



Prevention of Intimate partner violence
- a public health approach

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DAPHNE PROGRAMME II 2004-2008

**TO PREVENT AND COMBAT VIOLENCE
AGAINST CHILDREN, YOUNG PEOPLE
AND WOMAN AND TO PROTECT
VICTIMS AND GROUPS AT RISK**

Project title

Prevention of Intimate partner violence - a public health approach

Project description

The project aims to contribute to interpersonal violence prevention in a domestic context. The project specific purpose is focusing male violent behaviour towards an intimate partner through analysis, development and training in treatment programmes for violent men and counselling and support of victims; women and children. Main beneficiaries will be women, children and young people. Main target groups will be men with violent behaviour, professional staff and public authorities/NGO's. Activities in the project; model development, analysis and implementation of perpetrator treatment programmes, support and treatment programmes for women and children, education and training of staff.

Rationale behind the project

Freedom from violence is a human right. Violence is exposed in various forms and intimate partner violence is a common threat to health in every society. Preventive measures must be concerned as a public duty. The project is needed because in the three countries concerned, intimate partner violence is an issue with great impact on public health and individual wellbeing. In addition there is an economic dimension (WHO, 2002,2004). Possibilities to PROMOTE freedom from violence and PREVENT intimate partner violence will increase with shifting focus from principally support of victims, mainly women and children, and penalty for perpetrators, to development of co-ordinated programmes aimed to increase violent men to change behaviour and further development of support programmes for victim's; women and children.

Specific objective of the project

The project will contribute to an increased knowledge on public health focus on intimate partner violence. Professionals will be better off with knowledge and skills to take preventive measures for perpetrators, as well as for victimized women and children.

Directly expected results

The expected results; the four participating regions will focus on the the public health aspect to prevent violence between partners and will share and use gained knowledge from the project. Hindering key issues will be identified. Devon will have reached out to 25 families involved in domestic violence offering them a multidisciplinary community program. In Hampshire a number of school children will be trained through their teachers in respectfully relationships and also how to solve conflicts without violence. In Styria the preventive work concerning men's violence against women will be better coordinated through a special networking process. In Värmland health care staff will be better educated to meet and treat victims, witnesses and perpetrators of intimate partner violence.

Preparation of the project

A proposal from the County Council of Värmland concerning Violence by intimate partners, was launched at an AER (Assembly of European Regions) meeting September 2003. Earlier research project concerning violent men (Nr 98/211/W), funded by Daphne, has been of great inspiration. Due to the lesson learnt, the purpose of this project therefore is; working with public health perspectives. A preliminary draft was sent out to the AER members together with an invitation to an introductory meeting with future project partners in Brussels April 2004. Continuous communication between the remaining partners since summer 2004.

Specific and indirect beneficiaries

The project is designed to support violent men's inclination to change behaviour. Improved skill and methods to achieve sustainable close relations, free from violence, will be beneficial to children, women and men who are living in violent families.

Target or intermediary group

Staff in health care sector, teachers, professionals at agencies working within the field.

Innovative or untested elements

Roots of intimate partner violence are found at several levels; individual, relationship, community and societal. To be successful our project will address all levels simultaneously promoting non violent behaviour as well as preventing violence. A global approach of interpersonal violence includes the combination of promotion and prevention as well as treatment and rehabilitation. Considering violence as a public health issue, due to violence impact on health, our project covers aspects of promotion of developing close relations free from violence. The preventive measures will address men's violence against women and children through pattern changing programmes. Health consequences of violence will be addressed both with the treatment and rehabilitation programmes for women and children and education of health care staff. The project will contribute to identify key factors hindering effective preventive measures.

Added value at European level

Our project will contribute to a profound understanding of the necessity of underpinning the public duty of working in a co-ordinated way with promoting non violent behaviour and prevention of intimate partner violence as well as treatment and rehabilitation of perpetrators and victims.

Forseeable risks and difficulties

A dramatical political change and/or a considerable change of national subsidies out of our control may threat the project. However, achievements of attitudinal changes requires persistent stakeholder responsibility. During the project, measures must be taken to assure the long time, sustainable focus on the issue.

Propitious external factors

An increased international (WHO) awareness and launched research findings on the health impact and economic dimensions of interpersonal violence. National legislation and Governmental focus on intimate partner violence.

Approach, methodology

Use of an educational package in order to educate staff in the health care sector, social services and other services. Stakeholders will be reached by special sessions concerning their commitment to the issue. Networking "bottom-up" processing through coordination and transformation methodology is to use multiple approach technique to reach target groups and to design intervention programmes. Referrals to programme will be self or agency-referral based. Individual perpetrators will be reached by the group work programme. The promotive approach will be to work with children in schools through their teachers on how to promote non-conflict resolutions to problems.

Activities

Task 1 Model development

1.1 Transfer successful networking concepts/ practices in specific areas of violence prevention to the area of intimate partner violence – men using violence against their female partner (Styria).

1.2 Develop model standards for support and treatment for male perpetrators, on the basis of national legislation (Styria).

1.3 Collection of information/modules already developed for promoting non violent relations etc. In-volvement of children, young people and educators in designing programmes (H).

1.4 Development of modules of non-violent promoting /violence preventative programmes for core training (Hampshire).

Task 2 Analysis of treatment and support programmes

2.1 Collecting main concepts and evaluations in psychosocial and psychotherapeutical work with male perpetrators (Styria).

Task 3 Implementation of treatment and support programmes

3.1 focus on perpetrator, 30 week individual and group intervention programme with 25 perpetrators, based on accredited IDAP programme (Devon).

3.2 Implement standards into the concrete work with male perpetrators (Styria).

3.3 focus on victims/partners, Individual and group women's support programme for partners or ex-partners (Devon).

3.4 focus on children, Delivery of non-violent promoting /violence preventative programmes with schools, youth settings (Hampshire).

Task 4 Education and training of staff.

4.1 Training of teachers,youth workers, in non-violent promoting /violence preventative programmes. Modular programme with mental health staff(Hampshire).

4.2 Five in service training sessions on prevention of intimate partner violence for primary health care staff and social workers (Värmland).

4.3 Five seminars and counselling sessions for staff concerning treatment programmes for perpetrators/men with violent behaviour (Värmland).

4.4 Four dialogue meetings for public stakeholders on intimate partner violence and it's linkage to public health (Värmland).

4.5 Set up a referring specific network by "Thematic Networking", including NGOs, authorities and institutions (Styria).

Task 5 Follow up work /users evaluation

5.1 Base line indicators and targets will be set up, monitoring in two one year modules (Devon).

5.2 Within development of modules/training programmes attitudinal measurement scale will be built in and used pre and post programme delivery (Hampshire).

5.3 User's (staff) evaluation pre and post measurement (Värmland).

5.4 Observation and evaluation of the thematic networking process(Styria).

5.5 Disseminate the results (Devon, Styria, Hampshire, Värmland).

Ethical considerations

Confidentiality is a key issue,particularly with volunteer male perpetrators. The management of information will directly link to protection procedures. Women on support programme may need protection as they seek to change their lives. Children's confidentiality needs to be maintained. The maintaining of confidentiality in patient work in health care sector as well as the information sharing at disclose situations must be considered. Preparations to support and referral of eventually abused victims and persons with violent

behaviour among the health care staff must be taken care of. The laws concerning data protection will be strictly adhered to. Data collected will be suitably anonymised, for the purpose of the report. The organisation's standards concerning anonymity and confidentiality will basically be applied. New standards in accordance with the data protection law will be introduced when data exchange between involved institutions is necessary.

Organisation

Each partner will run regional projects with separate project manager and all projects are linked together on different aspects of public health interventions on intimate partner violence. The overall coordination and supervision will be managed by County Council of Värmland with representation from each regional steering committee.

Timetable for implementation

Staged delivery on an ongoing basis with monitoring baselines established, targets set and an evaluation framework developed after year one.

Use and dissemination of results

Partnerships, strategic steering groups, organisations, institutions involved in the project will profit from the project experiences throughout their network during the project-period. Report over the two year period comparing the initial results of this kind of unified approach with more traditionally approach, will be freely accessible on the web and the results disseminated to professional public, national network and the European Community.

Internal supervision of project during implementations

Each partner will internally evaluate their project and the different processes and findings will be shared and discussed at two-days partner meetings that will be held two times a year throughout the project time. A participatory evaluation approach with focus on learning and promoting change will be facilitated by external evaluator from Karlstad University, Dep of public health sciences.

Evaluation of content and results

The project will be externally evaluated regarding both outcomes and process, with a participatory approach. External evaluator will be provided from Karlstad University, Dep of public health sciences.

Sustainability and follow-up

Our aim will be to use the results of the evaluation to introduce educational package/training modules within regular health care educational programmes. Prevention of intimate partner violence is addressed as a public health issue.

Visibility of the Commission's support

We will acknowledge the support of the Commission on our publications, our website and in our fact-sharing presentations at conferences and other public meetings.

For further information please contact:

Devon Great Britain

Devon County Council

Roy Tomlinson, Community Strategy Officer

Tel: +44 1392 382563 Fax: 01392 382286

roy.tomlinson@devon.gov.uk

Rachel Martin, Domestic Violence Manager

Mobile: +44 7967 691759

Office: 01392 382233

rachel.martin@devon.gov.uk

Hampshire, Great Britain

Hampton Trust, Hampshire

Karen Marsh, County Co-ordinator for Domestic Violence

+44 23 80213520

+44 79 89375397

karen.marsh@hamptontrust.org.uk

Styria, Austria

Männerberatung Graz

Dr. Christian Scambor

Tel+Fax: +43 316 83 14 14

mobil: +43 699 11 85 61 30

scambor@maennerberatung.at

Värmland, Sweden

County Council of Värmland

Åsa Löfvenberg, Senior Public Health officer, Project coordinator

Tel:+46 54 614268

Mobile: +46 70 327 88 70

asa.lofvenberg@liv.se