

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.

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 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"/>

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"/>

39. Please elaborate on this answer