee for Europe gave the Resolution EUR/RC55/R9 on Prevention of Injuries in The European Region (2005). The resolution recommends to strengthen national capacity and promote good practices. There will be a need for good partnerships in globally and European network on IPV prevention. (World Health Organisation, Regional Office for Europe 2005.)

In many European countries prevention of IPV is on the political agenda. Campaigns against IPV have been launched and social and health services are developed by local and national authorities. The health and social consequences are dealt with by these organisations and services, and professionals have received further education to recognise the problem and to provide support to the victims and to their families. However the national authorities responsible for the development of vocational training systems have not taken IPV comprehensively into the national strategies of vocational education, and the institutions have not taken IPV into the curricula of different vocational education levels in social and health care. Therefore nursing and social work students cannot develop the professional capacities needed for practice.

The reason for the project "Social and Health Care Teachers against Violence, HEVI 2008-2010" was to respond to this need of health and social care teachers to have the tools necessary for teaching and tutoring students on IPV issues. In most European countries only basic training material on IPV is available and there is a lack of specialist training on teaching and tutoring methods re. IPV.

The European Commission works closely with Member States to help them develop and modernise their education and training policies. It does this through the 'Education and Training 2010' Work Programme, part of the revised Lisbon Strategy, which facilitates the exchange of information, data and best practice through mutual learning and peer review. (COM 2007, 392 final.) One core element is to base project aims on the Copenhagen declaration. At the moment European educational systems work separately. The Bologna process started in 1999 to make academic degree standards and quality assurance standards comparable and compatible throughout Europe. This process is still underway. The objectives of the Copenhagen process are to give attention to the learning needs of teachers and trainers and to promote cooperation in quality assurance: i.e. the exchange of models and pedagogical methods. (Copenhagen declaration 2002)

HEVI Survey Results

As the first stage of the HEVI 2008-2010 project, a survey of 104 Third level teachers in 7 European countries was undertaken to assess the extent of the need for further training and curriculum development on the issue of IPV. The findings of this survey reinforced the lack of attention given to the issue in many training curricula, and the need for upskilling of teachers who may undertake this work. 47% of nursing school respondents did not include the issue in their curricula, while 25% of social work/social care respondents do not include it. There also appears to be greater recognition of the need for such training amongst social work/care teachers, as 67% strongly agreed that it is important in the curriculum, while 59% of nursing respondents strongly agreed that it is important.

Only 13% of the respondents felt fully prepared to teach IPV, while 30% felt totally unprepared. The supporting material that was felt necessary by the respondents included a Training Handbook (79%),

audiovisual material (78%), handouts (73%), a tutoring Guidebook (72%), literature (71%), Guidelines (67%) and recommendations (62%). The teaching methods chosen (in order of preference) were Audio Visual, Problem Based Learning, tutoring methods, case examples, group work and role play. 67% of the participants were interested in some opportunity to upskill, with teachers from Rumania and Bulgaria preferring a 3 day preparatory course, while those in Ireland and Germany requesting a half day to a full day. These findings have influenced the aims and objectives of the project and have influenced the format and contents of the Teaching Guidebook.

The aims of the HEVI 2008-2010 project are to

- *support teachers to update their knowledge of intimate partner violence (IPV), including contemporary European research, and new principles and measures to prevent violence.*
- *improve teachers' abilities to meet new challenges of IPV prevention based on practical professional experience in the Social and Health Care sectors at national levels, and on regional cooperation at the European level.*
- *promote involvement of the teachers in the curriculum development at institutional and national planning level on IPV issues.*
- *transfer innovative and good practice in vocational and further education through networking and cooperation between educational institutions on the issue of IPV at European level.*

The purpose of this Guidebook therefore is to prepare teachers in third level institutions to address this difficult and sensitive topic with their social and health care students, and to provide them with the information, curriculum outline and teaching methods necessary to do this in a professional manner.

HEVI 2008-2010 approaches the issue of Intimate Partner Violence (IPV) as a violation of Human Rights and a crime and therefore adopts the following definition of such violence: "Intimate partner violence refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behaviour includes

- *Acts of physical aggression - such as slapping, hitting, kicking and beating.*
- *Psychological abuse - such as intimidation, constant belittling and humiliating.*
- *Forced intercourse and other forms of sexual coercion.*
- *Various controlling behaviours - such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance".*

(World Health Organization, 2002)

The term Intimate Partner Violence is used throughout this document as it expresses more clearly the focus of the issues being addressed. While terminology such as "Domestic Violence" is more commonly used in much of the literature referred to in the information sections of the document, the focus of this work is specifically the abuse of individuals in adult intimate relationships. It does not refer to assaults or sexual abuse of children (though the overlap between IPV and child abuse is dealt with) or abuse between strangers. While adopting this gender neutral term, the Guidebook will deal primarily with the abuse of women in intimate relationships. However the legal issues and the intervention strategies discussed in the Guidebook are applicable to both abused women and abused men.

Outline of the Training Guidebook

The Guidebook provides an overall curriculum on Intimate Partner Violence together with examples of a range of teaching methodologies and teaching resources, such as recommended reading lists and website addresses. It is hoped therefore that this curriculum will be an ongoing resource to prepare both social and health care teachers in understanding the issues involved in IPV and in helping them to prepare students to identify, support and assist abused women with whom they will have contact during their professional careers.

Experienced professionals from the seven participating HEVI countries have been responsible for the content, methodologies and theoretical explanations that can be found in this guidebook. This Curriculum provides teachers not only with information and teaching methods in relation to IPV but also prepares them for their role as teachers in relation to this highly sensitive topic. The guidebook is designed in such a manner that teachers (initially being learners themselves) are provided with comprehensive knowledge and facts about the topic of IPV and encouraged to reflect on their role as tutors/teachers.

For the support of the Teachers' Guidebook a small-scale Teachers' Handbook was produced. Its aim is to give information and deepen some essential issues of the modules. The meaning of the numerous sources of material and bibliography is to support teachers to find more information on the questions and researches and documents and agreements of the European and worldwide organizations due to intimate partner violence.

To this end, the Guidebook has been divided into 3 sections: the First section presents the outline of a Module which can be used to prepare teachers and tutors to prepare themselves for their task of teaching their students the dynamics, legalities and interventions which are appropriate in their particular national and local context (Module A). The second section outlines four further modules (Modules B, C, D and E), any or all of which can be added to the Module A to prepare teachers for their teaching role. The content of these 4 Modules can also be used to assist teachers to design their own teaching curriculum in their own institutions. Sections 1 and 2 of the Guidebook are therefore presented and displayed as 5 interrelated modules.

Module A

Focuses on the central questions of preparedness of teachers in the field of IPV. Within this module the main objectives of the curriculum are discussed and guidelines for the educational design and the process of reflection within the modules are provided.

Module B

Provides the background to the issue of IPV, the forms that this violence can take and its impact.

Module C

Highlights the dynamics of IPV, the needs of abused women and the impact on children, women's responses to abuse, the barriers to the identification of victims and perpetrators and the barriers to leaving abusive relationships.

Module D

Focuses on risk assessment, intervention, safety planning, and barriers to intervention.

Module E

Outlines legal frameworks and the importance and challenge of multidisciplinary cooperation.

Pedagogical and methodological approaches

While it is recognized that there are regional differences in prevalence and incidence rates, parallels can be drawn when it comes to dynamics, effects and responses. These similarities have been reviewed for their relevance for teachers in further education and teachers in courses leading to recognized social work or nursing qualifications. The main focus within this curriculum has been determined by agreement on shared learning goals. Different target levels, such as knowing – realizing/recognizing – applying have been taken into consideration as well as the subdivision of targets according to the common competences which are an educational dimension in many European countries:

The implications of the European Qualification Framework (EQF-Descriptors) for continuing training and higher education (EHEA – Descriptors) are both essentially based on the description of learning outcomes (EQF.p38). Fostering of key competences (EQF) supports learners in their efforts to pursue life long learning. The key competences is one heading of the common principles and cooperation procedures (EQF p.39).

The curriculum is also based on different didactical/methodical approaches. Firstly the structure, as can be seen by the goals outlined, follows the pedagogic approach of focusing initially on fostering the student's competences and after that focuses on a constructivist learning comprehension. According to this approach to learning, knowledge acquisition takes place 'inside' the learner. It cannot be imparted BUT only fostered. During the process of learning the main focus should be on creating an atmosphere that supports constructive learning and inspires the learner to further discover knowledge by her/himself.

Debates among pedagogues about competences focus on the individual, as can be seen in the definition by GILLEN (2007) referring to Dehnbostel (2001):

"Competence is a category within the individual and can only be developed by the individual and includes skills, knowledge, qualifications and values. They develop throughout the individual's whole life span. Competence can be understood in the sense of a potential for action within the individual and its ability and willingness to act on its own responsibility."

That requires a shift in the methodical approach to teaching. In addition to the rather conventional cognitive-oriented methods like lecturing, experience- and individual-oriented methods should be factored in as well, e.g. scenic play and PBL.

Another central didactic-methodical principle in the curriculum is activity-based learning which encourages the competence to act, that can be interpreted as

"... the willingness and capability of each individual to respond to professional, social and private events in a thoughtful and appropriate manner and furthermore to act in a socially responsible way". (EQR, 2006)

An activity-oriented lecture relates to meaningful professional situations, according to the curriculum, it means that actions should be initiated by oneself or comprehended or anticipated. The actions should be autonomously planned, executed, reviewed and assessed by the learners. Also they should support a holistic understanding of problems in IPV. They should integrate the learner's experience and be reflected in a way that includes social processes. The methodical focus is on for example, mind mapping, group work, role play and multi-professional-case-conferences.

The taboo associated with IPV is a common problem or one's own experience of IPV (either as a teacher or a student) can be confronted by the didactic-methodical approach of experience-orientation. This approach focuses on the fostering of social and intrapersonal competences that define the appropriate ways of working with victims of IPV. The learners' experiences become the starting point of content related lecturing. Methodically it highlights scenic play learning. By means of scenic play, learners are encouraged to realize attitudes and defence mechanisms and to reflect about their own actions and their impact on others and eventually to alter their actions (Oelke, Scheller, Ruwe, 2000.)

The methods outlined in this curriculum have been chosen so that they will help the learners to get a better insight into the issue of IPV, to draw conclusions and to develop attitudes towards it. The methods outlined in the curriculum emanate from national qualification concepts and have been tested and evaluated in teaching settings following the principle of lifelong learning, which suggests that learners as well as teachers have a vital interest in increasing and diversifying their knowledge. The tutors/teachers can use the existing methodological suggestions and proposals in their daily teaching, reflect on them and on the basis of these reflections further develop and improve the methods themselves.

How to use the Guidebook

The guidebook serves as the foundation for a possible structure for advanced training courses for teachers in the fields of nursing, social care and social work. The tuition should therefore be structured in such a manner that the teachers acquire the knowledge and approaches to the issues involved in working with IPV with the same methods they will later utilize with their students.

As outlined above the Guidebook is divided into three sections

Section 1 outlines the preparatory training module for future teachers, and can include not only the contents of Module A, but can be augmented with any or all of the material outlined in the other 4 Modules. Section 1 concludes with some guidance on pedagogical issues which may arise in teaching about an issue which may be distressing for many students.

Section 2 outlines the four 'content' Modules (B, C, D and E). Each of these 4 Modules will set out the teaching and learning competencies (see Table 1) and the learning goals to which the module content will respond. It will also suggest appropriate teaching methodologies, teaching aids and case studies which the teachers can use at their discretion, keeping in mind their time frames and particular professional learning goals. Each module also includes a list of international and national website resources, together with recommended reading lists which will act as up to date resources on essential statistics, legal, social and medical developments. All five modules cover the essential topics that teaching staff need to be aware of in order to work with students to prepare them for their professional roles in the context of violence against women. As the Guidebook is designed to answer the needs of both social care and health care professionals, some of the modules will contain information which will be more appropriate for one profession or another. The methodologies listed for each Module are suggested only as guidelines and may be substituted with whichever methodologies teachers have found to be effective.

Key Competencies Table 1.

Professional Competence

Professional competence is defined as having the necessary and most up to specialized knowledge for each professional context, utilizing the most contemporary research findings, which will lead to the highest level of quality care and effectiveness.

Socio-communicative Competence

This competence comprises mutual esteem and respect in relation to patients, clients, co workers and others. This competence is evidenced by the ability to perceive and confront differences and conflict situations calmly and self critically, and by the ability to find consensus or compromise. The ability to listen and empathise is essential in the exercise of this competence.

Methodological Competence

This competence involves the making of speedy and accurate assessments in all situations, demonstrating the ability to make correct and appropriate evaluations. It also involves the ability to engage in systemic thinking, including an awareness of wider networks and relationships. It includes the ability to make speedy and appropriate decisions and to engage in problem solving activities. This includes the appropriate use of knowledge and professional competencies.

Personal Competence

This comprises the ability to take responsibility, for both oneself and for others. It involves the ability and the willingness to reflect on one's actions and to take an ethical stance when necessary. It includes taking care of oneself and being able to deal with stress in order to meet the demands of one's professional responsibilities. Personal competence also involves being able to develop new ideas and initiatives and remaining open to new situations and experiences.

Section 3 of the Guidebook provides the details of a number of teaching methodologies which can be utilized in one or more Module. These methodologies are provided, where appropriate with case examples, which can be amended or substituted by each individual teacher. The choice of teaching method will depend on the Learning Goals identified by the teacher, the needs of the students, their professional responsibilities and the time available to complete the module. Teachers are encouraged to utilize the methods that best suit their students' professional learning needs and their prior learning and experience.

The three sections of the Guidebook therefore compliment one another, and should be read and utilized as a whole. The Guidebook will provide both social care and health professional groups with the necessary information and teaching strategies which will enable them to prepare their students to recognise, understand and provide the appropriate responses to women experiencing intimate partner violence. It is essential therefore that each teacher utilize the contents of this Guidebook in a manner which is consistent with their learning goals, bearing in mind their national and local legal and service provision context.

SECTION 1 CURRICULUM

Module A Teaching IPV successfully

Team teaching is strongly recommended for all modules and the use of external professionals from support agencies will greatly augment the learning experience.

1. The common educational objectives for the teachers

Learning goals

Professional Competence

The teachers

- understand the professionalism required of teachers
- are aware /understand the challenges of teaching the topic of IPV
- are able to maintain curriculum development work on domestic violence in their own educational institution.

Socio-communicative Competence

The teachers

- are able to assess and give feedback about the competencies of students when the students have participated in the training modules.

Methodological Competence

The teachers

- can adapt different teaching and tutoring methods to their teaching on IPV and are able to deal with possible difficult class-room situations when teaching IPV.

Personal Competence

The teacher

- is aware of own attitudes/beliefs on IPV and how they influence her/his teaching
- uses a learning diary during the teachers' training curriculum
- is able to analyse their own teaching/tuition.

2. Introduction

The training module for teachers can begin by developing a 'Group Contract' between the facilitator(s)/trainer(s) and the participants. The facilitator begins by inviting the participants to list the 'ground rules' of the session which can help to develop trust and ensure confidentiality amongst the participants. The suggestions will be listed by the facilitator on flip chart paper and then pinned up on the wall where everyone can see it while the session is in progress. The suggestions can include for example, mutual respect/awareness that the issue may be sensitive for some participants/that everyone will contribute and provide space for others to contribute also/confidentiality. It may be helpful also to list the telephone number of a helpline or other agency which participants may contact after the session if they have been distressed by anything that has occurred in the session.

3. Role Play

In order to prepare teachers for possible challenging situations which may arise when teaching and tutoring on the issue of IPV, the following role play can be helpful to raise awareness of what might occur in a classroom situation:

Imagine a situation where there are more than 20 students in your classroom and you have started to talk about violence and you have asked the question? "Why it is so difficult to leave a violent partnership". Suddenly one of the students will jump up and start to yell at you: "I hate those women, they are so dumb, I have never understood why they don't leave their abusive partner"!

What do you answer – how do you react?

Take this case into your classroom. Agree with someone that she/he will react as outlined in the case above when you are teaching about barriers to leaving a violent partnership. Tell the actor that you will answer him/her something like: "Your reaction is not very professional now..." and ask her/him to yell again and leave the classroom.

Wait for a while and see others' reactions. Your actor will come back to the classroom and you both smile at each other. Now everyone understands that this was a role play situation. Talk with the students about their reactions. This is a very interesting methodology to use at the start of training. It will wake up the students and create a very sensitive atmosphere in the classroom.

4. Awareness of student's own experiences

Intimate Partner Violence is likely to affect a number of individuals in any professional programme. They may have grown up in an abusive environment, they may be experiencing or have experienced abuse from a boyfriend or girlfriend, or they may have friends who are experiencing abuse. It may therefore be difficult for them to participate effectively in exercises or discussions about this form of violence. They may appear as very sad, withdrawn or perhaps very angry in class discussions. It is therefore important that the teacher is prepared for the possibility of such reactions amongst some students. It is therefore important to alert students to these difficulties at the beginning of the training on IPV and to provide them with the opportunity to discuss privately any concerns they may have as well as providing them with the telephone number of appropriate services.

5. Park Sheet

As a number of issues can arise during a session, it can be helpful to use another sheet of flip chart paper as a 'Park Sheet'. This allows the facilitator to 'park' any query or topic that cannot be dealt with during that particular segment of the session, but will be returned to before the end of the session. At the end of the module it is important to double check that everything listed on the 'Park Sheet' has been dealt with.

6: Group work: Empowering the teachers

The teachers participating in the training are divided into groups of 4-5. Each group chooses a member who takes notes. The task of the groups is to think about and discuss the different roles of a teacher when teaching domestic violence issues, based on their own previous experience. The groups will work for approximately 20 minutes.

The roles which emerge can include: expert role, informant role, representative of the victims/perpetrators, role model in attitudes towards victims and perpetrators, agent, opinion leader, supporter/ encouragement giver, initiator/promoter of the process, one who introduces different approaches, a guide to sources of information, promoter of adventure, promoter of safety in the classroom situation, motivator, reflector of experiences, evidence producer (why discussing IPV is important), catalyst of social critique.

After 20 minutes the groups gather together to summarize the results. The trainer collates and writes up each role on a flip chart. S/he then gives 1 point to each role identified. The key roles are the roles which have got most of the points (e.g. 3 key roles and perhaps 1-2 subsidiary roles).

After identifying these key roles the trainer facilitates the teachers to think about their own experiences, the resources available for and the challenges of each role; what aspects in each role I am able to handle? In which aspects do I feel insecure/uncertain? Which role(s) is/are most closely allied to me?

This group work exercise helps the teachers to identify their professional development needs, challenges and resources.

7. Further Components of Module A

Future teachers can acquire the knowledge and competencies in relation to IPV using the same methods (see Section 3 of the Guidebook) which they will later utilize with their students. The session facilitators can choose which of these methods to apply in this Introductory Teachers' Module, keeping in mind time constraints and the learning needs of the participants.

Following each module reflective questions can assist the teachers to reflect on their own teaching methods, their effectiveness as teachers and the impact on themselves of the material presented and discussed. The following are a list of possible reflective questions within each of the four competencies and they can be utilized at the teachers' individual discretion.

8. Reflective questions

Professional competencies

- *Have the contents been communicated comprehensibly and in a motivating manner?*
- *Have we managed to advance attitudes and opinions towards IPV?*
- *Is there a need for further clarification or information?*
- *Has the training been conducted taking into account gender-related aspects?*
- *Have the different types of learners been considered?*
- *Have time and organization been sufficient for the acquisition of the competencies?*

Social and communicative competencies

- *Has the learning atmosphere been modelled interactively and dynamically?*
- *Have the essential aspects of the topics been consolidated through moderation and visualization?*
- *Have existing resources been activated and included in an enhancing manner?*
- *Has there been a constructive manner of dealing with conflict?*
- *Were difficult situations (e.g. denial/aggression) dealt with appropriately?*
- *Has there been adequate space and openness to allow for emotions?*
- *Have participants who experienced the content as painful and difficult been accompanied and supported adequately?*

Methodological competencies

- *Have the exercises/ tasks been comprehensible and explicit?*
- *Have the applied methods been purposeful and clear?*
- *Have understanding and empathy been promoted?*
- *Have courses of action been reflected and further developed?*

Personal competencies

- *Has the teacher been able to remain detached and objective?*
- *What has been the teacher's ability to be self-observant and introspective?*
- *What skills have been utilised to evaluate the training?*
- *Has the teacher been able to be professional and productive in the face of critical statements?*

9. Guidelines for Teachers

Dos.

- *Do teamteaching where possible.*
- *Do provide a good balance between theoretical input and inter-active exercises and allow sufficient time for exchange and discussion.*
- *Do speak in a respectful manner when talking about victims and perpetrators.*
- *Do ask open - (who and why) - questions if a student reacts angrily to a topic being discussed.*
- *Do ask questions to try to understand what has provoked an angry outburst or comment.*
- *Do comment appreciatively about any interventions, asking if the speaker wishes to discuss the matter in class, or later, in private.*
- *Do randomly allocate a 'seminar partner' to every student as a resource person with whom they can discuss any upsetting material.*
- *Do provide leaflets and brochures with telephone numbers of appropriate agencies or services which students can access if they are distressed.*

Don't.

- *Do not use, or allow to be used by others, any racist, sexist or homophobic language.*
- *Do not use any stereotypical examples in relation to ethnic minorities or people with disabilities.*
- *Do not respond aggressively to angry interventions.*
- *Do not act as a teacher of this topic if you yourself are closely affected by intimate partner violence and you have not had an opportunity to work through your experiences and feelings. Working through the own experience of violence is an empowerment process which can strengthen you as a teacher and tutor.*

The use of peer supervision by teachers to 'debrief' after teaching such challenging material can be an effective way to ensure that one's own emotions do not affect the manner in which the material is discussed in class. Teachers must develop a distance and a sense of personal detachment from the topic if they are to deal respectfully with these issues.

SECTION 2 MODULES

Module B Background information on IPV

Learning goals

Professional Competence

The learners

- understand that IPV is a violation of human rights and not a private problem
- know the prevalence and incidence of IPV
- are aware of gender differences
- know the different definitions of IPV/DV
- know that IPV is occurring in all classes, ethnicities, religions etc.
- can challenge the myths about IPV
- know the health and social consequences of IPV and comprehend the importance of this subject for health care/social care professionals
- can challenge the myths about IPV.

Socio-communicative Competence

The learners

- are willing to speak about IPV in study groups and thereby contribute to the removal of taboos about IPV
- lose their fears/barriers regarding IPV/DV.

Methodological Competence

The learners

- recognize IPV as within the scope of action for the health care and social systems
- acknowledge their willingness to care for individuals affected by IPV as an integrative component of their occupational activities.

Personal Competence

The learners

- can reflect on their own experiences with IPV
- reassess their own attitudes toward IPV
- question their own prejudices/myths concerning IPV
- are sensitized toward the individuals involved and their personal circumstances.



Subjects/Topics	Suggested Methods
Violation of Human Rights	<ul style="list-style-type: none"> • Input from literature and research (see Literature and Websites below) • National Legislation regarding IPV • Method No. 2 (Mountain Climbing) and/or Zeppelin exercise from Pro Train programme http://www.pro-train.uni-osnabrueck.de/
Definition of Intimate Partner Violence (IPV) Prevalence Forms of Partner Violence	<ul style="list-style-type: none"> • Input from literature and research (international data, see Literature and Websites below) • Method No. 3 (Brainstorming) • Method No. 4 (Word Association) • Method No. 5 (Scenic play) • Method No. 6 (4 Corners Exercise) • Method No. 7 (a) (Audio Visual) • (Method No. 3 can be adapted for this topic) (see also Literature and Teachers Handbook)
Gender differences Same sex relationship violence	<ul style="list-style-type: none"> • Input (See Literature and Teachers' Handbook)
Myths about IPV	<ul style="list-style-type: none"> • Method No. 8 (True or False)
Multifactorial model for understanding IPV	<ul style="list-style-type: none"> • Input: (See pg.12/13, World Report on Violence and Health (2002) and Heise (1998) www.genderhealth.org (Series L No. 11) 1999)
Reflective Practice	<ul style="list-style-type: none"> • See Method No.1 (a) (Reflective Learning journal) or 1 (e) (Dialogical Writing)

Module C Understanding IPV

Learning goals

Professional Competence

The learners

- understand the dynamics of violent relationships
- know the reasons for remaining in violent relationships
- know that leaving a violent relationship is a process
- know the needs of the persons concerned in various circumstances
- grasp the influence of IPV on child development
- understand the co-occurrence of child abuse and IPV
- are able to recognize the signs and symptoms of IPV and are aware of risk factors
- recognize the motives and strategies of IPV perpetrators.

Socio-communicative Competence

The learners

- are willing to discuss the context-specific dynamics of those affected by IPV in their diverse circumstances
- contribute to the removal of taboos about IPV
- consider at the point of contact the individual context of IPV-affected persons in regard to their individual social and family backgrounds.

Methodological Competence

The learners

- distance themselves from stereotypes in favour of a multi-dimensional approach to IPV.

Personal Competence

The learners

- respect those concerned as being responsible and autonomous individuals with experience of life
- can assess the IPV-situation and respect the decision of the individuals involved (i.e. client's self determination).

Subjects/Topics	Suggested Methods
Dynamics and patterns of abuse	<ul style="list-style-type: none"> • Input: Dynamics and patterns: See Literature/ Power and Control Dynamics • Method No. 9 (Power and Control Wheel)
Barriers to leaving a violent partner	<ul style="list-style-type: none"> • Input: Stages of Change and/or Liz Kelly's Crisis Intervention Model. (See Handbook and Literature) and • See WAVE Exercise at www.wave-network.org/ • The Students can Brainstorm the barriers which hinder women from leaving as soon as they might wish to. (Method No. 3 can be adapted for this topic). <ul style="list-style-type: none"> • The information in the Handbook, the websites and the Literature can be utilised to summarize these barriers.
Abuse in Pregnancy	<ul style="list-style-type: none"> • Input: See literature • See Guidelines (Perttu/Kaselitz, 2006)
Effects on children <ul style="list-style-type: none"> • Co-occurrence of partner violence and child abuse/maltreatment 	<ul style="list-style-type: none"> • Method No. 10 (Audio Visual) • Input (See Literature and Teachers Handbook)
Women's strategies and responses	<ul style="list-style-type: none"> • Method No. 7 (b) (Audio Visual) • Input: See Literature
Support needs of abused women Diversity issues/Needs of specific groups <ul style="list-style-type: none"> • migrant women (refugee, undocumented women) • elderly persons • disabled persons • persons with alcohol or drug problems • persons with mental health problems 	<ul style="list-style-type: none"> • Method No. 11 (b) (Problem Based Learning) • Method No. 12 (Learning Café) • See Pro Train Module 2 Multi Professional (http://www.pro-train.uni-osnabrueck.de/index.php/Main/)
Perpetrators behaviour patterns <ul style="list-style-type: none"> • Motives and strategies 	<ul style="list-style-type: none"> • Method No. 13 (Role Play) • Exercise: How to identify victims and perpetrators • See Pro Train Module 2 Multi Professional (http://www.pro-train.uni-osnabrueck.de/index.php/Main/)
Reflective practice	<ul style="list-style-type: none"> • See Method No.1 (b) (Reflective Learning journal) or 1 (e) (Dialogical Writing)

Module D Identification, Intervention and Support

Learning goals

Professional Competence

The learners

- know the indicators /red flags for IPV
- know the screening and assessment tools for persons affected by IPV
- know appropriate intervention steps and strategies
- know about safety planning
- know the legal framework and assistance programs for the individuals concerned, including children
- know the documentation required and the importance of a comprehensive documentation process for those affected by violence.

Socio-communicative Competence

The learners

- are able to conduct negotiations and engage in the consultation processes in practice
- are aware of the different needs of victims of IPV as determined by their diverse cultural backgrounds
- are able to communicate with individuals affected by violence about their experiences/ their protection requirements/their resources.

Methodological Competence

The learners

- can identify persons affected by IPV and detect and assess their situations through suitable questioning techniques
- can plan and conduct steps for intervention
- are able to recognize emergency situations and deal with these by means of an emergency/ safety plan
- can execute the documentation process accurately.

Personal Competence

The learners

- understand why the question about experience with violence must be integrated into patients' medical histories
- pay attention to their own safety when dealing with those affected by IPV and their abusers
- are able to keep the necessary distance between themselves and the persons affected as well as the perpetrators for their own safety and well-being.

Subjects/Topics	Suggested Methods
Identifying victims of IPV IPV assessment: asking about violence in the medical setting	<ul style="list-style-type: none"> • See Method No. 14 (Brainstorming) • Method No. 15 (Group Work) • Method No. 16 (Role Play with Standardized Clients)
Screening tools <ul style="list-style-type: none"> • Screening/routine enquiry • Inter cultural skills 	<ul style="list-style-type: none"> • Input: See Perttu/Kaselitz (The nature and value of Screening tools in the Medical/Nursing setting). • See ProTrain Module 2 (HC) (http://www.pro-train.uni-osnabrueck.de/index.php/TrainingProgram/MultiProfessional?userlang=en)
Legal issues/Document injuries <ul style="list-style-type: none"> • Keeping records • Ensuring protocols are adhered to. 	<ul style="list-style-type: none"> • Method No. 17 (Photographing injuries) • Input: Recording body map. See Handbook for copies of Body Map; See also Perttu/Kaselitz (The nature and value of Screening tools in the Medical/Nursing setting).
Counselling victims of IPV <ul style="list-style-type: none"> • Psychological First Aid 	<ul style="list-style-type: none"> • Method No. 18 (Role Play) • See Handbook • See Exercise in ProTrain Module 4 http://www.pro-train.uni-osnabrueck.de/index.php/TrainingProgram/MultiProfessional?userlang=en
Risk Assessment	<ul style="list-style-type: none"> • Method No. 19 (Case Scenario) • Method No. 20 (Case Scenario) • See Handbook, Literature and ProTrain (http://www.pro-train.uni-osnabrueck.de/index.php/Main/) (Module 3 Multi Professional)
Safety Planning <ul style="list-style-type: none"> • Confidentiality and information sharing Referral to support system	<ul style="list-style-type: none"> • Method No. 11 (a) (PBL) • See ProTrain (http://www.pro-train.uni-osnabrueck.de/index.php/Main/) (Module 4 MP) • Method No 11 (b) (PBL) can be used here • Input: See Handbook
Dealing with perpetrators	<ul style="list-style-type: none"> • Method No. 21 (Role Play)
Professionalism, Prevention of secondary traumatisatation	<ul style="list-style-type: none"> • Input: See Perttu/Kaselitz (2006) (How to Stay Supportive)
Reflective Practice	<ul style="list-style-type: none"> • Method No. 1 (c) (Reflective Learning journal) or 1 (e) (Dialogical Writing)

Module E Legal Framework and Multi-agency cooperation

Learning goals

Professional Competence

The learners

- know the legal fundamentals regarding IPV
- know who the appropriate contact persons in the support systems
- know the importance of an interdisciplinary/multiprofessional approach to IPV
- know the interdisciplinary intervention standards for IPV
- know the responsibilities of the multi-disciplinary partners, including their possibilities and limitations.

Socio-communicative Competence

The learners

- are able to adequately communicate with local services and programs in different situations.

Methodological Competence

The learners

- are able to integrate existing services and programs into their work with those affected by IPV.

Personal Competence

The learners

- understand that they are part of an interdisciplinary team with their own roles and responsibilities.

Subjects/Topics	Suggested Methods
Legal frameworks/ international legal measures Information on legal, welfare rights	<ul style="list-style-type: none">• Input: See Literature, Websites and local legislative and welfare systems• Method No. 11 (c) (PBL)
Role of the different professions in intervention, their tasks and limitations Management of service delivery and development	<ul style="list-style-type: none">• Method No. 12 (Learning Café)• Method No. 22 (Multi Professional Panel Discussion)• Method No. 23 (Role Play)• Brainstorm local services• Input re. local services• Field visit to local service provider(s) (if possible)
Reflective Practice	<ul style="list-style-type: none">• See Method No.1 (d) (Reflective Learning journal) or 1 (e) (Dialogical Writing)

SECTION 3 METHODS

Method No. 1 (a) Reflective Learning Journal

TOPIC	Reflections on IPV
Aims and Objectives	To encourage students to become reflective practitioners and to take time to reflect on their attitudes, reactions and feelings when working with abused partners.
Time frame	Will vary from student to student.
Materials needed	Individual learning journal/notebook Questions provided by teacher to prompt the students' reflections
Exercise	In preparation for Module B, students can be asked to reflect on their attitudes to violence against women. They can be asked to write these reflections in their Reflective Learning Journals. If they do not usually keep a Reflective Learning Journal, they can be asked to keep these reflections as notes for further use.

The following questions may be helpful to guide this reflective exercise:

*What do you think causes violence against women in intimate relationships?
How widespread do you think this kind of violence is?
Do you think women provoke this violence against themselves?
What is the effect of such violence on women and children?
Do you think men are abused in the home in the way women are? Do they suffer the same physical and psychological effects from this kind of abuse?
Do you know any woman who has been abused by her intimate partner?
If you do, did you ever feel able to discuss her experience with her?
How did it make you feel?
Have you yourself ever been abused in an intimate relationship?
Do you feel comfortable in discussing this form of violence?
If you do feel uncomfortable with this topic, what would help you to feel less uncomfortable?*

Reflective Questions (At the end of Module B) It is important to encourage students, who may be hearing about these issues for the first time, to take time to reflect on their reactions to and feelings about IPV. The following questions may help them to reflect on this troubling information.

*Had you heard about this kind of abuse and control occurring in intimate relationships?
How does it make you feel to know that some women experience such abuse and control from their intimate partners or boyfriends?
Does it make you worry about your own relationships, or the relationships of your friends?
What do you think you would do if you found yourself in such a relationship?
If you were experiencing such difficulties or abuse, would you find it difficult to tell others about them?
Is there anyone you feel you could talk to about these issues?*

Notes for teachers

It is preferable that the teacher does not read the students' learning journal, as these are the private reflections of each individual. The students may not feel able to be as honest as they might be if they know someone else is going to read their reflections.

Method No. 1 (b) Reflective Learning Journal

TOPIC	Reflections at the end of Module C
Time frame	Will vary from student to student.
Materials needed	Individual learning journal/notebook Questions provided by teacher to prompt the students' reflections.
Exercise	<i>Had you heard about the abuse of children occurring in the context of intimate partner violence? How does it make you feel to know that some children experience such abuse and control from their parent or step parent? Does discussing this topic make you feel uncomfortable? How does it make you feel to learn that much physical abuse begins in pregnancy? Do you think you would find it difficult to discuss such abuse with disabled, elderly or ethnic minority women? What did you find most distressing about this module? What do you feel you may need to work with abused women and children?</i>

Method No. 1 (c) Reflective Learning Journal

TOPIC	Reflections at the end of Module D
Time frame	Will vary from student to student.
Materials needed	Individual learning journal/notebook Questions provided by teacher to prompt the students' reflections.
Exercise	<i>What did you learn about yourself from these exercises? What did you find difficult in the role plays/exercises? Would you feel comfortable carrying out an assessment with an abused woman? What would be difficult for you in assessing and recording physical injuries with an abused woman? As a social worker, what would be most difficult for you in making an assessment? Would you feel uncomfortable or afraid if it became necessary to speak to an abusive partner? Did you find yourself becoming frustrated at any point? If so, why do think this was? Have you encountered situations like this in your previous practice experience? What did feel you needed to know that wasn't included in the case scenarios/exercises?</i>

Method No. 1 (d) Reflective Learning Journal

TOPIC	Reflections at the end of Module E
Time frame	Will vary from student to student.
Materials needed	Individual learning journal/notebook Questions provided by teacher to prompt the students' reflections.
Exercise	<i>What have you learned about yourself and your ability to work with other professionals from these exercises?</i> <i>What would you find challenging in working in a multidisciplinary setting?</i> <i>What other professional interventions enhances your work with abused women?</i> <i>What other professional interventions frustrates your work with abused women?</i> <i>How will you care for your self when working with challenging and stressful situations?</i> <i>Where will you find support to help you with this?</i> <i>If so, why do think this was?</i> <i>Have you encountered situations like this in your previous practice experience?</i> <i>What did feel you needed to know that wasn't included in the case scenarios/exercises?</i>

Method No. 1 (e) Dialogical Writing

TOPIC	Reflections on IPV
Aims and Objectives	Enables the student to become aware of something new in her/himself. Enables the student to understand more of life by developing an inner silence and state of concentration in which s/he is in contact with his/her true experiences.
Time frame	Will vary from student to student.
Materials needed	Individual learning journal/notebook
Exercise	Directions for Dialogical Writing Short meditation/calming down. Formulate the question and write it down. The motive of the question has to be positive. What is the important question for you right now? Remember, by writing you redevelop yourself. You can ask difficult questions too, but in a constructive way. Respond to the question from your intuition. Avoid learnt definitions. Answers are often unexpected and surprising. When the answer comes to you, write it down. Reflect on the answer and formulate the next question based on that reflection. Write the second answer based on the last one and then develop another question. Continue like that until you have an answer to the original question. Read what you have written. Consider what is new to you in that and what does it teach you.

Notes for Teachers

This is an alternative approach to the Learning Journal. Dialogical writing is writing where the writer is having an inner discussion with his/her inner self/ego. Answers to the questions s/he poses are not found in theoretical knowledge but rather in the individual's intuition. Writing is not copying the ready-made knowledge but is a learning event which at its best creates new insights and creative ideas. Writing can be a way of redeveloping ideas. The courage to confront her/himself is the key to dialogical writing. It is an excellent method for those who want to better understand their values and attitudes and problems concerning their views of life. It is an expedient method to find totally new resources from within oneself.

Students can benefit remarkably by their own writing process. It offers the possibility to go deeply into a subject and it makes learning a process. When students discuss helping women who have suffered violence, they can for example ask themselves questions concerning their own attitudes. The teacher can ask students to go through and write this process after each learning experience in practice. The result is a learning diary which can be a tool for tutoring the student individually or in a group.

The method works best under the guidance of a group where the writing is read and delivered openly. Shared discussion helps students to become conscious of their own and other peoples' viewpoints. Dialogical writing can also be practiced alone, thereby ensuring one's own individual process of learning. Dialogical writing is a tool for individual thinking and it is suited to the student who is interested in developing his/her own learning, articulation skills and creative thinking.

According to Jorma and Kristiina Heikkilä (2001) we need good questions instead of good answers. We experience the power of the dialogue when we produce questions without ready answers. The dialogical attitude can be strengthened by encouraging participants to develop their skills to find questions which evoke people to consider essential matters. Topics and questions are found from our daily lives. The quality of dialogical skills can be seen above all in the level of questioner's self reflection. In general it is a skill to set one's own actions and thinking in a research focus.

Method No. 2 Mountain climbing

TOPIC	Human rights and IPV (Universal Declaration of Human Rights)
Aims and Objectives	To sensitise participants to the issue of IPV. To become aware that violence against women is a human rights violation. To ensure participants have a common, shared knowledge about human rights. To 'bring home' the concept of human rights, recognising the fact that abused women need to bargain about their basic human rights on a day to day basis and that for them, Human Rights are not abstract concepts.
Time frame	10 minutes discussion: exercise on human rights 30 minutes.
Materials needed	List of human rights, handouts Pins/bluetack and flipchart paper A board/wall on which to pin the paper

Exercise

Divide students into small groups of four-five. Give each small group the list of Human Rights Articles which are cut into slips of paper with one article on each slip (30 articles/slips of paper). (See Appendix No.1).

Give students 5 minutes to read through the Universal Declaration of Human Rights (UDHR).

Start the climbing exercise by telling the students to imagine they have a rucksack on their backs. Inside the rucksack they have all 30 of the Human Rights' articles. In the beginning of the trip the students are fresh and full of energy to start the climbing. The rucksack appears to be light to carry. The sun is shining and the scenery is wonderful.

The climbing path becomes higher and students start to sweat. They have to stop and lighten the load. Each group has to throw out 10 Rights. They have to agree among themselves which Rights to discard and why. The discarded Rights are collected by the facilitator and pinned to the flipchart next to their articles.

The students continue the trip. The path becomes higher and higher. They start to feel tired. They cannot continue the trip with that heavy rucksack. Again they have to throw out 10 Rights. They have to agree among themselves which Rights to discard and why. The discarded Rights are collected by the facilitator and pinned to the flipchart next to their articles.

Now they have 10 rights left. The cabin on the top of the mountain is already seen by the students but still there is a sharp path to climb. They have to rest again and lighten the load. They have to choose the 5 Rights they wish to save. When they are finished, the facilitator collects the Rights and pins them to the flipchart.

Example of flipchart if there are two groups

Group 1	Group 2
No. Of Article	No. Of Article
1	1
2	2
3	3
...	...
30	30

The teacher helps the students to reflect any or all of the following questions:

- *How did you decide which Rights to throw out and which to keep?*
- *Was it easy or difficult to agree? Were there any disagreements?*
- *Which factors may determine one's choice?*
- *If any frustration or disagreements were noticed by the teacher he/she can ask about it and address it, and acknowledge that it is usually frustrating to have to prioritize inalienable, connected and basic Human Rights.*
- *Final question: Do you think there are any groups of people, or any situations where someone has to do exactly the same sort of weighing up of rights?*

The group may take a shorter or longer reflection period to see which Rights were actually saved and why, whether there may be cases or groups of people where priorities may be different.

It is important to call attention to the fact that women who suffer partnership violence are entitled to fewer Rights or a narrower scope of Human Rights.

Notes for Teachers

See Appendix No. 1.

Reports, if they exist related to human rights abuses of women in the given country (court cases, evaluations, surveys on DV, rape, sexual abuse, etc.).

International documents (CEDAW, Case of M.C. v. Bulgaria before the European Court of Human Rights in 2003. [application no. 39272/98]).

Adapted from the Zeppelin Method, which is available on ProTrain: Multi Professional and Health Care Training Programme on domestic Violence (2007-2009)

<http://www.pro-train.uni-osnabrueck.de/index.php/Main/AboutTheProject>



Method No. 3 Brainstorming

TOPIC	Identifying forms of IPV.
Aims and Objectives	Students will be able to name and have a clearer understanding of the range of abusive tactics that women experience.
Time frame	Approximately 10 minutes
Materials needed	Board/flipchart
Exercise	<p>The teacher will facilitate the students to brainstorm the many forms of abuse which occur in relationships where there is IPV.</p> <p>The purpose of this brainstorm is to name different forms of violence and abuse - physical, emotional/psychological, sexual and financial - in detail.</p> <ul style="list-style-type: none">• Physical abuse includes punching, slapping, biting, kicking etc.• Sexual abuse includes rape, forced use of pornography, etc.• Emotional/psychological abuse includes name calling, insults etc.• Financial abuse includes withholding money, not being allowed to work, not being allowed access to bank accounts, having to account for all money spent, checking the mileage on the car etc.

Notes for Teachers

See Teachers' Handbook.

This exercise can be followed immediately by Method No. 9 which introduces the Power and Control Wheel.

Method No. 4 Word Association

TOPIC	Raising Awareness of Previous Knowledge of IPV
Aims and Objectives	<p>To Introduce the topic of IPV.</p> <p>To sensitize students to the concepts involved in IPV.</p> <p>To enable the students to transparently visualize their associations and their previous knowledge.</p>
Time frame	Approximately 10 minutes
Materials needed	Work sheet with well known terms from IPV (e.g. violence, control) Board/flipchart, Pins/blue tack

Exercise

Write down a well known term related to IPV in capital letters from top to bottom on a sheet of working paper and make a copy for every student. (See below for example).

Each student should write down words (in capital letters) which pop into their minds, containing at least one of these letters at the beginning, in the middle or at the end of the word.

When all have finished writing their words on their worksheets, they will be presented to the group and pinned on the board or flipchart.

When these words have all been posted on the Board or flipchart, they can be used as a basis for discussion to assist students to identify ideas, questions or concepts they may have about the issue of IPV.

Example

									V	I	C	T	I	M	
							P	A	I	N					
								W	O	M	E	N			
							P	O	L	I	C	E			
								H	E	L	P				
						W	O	U	N	D	S				
		E	M	E	R	G	E	N	C	Y					
			C	H	I	L	D	R	E	N					

Method No. 5 Scenic play

TOPIC

Sensory experiences of violence

Aims and Objectives

- to develop consciousness about one's own emotions
- to learn to handle one's emotions and the emotions of others
- to develop empathy and a change of perspective
- to make it possible to discuss taboo subjects (such as Intimate Partner Violence)
- to enhance one's ability to reflect on one's own attitudes/ behaviour.

Time frame

Time given to this exercise can vary.

Exercise

Up – down

Go together in pairs and move like this (show the movement). One partner follows the other's movements as if they were looking in a mirror. Don't talk. Keep eye contact.

Yes – no

Change partners.

One of you will keep saying "Yes" the other "No". Try out different tone, posture, gesture, loudness. Reflect on and share your experience.

Victim – offender

One of you will be the offender. The offender will be modelled by the partner. The partner defines how this offender will look. Everyone tries to remember their posture, it has to be repeated. Change roles. The other group of offenders now enact the posture. We get an offender gallery. We look at the gallery.

The partners go back together and decide who will first take the posture of a victim corresponding with the offender posture of the partner. You decide yourself what the victim posture looks like. Change, so that everyone has found their own victim's posture. Make a victim's gallery.

Each pair decides who wants to be the offender and the victim in the final part. Go into the corresponding posture of offender and victim and remain there for a moment. How do you feel. What does your body tell you. What can you see from your position? What is this situation like? Find a sentence or comment, what the person in your posture would think or say. Find a sentence from 'inside', no theoretical comment. Please remember the sentence and the tone.

Situation picture: intimate partner violence

(This part of the exercise should only be attempted if the teacher has already some experience using the method).

Two groups. Discuss experiences or ideas on situations of intimate partner violence.

Chose two of the situations. The one who raised the situation builds the "scene" and choses the players. The situation is represented at a typical point, like you freeze this moment in a photo. The story-teller models the persons and shows them where to be, forms the constellation.

Notes for Teachers (Background to the Method)

Scenic play and the issues of violence, powerlessness, power/influence.

Goals

*To learn how it feels to experience violence, how it interacts with posture and attitude.
Do I feel/act powerful or weak? How does it feel to do the opposite?*

To try strategies against violence, against fear; encouraging, empowering.

To interpret and reconstruct difficult situations, to try new possibilities to act and react and reflect on how this feels.

The method works with the perception of feelings, tone's own body, awareness of how I move and how others move, expressions on the face. Mostly we don't need to talk much. Just experience how it feels physically and psychically.

Scenic play was developed by Ingo Scheller as a critical reaction to cognitive orientated teaching standards. Scheller observed that the socially weaker pupils were stronger in communication forms in relation to groups, situations and body, than "middle class" pupils.

Uta Oelke and Gisela Ruwe took over the method in nursing and applied it to special situations and taboo topics in nursing.

Scenic play works with experiences and situations and tries to bring to consciousness body-related behaviour like moving in the room, posture, gesture, voice.

Scheller makes a difference between "internal" attitude and "external" posture (which is the same word in German). Internal attitude means for example, prejudice, opinions, norms. External posture is behaviour and speech. Making both more conscious gives one the opportunity to try new possibilities of behaviour.

Some of the methods used in scenic play are also used in other pedagogic approaches such as role playing and theatre-pedagogic.

A possible structure of a scenic learning unit is

- *find out about the situation: exercise with moving, perception, speaking,*
- *enact the situation: forming "situation pictures" or "association pictures", which can also be interpreted in the next step,*
- *interpretation: imitation of postures, changing of posture, gesture and setting, speaking out associations,*
- *reflection: the approach is not rational but rather 'what did we experience'? Transfer often comes by itself, so that it can develop to a theory-discussion.*

Method No. 6 Four Corners' Exercise

TOPIC	Myths and Beliefs in IPV
Aims and Objectives	To facilitate an introduction to the topic of IPV. Statements are used as a basis for discussion which facilitates students to approach the issue of IPV in a structured and progressive manner. Statements can be used to initiate an argument about a certain aspect of IPV.
Time frame	20-30 minutes
Materials needed	4 index card Pens 4 tables
Examples of possible statements	1. IPV appears in every family. 2. Neighbours often recognize IPV. 3. I don't understand why the victim doesn't leave the perpetrator. 4. IPV always originates from males.

Exercise

Place a table in every corner of the room with an index card on it. On every index card there will be a statement related to IPV. The statements can be provocative but also problem-orientated. The students should opt for one of the four corners and thereby for one of the four statements. Their criteria for choosing one of the corners could be agreement, or disagreement with the statement, or, curiosity or interest.

Every group should discuss the pros and cons of the statement they have opted for.

After 5-8 minutes of discussion, the whole group comes back together to discuss the four statements.

These statements and the discussions that occur in the small groups and in the large group facilitate students to clarify issues about which they may have insufficient or only 'street wise' information.

Method No. 7 (a) Audio visual

TOPIC	Identifying forms of violence
Aims and Objectives	To enable students to identify the various forms that violence and abuse can take in an intimate relationship. To be able to name these forms of abuse and control.
Time frame	Approximately 30 minutes (time will vary depending on length of film clip used).
Materials needed	Choose a short sequence from a suitable film which depicts episode(s) of Intimate Partner Violence. (Alternatively, the first 7 minute section of the edited (UK) Channel 4 television documentary on Domestic Violence in which various experiences of violence are recounted, can be used.) TV/Videoplayer, or a projector/PC

Exercise

Introduce the film/television clip to the students. Explain to the students that the film may be upsetting and it is important to acknowledge these feelings.

When the film/television clip is finished, ask the students to turn to the person beside them and discuss their feelings about what they have seen. Allow approx. 3 minutes for this discussion.

Break the class into small groups, and ask them to list the forms of violence they have seen or heard described in the film. You may ask them to write these on flipchart paper, or simply ask them to verbally feed back to the whole group.

Take feedback from the groups, and lead a discussion on the forms of violence seen or described in the film. Ask the students to give specific examples about what they have seen and heard.

Introduce the Power and Control Wheel using either an overhead acetate or handouts for each student (See Appendix No. 1 of the Teachers' Handbook). Ask the students to identify the abuses they have seen or heard on the Power and Control Wheel. Provide input regarding the purpose of the abusive tactics. (This section will not be necessary if using Method No. 8).

Method No. 7 (b) Audio visual

TOPIC

Identifying women's strategic responses

Aims and Objectives

To raise students' awareness that women are constantly responding and resisting the abuse that they are experiencing, despite sometimes appearing to be passive and submissive.
To enable students to recognise and identify the range of resistances that abused women engage in to keep themselves safe.

Time frame

20-30 minutes

Materials needed

As above

Exercise

This exercise can be adapted to demonstrate women's strategic responses by utilizing a clip from a suitable film (e.g. "Everlasting Moments"). In Steps 3 and 4 of the exercise, substitute 'forms of resistance and responses' for forms of violence and ask the groups to discuss and list these.

Method No. 8 True or false?

TOPIC

Why Does Domestic Violence Happen? Myths and Facts.

Aims and Objectives

To enable students to identify the 'street wise' beliefs about IPV.
By discussing and debating these beliefs, students will be enabled to distinguish 'fact' from 'fiction' and gain a factually correct understanding of the issue of IPV.

Time frame Approximately 30 minutes

Materials needed A questionnaire with the following 12 questions

1. An abusive person is someone who loses his or her temper too often.

True

False

2. Domestic violence occurs mostly in lower socioeconomic groups.

True

False

3. Victims of domestic violence are initially “weak” people therefore they are incapable of leaving the abusive relationship.

True

False

4. People who abuse tend to always act abusively toward their partner.

True

False

5. It is easy to identify a potential batterer when meeting him/her?

True

False

6. Drinking or using drugs makes someone become an abuser.

True

False

7. People hit their partners because the partner won’t stop talking, yelling, or telling them what to do.

True

False

8. The person being abused can make the abuse stop.

True

False

9. Children who are abused become abusers themselves.

True

False

10. People learn how to become abusive.

True

False

11. People who use violence towards their family have to be somehow sick.

True

False

12. Violence in families would not happen that much if women and men had clear /traditional roles in the society.

True

False

Exercise

Distribute the questionnaire to the students and ask them to circle the answer they think is correct. When the students have completed all 12 questions, ask them to share their responses in the large group. The following fact sheet provides the factually based correct responses to the questions.

FACT SHEET

Why Does Domestic Violence Happen? True or False?

1. An abusive person is someone who loses his or her temper too often.

False. Although someone who abuses may have a “bad temper,” domestic violence is more than a passing mood. It is a pattern of behaviors that abusers use to have power and control over their partners or family members. Many people who abuse will do so even when they are not angry.

2. Domestic violence occurs mostly in lower socioeconomic groups.

False. Domestic violence occurs at all socioeconomic levels. Financial pressures may put pressure on families that can exacerbate violence, but it is important to remember that socioeconomic pressures are NOT the cause. Domestic violence is a result of the need for one person to exercise power and control over another. The problem is prevalent in upper, middle and lower class communities alike.

3. Victims of domestic violence are initially “weak” people therefore they are incapable of leaving the abusive relationship.

False. The fact that people experience domestic violence doesn’t make them inherently “weak.” Through manipulation and coercion abusers often chip away at the victim’s self-esteem. Sometimes this process happens so subtly that the victim is unaware of the psychological, emotional and other types of abuse that often precedes a physically violent attack. In addition, it is important to note that many victims grew up in homes where there was excessive violence and turbulence. They may have seen their parents abuse alcohol and drugs, and consequently blamed themselves for the dysfunction and unhappiness.

4. People who abuse tend to always act abusively toward their partner.

False. Some people who abuse may become apologetic and more loving after the abuse, often as a form of manipulation. This cycle of increasing tension and violence, followed by what is sometimes called a “honeymoon period,” can make it harder for people who are abused to end the relationship. However all violence does not go through these phases. For some people there is no “honeymoon” phase. Others do not see the tension building. Women’s rights activists today have changed the model, renaming it the “Campaign of Violence.” The new name suggests that the violence is ongoing and multi-faceted, taking a variety of forms.

5. It is easy to identify a potential batterer when meeting him/her?

False. Just as there is not one reason for abuse, there is not one type of batterer. Many batterers are highly successful professionally and in other areas of their lives. With history and society to support their beliefs, they may have little remorse or regret that they are abusing their partners. It is possible that you may know they act abusively and violently at home, but show no signs of being an abuser in public. Abusers may act quite normally in public or social situations.

6. Drinking or using drugs makes someone become an abuser.

False. Although alcohol and/or drugs are present in almost 50% of abuse cases, alcohol and drugs themselves are not thought to cause the abuse. Research demonstrates that abusers who are recovering alcoholics and addicts still tend to be abusive after becoming sober. Alcohol and drugs may loosen inhibitions allowing batterers to unleash violent behaviors.

7. People hit their partners because the partner won't stop talking, yelling, or telling them what to do.

False. Abusers hit people because they feel the need to dominate the relationship. The abused person can act in a demanding or a passive manner and may still be hit. It is common for people who abuse to tend to blame their partner for the abuse.

8. The person being abused can make the abuse stop.

False. The only person who can stop the abuse is the person being abusive. The person being abused can take steps to protect himself or herself or increase his or her safety, but s/he cannot stop the other person from engaging in abusive behavior.

9. Children who are abused become abusers themselves.

False. There is no single reason for abuse. Violence is a means of trying to exercise power and control over someone else. Many batterers were victims of abuse as children or came from families in which spousal abuse was prevalent. It is important to remember, however, that not all people who were victims of abuse as children will turn into batterers.

10. People learn how to become abusive.

True. Violence is a behavior learned in abusive families, on the schoolyard, from the media, and from many other violent social behaviors. On a hopeful note, violent behavior also can be unlearned: people who believe that violence is an acceptable behavior also can learn that it is not acceptable.

11. People who use violence towards their partners have to be psychologically sick.

False. Domestic violence offenders are found to be a heterogeneous group. Research has shown that there are many types of offenders. Some of them have personality disorders.

12. Violence in families would not happen that much if women and men had clear /traditional roles in the society.

False. Research studies across cultures have come up with a number of societal and cultural factors that might give rise to higher levels of violence. Levinson's analysis suggests that wife beating occurs more often in societies in which men have economic and decision-making power in the household, where women do not have easy access to divorce, and where adults routinely resort to violence to resolve their conflicts. Others have suggested that structural inequalities between men and women, rigid gender roles and notions of manhood linked to dominance, male honour and aggression, all serve to increase the risk of partner violence. WHO World Report on Violence and Health mentions that traditional gender norms and social norms supportive of violence can lead to increased risk of domestic violence.

Method No. 9 The Power and Control Wheel

TOPIC	Identifying Forms of IPV
Aims and Objectives	<p>To enable students to identify and name the range of abusive tactics that occur in IPV.</p> <p>To help them to recognize the relationship between these forms of abuse and coercive control.</p> <p>To support them in naming and understanding these tactics so that they can help abuse victims recognise these behaviours as abusive tactics.</p>
Time frame	30-60 minutes
Materials needed	<p>A LARGE Power and Control Wheel with a heading on each segment (Isolation, Using Children etc.).</p> <p>Smaller copies of the complete Power and Control Wheel.</p>
Exercise	<p>Introduce the Power and Control Wheel, giving the background to its development. (Do not show them the complete Wheel at this point).</p> <p>Have prepared a LARGE Power and Control Wheel with a heading on each segment (Isolation, Using Children etc.) Each of the 8 sections should be about the size of a Flip Chart sheet. Divide the group into four smaller groups and give two segments to each group. Ask each group to record as many abusive tactics relevant to each heading as they can think of (e.g. Isolation - not allowing her to leave the house, not allowing her to work outside the home, telling her who she can and cannot see, etc). (Time = Approximately 20 minutes).</p> <p>Take feedback from the students. As each group feeds back their segments, pin them to the wall in the shape of a circle - leaving a small blank circle in the centre.</p> <p>When the feedback is completed, Brainstorm the following question: <i>“What does an abuser gain from using these tactics?”</i></p> <p>Facilitate the class to look at how the abuser gains power and control over his partner and how this in turn allows him to have his needs met without having to negotiate. The words “power” and “control” should then be written into the centre of the circle. (Time = Approximately 20 minutes).</p> <p>Facilitate the students to discuss the following questions In what way do you think women cope/manage if they are being abused in some of the ways outlined in the Wheel? What might be some of the short and long term effects on a woman if she is living with such abuse? (Time = Approximately 20 minutes)</p> <p>Give students the complete Power and Control wheel.</p>

Notes for Teachers

See Appendix No. 2 for a copy of Power and Control Wheel.

The Power and Control Wheel was developed by the Duluth Domestic Violence Intervention Project in the US. Information was gathered from women who had been in refuges as a result of the abusive tactics their partners used to control them. The Wheel outlines a range of tactics used alongside physical

and sexual abuse. These tactics are less often recognised by professionals as “abusive” or violent behaviour but women routinely report that these tactics are often more distressing than actual physical violence. They tend to be consistent and persistent forms of behaviour.

Equality Wheel (Appendix No. 3) can be used for group work by similar way as Power and Control Wheel by giving topics of two segments to each group. Groups are guided to give concrete examples about each topic. The aim of the method is to promote students’ recognition of aspects of equal partnership.

Method No. 10 Audio visual

TOPIC	Children and IPV
Aims and Objectives	<p>To enable students to recognise and identify the overlap between IPV and the abuse of children.</p> <p>To support students to plan interventions in situations of IPV where children are also adversely affected.</p>
Time frame	50 minutes
Materials needed	<p>A short (12 minute) animated film called ‘Home Truths’ is available from the Leeds Animation Workshop (www.leedsanimation.org.uk).</p> <p>It is available in English and German. It deals with the reactions and responses of 5 young people whose lives are affected by IPV.</p>
Exercise	<p>Show the animated film to the students. When they have seen the 5 sections of the film divide them into 5 groups as follows:</p> <ul style="list-style-type: none"> • Emma’s story • Sidra’s story • Jamie’s story • Sophies’s story • Daniel’s story <p>Ask each group to discuss the following questions in relation to the child/ teenager they are discussing.</p> <p><i>1. How would you intervene to resolve the problem(s) you have observed? What should be done in this situation?</i></p> <p><i>2. What services are needed? What (or who) is the first intervention needed to solve the problem(s)?</i></p> <p>At the end of the group discussions, bring the students back together into the big group and ask them to discuss their conclusions together. What do their conclusions imply for professional practice and for service provision in their locality?</p>

Method No. 11 (a) Problem Based Learning

TOPIC	Working with abused individuals
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Aims and Objectives	To enable students to fully understand the challenges of working with abused women and children in a clinical setting.
Time frame	This is a time consuming method, but the time can vary depending on the case and the experience of the students.
Materials needed	Flipchart with 7 PBL steps outlined. Case scenario. (See case scenarios below)

Case Study for Nursing Students

Susan is a 35 year old woman who was injured in a car accident 5 years ago, and as a result has limited mobility and has had to give up her teaching job. She is living with Tom, her husband and their 8 year old daughter. Because of her injuries she is dependent on Tom's income to pay the mortgage on their home and to pay all the bills. He drives her daughter to school every day and picks her up again in the afternoon. She presents in the Emergency Department with bruising to her arms and legs, and when you ask her what happened, she tells you that her husband has a very short temper and hit her in frustration because she wasn't able to get the housework done properly. She begins to cry and tells you that she is totally dependent on Tom as she cannot leave the house very easily and cannot earn her own living.

Case Study for Social Work Students

Susan is a 35 year old woman who was injured in a car accident 5 years ago, and as a result has limited mobility and had to give up her teaching job. She is living with Tom, her husband and their 8 year old daughter. Because of her injuries she is dependent on Tom's income to pay the mortgage on their home and to pay all the bills. He drives her daughter to school every day and picks her up again in the afternoon. Susan has been referred to you by the Nurse in the Emergency Department, who is concerned about her injuries and her anxiety. During the course of your conversation with her, she tells you that she is worried about the amount of time that her husband spends alone with their daughter.

Materials needed

Flipchart for writing up the questions
Access to material/literature/internet to research the problem
Recommended literature and websites

Exercise	Seven steps in Problem Based Learning
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Steps	Activities
Step 1: Term clarifying	Clarify terms and concepts if they are unclear or unknown.
Step 2: Problem listing	Each member of the group raises questions about the problem. The group 'secretary' writes the questions on flip charts.
Step 3: Brainstorming	Each student brainstorms to find out possible answers /solutions for each problem raised in Step 2/ or for each category of problems. The secretary writes the responses on flip charts. Organization of the ideas from the brainstorming. Sign similar statements with symbols but ask the speaker if that is ok.

Step 4: Hypothesis setting	Discuss any possible explanations from step 3. Discuss the categories and set Hypotheses based on these categories.
Step 5: Formulation the learning goals/ learning questions	On the basis of the results of step 4, formulate the questions that have to be answered.
Step 6: Problem Handling	Solve the learning goals in self-directed study (i.e. look for literature and sources of information to gain knowledge and understanding of the subjects that are formulated in the learning goals).
Step 7: Problem Solving	Present the results of this self directed study for discussion and analysis. Discuss the theories and explanations that were found in the literature. Evaluation of the PBL process.

Notes for Teachers

The role of the teacher in this method is not to teach but to facilitate the students' self directed learning.

Method No. 11 (b) Problem Based Learning

TOPIC Safety needs of abused individuals

The Problem Based Learning method can be used to explore the safety needs and safety implications when referring a woman to another agency. The following case study can be utilized by both Nursing and Social Work students to examine these safety implications:

Case Study

Mandy is a 45 year old woman who is living with a very violent man for 20 years. He has broken her jaw and her arm on previous occasions and has caused extensive bruising and scarring to many parts of her body. He does not allow her to leave the family home unless he is with her. She has developed a serious alcohol dependency as a result of this abuse, and has engaged in self harming behaviour. She slit her wrists last evening after a severe sexual assault and beating and she was taken to the hospital by her 13 year old son Joe, who has also been beaten by his father.

Use the PBL steps to explore Mandy's and Joe's safety needs: How can they be supported and helped without increasing the danger to both or either of them ? In order to accurately explore these issues, students will need to be familiar with the legal options as well as the social service supports and interventions available to these victims.

Method No. 11 (c) Problem Based Learning

TOPIC National criminal and civil legislation

The Problem Based Learning method can also be used to explore the local and national services available to abused women. Using Mandy's case study (above), the 7 steps can be utilized to enable the students to identify the National Civil and Criminal legislation which could be used to protect Mandy and her son as well as the local and National specialist social services (both statutory and voluntary) which could assist them in leaving her partner and finding long term safety.

Method No. 12 Learning Café

TOPIC	Needs of diverse groups of individuals.
Aims and Objectives	To explore the needs of individuals from diverse backgrounds (e.g. ethnic minorities, elderly, disabled).
Time frame	Approximately 60 minutes
Materials needed	Flipchart One table for each group/topic being discussed. Questions/topics for each group (e.g, The needs of abused individuals such as migrant women, elderly women, disabled individuals, gays and lesbians, those with drug/alcohol addictions, or those with mental health problems).
Exercise	<p>The students will be divided into a number of smaller groups, one group for each topic being discussed.</p> <p>All groups have a separate subject/title (different from the other groups) which will be written up on a large sheet of paper (e.g flipchart paper).</p> <p>Each group has a secretary who notes everything that has been discussed by the group members.</p> <p>Each group discusses a topic for 10 minutes after which the group moves to the next table in a clockwise fashion (the secretary remains at the table where s/he started).</p> <p>The secretary informs the new group of the ideas and thoughts the previous group discussed and then notes the ideas from the current group.</p> <p>Groups will change tables so that they will have a chance to discuss each topic/question. When they have returned to the group from which they started, each secretary will report on the discussions to the whole group.</p> <p>The session will conclude with an overall large group discussion on the topics discussed.</p>

Notes for Teachers

This exercise can be used for a number of topics - e.g., the role of various agencies in supporting abused women and children. The groups can be divided to represent the various agencies involved in providing relevant services.

Method No. 13 Role Play

TOPIC	Recognising motives and strategies of IPV perpetrators
Aims and Objectives	To provide an opportunity for students to see a possible real life scenario from the perspective of the various participants in the scenario. To enable students to practice official/ formal interventions. To provide students with an opportunity to experience abusive behaviours towards them in a safe environment.
Time frame	1 hour 30 minutes

Materials needed

List of roles as follows

Roles

- Mr X who comes home from work.
- Mrs X who is hurriedly preparing the dinner.
- 4-year old Mary who is drawing on the floor of the corridor.
- 8-year old Peter who is doing his home work by the kitchen table.
- Two police officers who were called for the emergency. They wait until they are allowed to come into the house.
- A Social worker who is on emergency duty. S/he comes after the call from the police.
- Observers/observer groups (depends on the number of students) separately for Mr. X, Mrs. X, Mary, Peter, the police officers and the social worker.

Case scenario

Mrs and Mr X have been married for 10 years. They have two children: their daughter Mary is 4 years old and their son Peter is 8 years. Two years ago the family moved to a new house. That was their dream. The house was expensive and they had to take out quite a big mortgage. Therefore Mrs. X went back to work in order to manage the loan.

Four years ago Mr. X started to be physically violent to his wife. Mrs. X thought the violence was caused by the difficult housing conditions and she believed the violence would stop when they moved to the new house. But that appeared to be just wishful thinking. In fact the situation got worse. Twice she was battered so badly that she had to go to hospital for injuries. In the hospital she didn't tell the staff the truth because she didn't know what would happen after that. The husband also told her that if she told anyone she would lose custody of the children and be left alone with the mortgage.

One night Mr. X came home from work in a bad mood. He almost fell down because Mary was sitting and drawing on the floor of the corridor. He was angry at Mary telling her to move somewhere else. Peter is sitting by the kitchen table doing his home work hoping that his mother will help him. But his mother was too busy for that. Then he thought that his father might help him because his father is good at mathematics. When Peter saw how angry his father is he doesn't dare to ask anything. Once before his father had slapped him on the cheek and called Peter dull.

Mrs. X works hectically with the dinner in the kitchen. Mr. X gets angrier because the dinner is not ready. Mrs. X tries to explain she had come home a little later than usual because the grocery store was crowded with people. Mr. X doesn't want to listen to explanations and becomes angrier and angrier, walks around the kitchen yelling and throwing things on the floor. Mary comes to the kitchen and would like to show the picture to her mother and father. Mr. X pushes Mary back to the corridor and tells her to stay there. Peter starts to become more and more frightened when his father starts to push and slap his mother. Peter slips into the corridor to his sister and starts to cry.

The doorbell rings. Mr. X commands everyone to be silent and goes to the door. There are two police officers saying that they were called because of the noise coming from this house. Mr. X explains that it has to be a mistake, everything is ok. The officers see two tearful children in the corridor. They ask to come in just to make sure the situation is ok because they have to report this call.

Inside in the kitchen the officers can see the mess. Mrs. X tries to be calm but her hands are shaking. The officers outline the situation they can see and tell Mr. X they will have to call the social worker to come and talk with Mrs. X and the children.

After the call the social worker arrives and starts interviewing Mrs. X about the family situation.

Exercise

Ask students to take the roles listed above. It is important that the student voluntarily accepts the role, otherwise the role may be too much for her/him depending on her/his personal experiences (in the past and/or now). Reassure the students that the observers will not be judgmental and that they are not assessing anyone's acting skills! Their role is only to report their feelings and thoughts about the different solutions in the situation. Ask the role playing students to stay in another room until it is their turn to enter the scene. However they have to hear and see what is happening in the scene.

The students also need to be reminded that the role play might bring up distressing feelings. After the drama it should be possible to talk about these feelings in the group or individually.

At the end of the Role Play the teacher asks the following questions, firstly of the actors. The audience should not comment at this stage on their feelings and thoughts about the drama.

Questions to Mrs X

How did you feel? Which things helped you in the situation/the work of the police and social worker?

Questions to Mr X

How did you feel? What kind of things would have helped you to confess what was happening in the the situation and to ask for help?

Questions to 4-year old daughter Mary

How did you feel? Which things helped you in the situation/the work of the police and social worker?

Questions to 8-year old son Peter

How did you feel? Which things helped you in the situation/the work of the police and social worker?

Questions to the police officers

How did you feel? What kind of instructions/practices would you have needed for the situation? What did you do to maintain your own safety?

Questions to the social worker

How did you feel? What kind of instructions/practices would you have needed for the situation? What did you do to maintain your own safety?

After the actors have discussed their feelings and thoughts the teacher divides all students into small groups of 5 - 6 members. They have about 15 - 20 minutes to discuss the following questions.

*How did you feel about the situation? How did it impact on you?
How should the official interventions of the police and the social worker ensure the safety of the victims and make the perpetrator responsible of his behavior?
Could you define the roles of and responsibilities of each authority/agency in resolving this family situation?*

In concluding the exercise, there is a general discussion about promising/good practices on the cooperation of the authorities and other organizations helping victims and perpetrators of domestic violence.

Method No. 14 Brainstorming

TOPIC	Identification of women experiencing IPV
Aims and Objectives	To alert students to the difficulty of identifying women and men experiencing abuse. To raise awareness of possible signs and symptoms that should alert professionals to the possibility that an individual is being abused.
Time frame	15 minutes
Exercise	The teacher asks the students to Brainstorm the response to the following question:

‘Aside from injury indicators, what emotional and behavioural signals might alert you to the possibility that the woman before you may be experiencing abuse. (These signals can come from both the woman and her partner if he is accompanying her)’.

The teacher should write up these responses on a flipchart or Board. These responses should include the following. (If necessary the teacher can add to the list supplied by the students).

Emotional/Behavioural Signals

HER	HIM
Appears anxious, afraid, evasive	Answers all questions for her
Implausible explanation for injury	Implausible explanation for injury
Inappropriate response to the level of injury	Refusal to leave her side
Appears afraid of partner	Overly attentive
Anxious to leave	Agitated/aggressive
Panic Attacks	

(Adapted from Women’s Aid, Dublin)

Method No. 15 Groupwork

TOPIC	Barriers to the identification of women experiencing IPV.
Aims and Objectives	To raise awareness of the factors that may prevent an abused woman from disclosing the abuse to professional staff. To raise students’ awareness of the difficulties of recognising IPV in a professional setting.
Time frame	Approximately 20 minutes.

Materials needed

Handout on ways to ask women who are experiencing violence (examples of these can be found in the Teachers' Handbook).

Exercise

1. Divide the group into two smaller groups.

Group 1. Will respond to the following question:

What are the potential barriers that may prevent a woman from disclosing in A&E that she is experiencing abuse by an intimate partner?

Group 2. Will respond to the following question:

What are the potential barriers that may prevent you as a Nurse/ Social Worker from asking a woman if she is experiencing abuse by an intimate partner?

2. Take feedback from participants while facilitating a discussion of the following:

*How might some of the barriers mentioned be removed?
What do I need from my agency to facilitate me to remove some of the barriers mentioned?*

Some solutions could include: displaying posters about support for women experiencing abuse, regular staff training, giving a woman who discloses abuse the message that she is not responsible for the abuse and so on.

3. Give participants a handout of examples of ways to ask women if they are experiencing abuse by an intimate partner (see Teachers' Handbook)

Notes for Teachers

The students should identify the barriers listed in the Teachers' Handbook. Participants who are responding to question 2 should be asked to consider whether there are issues particular to their professional role which can act as barriers to asking a woman about abuse. They should also consider what personal factors might make them reluctant to encourage disclosure.

Method No. 16 Role play with standardized clients**TOPIC**

Asking about IPV in a professional setting

Aims and Objectives

To enable students to practice the skills they will need to use in a professional setting.
To provide them with an opportunity to reflect on the challenges to performing these roles in a supportive environment.

Time frame

30-50 minutes

Materials needed

Case scenarios

The following case studies can be used to role play a scenario in an Emergency Department (Case A), while Case B can be using to role play a woman who has been referred to the medical social worker.

Case A

Mrs. Sora, 29 years old, married, with a small daughter three years of age, arrives at the emergency room at 20:30 on a Saturday evening. The back of her head is bleeding, breathing is painful for her, and her hands are shaking. It appears that she is disoriented.

Her husband, Mr. Sora, reports the details very carefully. He says that his wife is too flustered and really too shocked to remember the details. He also states that she had fallen down the cellar stairs on her way to get something for dinner. Completely shocked, disoriented, and bleeding, she was lying at the bottom of the stairs, and he had found her just in time. "She must have slipped down the stairs. Thank goodness that I found her!"

Then, he embraces her and whispers something into her ear. Mrs. Sora seems fearful and shy, and her eyes are watery. As the nurse is writing her ECG, she notices a lot of bruises (haematomas) on Mrs. Sora's upper body. The nurse asks Mr. Sora to leave her alone with his wife, but he doesn't want to leave the treatment room and starts shouting aggressively. After a while, however, he leaves with the crying little girl and goes into the waiting room.

Case B

Mira, 26 years old with two children aged three and four, was brought to the hospital with a mandible fracture. She underwent successful surgery and is ready to go home today. She looks extremely unhappy, and her eyes are watery.

She admits falteringly, that she is afraid to go back home to her husband. She says that this wasn't the first time that she has had fractures from his roughness, especially when he is drunk. She says that she has never spoken to anyone about his violence, but she just can't stand it anymore. The only reason that she is going back home is because of her children, because they need a father, and he is absolutely lovely to his children. The nurse is shocked by her story and tells Ms. Mira that nobody has to live with interpersonal violence. She places a phone call to the social worker, who comes to meet Mira.

Videotaping equipment (if possible).

Exercise

Carry out the role play. If these role plays can be videotaped it will enable in-depth feedback on the strengths and the professional skills exercised by the students, and facilitate the identification of further learning.

At the end of the role play, the tape/dvd can be replayed, or, if not recorded, the other students can provide feedback on the following questions:

What did the Nurse/social worker do well?

What would have enabled the woman to trust the nurse/social worker?

What anxieties did the woman display?

How did the nurse/social worker respond to these anxieties?

What would the nurse/social worker need to do to enable her/him to respond in a more empowering and empathic manner?

The standardized client should be asked to comment how safe and empowered she felt during this session with the nurse/social worker.

This exercise can be concluded by using the Good Practice Guidelines for Nurses or Social Workers (see Teachers' Handbook).

Notes for Teachers

A 'Standardized Client' is a method of using an experienced practitioner, or an actor who has been very well briefed, to role play a client with a particular problem in a particular setting, while a student role plays the professional working with this individual. (If it is not possible to use a 'standardized client', a student/participant may role the client).

Method No. 17 Photographing Injuries

TOPIC	Documenting injuries
Aims and Objectives	To prepare nursing students to participate effectively and sensitively in gathering documentary evidence in cases of IPV.
Time frame	30 minutes
Materials needed	Guidelines on photographing injuries A Polaroid or digital camera

Exercise

Students prepare for this exercise by reading the guidelines on photographing injuries which have been copied from the Teachers Handbook (a handout is a useful way to ensure all students are familiar with these guidelines).

Divide the class into groups of two. One student will role play Sarah, a 25 year old woman who has been admitted to the hospital with a black eye, lacerations to her lip, and severe bruising to both her arms. This is the third time she has been admitted with injuries such as these, and she tells you (the nurse) that her husband beats her if she spends money in a way he doesn't approve of. The student role playing the nurse uses a Polaroid or Digital Camera to photograph these injuries.

When the photographs have been taken, the students reread the guidelines to see if they have followed them correctly. Each couple must then discuss the following questions:

Was Sarah's explicit permission given and noted?

How did Sarah feel this aspect of the process was handled?

Were the photos correctly numbered, dated and signed?

Was she offered a chaperone?

Did she feel embarrassed by this procedure? if so, what was done to make her feel more comfortable?

Notes for Teachers

For more detailed information on the technique of photographing injuries, please see the Teachers' Handbook.

The legal circumstances regarding the documentation of injuries differs from country to country. In most countries this documentation must be completed by a medical practitioner. The situation in each country must be clarified by the teachers in that country.

For further detailed information regarding to Photographing and documenting injuries, see Perttu, S and Kaselitz, V. (2006) Addressing Intimate Partner Violence. Guidelines for Health Professionals in Maternity and Child Health Care. Daphne Project

Method No. 18 Role Play

TOPIC

Professional Communication

Aims and Objectives

This exercise aims at conveying basic communications skills to participants such as active listening, non-judgemental communication and the use of open questions. Participants are able to name the principles of empowering and supportive communication with a person who is in distress.

Time frame

Approximately 100 minutes in total:
40 minutes role play in small groups, including reflection
60 minutes presentation of results, discussion and input by teacher.

Materials needed

Handout (See Teachers' Handbook)
Flipchart

Exercise

The participants are asked to form small groups of four people.

Roles

- participant telling her story
- participant listening
- 2 observers,
- one person for each (storyteller and listener)

Variation 1

The person telling a story is asked to recall a situation in which s/he was in distress because something very unpleasant had happened to her. Before s/he tells the story s/he should check if it feels safe to do so in the present context, and not do it if it does not feel right. In that case the participant should choose a different story. S/he then tells the story to the person listening for about 15 – 20 minutes. The listener should make sure the conversation comes to a constructive conclusion and is not merely ended because time ran out. Reflection.

After the role play the two people who are role playing reflect on the role-play with the support of the observers who gently ask questions, first to the person who played the storyteller and then to the person listening.

The following questions can help with reflection

Storyteller

What were your expectations, fears, thoughts before the conversation started?
How did you feel about talking to the other person?
How did you know the person was really listening?
What made you feel comfortable?
Where there questions? How did you experience them?
What was difficult? What else would you have needed?
What did you like best? What was supportive and empowering?

Listener

What were your intentions and goals?
How did you feel while listening to the story of the other person?
How did you try to make her/him feel comfortable?
What did you say and with what intention?
What were the effects of your interventions?
Which are your strengths in supportive communications? Which are your weaknesses?
What would you do/say differently another time?
Which did you like best in the role play?

Notes for teachers

If there is enough time available for this exercise, the participants should switch roles.

Variation 2

Work in pairs. One person recalls a situation in which she had felt really listened to and supported and reflects, with the help of the other person, on what had made her feel comfortable. Similar questions for reflection can be used as in Variation 1 for the storyteller. Then switch roles.

At the end of each variation the participants of the small group try to summarise what the elements of supportive communications are and to present them to the whole group.

Notes for trainers

The facilitator notes the results on a flip-chart and completes them with input from the Handout on Communication Skills.

Variation 3

The participants are asked to form small groups of four persons.

Roles

Participant telling her story, participant as a professional and 2 participants as observers for the storyteller and the professional. Reflection as in Variation 1.

Case study

You are working in an emergency unit in a hospital. At midnight the police bring to the unit a young woman. She was found wandering around on the street. Her clothes are grabbed. The medical doctor in the emergency unit has doubts that the victim is raped. How would you, as a nurse/social work with the patient and handle the situation?

Method No. 19 Case Scenario

TOPIC

Multi Level Assessment

Aims and Objectives

To facilitate students to explore both the strengths and the risks which women display and encounter in abusive situations.

Time frame

15 minutes

Materials needed

A copy of the Multi Level Assessment Framework for each student (See Appendix No. 4 for the outline of Multi Level Assessment framework).
Case scenario (below)

Case Study

Maria is a 27 year old woman who rang the emergency domestic violence helpline last evening after an assault by her boyfriend Jim. Maria has been living with Jim for 7 years, and they have two children (5 and 4 years). She was invited to call the next morning to see the social worker on duty in this agency. She outlined the following situation to the social worker:

Maria

-Well I decided to come in after a fight last night with my boyfriend. It was the worst one yet and it really scared me.

- I don't know what to do. I thought I might get some help in deciding what to do.

- I came in last night an hour late. I had been shopping. My boyfriend got real mad at me for being late. He gets real jealous.

- I started a job about a month ago. I really like it but I work with a lot of men. I am a dispatcher. So when I was late he thought I was fooling around with one of the guys at work. But I wasn't. But he can't seem to forget what happened a year ago. I did meet someone else and I did go out on a date with him. I met him through one of my girlfriends. But nothing happened. But my boyfriend found out because someone saw me with him.

-He was really mad but he didn't hit me then. He just kind of yelled and pushed me around but then he apologised and begged me not to leave him. He also insisted that we have sex right after that. He was kind of forceful which made me real uncomfortable. I really haven't enjoyed it since.

- I did decide to stay with him, you see he is the father of my two children and I really want it to work. Anyway I got this job about a month ago and he has been acting really weird. Always asking me about work and who I work with. Last night I decided to go shopping since I got my first paycheck and I was going to buy him and the kids a present and surprise them. He was home watching the kids, he's not working now.

-Anyway, everything I wanted to get was too expensive and I ended up coming home empty handed which was a real mistake! When I got home he started asking me where I had been. He said the kids were driving him crazy, so he let them go over to a neighbour's house until dinner.

- I explained to him that I had gone shopping. When he asked me what I had bought and I told him nothing, that's when he lost it. He started accusing me of going out with one of the guys I work with, whose name I had mentioned a few times. He has been real helpful to me. He started calling me a slut, a whore and insisted that I tell him the truth. When I said I was telling him the truth, that's when he really lost it. He jumped on top of me and was sort of choking me and slapped me a few times. He said he wanted the truth or he would kill me.

- He then heard the kids coming back and just stopped and went into the bedroom, then he left. He didn't come back last night. He probably went out with one of his friends and got drunk which is what he does when he gets real upset.

I really don't know what to do. This time he really scared me. I really haven't been myself since that fight we had a year ago. I really don't like going into our bedroom. It reminds me of the night he forced himself on me. I don't sleep well and I do have dreams about him killing me in my sleep. I am also really tense when I come home from work, all the time wondering what mood he will be in.

- He is really upset about his job situation and I know he doesn't really like watching the kids all the time. His friends kind of make fun of him- you know the 'Mr Mom' thing. He also doesn't want me hanging with my old friends since they introduced me to that other guy. But he doesn't want me to hang out with anyone else at work either. I know he's got some real problems. I think I am the only person he has ever really been close to. He didn't really know his father and his mother had a boyfriend that he really didn't like. I think they might have went at it sometimes.

- I really don't know what to do. I still would like it to work but I am scared of him. He really needs help but so do.

Exercise

Give a blank copy of the Multi Level Assessment Framework to each student. Read the case scenario, and then ask the students to complete the assessment sheet.

When the students have completed the Multi Level Assessment sheet, the whole class will be facilitated to share how they completed this assessment. The risks and strengths for each level should include the following.

Pattern of Violence: Form(s), level, frequency, direction, motive, meaning, consequences Increased jealousy. Physical, sexual and verbal abuse. Control and isolation. Fear and anxiety. Direction = from him to her.	
Individual Risk Factors Increasing violence and jealousy Change in pattern of violence His unemployment His 'patriarchal' beliefs	Individual Strengths The fact that she rang the helpline and came to see the social worker. Her awareness of the fact that is being abused. Her readiness to accept help. Her employment.
Family Factors: Risks His unhappy childhood.	Strengths The presence of the children
Environmental Risk Factors Her partner's friends - their heavy drinking and their views of the 'male role'.	Environmental Strengths The existence of the Help Line. The availability of a specialist social worker in a specialist DV service. Her friends.

Method No. 20 Case Scenario

TOPIC	Multi Professional Risk Assessment
Aims and Objectives	To enable students to assess dangerousness and lethality risks. To provide an opportunity to explore the rationale and reasoning of abused women who wish to keep their family together. To provide an opportunity to explore appropriate local services for abused women and for perpetrators.
Time frame	30 minutes

Materials needed

Case scenario

51 year old Susan comes from a Women's Shelter to the Health Centre to see the doctor. She had run away from home two days ago when her husband had beaten her badly. Susan wants a medical statement on the bruises and wounds, in case they are needed for a court hearing. Susan has been in a shelter twice before in similar situations. The doctor listens to Susan's story. The doctor examines and measures carefully all injuries and notices that Lisa also has older injuries on her body. The doctor writes all observations down in the medical records. After that the doctor sends her to the nurse to photograph her injuries.

After photographing the injuries, the nurse says Susan should report the assaults to the police. The nurse reminds Susan about the earlier events. This time was worse than the previous episodes. However Susan is not ready to report to the police. Last time she did it and it just worsened the relationship with her husband. Also the police were hesitating about helping. Susan first wants to see whether her husband will really change this time. She really hopes that he will because they have been married for so long. Susan says that she decided in the shelter that this was the last time she would return and she told her husband that. She has discussed it with the husband several times on phone. He has promised he will never do that again because the family is important to him and he needs Susan and the children. He also promised to ask for help from the local family guidance center and hoped Susan would come with him. He also said the children hoped they could get help together and solve the situation. The children were worried about their family. They had seen the last assault and were afraid because their father was angry with them also.

The nurse feels badly about Susan's decision and tries to persuade her to leave him, but without any success. . She asks Susan how dangerous her husband is in her opinion. Susan doesn't want to think about that now. At last the nurse comes to the conclusion that because the children are already that old they are not in serious danger. They can already protect themselves. The children are 16- and 17-years old and busy at school. They are all waiting for Susan to come home.

Exercise

There are two variations to this exercise. The teacher decides which is more appropriate for her/his students.

Option 1	<p>The teacher reads the case scenario (above). In small groups the students discuss and reflect on the following questions:</p> <p>Is Susan's husband dangerous?</p> <p><i>If not, give the evidence.</i> <i>If yes, give the evidence and outline the criteria for your assessment.</i></p> <p>Keeping in mind the best practices of each professional involved in the family situation (or not involved), how should each of them organize help for the family?</p> <p><i>The medical doctor</i> <i>The nurse</i> <i>The police</i> <i>Social worker/Child protection services?</i> <i>Any other professional(s)?</i></p>
Option 2	<p>The teacher reads the case scenario (above). In small groups, the students discuss and reflect on the following questions:</p> <p>1. What is your assessment of the dangerousness of Susan's husband? <i>not dangerous</i> <i>dangerous</i> <i>very dangerous</i> <i>extremely dangerous</i></p> <p>The group should come to a consensus opinion about the degree of dangerousness and provide arguments to support their assessment.</p> <p>2. What are your criteria for dangerousness? What risk factors can you identify in the case history?</p> <p>Participants are asked by the teacher to write the results of their group work on a flip-chart and to present it to the whole group.</p>

Method No. 21 Role Play

TOPIC	Communicating with perpetrators
Aims and Objectives	<p>To learn how to ask about violence.</p> <p>To practice appropriate interventions.</p> <p>To practice how to respond to perpetrators of intimate partner violence.</p>
Time frame	30 minutes
Materials needed	<p>Case Scenario</p> <p>(Role play can be based on case studies above (e.g. Susan's partner in Method No. 20 above, or Lisa's partner in Method No. 23 below)</p>

Exercise

Divide the group into smaller groups of 3 to 5. Ask students to volunteer for the following roles: The perpetrator: The social worker: Observer(s). The students then role play the following situation: (for approx 15 minutes)

The perpetrator has arrived at the health centre to ask for advice about his wife's depression. He has been referred by the doctor to the social worker. The worker then interviews the perpetrator. The social worker must engage him in a discussion about his behaviour towards his wife (and children), his beliefs, and the impact of his behaviour. The perpetrator will be very reasonable and as charming towards the worker as possible.

At the end of the roleplay, the observers give their comments on the success of the intervention, keeping in mind that these interviews are particularly difficult.

Notes for teachers

Students may find it difficult to volunteer for the role of perpetrator as they may not know how to 'play' it. It is important to help students to recognise that perpetrators will usually not appear to be aggressive or violent when dealing with professionals. This can be difficult for students to understand as they may have preconceived ideas of how IPV perpetrators behave.

Method No. 22 Multi-Agency Panel Discussion

TOPIC

Interdisciplinary Co-operation

Aims and Objectives

To enable the students/participants to learn about the practices and remit of the various agencies in their locality.
To provide an opportunity to explore the challenges to keeping women safe from abuse and violence.
To explore how the legalisation and services work in practice to keep women and children safe.

Time frame

1 hour

Materials needed

Case scenarios (the case studies in Methods No. 13, 16 or 20 can be used for this exercise).



Exercise

The Panel Discussion is based on a case study. The Panel consists of representatives from social services, police, emergency health services, prosecutor.

Panellists are sitting at the front of the seminar/classroom. All the panellists read the case study before the discussion.

Questions for the panel members.

1) What is good practice at your agency for this situation? (Each panellist talks about a good practice model at his/her agency/ profession, including responsibilities, duties and problems encountered).

2) How is good practice at your agency/profession linked to other services? With which other institutions do you cooperate in cases of domestic violence?

At the end of the panel discussion the audience can ask the panellists further questions.

Notes for teachers

In some regions, it may be necessary to pay professionals to take part in the Panel Discussion. Try to keep the focus of the panel discussion on IDEAL model of working; NOT what and how they are working NOW.

Method No. 23 Role Play

TOPIC

Multi Professional Case Conference

Aims and Objectives

To explore the role of various professionals and agencies in keeping women safe.

To practice multi disciplinary communication in a safe environment.

To practice making safety plans in cases of IPV.

To learn how to involve women in safety planning and child protection.

Time frame

1 hour

Materials needed

Case scenario

Lisa, a 35 year old woman, is sitting on the sofa in the living room with her two small children. She feels pain in her shoulder and wrists but no marks of injuries can be seen. She feels how her headache is getting worse because of the punches to her head. The police, called by the neighbour, came quickly and now one police officer is taking her husband to the police car and the other police officer is filling in some papers on the porch.

Her husband had been nervous for a couple of weeks. Last week her husband totally lost control during dinner when the child, the smaller one, didn't want to eat all the food on the plate. The husband yelled and raged. When Lisa defended the child her husband hit her in the face so that her eyebrow started to bleed heavily. The husband also shook his fist to the children and yelled that 'you kids are spoilt by your mother'. The situation calmed down when the husband noticed the bleeding. In the evening he continued to blame Lisa for spoiling their kids, telling her she cannot discipline their children.

Their neighbours called the police. When the police arrived the situation was calm again, but because of the presence of children in the family, the social worker visited the family. Police asked Lisa to go to the Emergency department and the first person who treated her was a nurse. After that she had a doctor's examination. Police recorded the case as assault. The case was then referred to the local social work service, who called a case conference to discuss the family and the needs of the children.

Exercise

Using this case scenario, the students can role play a Case Conference to discuss the best intervention for Lisa and her children. The case Conference should include the following participants, who will all bring a slightly different perspective to the services needed to help this family.

- Chairperson: This can be a Senior Social Worker from the Local Statutory Agency to which the family have been referred.
- The Nurse who treated Lisa.
- The Doctor who examined Lisa and knows her partner. He thinks some anger management therapy would resolve the problem.
- The local Police Officer (or Public Prosecutor, if this is appropriate in the local context), who wants to charge her partner with assault.
- The Director of the local Womens' Refuge who feels that Lisa should leave her husband until some definite plan is developed and implemented.

Lisa should attend part or all of this case conference. She doesn't want to leave her partner, (she is concerned for her children as she has nowhere to live and has no independent income) but does want him to stop the abuse.

Allow the students 30 minutes to role play this scenario, making sure they draw up a plan at the end of the conference. All those who role played must be allowed time to debrief, especially Lisa, who should be asked to describe what the experience was like for her.

Did she feel the professionals understood her situation?
Did she feel they heard her and took note of her wishes?
Did she feel they understood what it was like to be at the receiving end of such abuse?
Did she feel supported? Or did she think they were only interested in the safety of her children?
Was she afraid they would take her children away?
What would she have liked to be different in this conference?
Is the agreed plan one she is comfortable with?
Does she think this experience would encourage other women to disclose abuse?

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<http://www.un.org/womenwatch/daw/vaw/index.htm>

For Domestic Violence Legislation see: <http://www.irishstatutebook.ie/1996/en/act/pub/0001/index.html>

COSC Website: <http://www.cosc.ie/en/COSC/Pages/WP08000096>

Women's Health Council Documents: http://www.whc.ie/documents/40_MEWResource_Document.pdf

http://www.whc.ie/documents/40_WHC_VAW.pdf

World Health Organisation, Regional Office for Europe 2005. Prevention of injuries in the WHO European Region. Resolution EUR/RC55/R9.

http://www.euro.who.int/__data/assets/pdf_file/0017/88100/RC55_eres09.pdf

WAVE- Women Against Violence Europe

<http://www.wave-network.org/>

Family Violence Prevention Fund

www.endabuse.org

Women's aid

<http://www.womensaid.org.uk/>

WomenWatch is the United Nations Internet Gateway on the Advancement and Empowerment of Women

www.un.org/womenwatch

Appendix no. 1 Articles of the Universal Declaration of Human Rights

- Article 1. Right to equality in dignity and rights for all human beings.
- Article 2. Freedom from discrimination of any kind.
- Article 3. Right to life, liberty and personal security.
- Article 4. Freedom from slavery and servitude in all its forms.
- Article 5. Freedom from torture and cruel, inhuman or degrading treatment or punishment.
- Article 6. Right to recognition as a person before the law.
- Article 7. Right to equality before the law and the protection of law without any discrimination.
- Article 8. Right to effective remedy by competent courts if one's fundamental rights have been violated.
- Article 9. Freedom from arbitrary arrest, detention and exile.
- Article 10. Right to fair public hearing by independent and impartial court.
- Article 11. Right to be considered innocent until proven guilty, and freedom from being charged for an act that was not considered a crime when it happened.
- Article 12. Freedom from interference in one's privacy, home, family, correspondence, or from attacks upon one's honour and reputation.
- Article 13. Right to free movement within and out of one's country.
- Article 14. Right to asylum in another country in case of persecution (except in cases of non-political criminal offences).
- Article 15. Right to a nationality, and right to change one's nationality.
- Article 16. Right to marriage for women and men of full age, freedom to choose one's spouse, and establish a family based on the mutual consent of the spouses.
- Article 17. Right to own property.
- Article 18. Freedom of thought, conscience and religion.
- Article 19. Freedom of opinion and expression, and right to receive and impart information within and without countries.
- Article 20. Right to peaceful assembly and association, and freedom from compulsory membership.
- Article 21. Right to participate in elections and government (active and passive suffrage).
- Article 22. Right to social security.
- Article 23. Right to work, favourable working conditions, equal pay for equal work, favourable remuneration, and right to participate in trade unions.
- Article 24. Right to rest from work, and holiday.
- Article 25. Right to living standards adequate for one's health, without disadvantage because of his/her circumstances.
- Article 26. Right to free and compulsory elementary education, and right to further education on the basis of merit.
- Article 27. Right to participate in the cultural life of one's community and right to authorship.
- Article 28. Right to a social and international order in which these rights and freedoms can be fully realized.
- Article 29. Duties and responsibilities to the community shall be observed by all, one may not infringe on these rights of others.
- Article 30. Right to the free exercise of these duties, freedom from violating these rights by other persons, groups or governments.

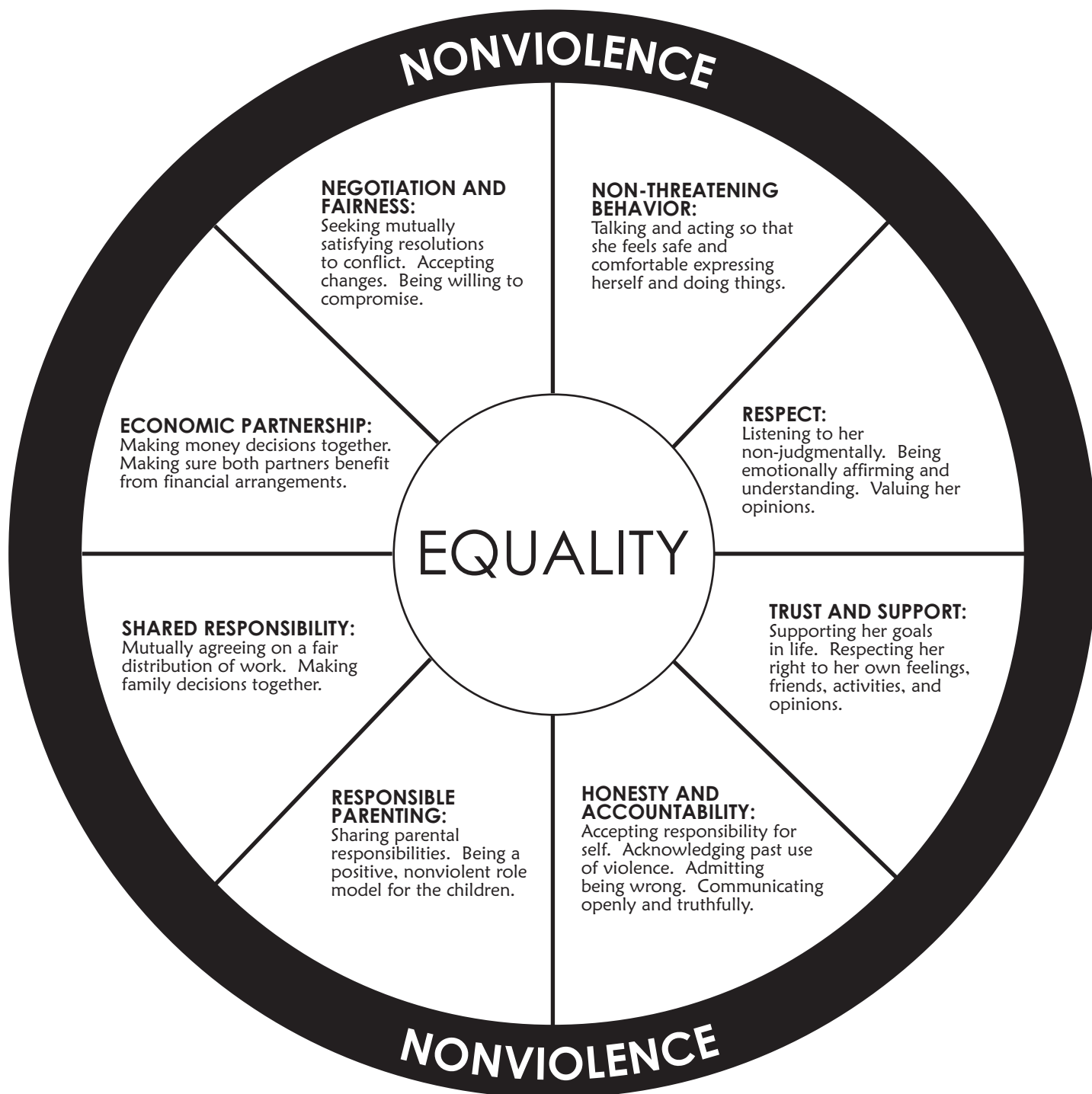
POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.

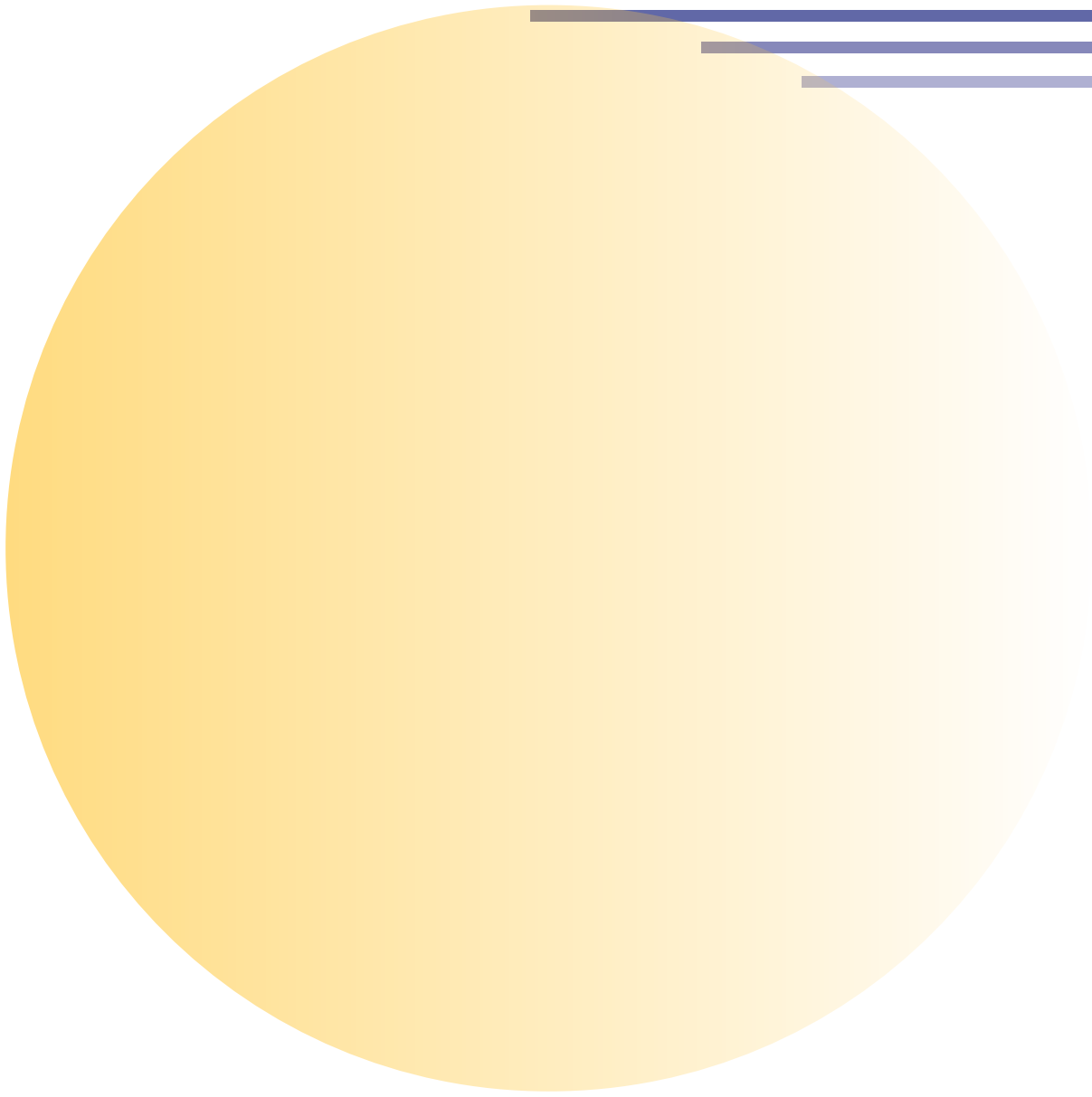


EQUALITY WHEEL



Appendix no. 4 Multi Level Assessment Framework

Pattern of Violence: Form(s), level, frequency, direction, motive, meaning, consequences	
Individual Risk Factors	Individual Strengths
Family Factors: Risks	Strengths
Environmental Risk Factors	Environmental Strengths



UNIVERSITY OF HELSINKI

Project coordinator
University of Helsinki,
Palmenia Centre for Continuing Education
P.O. Box 58 (Vuorikatu 24)
FI-00014 UNIVERSITY OF HELSINKI
FINLAND

Contact person
Sirkka Perttu
sirkka.perttu@helsinki.fi
<http://www.palmenia.helsinki.fi/hevi/>



Education and Culture DG

Lifelong Learning Programme

This publication has been funded
by the European Commission. The
Commission accepts no responsibility
for the contents of the publication.