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Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol

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Manuscripts

Note from the Editors: Instructions for reviewers of study protocols

Since launching in 2011, BMJ Open has published study protocols for planned or ongoing research studies. If data collection is complete, we will not consider the manuscript.

Publishing study protocols enables researchers and funding bodies to stay up to date in their fields by providing exposure to research activity that may not otherwise be widely publicised. This can help prevent unnecessary duplication of work and will hopefully enable collaboration. Publishing protocols in full also makes available more information than is currently required by trial registries and increases transparency, making it easier for others (editors, reviewers and readers) to see and understand any deviations from the protocol that occur during the conduct of the study.

The scientific integrity and the credibility of the study data depend substantially on the study design and methodology, which is why the study protocol requires a thorough peer-review.

BMJ Open will consider for publication protocols for any study design, including observational studies and systematic reviews.

Some things to keep in mind when reviewing the study protocol:

- Protocol papers should report planned or ongoing studies. The dates of the study should be included in the manuscript.
- Unfortunately we are unable to customize the reviewer report form for study protocols. As such, some of the items (i.e., those pertaining to results) on the form should be scores as Not Applicable (N/A).
- While some baseline data can be presented, there should be no results or conclusions present in the study protocol.
- For studies that are ongoing, it is generally the case that very few changes can be made to the methodology. As such, requests for revisions are generally clarifications for the rationale or details relating to the methods. If there is a major flaw in the study that would prevent a sound interpretation of the data, we would expect the study protocol to be rejected.

TITLE PAGE

TITLE OF THE ARTICLE: Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol

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ABSTRACT

TITLE: **Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol**

Introduction:

Family violence (FV) is a widespread public health problem of endemic proportions and serious consequences. Doctors may be the first or only point of contact for victims who may be hesitant or unable to seek other sources of assistance, and they tend not to disclose abuse to doctors if not specifically asked. A comprehensive health care response is key to a coordinated community-wide approach to FV, but most of the practicing physicians have received either no or insufficient education or training in any aspect of FV. Training of medical students concerning FV is often delivered in an inconsistent or ad hoc manner.

The main aim of this project, Family Violence Curricula in Europe (FAVICUE), is to (1) describe current FV education delivery in European medical universities (undergraduate period) and during the specialist training in General Practice (GP)/Family Medicine (FM) (postgraduate residency programme), and (2) compare it with the World Health Organization (WHO) recommendations for FV curriculum.

Methods and analysis: This is the protocol of a cross-sectional descriptive study consisting of two self-report online surveys (for undergraduate and postgraduate training, respectively) with 40 questions each. For both surveys, general practitioners, residents, medical students and professionals involved in their education from countries of the European region will be identified through the European Regional Branch of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA Europe) and will be invited to provide information regarding the training on FV. Descriptive tests will be carried out and a thematic analysis will be conducted on the open-ended questions.

Ethics and dissemination: Ethics approval has been obtained by the University of Luxembourg (ERP 17-015 FAVICUE).

The results will provide important information concerning current curricula on FV, and can be used for mapping the educational needs and planning the implementation of future training interventions. They will be published and disseminated through WONCA Europe and its networks.

KEYWORDS: Medical Education, Family Violence, Curriculum, General Practice, Family Practice.

Strengths and limitations of this study

- To the best of our knowledge, this will be the first study carried out in the European region to describe Family Violence curricula during undergraduate medical school training and postgraduate specialist training in General Practice (GP)/Family Medicine (FM).
- Through WONCA Europe, we have unique access to members of the Organisation, located across all the countries the European region (as defined by the WHO Regional Office for Europe), who will help us to map the curricula in the European region.
- The two self-report online surveys will provide information about Family Violence training in the universities of the European region and specialty training in GP/FM.
- Descriptive statistics will use to analyse quantitative responses and a thematic analysis will be conducted on the open-ended questions.
- The findings will be used to improve Family Violence curricula in medical universities and in specialty trainings.

ARTICLE

TITLE: Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol

INTRODUCTION

Family Violence (FV) is a widespread public health problem of endemic proportions and serious consequences [1]. In addition to FV constituting a violation of human rights [2], its consequences involve serious damage to the physical, mental and social well-being of individuals and families. Family Violence, also named domestic violence, domestic abuse, or battering, includes intimate partner violence (IPV), child abuse / neglect, and elder abuse, among others.

Doctors may be the first or only point of contact for victims of FV who may be hesitant or unable to seek other sources of assistance [3,4]. Although statistics show that abused women use health care services more than non-abused women, and they also identify health care providers as the professionals they would most trust with disclosure of abuse [5], they tend not to disclose abuse to doctors if not specifically asked [6]. Health care professionals are in a unique position to offer a safe and confidential environment not only to facilitate disclosure of violence, but also to offer appropriate support and referral to other resources and services [2].

A comprehensive health care response is key to a coordinated community-wide approach to FV, but most of the practicing physicians have received either no or insufficient education or training in any aspect of FV [7,8]. Prior research has found that training of medical students concerning FV is often delivered in an inconsistent or ad hoc manner [7,8], and health care professionals report feeling inadequately trained to care for victims of abuse [9]. In order to assume their roles and responsibility, it is necessary to sensitise them towards FV and provide them with the information and tools necessary to respond sensitively and effectively [2]. Training in FV is likely to improve clinical practice in such cases [10]. The World Health Organization (WHO) and the National Institute for Health and Care Excellence (NICE) have published guidelines for health services responding to IPV, emphasising the urgent need to improve the education of frontline health care professionals [1,11].

The Family Violence Curricula in Europe (FAVICUE) study aims at describing current FV curricula delivery both in European undergraduate medical programmes and in the specialty training in General Practice (GP)/Family Medicine (FM) (postgraduate residency programmes), and compare them with the corresponding WHO recommendations.

METHODS AND ANALYSIS

Design

This study adopts a cross-sectional descriptive design consisting of two self-report online surveys [one for postgraduate (“FAVICUE I”) and one for undergraduate training (“FAVICUE

II”)] with approximately 40 questions each (Appendix 1 and 2), with open and close-ended questions, divided into 14 different sections, as presented in table 1.

	FAVICUE I	FAVICUE II
1	Profile	Profile
2	Training setting	Medical school
3	Personal background	Training on FV at the University
4	Types of FV: IPV, elder abuse, child maltreatment, female genital mutilation. - If there is no training on FV: Plans to introduce it in the curriculum and reasons why it is not currently included. - Training on FV: Compulsive or elective activity and teaching methods used.	Types of FV: IPV, elder abuse, child maltreatment, female genital mutilation. - If there is no training on FV: Plans to introduce it in the curriculum and reasons why it is not currently included. - Training on FV: Compulsive or elective activity and teaching methods used.
5	Content of the training (topics covered, who delivers the teaching, year during which it is offered, total number of hours)	Format of the training (who delivers the teaching, year during which it is offered, total number of hours, embedded as a rotation)
6	Monitoring	Content of the training I (learning objectives and outcomes, topics covered)
7	Documentation	Documentation
8	Confidentiality	Confidentiality
9	Safety	Safety
10	Referrals	Referrals
11	Protocol	Monitoring
12	Policy	Practice
13	Personal opinion	Personal opinion
14	Future plans to develop/change the teaching provision.	Future plans to develop/change the teaching provision.

Table 1. The sections of the two FAVICUE surveys. FAVICUE: Family Violence Curricula in Europe. FV: Family Violence. IPV: Intimate Partner Violence.

The items were chosen in line with those previously used by Alpert et al. [12], Valpied and colleagues [13], Srivastava and Coles [14], and Potter and Feder [15], aiming for a comprehensive assessment of all aspects of FV curricula.

PARTICIPANTS

Inclusion criteria

1
2
3 The target population of participants are General Practitioners (GPs), including those who
4 are in training, working in primary care, in rural, urban or emergency settings, and those
5 involved in training. For both surveys, GPs and residents from countries of the European
6 region will be contacted to participate in the survey through the email list and social media
7 accounts of the European Regional Branch of the World Organization of National Colleges,
8 Academies and Academic Associations of General Practitioners/Family Physicians (WONCA
9 Europe). WONCA Europe is an academic and scientific society, with 47 member
10 organisations and represents more than 120,000 Family Physicians in Europe.
11
12

13 For the purposes of this study, the European Region is defined according to the WHO
14 Regional Office for Europe [16], comprising an extensive geographical area of 53 countries
15 between the Atlantic and the Pacific oceans; WONCA Europe also conforms to this
16 definition. The survey will be conducted with the support of three of the WONCA Europe
17 networks, and one special interest group of the world umbrella organisation (WONCA):
18
19

- 20 1) The WONCA Special Interest Group on Family Violence (WONCA SIGFV);
- 21 2) The Vasco da Gama Movement (VdGM, a network of WONCA Europe) for trainees
22 and junior family doctors, with a representative member for each European country;
- 23 3) The European Academy of Teachers in General Practice/Family Medicine (EURACT, a
24 network of WONCA Europe);
- 25 4) The working group on Mental Health and Family Violence of the European Network
26 for Prevention and Health Promotion in Family Medicine and General Practice
27 (EUROPREV, a network of WONCA Europe).
28
29

30 **Exclusion criteria**

31 Participants who are neither GPs nor medical students or those professionals who are not
32 involved in their training.
33
34
35

36 **RECRUITMENT AND INFORMED CONSENT**

37
38 Physicians and medical students will receive an online invitation to participate in the study
39 including the link to the platform where they will find all the information related to the
40 project, its objectives and expected outcomes. They can participate or forward the email to
41 other potential participants who have knowledge of FV training in specialty training
42 programmes.
43
44

45 The first page of the online survey contains the consent form and information on how the
46 data will be treated. Volunteers have to agree to these terms and conditions by clicking the
47 respective button before being taken to the next pages of the online survey.
48
49

50 **SAMPLE SIZE**

51 Our sample consists of GPs, GP trainees, medical students and teaching professionals from
52 the 41 countries represented in WONCA Europe: Andorra, Armenia, Austria, Belarus,
53 Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia,
54 Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Latvia,
55 Lithuania, Luxembourg, Macedonia, Malta, Netherlands, Norway, Poland, Portugal,
56
57
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Romania, Russia, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and the United Kingdom.

DATA ANALYSIS

For each survey, data will be collected during a twelve month consecutive period, starting on 16th January 2018. Quantitative analysis will be carried out using SPSS: descriptive statistics will be computed and chi-square, t-tests and nonparametric tests, where applicable, will be performed. A thematic analysis will be conducted on the open-ended questions using NVivo [17].

ETHICAL CONSIDERATIONS

Ethical Approval

This study will be conducted according to the guidelines laid down in the declaration of Helsinki and the guidelines of the Ethics Review Panel (ERP) of the University of Luxembourg. The study design was approved by the Ethics Review Panel of the University of Luxembourg (ERP 17-015 FAVICUE) on 19th September 2017.

Participant's information and consent

Informed consent will be obtained from all participants before any data collection ensues. This will include the right to decline and to withdraw from the research once it has started. If participants wish to be informed of the results of the project and relevant publications, they can contact the principal investigator through the contact provided in the online survey.

Data protection

The data will be collected anonymously, by default. The data used in this research project will be collected through a web-based service (LimeSurvey) hosted on a server within the network of the University of Luxembourg. The transmission of data to this server will be secured using the HTTPS protocol. There will be no link between the data and the participant. The server and the LimeSurvey application are managed by the central information technology (IT) department, which is in control of granting access to the server. Once the data collection has been completed, the data will be copied to a centrally managed file share of the UL main file server dedicated to the project. After the validation of the download, the data set on the web server will be deleted. Access to the project file share is only provided by the IT department upon authorisation of the owner of the file share. To ensure the confidentiality of the data and to follow the principle of privacy by design, the data will be stored as content of an AES encrypted ZIP archive. The decryption password will only be known to the members of the project and not be shared with a third party. Temporary copies of the data made by accessing the ZIP archive and used for data analysis will be deleted once the analysis has been completed. The ZIP archive will be kept for 10 years in the project share drive and will be destroyed after this period in accordance with the ethics guidelines of the University Luxembourg.

DISSEMINATION

Study findings will be disseminated through peer-reviewed publications, conference presentations, posters and social media channels. The research findings will provide

important information concerning current curricula on FV, enhancing the knowledge by facilitating mapping the current training provision in the European region. The outcomes of the study have the potential to help in the identification of educational needs, and in planning the implementation of future training interventions or improvement of existing ones.

DISCUSSION

Historically, most medical care providers have not been taught the skills to recognise and treat victims of FV. Even if awareness has increased among the medical profession in the last decade, we expect to find insufficient levels of training provision. Such a result would underline the significant gap between the recognition of FV as a public health problem of endemic proportions and its serious consequences, and the provision of adequate training of first line professionals to address this important problem [1,11]. The results of this study will help to improve our understanding of the situation in the European Region, raise awareness for the importance of the contents of medical curricula and suggest further implementations.

COMMENT

To the best of our knowledge, this is the first study carried out at a European level.

LIMITATIONS

The main limitation of this study relates to the use of self-report questionnaires, with which we will collect information from GPs and medical students through the scientific network and the scientific societies. This heterogeneity of the respondents may reflect response bias in our findings as well as the voluntary participation, because colleagues that are more aware and sensitive to FV are more likely to respond to the survey.

ACKNOWLEDGMENTS

We are grateful for the kind support received from WONCA Europe (WONCA Europe: European Regional Branch of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians) from her president, Dr Anna Stadval, and its networks, especially the Vasco da Gama Movement Family Violence group (the Junior Doctors Network of Family Medicine in Europe) and her president, Dr Claire Marie Thomas, the WONCA Special Interest Group on Family Violence and her Co Chairs Dr Hagit Dascal-Weichhendler and Prof. Dr Kelsey Hegarty, the European Network for Prevention and Health Promotion in Family Medicine and General Practice (EUOPREV) and her president Dr Mateja Bulc, and the European Academy of Teachers in General Practice / Family Medicine (EURACT) and her president, Dr Jo Buchanan. And all the colleagues who took part in the survey, sharing their knowledge and providing information to make this research possible.

FOOTNOTES

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DISCLOSURE STATEMENT

No potential conflict of interest was reported by the authors.

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APPENDIX 1

FAVICUE I

Current FV education deliver during the **postgraduate GP vocational training program / residency in Europe.**

1. PROFILE

1. Age
2. Gender: Female / Male
3. Job title / role: Please specify your current job role _____ Location _____

2. TRAINING SETTING

In this survey you will be ask about the **ACTUAL** teaching on family violence and abuse during the GP vocational training / residency period. Please specify the **details of the GP vocational training / residency that will be related to your answers.**

4. Place of the GP vocational training / residency
5. Country of the GP vocational training / residency
6. What is the **actual length** of the GP vocational training / residency? (Please specify it in years)

3. PERSONAL BACKGROUND

7. Have you finished your GP vocational training period / specialization? Yes/No
8. If you have finished your vocational training, please specify in which year did you qualified as a GP?
9. Years of practice (after specialization/GP vocational training)

4. TYPES OF FAMILY VIOLENCE

FAMILY VIOLENCE

Family Violence (FV), also named **domestic violence, domestic abuse, or battering**, includes intimate partner violence (IPV), child abuse / neglect, and elder abuse, among others, that will be addressed separately in the survey. With the information provided in the next sections we aim to assess the curriculum contents regarding all forms of FV.

I. INTIMATE PARTNER VIOLENCE

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. It is one of the most common forms of violence against women (VAW) which is a major public health problem and a violation of women's human rights.

<http://www.who.int/mediacentre/factsheets/fs239/en/>

II. ELDER ABUSE

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, emotional; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

<http://www.who.int/mediacentre/factsheets/fs357/en/>

III. CHILD MALTREATMENT (ABUSE / NEGLECT)

Child maltreatment refers to abuse and neglect that occurs to children under 18 years of age. Sometimes referred to as child abuse and neglect, it includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.

<http://www.who.int/mediacentre/factsheets/fs150/en/>

IV. FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is recognized internationally as a violation of the human rights of girls and women.

<http://www.who.int/mediacentre/factsheets/fs241/en/>

10. Is there **currently** any training during the specialization / GP vocational training in the following areas? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4A. NO TRAINING ON FAMILY VIOLENCE

11. If there is **NO training**, are there any **plans to introduce teaching** on each type of violence and abuse into the curriculum? Please check the appropriate:

	Yes	Yes, it is under development, to be implemented to be implemented in		Not currently under development	No	Don't know
		within 12 months	more than 12 months			
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11A. Please provide any **reasons** you feel why there is no teaching on violence and abuse in the curriculum currently

4B. TRAINING ON FAMILY VIOLENCE

12. If **there is current training** during the specialization / GP vocational training, what are the **teaching methods** used? (you may choose multiple options if applicable):

	Course	Part of a lecture	Dedicated lecture	Workshop	Small group discussion	Clinical case seminar	Field placement	Experiential learning	Role- playing (RP)	Problem- based learning case	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. If you selected "Other", please specify:

14. Is the current training on Family Violence an elective or compulsory activity? Please choose the appropriate response for each item:

	ELECTIVE	COMPULSORY
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>

5. CONTENT OF THE TRAINING (I)

15. What topics / issues are actually covered? (you may choose multiple options if applicable)

Please choose all that apply:

- N/A
- General overview
- Epidemiology
- Risk factors or associations
- Physical health consequences
- Mental health consequences
- Child protection
- Gender issues
- Female Genital Mutilation (FGM)
- Honour based violence
- Case study
- Identifying domestic violence and abuse
- Asking about domestic violence and abuse
- Management
- Community services
- Other:

5. CONTENT OF THE TRAINING (II)

16. About the training:

	Who delivers/facilitates the teaching?	In which year(s) of the GP training is this offered?	Estimated total of hours of training during the specialization:
INTIMATE PARTNER VIOLENCE			
ELDER ABUSE			
CHILD MALTREATMENT (ABUSE/NEGLECT)			
FEMALE GENITAL MUTILATION			

17. Does the training include **how to ask about...**? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Does the training include **when to ask** about each type of violence? Please tick all that apply:

	N/A	No	To all new patients	To all new female patients	To all patients periodically	To all male patients	To all patients with abuse indicators on history or exam	To all pregnant patients at specific times of their pregnancy	To all patients of specific age groups or certain categories only	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. MONITORING

19. Does the training include how is asking for violence monitored? i.e. check that health professionals are asking about it:

Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. DOCUMENTATION

20. Does the actual training include how to document...? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20A. Briefly describe the **training methods used for documentation**, in each case (Intimate Partner Violence, Elder Abuse, Child Maltreatment and Female Genital Mutilation), if known:

21. Does the training include **how to document** any of the following information in the consultation? (If yes, please tick all that apply)

	NO	UNCERTAIN	INTIMATE PARTNER VIOLENCE	ELDER ABUSE	CHILD MALTREATMENT (ABUSE/NEGLECT)	FEMALE GENITAL MUTILATION
Whether or not the patient was asked about violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not the patient disclosed violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of the perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship of the perpetrator to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the types of abuse experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of any recent incident of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A body map picture indicating the location of any injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether referral information was offered to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether the patient accepted the referral information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of any action taken by the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether there are any children in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assessment of the safety of the patient and any children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. CONFIDENTIALITY

22. Does the training include how to deal with issues of confidentiality and information sharing? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Briefly describe training methods used for confidentiality and information sharing, in each case, if known

9. SAFETY

24. Does the training include **how to assess the safety** of the patient in each case? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Briefly describe the training methods used for assessment of safety, if known

10. REFERRALS

26. Does the training include how to refer **patients who disclose** it or how to refer patients **when there is a suspicion** of abuse? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Briefly describe the training methods used for referrals, in each case, if known

11. PROTOCOL

28. Is there a **local protocol** for dealing with each type of violence at your clinic / practice?

	Yes, and widely used	Yes, and used to some extent	Yes, but not used	No	Uncertain	N/A to my patient population	I am not currently in a clinical practice
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Do you have any kind of **national protocol** for dealing with each type of violence in your country? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. If yes, please provide the link:

12. POLICY

31. Do you have a **national policy** in your country about each type of violence? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. If so, please provide the link:

33. Is it **legally mandated** to report each type of violence in the country where you

practice? *

	Yes	No	Unsure	N/A
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. PERSONAL OPINION

34. What do you think about the **currently quantity of teaching** provided during your GP training to prepare future doctors to identify and respond to Family Violence? *

Please choose only one of the following:

- N/A
- Inadequate
- Not quite enough
- About right
- A bit too much
- Far too much
- Don't know

Make a comment on your choice here:

35. Do you think there should be **formal teaching** on Family Violence in the curriculum?

* Yes / No

36. Please explain your answer

14. FUTURE PLANS

37. Are there any **plans to develop/change the teaching provision** on each type of violence and abuse in the curriculum? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Please elaborate on this answer

APPENDIX 2

FAVICUE II - Family Violence Curricula in Medical School

Current FV education deliver during the **undergraduate training program in Europe.**

1. PROFILE

1. Age
2. Gender: Female / Male
3. Job title / role: Please specify your current job role _____ Location _____

2. MEDICAL SCHOOL

4. In this survey you will be ask about the **ACTUAL** teaching on family violence and abuse in **Medical Universities**, during the undergraduate training period. Please specify the **details of the Medical School that will be related to your answers.**

- Name of the Medical School:
- City of the Medical School:
- Country of the Medical School:

3. PERSONAL BACKGROUND

5. Did you graduate from Medical School? * Please choose only one of the following:
Yes / No
6. If you have finished your medical studies, please specify when (year): Only numbers may be entered in this field.

Only answer this question if the following conditions are met: Answer was 'Yes' at question '6 [Q07]' (5. Did you graduate from Medical School?)

7. Please specify what is your current year of medical study:

Only answer this question if the following conditions are met: Answer was 'No' at question '6 [Q07]' (5. Did you graduate from Medical School?)

Please choose only one of the following:

- 1st year
- 2nd year
- 3rd year
- 4th year
- 5th year
- 6th year

Make a comment on your choice here:

4. TYPES OF FAMILY VIOLENCE

FAMILY VIOLENCE

Family Violence (FV), also named **domestic violence**, **domestic abuse**, or **battering**, includes intimate partner violence (IPV), child abuse / neglect, and elder abuse, among others, that will be addressed separately in the survey. With the information provided in the next sections we aim to assess the curriculum contents regarding all forms of FV.

I. INTIMATE PARTNER VIOLENCE

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. It is one of the most common forms of violence against women (VAW) which is a major public health problem and a violation of women's human rights.

<http://www.who.int/mediacentre/factsheets/fs239/en/>

II. ELDER ABUSE

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, emotional; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

<http://www.who.int/mediacentre/factsheets/fs357/en/>

III. CHILD MALTREATMENT (ABUSE / NEGLECT)

Child maltreatment refers to abuse and neglect that occurs to children under 18 years of age. Sometimes referred to as child abuse and neglect, it includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.

<http://www.who.int/mediacentre/factsheets/fs150/en/>

IV. FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is recognized internationally as a violation of the human rights of girls and women.

<http://www.who.int/mediacentre/factsheets/fs241/en/>

8. Is there **actually** any FV training courses at University in the following areas? *

Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4A. NO TRAINING ON FAMILY VIOLENCE

9. If there is **NO training**, are there any **plans to introduce teaching** on each type of violence and abuse into the curriculum? Please check the appropriate:

	Yes	Yes, it is under development, to be implemented within 12 months	Yes, it is under development, to be implemented in more than 12 months	Not currently under development	No	Don't know
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please provide any **reasons** you feel why there is no teaching on violence and abuse in the curriculum currently:

4B. TRAINING ON FAMILY VIOLENCE

11. If **there is any kind training**, what are the **teaching methods** used? (you may choose multiple options if applicable):

	Course	Part of a lecture	Dedicated lecture	Workshop	Small group discussion	Clinical case seminar	Field placement	Experiential learning	Role-playing (RP)	Problem-based learning case	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If you selected "Other", please specify:

13. Is this current training on Family Violence **an elective or compulsory activity**? Please choose the appropriate response for each item:

	ELECTIVE	COMPULSORY
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>

5. FORMAT OF THE TRAINING

14. About the training:

	Who delivers/facilitates the teaching?	In which year(s) of the study program is this offered?	Estimated total of hours of training during the medical studies:
INTIMATE PARTNER VIOLENCE			
ELDER ABUSE			
CHILD MALTREATMENT (ABUSE/NEGLECT)			
FEMALE GENITAL MUTILATION			

6. CONTENT OF THE TRAINING (I): LEARNING OBJECTIVES

15. Has the training specific learning objectives in each area?

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. CONTENT OF THE TRAINING (II): LEARNING OUTCOMES

16. Has the training specific learning outcomes in each area?

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. CONTENT OF THE TRAINING (III)

17. What topics / issues are covered? (you may choose multiple options if applicable)

Please choose all that apply:

- N/A
- General overview
- Epidemiology
- Risk factors or associations
- Physical health consequences
- Mental health consequences
- Child protection
- Child psychological abuse
- Child physical abuse
- Child sexual abuse
- Gender issues
- Female Genital Mutilation (FGM)
- Honour based violence
- Rape
- Substance abuse
- Homicide
- Case study
- Identifying domestic violence and abuse
- Asking about domestic violence and abuse
- Adult survivor of sexual abuse
- Elder Abuse
- Management
- Community services
- Other:

6. CONTENT OF THE TRAINING (IV)

18. Does the training include **how to ask about...**? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. CONTENT OF THE TRAINING (V)

19. Does the training include **when to ask** about each type of violence? Please tick all that apply:

	N/A	No	To all new patients	To all new female patients	To all patients periodically	To all male patients	To all patients with abuse indicators on history or exam	To all pregnant patients at specific times of their pregnancy	To all patients of specific age groups or certain categories only	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. If you selected "Patients of specific age or certain categories only" or "Other", please specify:

7. DOCUMENTATION

21. Does the training include how to document...? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Does the training include how to document any of the following information? (If yes, please tick all that apply)

	NO	UNCERTAIN	INTIMATE PARTNER VIOLENCE	ELDER ABUSE	CHILD MALTREATMENT (ABUSE/NEGLECT)	FEMALE GENITAL MUTILATION
Whether or not the patient was asked about violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not the patient disclosed violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of the perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship of the perpetrator to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the types of abuse experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of any recent incident of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A body map picture indicating the location of any injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether referral information was offered to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether the patient accepted the referral information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of any action taken by the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether there are any children in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assessment of the safety of the patient and any children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Briefly describe the **training methods used for documentation**, in each case (Intimate Partner Violence, Elder Abuse, Child Maltreatment and Female Genital Mutilation), if known:

8. CONFIDENTIALITY

24. Does the training include how to deal with issues of confidentiality and information sharing? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Briefly describe training methods used for confidentiality and information sharing, in each case, if known

9. SAFETY

26. Does the training include **how to assess the safety** of the patient in each case? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Briefly describe the training methods used for assessment of safety, if known

10. REFERRALS

28. Does the training include how to refer **patients who disclose** it or how to refer patients **when there is a suspicion** of abuse? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Briefly describe the training methods used for referrals, in each case, if known

11. MONITORING

30. Does the training include how is asking for violence monitored? i.e. check that health professionals are asking about it:

	No monitoring	Audit of patient records	Don't know	Other methods
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. If you have any other comments about auditing or routine enquiry please write them here:

12. PRACTICE (I)

32. Does the teaching involve opportunities to apply this knowledge?

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. If any of the following areas is embedded as part of a clinical rotation or attachment, please specify in which rotation. Eg Paediatrics, Women's Health, General Practice, Family Medicine

INTIMATE PARTNER VIOLENCE	
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ELDER ABUSE	
CHILD MALTREATMENT (ABUSE/NEGLECT)	
FEMALE GENITAL MUTILATION	

12. PRACTICE (II): BARRIERS AND FACILITATORS

34. Please list the 3 most important barriers and the 3 more important facilitators in the teaching of the family violence program:

13. PERSONAL OPINION

35. What do you think about the **currently quantity of teaching** provided during medical studies to prepare future doctors to identify and respond to Family Violence? *
Please choose only one of the following:

- N/A
- Inadequate
- Not quite enough
- About right
- A bit too much
- Far too much
- Don't know

Make a comment on your choice here:

36. Do you think there should be **formal teaching** on Family Violence in the curriculum?

* Yes / No

37. Please explain your answer

14. FUTURE PLANS

38. Are there any **plans to develop/change the teaching provision** on each type of violence and abuse in the curriculum? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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39. Please elaborate on this answer

For peer review only

BMJ Open

Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol

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TITLE PAGE

TITLE OF THE ARTICLE: Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol

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ABSTRACT

TITLE: **Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol**

Introduction:

Family violence (FV) is a widespread public health problem of endemic proportions and serious consequences. Doctors may be the first or only point of contact for victims who may be hesitant or unable to seek other sources of assistance, and they tend not to disclose abuse to doctors if not specifically asked. A comprehensive health care response is key to a coordinated community-wide approach to FV, but most of the practicing physicians have received either no or insufficient education or training in any aspect of FV. Training of medical students concerning FV is often delivered in an inconsistent or ad hoc manner.

The main aim of this project, Family Violence Curricula in Europe (FAVICUE), is to (1) describe current FV education delivery in European medical universities (undergraduate period) and during the specialist training in General Practice (GP)/Family Medicine (FM) (postgraduate residency programme), and (2) compare it with the World Health Organization (WHO) recommendations for FV curriculum.

Methods and analysis: This is the protocol of a cross-sectional descriptive study consisting of two self-report online surveys (for undergraduate and postgraduate training, respectively) with 40 questions each. For both surveys, general practitioners, residents, medical students and professionals involved in their education from countries of the European region will be identified through the European Regional Branch of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA Europe) and will be invited to provide information regarding the training on FV. Descriptive tests will be carried out and a thematic analysis will be conducted on the open-ended questions.

Ethics and dissemination: Ethics approval has been obtained by the University of Luxembourg (ERP 17-015 FAVICUE). The results will provide important information concerning current curricula on FV, and can be used for mapping the educational needs and planning the implementation of future training interventions. They will be published and disseminated through WONCA Europe and its networks.

KEYWORDS: Medical Education, Family Violence, Curriculum, General Practice, Family Practice.

Strengths and limitations of this study

- To the best of our knowledge, this will be the first study carried out in the European region to describe Family Violence curricula during undergraduate and postgraduate specialist training in General Practice (GP)/Family Medicine (FM).
- This study adopts a cross-sectional descriptive design consisting of two self-report online surveys with approximately 40 questions each: the length of the survey may decrease response rate and lead to a bias.
- The study will be carried out through a scientific society providing a unique access to its members, who are located across the countries the European region.
- The findings will be used to improve Family Violence curricula in medical universities and in specialty trainings.

ARTICLE

TITLE: Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol

INTRODUCTION

Family Violence (FV) is a widespread public health problem of endemic proportions and serious consequences [1]. In addition to FV constituting a violation of human rights [2], its consequences involve serious damage to the physical, mental and social well-being of individuals and families. Family Violence, also named domestic violence, domestic abuse, or battering, includes intimate partner violence (IPV), child abuse / neglect, and elder abuse, among others.

Doctors may be the first or only point of contact for victims of FV who may be hesitant or unable to seek other sources of assistance [3,4]. Although statistics show that abused women use health care services more than non-abused women, and they also identify health care providers as the professionals they would most trust with disclosure of abuse [5], they tend not to disclose abuse to doctors if not specifically asked [6]. Health care professionals are in a unique position to offer a safe and confidential environment not only to facilitate disclosure of violence, but also to offer appropriate support and referral to other resources and services [2].

A comprehensive health care response is key to a coordinated community-wide approach to FV, but most of the practicing physicians have received either no or insufficient education or training in any aspect of FV [7,8]. Prior research has found that training of medical students concerning FV is often delivered in an inconsistent or ad hoc manner [7,8], and health care professionals report feeling inadequately trained to care for victims of abuse [9]. In order to assume their roles and responsibility, it is necessary to sensitise them towards FV and provide them with the information and tools necessary to respond sensitively and effectively [2]. Training in FV is likely to improve clinical practice in such cases [10]. The World Health Organization (WHO) and the National Institute for Health and Care Excellence (NICE) have published guidelines for health services responding to IPV, emphasising the urgent need to improve the education of frontline health care professionals [1,11].

The Family Violence Curricula in Europe (FAVICUE) study aims at describing current FV curricula delivery both in European undergraduate medical programmes and in the specialty training in GP/FM (postgraduate residency programmes), and compare them with the corresponding WHO recommendations regarding IPV, Sexual Violence (SV), Child Abuse (CA) and Elder Abuse (EA) training to include them in the health care curriculum.

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3 The 2013 WHO guidelines strongly recommend training for health care providers at a pre-
4 qualification level and to health-care providers in-service for IPV and Sexual Violence (SV),
5 considering them as best practices [1].
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10 A structured, integrated CA training in the curricula for all medical students and health
11 professionals in training was already recommended by the WHO 2002 world report on violence
12 and health [12]. Early detection of child maltreatment and early intervention can help to minimize
13 the likelihood of further violence and the long-term health and social consequences. In order to
14 increase the capacity of frontline professionals, a call for special training is made including the
15 minimum knowledge that this should cover [13].
16

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18 Evidence-based education on EA for all primary health care workers was suggested based on the
19 findings from the WHO 2008 multi-country study in Elder Abuse and Neglect [14]. This
20 recommendation has been made considering that EA rates are predicted to increase as many
21 countries are experiencing rapidly ageing populations and the health sector needs to be trained
22 to appropriately detect, respond and treat this increasing health concern [15].
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26 **METHODS AND ANALYSIS**

27 **Design**

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29 This study adopts a cross-sectional descriptive design consisting of two self-report online surveys
30 [one for postgraduate (“FAVICUE I”) and one for undergraduate training (“FAVICUE II”)] with
31 approximately 40 questions each (Appendix 1 and 2), with open and close-ended questions,
32 divided into 14 different sections, as presented in table 1.
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37 These sections will explore different domains (See Table 1) of the curricula dividing them into
38 subsections according to the different types of FV: also named domestic violence, domestic
39 abuse, or battering, that includes IPV, Child Abuse and Neglect, Female Genital Mutilation (FGM)
40 and Elder Abuse, among others, which will be addressed separately in the survey.
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43 It is important to remark that IPV refers to behaviour by an intimate partner or ex-partner who
44 causes physical, sexual or psychological harm, including physical aggression, sexual coercion,
45 psychological abuse and controlling behaviour. It is mentioned that it is one of the most common
46 forms of violence against women (VAW), but this does not exclude any other gender-based
47 violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to
48 women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether
49 occurring in public or in private life [16].
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53 The items were chosen in line with those previously used by Alpert et al. [17], Valpied and
54 colleagues [18], Srivastava and Coles [19], Potter and Feder [20] and taking into account WHO
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recommendations [1, 12-15], aiming for a comprehensive assessment of all aspects of FV curricula.

	FAVICUE I	FAVICUE II
1	Profile	Profile
2	Training setting	Medical school
3	Personal background: GP trainee or senior GP, years of practice after the GP vocational training.	Training on FV at the University
4	Types of FV: <ul style="list-style-type: none"> - If there is no training on FV: Plans to introduce it in the curriculum and reasons why it is not currently included. - Training on FV: Compulsive or elective activity and teaching methods used. 	Types of FV: <ul style="list-style-type: none"> - If there is no training on FV: Plans to introduce it in the curriculum and reasons why it is not currently included. - Training on FV: Compulsive or elective activity and teaching methods used.
5	Content of the training: <ul style="list-style-type: none"> - Topics covered: epidemiology, risk factors, physical and mental health consequences, child protection, gender issues, FGM, honoured based violence, identification, management, community services and case studies. - Who delivers the teaching, year during which it is offered, total number of hours. - How and when to ask about each type of violence. 	Format of the training: <ul style="list-style-type: none"> - Who delivers the teaching. - Year during which it is offered. - Total number of hours.
6	Monitoring	Content of the training: <ul style="list-style-type: none"> - Does the training have specific learning objectives? - Does the training have specific learning outcomes, topics covered? - Topics covered: epidemiology, risk factors, physical and mental health consequences, child protection, gender issues, FGM, honoured based violence,

		identification, management, community services and case studies.
		- How and when to ask about each type of violence.
7	Documentation	Documentation
8	Confidentiality	Confidentiality
9	Safety: How to assess safety.	Safety: How to assess safety.
10	Referrals: How to refer patients who disclose abuse or when there is a suspicion of abuse.	Referrals: How to refer patients who disclose abuse or when there is a suspicion of abuse.
11	Protocol: Is there any kind of national or local protocol for dealing with each type of violence?	Monitoring
12	Policy : Is there a national policy about each type of violence?	Practice: - Does the teaching involve opportunities to apply this knowledge? - Is it embedded as part of a clinical rotation or attachment? - Barriers and facilitators
13	Personal opinion about the current quantity of teaching provided and whether or not there should be a formal teaching on FV in the curriculum.	Personal opinion about the current quantity of teaching provided and whether or not there should be a formal teaching on FV in the curriculum.
14	Future plans to develop/change the teaching provision.	Future plans to develop/change the teaching provision.

Table 1. The sections of the two FAVICUE surveys. FAVICUE: Family Violence Curricula in Europe. FV: Family Violence. GP: General Practice.

Patient and Public Involvement

Neither patients nor the public were involved in the design of this study. To ensure wide dissemination of the outcomes, they will be presented in scientific meetings worldwide and publications will be sought in peer-reviewed open-access journal.

PARTICIPANTS

Inclusion criteria

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3 The target population of participants are General Practitioners (GPs), including those who are in
4 training, working in primary care, in rural, urban or emergency settings, and those involved in
5 training. For both surveys, GPs and residents from countries of the European region will be
6 contacted to participate in the survey through the email list and social media accounts of the
7 European Regional Branch of the World Organization of National Colleges, Academies and
8 Academic Associations of General Practitioners/Family Physicians (WONCA Europe). WONCA
9 Europe is an academic and scientific society, with 47 member organisations and represents more
10 than 120,000 Family Physicians in Europe.
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14 For the purposes of this study, the European Region is defined according to the WHO Regional
15 Office for Europe [21], comprising an extensive geographical area of 53 countries between the
16 Atlantic and the Pacific oceans; WONCA Europe also conforms to this definition. The survey will
17 be conducted with the support of three of the WONCA Europe networks, and one special interest
18 group of the world umbrella organisation (WONCA):
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20

- 21 1) The WONCA Special Interest Group on Family Violence (WONCA SIGFV);
- 22 2) The Vasco da Gama Movement (VdGM, a network of WONCA Europe) for trainees and
23 junior family doctors, with a representative member for each European country;
- 24 3) The European Academy of Teachers in General Practice/Family Medicine (EURACT, a
25 network of WONCA Europe);
- 26 4) The working group on Mental Health and Family Violence of the European Network for
27 Prevention and Health Promotion in Family Medicine and General Practice (EUROPREV, a
28 network of WONCA Europe).
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32 **Exclusion criteria**

33 Participants who are neither GPs nor medical students or those professionals who are not
34 involved in their training.
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38 **RECRUITMENT AND INFORMED CONSENT**

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41 Physicians and medical students will receive an online invitation to participate in the study
42 including the link to the platform where they will find all the information related to the project,
43 its objectives and expected outcomes. It will be distributed through the emailing list of the
44 aforementioned networks. Each one of them have country representatives, who can provide
45 information and insights about the standards of the curriculum. They can participate or forward
46 the email to other potential participants who have knowledge of FV training in specialty training
47 programmes.
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51 Moreover, programme leads and responsables of European Medical School will receive the
52 survey and students' associations will be contacted.
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3 The first page of the online survey contains the consent form and information on how the data
4 will be treated. Volunteers have to agree to these terms and conditions by clicking the respective
5 button before being taken to the next pages of the online survey.
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8 **SAMPLE SIZE**

9 Our sample consists of GPs, GP trainees, medical students and teaching professionals from the 41
10 countries represented in WONCA Europe: Andorra, Armenia, Austria, Belarus, Belgium, Bosnia
11 and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany,
12 Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Latvia, Lithuania, Luxembourg,
13 Macedonia, Malta, Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia, Slovakia,
14 Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and the United Kingdom.
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18 According to the world directory of Medical Schools [22, 23] there are at least 452 Medical Schools
19 in Europe.
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21 Regarding the post-graduate curriculum, the last research carried out for EURACT, the European
22 Academy of Teachers in General Practice / Family Medicine, Specialist training for GP/FM is firmly
23 established internationally and is a pre-requisite for becoming an “Official/Licensed/Specialist”
24 GP in all EU/EEA countries surveyed except Albania, Austria, Lithuania and Ukraine out of the 39
25 countries surveyed [24]. We could expect to find maybe some variations of the curricula across
26 some countries, as for example, Spain has 17 different regions with variations of the official
27 program, Portugal counts on 4 define training regions and Netherlands with 8 Institutes in charge
28 of the training, but there are national standards for the curriculum that we are aiming to explore.
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32 **DATA ANALYSIS**

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34 For each survey, data will be collected during a twelve month consecutive period, starting on 16th
35 January 2018. Quantitative analysis will be carried out using SPSS: descriptive statistics will be
36 computed and chi-square, t-tests and nonparametric tests and bivariate tests, where applicable,
37 will be performed. A thematic analysis will be conducted on the open-ended questions using
38 NVivo [25].
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43 **ETHICS AND DISSEMINATION**

44 ***Ethical Approval***

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46 This study will be conducted according to the guidelines laid down in the declaration of Helsinki
47 and the guidelines of the Ethics Review Panel (ERP) of the University of Luxembourg. The study
48 design was approved by the Ethics Review Panel of the University of Luxembourg (ERP 17-015
49 FAVICUE) on 19th September 2017.
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53 ***Participant’s information and consent***

54 Informed consent will be obtained from all participants before any data collection ensues. This
55 will include the right to decline and to withdraw from the research once it has started. They will
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not receive any incentive for the participation in the study. If participants wish to be informed of the results of the project and relevant publications, they can contact the principal investigator through the contact provided in the online survey.

Data protection

The data will be collected anonymously, by default. The data used in this research project will be collected through a web-based service (LimeSurvey) hosted on a server within the network of the University of Luxembourg. The transmission of data to this server will be secured using the HTTPS protocol. There will be no link between the data and the participant. The server and the LimeSurvey application are managed by the central information technology (IT) department, which is in control of granting access to the server. Once the data collection has been completed, the data will be copied to a centrally managed file share of the UL main file server dedicated to the project. After the validation of the download, the data set on the web server will be deleted. Access to the project file share is only provided by the IT department upon authorisation of the owner of the file share. To ensure the confidentiality of the data and to follow the principle of privacy by design, the data will be stored as content of an AES encrypted ZIP archive. The decryption password will only be known to the members of the project and not be shared with a third party. Temporary copies of the data made by accessing the ZIP archive and used for data analysis will be deleted once the analysis has been completed. The ZIP archive will be kept for 10 years in the project share drive and will be destroyed after this period in accordance with the ethics guidelines of the University Luxembourg.

Dissemination plan

Study findings will be disseminated through peer-reviewed publications, conference presentations, posters and social media channels. The research findings will provide important information concerning current curricula on FV, enhancing the knowledge by facilitating mapping the current training provision in the European region. The outcomes of the study have the potential to help in the identification of educational needs, and in planning the implementation of future training interventions or improvement of existing ones.

DISCUSSION

Historically, most medical care providers have not been taught the skills to recognise and treat victims of FV. Even if awareness has increased among the medical profession in the last decade, we expect to find insufficient levels of training provision. Such a result would underline the significant gap between the recognition of FV as a public health problem of endemic proportions and its serious consequences, and the provision of adequate training of first line professionals to address this important problem [1,11]. The results of this study will help to improve our understanding of the situation in the European Region, raise awareness for the importance of the contents of medical curricula and suggest further implementations.

COMMENT

To the best of our knowledge, this will be the first study carried out in the European region to describe Family Violence curricula during undergraduate medical school training and postgraduate specialist training in GP/ FM.

LIMITATIONS

The main limitation of this study relates to the use of self-report questionnaires, with which we will collect information from GPs and medical students. This heterogeneity of the respondents, as well as the length of the survey may lead to response bias in our findings as well as the voluntary participation, because colleagues who are more aware and sensitive to FV are more likely to respond to the survey. According to Borgiel AE et al, the best recruitment result comes from a personal approach by a known physician to the potential participant, also having professionals of influence in the medical was of significant impact for a high response rate and finally, the level of interest and commitment was another important factor for a successful recruitment even in controversial topics when respected peers are undertaking the recruitment process [26]. Considering also that colleagues participating in scientific networks tend to be more active, the response rates may be ultimately acceptable.

Even though efforts to reach curriculum leads and programme directors for the undergraduate program and the scientific networks will help us reach a large number of respondents for the postgraduate, our sample may not be representative as the responsables of that specific topic might not receive it or there is no way to control how the surveys will be distributed in each country through the representative members in the networks. However, as these participants have a specific commitment within the scientific society and their own countries, and a special interest in primary care and education and/or family violence, we do believe that they will be able to answer the questionnaire as accurately as possible.

In the case that participants who completed the survey had completed the training some years ago and undergo through other type of formation afterwards that might influence their answers constituting a potential limitation of the study, we believe that the answers will reflect the actual curricula as the survey is about the actual teaching provision in Medical Universities and GP vocational training programs and it is directed to those who are in contact with these programs.

Despite WHO recommendations for FV curriculum, that includes as well assessing communication and clinical skills, inappropriate attitudes among healthcare providers (victim-blaming or expecting patient to leave relationship immediately), and self-care techniques for providers, these have not been specifically included in the questionnaire to keep the general focus on the basic training and not specified to not influence the answers of the respondents, despite not increasing the extension of the questionnaire. Even if participants have always the possibility to write down more specific points related to the training if they consider it appropriate, this broad approach might imply another bias in our study. However, as colleagues participating in scientific networks tend to be more active, the response rates may be ultimately acceptable.

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3 Discrepancies are expected to be found in our studies considering the diversity of the participants,
4 which are consistent with what the literature describes [27]. According to Alpert EJ et al there are
5 many reasons to explain disparities between the report of the deans related to what they are
6 teaching and what students report they are being taught in domestic violence. Normally students
7 report fewer and less offers that the responsables of the same school. The possible explanations
8 for this finding are several, like the perception about the curriculum, the schedule of the subject,
9 if it is the case of a single presentation and it is not re-emphasized over time, or part of multiple
10 courses, or clinical settings, etc [27]. In case they are discovered, we will address the problem by
11 analysing deeper the concrete case of this country.
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18 **ACKNOWLEDGMENTS**

19
20 We are grateful for the kind support received from WONCA Europe (WONCA Europe: European
21 Regional Branch of the World Organization of National Colleges, Academies and Academic
22 Associations of General Practitioners/Family Physicians) from her president, Dr Anna Stadval, and
23 its networks, especially the Vasco da Gama Movement Family Violence group (the Junior Doctors
24 Network of Family Medicine in Europe) and her president, Dr Claire Marie Thomas, the WONCA
25 Special Interest Group on Family Violence and her Co Chairs Dr Hagit Dascal-Weichhendler and
26 Prof. Dr Kelsey Hegarty, the European Network for Prevention and Health Promotion in Family
27 Medicine and General Practice (EUROPREV) and her president Dr Mateja Bulc, and the European
28 Academy of Teachers in General Practice / Family Medicine (EURACT) and her president, Dr Jo
29 Buchanan. And all the colleagues who took part in the survey, sharing their knowledge and
30 providing information to make this research possible.
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35 **FOOTNOTES**

36
37 **Contributors** RGB serves as the principal investigator for this study, she designed the study,
38 conducted the literature search and wrote the manuscript. RGB, CL, GF, RR and CV participated
39 in the design of the study and drafting of the protocol. CL advised on statistical methods,
40 reviewed, edited and commented on the different versions of this manuscript. GF and CL gave
41 their expert opinion on medical education in the training of medical students and GP trainees and
42 RR on education. CV edited the manuscript prior to submission and gave his expert opinion
43 concerning research design. All authors have read the draft critically to make contributions and
44 also approved the final text.
45
46
47

48 **Funding:** RGB is employed by the University of Luxembourg as a full time PhD student. No external
49 funds support her research.
50

51 **Competing interests:** RGB is member of the executive of the WONCA SIGFV and CL is the honorary
52 secretary of WONCA Europe.
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Patient consent: Not required.

Ethics approval: Ethics approval has been obtained by the University of Luxembourg (ERP 17-015 FAVICUE).

Provenance and peer review Not commissioned; externally peer reviewed.

Collaborators: WONCA Special Interest Group on Family Violence.

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APPENDIX 1

FAVICUE I

Current FV education deliver during the **postgraduate GP vocational training program / residency in Europe.**

1. PROFILE

1. Age
2. Gender: Female / Male
3. Job title / role: Please specify your current job role _____ Location _____

2. TRAINING SETTING

In this survey you will be ask about the **ACTUAL** teaching on family violence and abuse during the GP vocational training / residency period. Please specify the **details of the GP vocational training / residency that will be related to your answers.**

4. Place of the GP vocational training / residency
5. Country of the GP vocational training / residency
6. What is the **actual length** of the GP vocational training / residency? (Please specify it in years)

3. PERSONAL BACKGROUND

7. Have you finished your GP vocational training period / specialization? Yes/No
8. If you have finished your vocational training, please specify in which year did you qualified as a GP?
9. Years of practice (after specialization/GP vocational training)

4. TYPES OF FAMILY VIOLENCE

FAMILY VIOLENCE

Family Violence (FV), also named **domestic violence, domestic abuse, or battering**, includes intimate partner violence (IPV), child abuse / neglect, and elder abuse, among others, that will be addressed separately in the survey. With the information provided in the next sections we aim to assess the curriculum contents regarding all forms of FV.

I. INTIMATE PARTNER VIOLENCE

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. It is one of the most common forms of violence against women (VAW) which is a major public health problem and a violation of women's human rights.

<http://www.who.int/mediacentre/factsheets/fs239/en/>

II. ELDER ABUSE

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, emotional; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

<http://www.who.int/mediacentre/factsheets/fs357/en/>

III. CHILD MALTREATMENT (ABUSE / NEGLECT)

Child maltreatment refers to abuse and neglect that occurs to children under 18 years of age. Sometimes referred to as child abuse and neglect, it includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.

<http://www.who.int/mediacentre/factsheets/fs150/en/>

IV. FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is recognized internationally as a violation of the human rights of girls and women.

<http://www.who.int/mediacentre/factsheets/fs241/en/>

10. Is there **currently** any training during the specialization / GP vocational training in the following areas? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4A. NO TRAINING ON FAMILY VIOLENCE

11. If there is **NO training**, are there any **plans to introduce teaching** on each type of violence and abuse into the curriculum? Please check the appropriate:

	Yes	Yes, it is under development, to be implemented to be implemented in		Not currently under development	No	Don't know
		within 12 months	more than 12 months			
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11A. Please provide any **reasons** you feel why there is no teaching on violence and abuse in the curriculum currently

4B. TRAINING ON FAMILY VIOLENCE

12. If **there is current training** during the specialization / GP vocational training, what are the **teaching methods** used? (you may choose multiple options if applicable):

	Course	Part of a lecture	Dedicated lecture	Workshop	Small group discussion	Clinical case seminar	Field placement	Experiential learning	Role-playing (RP)	Problem-based learning case	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. If you selected "Other", please specify:

14. Is the current training on Family Violence an elective or compulsory activity? Please choose the appropriate response for each item:

	ELECTIVE	COMPULSORY
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>

5. CONTENT OF THE TRAINING (I)

15. What topics / issues are actually covered? (you may choose multiple options if applicable)

Please choose all that apply:

- N/A
- General overview
- Epidemiology
- Risk factors or associations
- Physical health consequences
- Mental health consequences
- Child protection
- Gender issues
- Female Genital Mutilation (FGM)
- Honour based violence
- Case study
- Identifying domestic violence and abuse
- Asking about domestic violence and abuse
- Management
- Community services
- Other:

5. CONTENT OF THE TRAINING (II)

16. About the training:

	Who delivers/facilitates the teaching?	In which year(s) of the GP training is this offered?	Estimated total of hours of training during the specialization:
INTIMATE PARTNER VIOLENCE			
ELDER ABUSE			
CHILD MALTREATMENT (ABUSE/NEGLECT)			
FEMALE GENITAL MUTILATION			

17. Does the training include **how to ask about...**? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Does the training include **when to ask** about each type of violence? Please tick all that apply:

	N/A	No	To all new patients	To all new female patients	To all patients periodically	To all male patients	To all patients with abuse indicators on history or exam	To all pregnant patients at specific times of their pregnancy	To all patients of specific age groups or certain categories only	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. MONITORING

19. Does the training include how is asking for violence monitored? i.e. check that health professionals are asking about it:

Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. DOCUMENTATION

20. Does the actual training include how to document...? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20A. Briefly describe the **training methods used for documentation**, in each case (Intimate Partner Violence, Elder Abuse, Child Maltreatment and Female Genital Mutilation), if known:

21. Does the training include **how to document** any of the following information in the consultation? (If yes, please tick all that apply)

	NO	UNCERTAIN	INTIMATE PARTNER VIOLENCE	ELDER ABUSE	CHILD MALTREATMENT (ABUSE/NEGLECT)	FEMALE GENITAL MUTILATION
Whether or not the patient was asked about violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not the patient disclosed violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of the perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship of the perpetrator to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the types of abuse experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of any recent incident of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A body map picture indicating the location of any injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether referral information was offered to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether the patient accepted the referral information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of any action taken by the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether there are any children in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assessment of the safety of the patient and any children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. CONFIDENTIALITY

22. Does the training include how to deal with issues of confidentiality and information sharing? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Briefly describe training methods used for confidentiality and information sharing, in each case, if known

9. SAFETY

24. Does the training include **how to assess the safety** of the patient in each case? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Briefly describe the training methods used for assessment of safety, if known

10. REFERRALS

26. Does the training include how to refer **patients who disclose** it or how to refer patients **when there is a suspicion** of abuse? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Briefly describe the training methods used for referrals, in each case, if known

11. PROTOCOL

28. Is there a **local protocol** for dealing with each type of violence at your clinic / practice?

	Yes, and widely used	Yes, and used to some extent	Yes, but not used	No	Uncertain	N/A to my patient population	I am not currently in a clinical practice
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Do you have any kind of **national protocol** for dealing with each type of violence in your country? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. If yes, please provide the link:

12. POLICY

31. Do you have a **national policy** in your country about each type of violence? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. If so, please provide the link:

33. Is it **legally mandated** to report each type of violence in the country where you

practice? *

	Yes	No	Unsure	N/A
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. PERSONAL OPINION

34. What do you think about the **currently quantity of teaching** provided during your GP training to prepare future doctors to identify and respond to Family Violence? *

Please choose only one of the following:

- N/A
- Inadequate
- Not quite enough
- About right
- A bit too much
- Far too much
- Don't know

Make a comment on your choice here:

35. Do you think there should be **formal teaching** on Family Violence in the curriculum?

* Yes / No

36. Please explain your answer

14. FUTURE PLANS

37. Are there any **plans to develop/change the teaching provision** on each type of violence and abuse in the curriculum? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Please elaborate on this answer

APPENDIX 2

FAVICUE II - Family Violence Curricula in Medical School

Current FV education deliver during the **undergraduate training program in Europe.**

1. PROFILE

1. Age
2. Gender: Female / Male
3. Job title / role: Please specify your current job role _____ Location _____

2. MEDICAL SCHOOL

4. In this survey you will be ask about the **ACTUAL** teaching on family violence and abuse in **Medical Universities**, during the undergraduate training period. Please specify the **details of the Medical School that will be related to your answers.**
 - Name of the Medical School:
 - City of the Medical School:
 - Country of the Medical School:

3. PERSONAL BACKGROUND

5. Did you graduate from Medical School? * Please choose only one of the following:
Yes / No
6. If you have finished your medical studies, please specify when (year): Only numbers may be entered in this field.

Only answer this question if the following conditions are met: Answer was 'Yes' at question '6 [Q07]' (5. Did you graduate from Medical School?)

7. Please specify what is your current year of medical study:

Only answer this question if the following conditions are met: Answer was 'No' at question '6 [Q07]' (5. Did you graduate from Medical School?)

Please choose only one of the following:

- 1st year
- 2nd year
- 3rd year
- 4th year
- 5th year
- 6th year

Make a comment on your choice here:

4. TYPES OF FAMILY VIOLENCE

FAMILY VIOLENCE

Family Violence (FV), also named **domestic violence**, **domestic abuse**, or **battering**, includes intimate partner violence (IPV), child abuse / neglect, and elder abuse, among others, that will be addressed separately in the survey. With the information provided in the next sections we aim to assess the curriculum contents regarding all forms of FV.

I. INTIMATE PARTNER VIOLENCE

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. It is one of the most common forms of violence against women (VAW) which is a major public health problem and a violation of women's human rights.

<http://www.who.int/mediacentre/factsheets/fs239/en/>

II. ELDER ABUSE

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, emotional; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

<http://www.who.int/mediacentre/factsheets/fs357/en/>

III. CHILD MALTREATMENT (ABUSE / NEGLECT)

Child maltreatment refers to abuse and neglect that occurs to children under 18 years of age. Sometimes referred to as child abuse and neglect, it includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.

<http://www.who.int/mediacentre/factsheets/fs150/en/>

IV. FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is recognized internationally as a violation of the human rights of girls and women.

<http://www.who.int/mediacentre/factsheets/fs241/en/>

8. Is there **actually** any FV training courses at University in the following areas? *

Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4A. NO TRAINING ON FAMILY VIOLENCE

9. If there is **NO training**, are there any **plans to introduce teaching** on each type of violence and abuse into the curriculum? Please check the appropriate:

	Yes	Yes, it is under development,		Not currently	No	Don't
		to be implemented	to be implemented in	under		know
		within 12 months	more than 12 months	development		
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please provide any **reasons** you feel why there is no teaching on violence and abuse in the curriculum currently:

4B. TRAINING ON FAMILY VIOLENCE

11. If **there is any kind training**, what are the **teaching methods** used? (you may choose multiple options if applicable):

	Course	Part of a lecture	Dedicated lecture	Workshop	Small group discussion	Clinical case seminar	Field placement	Experiential learning	Role-playing (RP)	Problem-based learning case	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If you selected "Other", please specify:

13. Is this current training on Family Violence **an elective or compulsory activity**? Please choose the appropriate response for each item:

	ELECTIVE	COMPULSORY
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>

5. FORMAT OF THE TRAINING

14. About the training:

	Who delivers/facilitates the teaching?	In which year(s) of the study program is this offered?	Estimated total of hours of training during the medical studies:
INTIMATE PARTNER VIOLENCE			
ELDER ABUSE			
CHILD MALTREATMENT (ABUSE/NEGLECT)			
FEMALE GENITAL MUTILATION			

6. CONTENT OF THE TRAINING (I): LEARNING OBJECTIVES

15. Has the training specific learning objectives in each area?

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. CONTENT OF THE TRAINING (II): LEARNING OUTCOMES

16. Has the training specific learning outcomes in each area?

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. CONTENT OF THE TRAINING (III)

17. What topics / issues are covered? (you may choose multiple options if applicable)

Please choose all that apply:

- N/A
- General overview
- Epidemiology
- Risk factors or associations
- Physical health consequences
- Mental health consequences
- Child protection
- Child psychological abuse
- Child physical abuse
- Child sexual abuse
- Gender issues
- Female Genital Mutilation (FGM)
- Honour based violence
- Rape
- Substance abuse
- Homicide
- Case study
- Identifying domestic violence and abuse
- Asking about domestic violence and abuse
- Adult survivor of sexual abuse
- Elder Abuse
- Management
- Community services
- Other:

6. CONTENT OF THE TRAINING (IV)

18. Does the training include **how to ask about...**? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. CONTENT OF THE TRAINING (V)

19. Does the training include **when to ask** about each type of violence? Please tick all that apply:

	N/A	No	To all new patients	To all new female patients	To all patients periodically	To all male patients	To all patients with abuse indicators on history or exam	To all pregnant patients at specific times of their pregnancy	To all patients of specific age groups or certain categories only	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. If you selected "Patients of specific age or certain categories only" or "Other", please specify:

7. DOCUMENTATION

21. Does the training include how to document...? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Does the training include how to document any of the following information? (If yes, please tick all that apply)

	NO	UNCERTAIN	INTIMATE PARTNER VIOLENCE	ELDER ABUSE	CHILD MALTREATMENT (ABUSE/NEGLECT)	FEMALE GENITAL MUTILATION
Whether or not the patient was asked about violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not the patient disclosed violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of the perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship of the perpetrator to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the types of abuse experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of any recent incident of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A body map picture indicating the location of any injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether referral information was offered to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether the patient accepted the referral information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of any action taken by the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether there are any children in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assessment of the safety of the patient and any children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Briefly describe the **training methods used for documentation**, in each case (Intimate Partner Violence, Elder Abuse, Child Maltreatment and Female Genital Mutilation), if known:

8. CONFIDENTIALITY

24. Does the training include how to deal with issues of confidentiality and information sharing? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Briefly describe training methods used for confidentiality and information sharing, in each case, if known

9. SAFETY

26. Does the training include **how to assess the safety** of the patient in each case? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Briefly describe the training methods used for assessment of safety, if known

10. REFERRALS

28. Does the training include how to refer **patients who disclose** it or how to refer patients **when there is a suspicion** of abuse? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Briefly describe the training methods used for referrals, in each case, if known

11. MONITORING

30. Does the training include how is asking for violence monitored? i.e. check that health professionals are asking about it:

	No monitoring	Audit of patient records	Don't know	Other methods
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. If you have any other comments about auditing or routine enquiry please write them here:

12. PRACTICE (I)

32. Does the teaching involve opportunities to apply this knowledge?

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. If any of the following areas is embedded as part of a clinical rotation or attachment, please specify in which rotation. Eg Paediatrics, Women's Health, General Practice, Family Medicine

INTIMATE PARTNER VIOLENCE	
---------------------------	--

ELDER ABUSE	
CHILD MALTREATMENT (ABUSE/NEGLECT)	
FEMALE GENITAL MUTILATION	

12. PRACTICE (II): BARRIERS AND FACILITATORS

34. Please list the 3 most important barriers and the 3 more important facilitators in the teaching of the family violence program:

13. PERSONAL OPINION

35. What do you think about the **currently quantity of teaching** provided during medical studies to prepare future doctors to identify and respond to Family Violence? *

Please choose only one of the following:

- N/A
- Inadequate
- Not quite enough
- About right
- A bit too much
- Far too much
- Don't know

Make a comment on your choice here:

36. Do you think there should be **formal teaching** on Family Violence in the curriculum?

* Yes / No

37. Please explain your answer

14. FUTURE PLANS

38. Are there any **plans to develop/change the teaching provision** on each type of violence and abuse in the curriculum? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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39. Please elaborate on this answer

For peer review only

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Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol

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TITLE PAGE

TITLE OF THE ARTICLE: Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol

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ABSTRACT

TITLE: **Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol**

Introduction:

Family violence (FV) is a widespread public health problem of epidemic proportions and serious consequences. Doctors may be the first or only point of contact for victims who may be hesitant or unable to seek other sources of assistance, and they tend not to disclose abuse to doctors if not specifically asked. A comprehensive health care response is key to a coordinated community-wide approach to FV, but most of the practicing physicians have received either no or insufficient education or training in any aspect of FV. Training of medical students concerning FV is often delivered in an inconsistent or ad hoc manner.

The main aim of this project, Family Violence Curricula in Europe (FAVICUE), is to (1) describe current FV education delivery in European medical universities (undergraduate period) and during the specialist training in General Practice (GP)/Family Medicine (FM) (postgraduate residency programme), and (2) compare it with the World Health Organization (WHO) recommendations for FV curriculum.

Methods and analysis: This is the protocol of a cross-sectional descriptive study consisting of two self-report online surveys (for undergraduate and postgraduate training, respectively) with 40 questions each. For both surveys, general practitioners, residents, medical students and professionals involved in their education from countries of the European region will be identified through the European Regional Branch of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA Europe) and will be invited to provide information regarding the training on FV. Descriptive tests will be carried out and a thematic analysis will be conducted on the open-ended questions.

Ethics and dissemination: Ethics approval has been obtained by the University of Luxembourg (ERP 17-015 FAVICUE). The results will provide important information concerning current curricula on FV, and can be used for mapping the educational needs and planning the implementation of future training interventions. They will be published and disseminated through WONCA Europe and its networks.

KEYWORDS: Medical Education, Family Violence, Curriculum, General Practice, Family Practice.

Strengths and limitations of this study

- To the best of our knowledge, this will be the first study carried out in the European region to describe Family Violence curricula during undergraduate and postgraduate specialist training in General Practice (GP)/Family Medicine (FM).
- This study adopts a cross-sectional descriptive design consisting of two self-report online surveys with approximately 40 questions each: the length of the survey may decrease response rate and lead to a bias.
- The surveys are divided into 14 sections exploring a wide range of domains of the curricula.
- The questionnaires will address different types of family violence separately: intimate partner violence, child abuse and neglect, female genital mutilation and elder abuse, among others.
- The study will be carried out through a scientific society providing a unique access to its members, who are located across the countries the European region.

ARTICLE

TITLE: Family Violence Curricula in Europe (FAVICUE): A cross-sectional descriptive study protocol

INTRODUCTION

Family Violence (FV) is a widespread public health problem of epidemic proportions and serious consequences [1]. In addition to FV constituting a violation of human rights [2], its consequences involve serious damage to the physical, mental and social well-being of individuals and families. Family Violence, also named domestic violence, domestic abuse, or battering, includes intimate partner violence (IPV), child abuse / neglect, and elder abuse, among others.

Doctors may be the first or only point of contact for victims of FV who may be hesitant or unable to seek other sources of assistance [3,4]. Although statistics show that abused women use health care services more than non-abused women, and they also identify health care providers as the professionals they would most trust with disclosure of abuse [5], they tend not to disclose abuse to doctors if not specifically asked [6]. Health care professionals are in a unique position to offer a safe and confidential environment not only to facilitate disclosure of violence, but also to offer appropriate support and referral to other resources and services [2].

A comprehensive health care response is key to a coordinated community-wide approach to FV, but most of the practicing physicians have received either no or insufficient education or training in any aspect of FV [7,8]. Prior research has found that training of medical students concerning FV is often delivered in an inconsistent or ad hoc manner [7,8], and health care professionals report feeling inadequately trained to care for victims of abuse [9]. In order to assume their roles and responsibility, it is necessary to sensitise them towards FV and provide them with the information and tools necessary to respond sensitively and effectively [2]. Training in FV is likely to improve clinical practice in such cases [10]. The World Health Organization (WHO) and the National Institute for Health and Care Excellence (NICE) have published guidelines for health services responding to IPV, emphasising the urgent need to improve the education of frontline health care professionals [1,11].

The Family Violence Curricula in Europe (FAVICUE) study aims at describing current FV curricula delivery both in European undergraduate medical programmes and in the specialty training in GP/FM (postgraduate residency programmes), and compare them with the corresponding WHO recommendations regarding IPV, Sexual Violence (SV), Child Abuse (CA) and Elder Abuse (EA) training to include them in the health care curriculum.

1
2
3 The 2013 WHO guidelines strongly recommend training for health care providers at a pre-
4 qualification level and to health-care providers in-service for IPV and Sexual Violence (SV),
5 considering them as best practices [1].
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9 A structured, integrated CA training in the curricula for all medical students and health
10 professionals in training was already recommended by the WHO 2002 world report on
11 violence and health [12]. Early detection of child maltreatment and early intervention can help
12 to minimize the likelihood of further violence and the long-term health and social
13 consequences. In order to increase the capacity of frontline professionals, a call for special
14 training is made including the minimum knowledge that this should cover [13].
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18 Evidence-based education on EA for all primary health care workers was suggested based on
19 the findings from the WHO 2008 multi-country study in Elder Abuse and Neglect [14]. This
20 recommendation has been made considering that EA rates are predicted to increase as many
21 countries are experiencing rapidly ageing populations and the health sector needs to be
22 trained to appropriately detect, respond and treat this increasing health concern [15].
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26 **METHODS AND ANALYSIS**

27 **Design**

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31 This study adopts a cross-sectional descriptive design consisting of two self-report online
32 surveys [one for postgraduate (“FAVICUE I”) and one for undergraduate training (“FAVICUE
33 II”)] with approximately 40 questions each (Appendix 1 and 2), with open and close-ended
34 questions, divided into 14 different sections, as presented in table 1.
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37 These sections will explore different domains (See Table 1) of the curricula dividing them into
38 subsections according to the different types of FV: also named domestic violence, domestic
39 abuse, or battering, that includes IPV, Child Abuse and Neglect, Female Genital Mutilation
40 (FGM) and Elder Abuse, among others, which will be addressed separately in the survey.
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42

43 It is important to remark that IPV refers to behaviour by an intimate partner or ex-partner
44 who causes physical, sexual or psychological harm, including physical aggression, sexual
45 coercion, psychological abuse and controlling behaviour. It is mentioned that it is one of the
46 most common forms of violence against women (VAW), but this does not exclude any other
47 gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm
48 or suffering to women, including threats of such acts, coercion or arbitrary deprivation of
49 liberty, whether occurring in public or in private life [16].
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53 The items were chosen in line with those previously used by Alpert et al. [17], Valpied and
54 colleagues [18], Srivastava and Coles [19], Potter and Feder [20] and taking into account WHO
55 recommendations [1, 12-15], aiming for a comprehensive assessment of all aspects of FV
56 curricula.
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	FAVICUE I	FAVICUE II
1	1 Profile	Profile
2	2 Training setting	Medical school
3	3 Personal background: GP trainee or senior GP, years of practice after the GP vocational training.	Training on FV at the University
4	4 Types of FV: <ul style="list-style-type: none"> - If there is no training on FV: Plans to introduce it in the curriculum and reasons why it is not currently included. - Training on FV: Compulsive or elective activity and teaching methods used. 	Types of FV: <ul style="list-style-type: none"> - If there is no training on FV: Plans to introduce it in the curriculum and reasons why it is not currently included. - Training on FV: Compulsive or elective activity and teaching methods used.
5	5 Content of the training: <ul style="list-style-type: none"> - Topics covered: epidemiology, risk factors, physical and mental health consequences, child protection, gender issues, FGM, honoured based violence, identification, management, community services and case studies. - Who delivers the teaching, year during which it is offered, total number of hours. - How and when to ask about each type of violence. 	Format of the training: <ul style="list-style-type: none"> - Who delivers the teaching. - Year during which it is offered. - Total number of hours.
6	6 Monitoring	Content of the training: <ul style="list-style-type: none"> - Does the training have specific learning objectives? - Does the training have specific learning outcomes, topics covered? - Topics covered: epidemiology, risk factors, physical and mental health consequences, child protection, gender issues, FGM, honoured based violence, identification, management, community services and case studies. - How and when to ask about each type of violence.
7	7 Documentation	Documentation
8	8 Confidentiality	Confidentiality

9	Safety: How to assess safety.	Safety: How to assess safety.
10	Referrals: How to refer patients who disclose abuse or when there is a suspicion of abuse.	Referrals: How to refer patients who disclose abuse or when there is a suspicion of abuse.
11	Protocol: Is there any kind of national or local protocol for dealing with each type of violence?	Monitoring
12	Policy : Is there a national policy about each type of violence?	Practice: - Does the teaching involve opportunities to apply this knowledge? - Is it embedded as part of a clinical rotation or attachment? - Barriers and facilitators
13	13 Personal opinion about the current quantity of teaching provided and whether or not there should be a formal teaching on FV in the curriculum.	Personal opinion about the current quantity of teaching provided and whether or not there should be a formal teaching on FV in the curriculum.
14	14 Future plans to develop/change the teaching provision.	Future plans to develop/change the teaching provision.

Table 1. The sections of the two FAVICUE surveys. FAVICUE: Family Violence Curricula in Europe. FV: Family Violence. GP: General Practice.

Patient and Public Involvement

Neither patients nor the public were involved in the design of this study. To ensure wide dissemination of the outcomes, they will be presented in scientific meetings worldwide and publications will be sought in peer-reviewed open-access journal.

PARTICIPANTS

Inclusion criteria

The target population of participants are General Practitioners (GPs), including those who are in training, working in primary care, in rural, urban or emergency settings, and those involved in training. For both surveys, GPs and residents from countries of the European region will be contacted to participate in the survey through the email list and social media accounts of the European Regional Branch of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA Europe). WONCA Europe is an academic and scientific society, with 47 member organisations and represents more than 120,000 Family Physicians in Europe.

For the purposes of this study, the European Region is defined according to the WHO Regional Office for Europe [21], comprising an extensive geographical area of 53 countries between the

1
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3 Atlantic and the Pacific oceans; WONCA Europe also conforms to this definition. The survey
4 will be conducted with the support of three of the WONCA Europe networks, and one special
5 interest group of the world umbrella organisation (WONCA):
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- 8 1) The WONCA Special Interest Group on Family Violence (WONCA SIGFV);
- 9 2) The Vasco da Gama Movement (VdGM, a network of WONCA Europe) for trainees and
10 junior family doctors, with a representative member for each European country;
- 11 3) The European Academy of Teachers in General Practice/Family Medicine (EURACT, a
12 network of WONCA Europe);
- 13 4) The working group on Mental Health and Family Violence of the European Network for
14 Prevention and Health Promotion in Family Medicine and General Practice
15 (EUROPREV, a network of WONCA Europe).
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19 **Exclusion criteria**

20 Participants who are neither GPs nor medical students or those professionals who are not
21 involved in their training.
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25 **RECRUITMENT AND INFORMED CONSENT**

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27 Physicians and medical students will receive an online invitation to participate in the study
28 including the link to the platform where they will find all the information related to the project,
29 its objectives and expected outcomes. It will be distributed through the emailing list of the
30 aforementioned networks. Each one of them have country representatives, who can provide
31 information and insights about the standards of the curriculum. They can participate or
32 forward the email to other potential participants who have knowledge of FV training in
33 specialty training programmes.
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37 Moreover, programme leads and coordinators of the curricula (e.g., deans, faculty or
38 programme directors, professors, course coordinators, lecturers, researchers, educators) of
39 European Medical Schools will receive the survey, as well as students' associations.
40
41

42 The first page of the online survey contains the consent form and information on how the data
43 will be treated. Volunteers have to agree to these terms and conditions by clicking the
44 respective button before being taken to the next pages of the online survey.
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47 **SAMPLE SIZE**

48 Our sample consists of GPs, GP trainees, medical students and teaching professionals from
49 the 41 countries represented in WONCA Europe: Andorra, Armenia, Austria, Belarus, Belgium,
50 Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France,
51 Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Latvia, Lithuania,
52 Luxembourg, Macedonia, Malta, Netherlands, Norway, Poland, Portugal, Romania, Russia,
53 Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and the United
54 Kingdom.
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58 According to the world directory of Medical Schools [22, 23] there are at least 452 Medical
59 Schools in Europe.
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4 Regarding the post-graduate curriculum, the last research carried out for EURACT, the
5 European Academy of Teachers in General Practice / Family Medicine, Specialist training for
6 GP/FM is firmly established internationally and is a pre-requisite for becoming an
7 “Official/Licensed/Specialist” GP in all EU/EEA countries surveyed except Albania, Austria,
8 Lithuania and Ukraine out of the 39 countries surveyed [24]. We could expect to find maybe
9 some variations of the curricula across some countries, as for example, Spain has 17 different
10 regions with variations of the official program, Portugal counts on 4 define training regions
11 and Netherlands with 8 Institutes in charge of the training, but there are national standards
12 for the curriculum that we are aiming to explore.
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18 **DATA ANALYSIS**

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20 For each survey, data will be collected during a twelve month consecutive period, starting on
21 16th January 2018. Quantitative analysis will be carried out using SPSS: descriptive statistics
22 will be computed and chi-square, t-tests and nonparametric tests and bivariate tests, where
23 applicable, will be performed. A thematic analysis will be conducted on the open-ended
24 questions using NVivo [25].
25
26

27 **ETHICS AND DISSEMINATION**

28 ***Ethical Approval***

29
30 This study will be conducted according to the guidelines laid down in the declaration of
31 Helsinki and the guidelines of the Ethics Review Panel (ERP) of the University of Luxembourg.
32 The study design was approved by the Ethics Review Panel of the University of Luxembourg
33 (ERP 17-015 FAVICUE) on 19th September 2017.
34
35

36 ***Participant’s information and consent***

37
38 Informed consent will be obtained from all participants before any data collection ensues. This
39 will include the right to decline and to withdraw from the research once it has started. They
40 will not receive any incentive for the participation in the study. If participants wish to be
41 informed of the results of the project and relevant publications, they can contact the principal
42 investigator through the contact provided in the online survey.
43
44

45 ***Data protection***

46
47 The data will be collected anonymously, by default. The data used in this research project will
48 be collected through a web-based service (LimeSurvey) hosted on a server within the network
49 of the University of Luxembourg. The transmission of data to this server will be secured using
50 the HTTPS protocol. There will be no link between the data and the participant. The server
51 and the LimeSurvey application are managed by the central information technology (IT)
52 department, which is in control of granting access to the server. Once the data collection has
53 been completed, the data will be copied to a centrally managed file share of the UL main file
54 server dedicated to the project. After the validation of the download, the data set on the web
55 server will be deleted. Access to the project file share is only provided by the IT department
56 upon authorisation of the owner of the file share. To ensure the confidentiality of the data
57 and to follow the principle of privacy by design, the data will be stored as content of an AES
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3 encrypted ZIP archive. The decryption password will only be known to the members of the
4 project and not be shared with a third party. Temporary copies of the data made by accessing
5 the ZIP archive and used for data analysis will be deleted once the analysis has been
6 completed. The ZIP archive will be kept for 10 years in the project share drive and will be
7 destroyed after this period in accordance with the ethics guidelines of the University
8 Luxembourg.
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11 ***Dissemination plan***

12 Study findings will be disseminated through peer-reviewed publications, conference
13 presentations, posters and social media channels. The research findings will provide important
14 information concerning current curricula on FV, enhancing the knowledge by facilitating
15 mapping the current training provision in the European region. The outcomes of the study
16 have the potential to help in the identification of educational needs, and in planning the
17 implementation of future training interventions or improvement of existing ones.
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23 **DISCUSSION**

24 Historically, most medical care providers have not been taught the skills to recognise and treat
25 victims of FV. Even if awareness has increased among the medical profession in the last
26 decade, we expect to find insufficient levels of training provision. Such a result would
27 underline the significant gap between the recognition of FV as a public health problem of
28 epidemic proportions and its serious consequences, and the provision of adequate training of
29 first line professionals to address this important problem [1,11]. The results of this study will
30 help to improve our understanding of the situation in the European Region, raise awareness
31 for the importance of the contents of medical curricula and suggest further implementations.
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35 **COMMENT**

36 To the best of our knowledge, this will be the first study carried out in the European region
37 to describe Family Violence curricula during undergraduate medical school training and
38 postgraduate specialist training in GP/ FM.
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42 **LIMITATIONS**

43
44 The main limitation of this study relates to the use of self-report questionnaires, with which
45 we will collect information from GPs and medical students. This heterogeneity of the
46 respondents, as well as the length of the survey may lead to response bias in our findings as
47 well as the voluntary participation, because colleagues who are more aware and sensitive to
48 FV are more likely to respond to the survey. According to Borgiel AE et al., the best recruitment
49 result comes from a personal approach by a known physician to the potential participant, also
50 having professionals of influence in the medical was of significant impact for a high response
51 rate and finally, the level of interest and commitment was another important factor for a
52 successful recruitment even in controversial topics when respected peers are undertaking the
53 recruitment process [26]. Considering also that colleagues participating in scientific networks
54 tend to be more active, the response rates may be ultimately acceptable.
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3 Even though efforts to reach curriculum leads and programme directors for the
4 undergraduate program and the scientific networks will help us reach a large number of
5 respondents for the postgraduate, our sample may not be representative as the coordinators
6 of that specific topic might not receive it or there is no way to control how the surveys will be
7 distributed in each country through the representative members in the networks. However,
8 as these participants have a specific commitment within the scientific society and their own
9 countries, and a special interest in primary care and education and/or family violence, we do
10 believe that they will be able to answer the questionnaire as accurately as possible.
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14 In the case that participants who completed the survey had completed the training some years
15 ago and undergo through other type of formation afterwards that might influence their
16 answers constituting a potential limitation of the study, we believe that the answers will
17 reflect the actual curricula as the survey is about the actual teaching provision in Medical
18 Universities and GP vocational training programs and it is directed to those who are in contact
19 with these programs.
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23 Despite WHO recommendations for FV curriculum, that includes as well assessing
24 communication and clinical skills, inappropriate attitudes among healthcare providers (victim-
25 blaming or expecting patient to leave relationship immediately), and self-care techniques for
26 providers, these have not been specifically included in the questionnaire to keep the general
27 focus on the basic training and not specified to not influence the answers of the respondents,
28 despite not increasing the extension of the questionnaire. Even if participants have always the
29 possibility to write down more specific points related to the training if they consider it
30 appropriate, this broad approach might imply another bias in our study. However, as
31 colleagues participating in scientific networks tend to be more active, the response rates may
32 be ultimately acceptable.
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36 Discrepancies are expected to be found in our studies considering the diversity of the
37 participants, which are consistent with what the literature describes [27]. According to Alpert
38 EJ et al there are many reasons to explain disparities between the report of the deans related
39 to what they are teaching and what students report they are being taught in domestic
40 violence. Normally students report fewer and less offers than the coordinators of the same
41 school. The possible explanations for this finding are several, like the perception about the
42 curriculum, the schedule of the subject, if it is the case of a single presentation and it is not
43 re-emphasized over time, or part of multiple courses, or clinical settings, etc [27]. In case they
44 are discovered, we will address the problem by analysing deeper the concrete case of this
45 country.
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52 **ACKNOWLEDGMENTS**

53

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55 European Regional Branch of the World Organization of National Colleges, Academies and
56 Academic Associations of General Practitioners/Family Physicians) from her president, Dr
57 Anna Stadval, and its networks, especially the Vasco da Gama Movement Family Violence
58 group (the Junior Doctors Network of Family Medicine in Europe) and her president, Dr Claire
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6 Dr Mateja Bulc, and the European Academy of Teachers in General Practice / Family Medicine
7 (EURACT) and her president, Dr Jo Buchanan. And all the colleagues who took part in the
8 survey, sharing their knowledge and providing information to make this research possible.
9
10

11 FOOTNOTES

12
13
14 **Contributors** RGB serves as the principal investigator for this study, she designed the study,
15 conducted the literature search and wrote the manuscript. RGB, CL, GF, RR and CV
16 participated in the design of the study and drafting of the protocol. CL advised on statistical
17 methods, reviewed, edited and commented on the different versions of this manuscript. GF
18 and CL gave their expert opinion on medical education in the training of medical students and
19 GP trainees and RR on education. CV edited the manuscript prior to submission and gave his
20 expert opinion concerning research design. All authors have read the draft critically to make
21 contributions and also approved the final text.
22
23

24
25 **Funding:** RGB is employed by the University of Luxembourg as a full time PhD student. No
26 external funds support her research.
27

28
29 **Competing interests:** RGB is member of the executive of the WONCA SIGFV and CL is the
30 honorary secretary of WONCA Europe.
31

32
33 **Patient consent:** Not required.
34

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36 **Ethics approval:** Ethics approval has been obtained by the University of Luxembourg (ERP 17-
37 015 FAVICUE).
38

39
40 **Provenance and peer review** Not commissioned; externally peer reviewed.
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43 **Collaborators:** WONCA Special Interest Group on Family Violence.
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59 [007_eng.pdf](http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf)
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APPENDIX 1

FAVICUE I

Current FV education deliver during the **postgraduate GP vocational training program / residency in Europe.**

1. PROFILE

1. Age
2. Gender: Female / Male
3. Job title / role: Please specify your current job role _____ Location _____

2. TRAINING SETTING

In this survey you will be ask about the **ACTUAL** teaching on family violence and abuse during the GP vocational training / residency period. Please specify the **details of the GP vocational training / residency that will be related to your answers.**

4. Place of the GP vocational training / residency
5. Country of the GP vocational training / residency
6. What is the **actual length** of the GP vocational training / residency? (Please specify it in years)

3. PERSONAL BACKGROUND

7. Have you finished your GP vocational training period / specialization? Yes/No
8. If you have finished your vocational training, please specify in which year did you qualified as a GP?
9. Years of practice (after specialization/GP vocational training)

4. TYPES OF FAMILY VIOLENCE

FAMILY VIOLENCE

Family Violence (FV), also named **domestic violence, domestic abuse, or battering**, includes intimate partner violence (IPV), child abuse / neglect, and elder abuse, among others, that will be addressed separately in the survey. With the information provided in the next sections we aim to assess the curriculum contents regarding all forms of FV.

I. INTIMATE PARTNER VIOLENCE

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. It is one of the most common forms of violence against women (VAW) which is a major public health problem and a violation of women's human rights.

<http://www.who.int/mediacentre/factsheets/fs239/en/>

II. ELDER ABUSE

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, emotional; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

<http://www.who.int/mediacentre/factsheets/fs357/en/>

III. CHILD MALTREATMENT (ABUSE / NEGLECT)

Child maltreatment refers to abuse and neglect that occurs to children under 18 years of age. Sometimes referred to as child abuse and neglect, it includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.

<http://www.who.int/mediacentre/factsheets/fs150/en/>

IV. FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is recognized internationally as a violation of the human rights of girls and women.

<http://www.who.int/mediacentre/factsheets/fs241/en/>

10. Is there **currently** any training during the specialization / GP vocational training in the following areas? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4A. NO TRAINING ON FAMILY VIOLENCE

11. If there is **NO training**, are there any **plans to introduce teaching** on each type of violence and abuse into the curriculum? Please check the appropriate:

	Yes	Yes, it is under development, to be implemented to be implemented in		Not currently under development	No	Don't know
		within 12 months	more than 12 months			
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11A. Please provide any **reasons** you feel why there is no teaching on violence and abuse in the curriculum currently

4B. TRAINING ON FAMILY VIOLENCE

12. If **there is current training** during the specialization / GP vocational training, what are the **teaching methods** used? (you may choose multiple options if applicable):

	Course	Part of a lecture	Dedicated lecture	Workshop	Small group discussion	Clinical case seminar	Field placement	Experiential learning	Role- playing (RP)	Problem- based learning case	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. If you selected "Other", please specify:

14. Is the current training on Family Violence an elective or compulsory activity? Please choose the appropriate response for each item:

	ELECTIVE	COMPULSORY
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>

5. CONTENT OF THE TRAINING (I)

15. What topics / issues are actually covered? (you may choose multiple options if applicable)

Please choose all that apply:

- N/A
- General overview
- Epidemiology
- Risk factors or associations
- Physical health consequences
- Mental health consequences
- Child protection
- Gender issues
- Female Genital Mutilation (FGM)
- Honour based violence
- Case study
- Identifying domestic violence and abuse
- Asking about domestic violence and abuse
- Management
- Community services
- Other:

5. CONTENT OF THE TRAINING (II)

16. About the training:

	Who delivers/facilitates the teaching?	In which year(s) of the GP training is this offered?	Estimated total of hours of training during the specialization:
INTIMATE PARTNER VIOLENCE			
ELDER ABUSE			
CHILD MALTREATMENT (ABUSE/NEGLECT)			
FEMALE GENITAL MUTILATION			

17. Does the training include **how to ask about...**? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Does the training include **when to ask** about each type of violence? Please tick all that apply:

	N/A	No	To all new patients	To all new female patients	To all patients periodically	To all male patients	To all patients with abuse indicators on history or exam	To all pregnant patients at specific times of their pregnancy	To all patients of specific age groups or certain categories only	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. MONITORING

19. Does the training include how is asking for violence monitored? i.e. check that health professionals are asking about it:

Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. DOCUMENTATION

20. Does the actual training include how to document...? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20A. Briefly describe the **training methods used for documentation**, in each case (Intimate Partner Violence, Elder Abuse, Child Maltreatment and Female Genital Mutilation), if known:

21. Does the training include **how to document** any of the following information in the consultation? (If yes, please tick all that apply)

	NO	UNCERTAIN	INTIMATE PARTNER VIOLENCE	ELDER ABUSE	CHILD MALTREATMENT (ABUSE/NEGLECT)	FEMALE GENITAL MUTILATION
Whether or not the patient was asked about violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not the patient disclosed violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of the perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship of the perpetrator to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the types of abuse experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of any recent incident of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A body map picture indicating the location of any injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether referral information was offered to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether the patient accepted the referral information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of any action taken by the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether there are any children in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assessment of the safety of the patient and any children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. CONFIDENTIALITY

22. Does the training include how to deal with issues of confidentiality and information sharing? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Briefly describe training methods used for confidentiality and information sharing, in each case, if known

9. SAFETY

24. Does the training include **how to assess the safety** of the patient in each case? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Briefly describe the training methods used for assessment of safety, if known

10. REFERRALS

26. Does the training include how to refer **patients who disclose** it or how to refer patients **when there is a suspicion** of abuse? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Briefly describe the training methods used for referrals, in each case, if known

11. PROTOCOL

28. Is there a **local protocol** for dealing with each type of violence at your clinic / practice?

	Yes, and widely used	Yes, and used to some extent	Yes, but not used	No	Uncertain	N/A to my patient population	I am not currently in a clinical practice
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Do you have any kind of **national protocol** for dealing with each type of violence in your country? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. If yes, please provide the link:

12. POLICY

31. Do you have a **national policy** in your country about each type of violence? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. If so, please provide the link:

33. Is it **legally mandated** to report each type of violence in the country where you

practice? *

	Yes	No	Unsure	N/A
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. PERSONAL OPINION

34. What do you think about the **currently quantity of teaching** provided during your GP training to prepare future doctors to identify and respond to Family Violence? *

Please choose only one of the following:

- N/A
- Inadequate
- Not quite enough
- About right
- A bit too much
- Far too much
- Don't know

Make a comment on your choice here:

35. Do you think there should be **formal teaching** on Family Violence in the curriculum?

* Yes / No

36. Please explain your answer

14. FUTURE PLANS

37. Are there any **plans to develop/change the teaching provision** on each type of violence and abuse in the curriculum? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Please elaborate on this answer

APPENDIX 2

FAVICUE II - Family Violence Curricula in Medical School

Current FV education deliver during the **undergraduate training program in Europe.**

1. PROFILE

1. Age
2. Gender: Female / Male
3. Job title / role: Please specify your current job role _____ Location _____

2. MEDICAL SCHOOL

4. In this survey you will be ask about the **ACTUAL** teaching on family violence and abuse in **Medical Universities**, during the undergraduate training period. Please specify the **details of the Medical School that will be related to your answers.**
 - Name of the Medical School:
 - City of the Medical School:
 - Country of the Medical School:

3. PERSONAL BACKGROUND

5. Did you graduate from Medical School? * Please choose only one of the following:
Yes / No
6. If you have finished your medical studies, please specify when (year): Only numbers may be entered in this field.

Only answer this question if the following conditions are met: Answer was 'Yes' at question '6 [Q07]' (5. Did you graduate from Medical School?)

7. Please specify what is your current year of medical study:

Only answer this question if the following conditions are met: Answer was 'No' at question '6 [Q07]' (5. Did you graduate from Medical School?)

Please choose only one of the following:

- 1st year
- 2nd year
- 3rd year
- 4th year
- 5th year
- 6th year

Make a comment on your choice here:

4. TYPES OF FAMILY VIOLENCE

FAMILY VIOLENCE

Family Violence (FV), also named **domestic violence**, **domestic abuse**, or **battering**, includes intimate partner violence (IPV), child abuse / neglect, and elder abuse, among others, that will be addressed separately in the survey. With the information provided in the next sections we aim to assess the curriculum contents regarding all forms of FV.

I. INTIMATE PARTNER VIOLENCE

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. It is one of the most common forms of violence against women (VAW) which is a major public health problem and a violation of women's human rights.

<http://www.who.int/mediacentre/factsheets/fs239/en/>

II. ELDER ABUSE

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, emotional; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

<http://www.who.int/mediacentre/factsheets/fs357/en/>

III. CHILD MALTREATMENT (ABUSE / NEGLECT)

Child maltreatment refers to abuse and neglect that occurs to children under 18 years of age. Sometimes referred to as child abuse and neglect, it includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.

<http://www.who.int/mediacentre/factsheets/fs150/en/>

IV. FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is recognized internationally as a violation of the human rights of girls and women.

<http://www.who.int/mediacentre/factsheets/fs241/en/>

8. Is there **actually** any FV training courses at University in the following areas? *

Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4A. NO TRAINING ON FAMILY VIOLENCE

9. If there is **NO training**, are there any **plans to introduce teaching** on each type of violence and abuse into the curriculum? Please check the appropriate:

	Yes	Yes, it is under development,		Not currently	No	Don't
		to be implemented	to be implemented in	under		know
		within 12 months	more than 12 months	development		
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please provide any **reasons** you feel why there is no teaching on violence and abuse in the curriculum currently:

4B. TRAINING ON FAMILY VIOLENCE

11. If there is any kind training, what are the **teaching methods** used? (you may choose multiple options if applicable):

	Course	Part of a lecture	Dedicated lecture	Workshop	Small group discussion	Clinical case seminar	Field placement	Experiential learning	Role-playing (RP)	Problem-based learning case	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If you selected "Other", please specify:

13. Is this current training on Family Violence **an elective or compulsory activity**? Please choose the appropriate response for each item:

	ELECTIVE	COMPULSORY
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>

5. FORMAT OF THE TRAINING

14. About the training:

	Who delivers/facilitates the teaching?	In which year(s) of the study program is this offered?	Estimated total of hours of training during the medical studies:
INTIMATE PARTNER VIOLENCE			
ELDER ABUSE			
CHILD MALTREATMENT (ABUSE/NEGLECT)			
FEMALE GENITAL MUTILATION			

6. CONTENT OF THE TRAINING (I): LEARNING OBJECTIVES

15. Has the training specific learning objectives in each area?

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. CONTENT OF THE TRAINING (II): LEARNING OUTCOMES

16. Has the training specific learning outcomes in each area?

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1				
2				
3	ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5				
6	FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7				
8				
9				
10				

6. CONTENT OF THE TRAINING (III)

17. What topics / issues are covered? (you may choose multiple options if applicable)

Please choose all that apply:

- N/A
- General overview
- Epidemiology
- Risk factors or associations
- Physical health consequences
- Mental health consequences
- Child protection
- Child psychological abuse
- Child physical abuse
- Child sexual abuse
- Gender issues
- Female Genital Mutilation (FGM)
- Honour based violence
- Rape
- Substance abuse
- Homicide
- Case study
- Identifying domestic violence and abuse
- Asking about domestic violence and abuse
- Adult survivor of sexual abuse
- Elder Abuse
- Management
- Community services
- Other:

6. CONTENT OF THE TRAINING (IV)

18. Does the training include **how to ask about...**? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. CONTENT OF THE TRAINING (V)

19. Does the training include **when to ask** about each type of violence? Please tick all that apply:

	N/A	No	To all new patients	To all new female patients	To all patients periodically	To all male patients	To all patients with abuse indicators on history or exam	To all pregnant patients at specific times of their pregnancy	To all patients of specific age groups or certain categories only	Other
INTIMATE PARTNER VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELDER ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD MALTREATMENT (ABUSE / NEGLECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE GENITAL MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. If you selected "Patients of specific age or certain categories only" or "Other", please specify:

7. DOCUMENTATION

21. Does the training include how to document...? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Does the training include how to document any of the following information? (If yes, please tick all that apply)

	NO	UNCERTAIN	INTIMATE PARTNER VIOLENCE	ELDER ABUSE	CHILD MALTREATMENT (ABUSE/NEGLECT)	FEMALE GENITAL MUTILATION
Whether or not the patient was asked about violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not the patient disclosed violence in each case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of the perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship of the perpetrator to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the types of abuse experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of any recent incident of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A body map picture indicating the location of any injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether referral information was offered to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether the patient accepted the referral information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of any action taken by the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether there are any children in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An assessment of the safety of the patient and any children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Briefly describe the **training methods used for documentation**, in each case (Intimate Partner Violence, Elder Abuse, Child Maltreatment and Female Genital Mutilation), if known:

8. CONFIDENTIALITY

24. Does the training include how to deal with issues of confidentiality and information sharing? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Briefly describe training methods used for confidentiality and information sharing, in each case, if known

9. SAFETY

26. Does the training include **how to assess the safety** of the patient in each case? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Briefly describe the training methods used for assessment of safety, if known

10. REFERRALS

28. Does the training include how to refer **patients who disclose** it or how to refer patients **when there is a suspicion** of abuse? Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Briefly describe the training methods used for referrals, in each case, if known

11. MONITORING

30. Does the training include how is asking for violence monitored? i.e. check that health professionals are asking about it:

	No monitoring	Audit of patient records	Don't know	Other methods
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. If you have any other comments about auditing or routine enquiry please write them here:

12. PRACTICE (I)

32. Does the teaching involve opportunities to apply this knowledge?

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. If any of the following areas is embedded as part of a clinical rotation or attachment, please specify in which rotation. Eg Paediatrics, Women's Health, General Practice, Family Medicine

INTIMATE PARTNER VIOLENCE	
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ELDER ABUSE	
CHILD MALTREATMENT (ABUSE/NEGLECT)	
FEMALE GENITAL MUTILATION	

12. PRACTICE (II): BARRIERS AND FACILITATORS

34. Please list the 3 most important barriers and the 3 more important facilitators in the teaching of the family violence program:

13. PERSONAL OPINION

35. What do you think about the **currently quantity of teaching** provided during medical studies to prepare future doctors to identify and respond to Family Violence? *

Please choose only one of the following:

- N/A
- Inadequate
- Not quite enough
- About right
- A bit too much
- Far too much
- Don't know

Make a comment on your choice here:

36. Do you think there should be **formal teaching** on Family Violence in the curriculum?

* Yes / No

37. Please explain your answer

14. FUTURE PLANS

38. Are there any **plans to develop/change the teaching provision** on each type of violence and abuse in the curriculum? * Please choose the appropriate response for each item:

	Yes	Uncertain	No
INTIMATE PARTNER VIOLENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELDER ABUSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD MALTREATMENT (ABUSE/NEGLECT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE GENITAL MUTILATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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4 39. Please elaborate on this answer
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