

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 within 12 months	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"/>

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	Unsure	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