A / Objectives of the project

1. The problem

Conjugal violence is now regarded not only as a social, legal and psychological problem, but also has a real public health issue. For several years, certain institutions such as the European Commission and the WHO have been supporting and promoting projects in the field of health and conjugal violence aimed at achieving progress in this area. Violence affects the health of women and of their children in many ways, and health professionals can play a key role in addressing these situations. Their intervention will bolster the multi-sectoral efforts aimed at bringing an end to this form of violence.

However, in spite of the gradual involvement of health professionals, medical intervention is still rather wanting. Because of lack of interest or a feeling of powerlessness, fear or unfamiliarity, health professionals are unwilling to get involved in this problem.

Research in the field of health and conjugal violence is as yet very small-scale and piecemeal in Europe, while North American researchers and doctors have been working on conjugal violence for over 20 years.

Nonetheless, to improve medical practices and knowledge in this field and to raise awareness among health professionals and provide them with training, it is essential to carry
out more qualitative and quantitative studies on the identification and management of violence and on its health impact and to evaluate current practices.

1.1.2. II. Anticipated results

We undertook this project in order to evaluate medical practices in the field of conjugal violence through a quantitative tool. We chose to work on medical practices for pragmatic reasons. In the course of our work among health professionals and coordinators of associations set up to help women who are victims of conjugal violence, during the previous Daphne project we observed shortcomings in medical procedures in cases of violence. We wanted to take an objective look at these shortcomings (where any were found) and analyse them to raise awareness and to disseminate information on this issue.

The objective of the project is to set up a sentinel surveillance network on medical practices in the field of conjugal violence. This network will provide a means of assessing the current situation and carrying out a longitudinal and comparative follow-up study of medical practices in Europe with regard to the identification and follow-up of women who are victims of conjugal violence. A sentinel surveillance network is a network of persons who are taking part in the same survey during a given period and who answer a common questionnaire. This is an ongoing study. The sentinel surveillance network is a tool that is often used in the field of public health, and medical practices in the field of conjugal violence constitute a very appropriate theme for this type of study. Moreover, the track record of the sentinel surveillance networks is such that they can be regarded as good statistical analysis tools.

The target audience for this sentinel surveillance project consists of two categories of respondents: first-line medical staff (general practitioners, emergency physicians and gynaecologists) and women who are victims of conjugal violence.

1.1.3. III. Beneficiaries

The main beneficiaries of this project are, on the one hand, women who are victims of conjugal violence and, on the other hand, health professionals.

We have already mentioned that the long-term objective of the evaluation of medical practices is to improve and especially to evaluate the needs and the measures to be taken. This analysis will mean that women will be taken into account in medical decisions so that they will in the long term receive better medical care. In addition, thanks to this study the women’s associations participating in the project can begin work on improving the health of the women they receive and possibly cooperate with the health professionals working in their sector.

1.2. B / Implementation of the project

1.2.1. I. Planned activities

The following objectives were set for the year:

1. To create an information system: definition of the sentinel surveillance protocol, drafting of a questionnaire and validation in the different participating countries; translation on the Internet of an input mask in the national languages; creation of an automatic statistical data analysis plan; definition of the content and form of the feedback information on the Internet.

2. To construct a network of participants at seminars organised in the participating countries. These seminars provided a means of offering and presenting the services of the sentinel network to the participants, to have the information system evaluated by the participants and to promote the network among potential information providers.
For each seminar, we wanted to invite a professional who was involved in the fight against violence perpetrated against women and who represented the associative sector or the medical sector of a country other than the five official partner countries. The different project activities were to be managed by the partners of the project (coordinators of associations set up to help women who are victims of conjugal violence and health professionals from France, Italy, Portugal, Belgium and Spain). Each partner worked with a network of experts in his own country or region.

II. Activities carried out

1. Initial meeting:
The following attended the meeting: all the project partners, an IT engineer, an epidemiologist and 3 French medical experts.

We accurately defined the objectives of the project, in particular the objectives of this sentinel surveillance network:

- To put together a questionnaire with closed questions for health professionals and a questionnaire for the women who were victims of conjugal violence;
- To identify and quantify the different types of medical practices;
- To identify the different types of medical practices according to the different medical specialisations (general practice, emergency medicine, gynaecology/obstetrics);
- To learn more about the medical care given to women who are victims of violence and their perception of the medical care they receive;
- To develop a scientific approach to the problem of conjugal violence.

Concerning the methodology of our work, we decided:

- To put together two questionnaires (one for health professionals and one for women who are victims of conjugal violence);
- To place this questionnaire in the form of a database on an Internet site (www.sivicvigil.org);
- To test the questionnaire and the database;
- To set in place a system of direct feedback of results on the Internet site;
- To allow existing sentinel surveillance networks of doctors to use our questionnaire for a joint study;
- To offer ??? to women who are taken in or accommodated by associations set up to help women who are victims of conjugal violence.

We set the calendar for these activities.

In the second part of this meeting, we drew up a draft questionnaire for the doctors and for the women and clearly defined the issues to be addressed.

2. Creation of an information system:

- Drafting of the two questionnaires by the project leader;
- Rereading and correction of the questionnaires by all the partners and a group of French experts;
- Validation by Doctor Chauvin, epidemiologist and public health researcher at the INSERM;
- Finalising of the questionnaires by the project leader;
- Drafting by the IT engineer and the project leader of the French version of the website www.sivicvigil.org, posting of the questionnaires, creation of the French database and creation of a basic information feedback system;
- Testing of the questionnaires and database by doctors and associations from all the partner countries;
- Correction and updating of the site and database;
- Translation of the site and questionnaires into each language of the partner countries (Spanish, Italian and Portuguese). As the budget permitted, we decided to translate it also into English and Danish in preparation for a future Daphne project with the United Kingdom, Ireland and Denmark;
- Posting of each version on the Internet site;
- Testing of the site in each language by the partners.
3. Construction of the network of participants:
As regards the doctors, we contacted existing networks for the sake of convenience and compliance. Moreover, in the long term these networks are more stable. The partners from each country continued this contact work throughout the year. Whenever possible, a seminar or a meeting was organised with these networks, the project partners and the project leader.

In France:
a/ On 28 February 2002, at a conference organised by the Institut de l'Humanitaire at the Ministry of Health on the theme “Conjugal violence - the role of health professionals”, the European network Vigil was presented to the public (health professionals) and to the media (general and medical press).

b/ Our French partners, Mrs Monnier and Mrs Albaret, national delegate and co-president respectively of the Fédération Nationale Solidarité Femmes, disseminated information to all the associations of the federation (around 40).

c/ As for the doctors, the following were contacted by Dr Morvant, coordinator of the project, Dr Martinez, psychiatric expert, and Miss Charlot, coordinating assistant:
- Sentinel network of the INSERM (Institut National et Scientifique de Recherche Médicale), an association headed by Prof. Valleron which includes 500 volunteer private doctors
- Sentinel network of the Maternités AUDIPOG (Association des Utilisateurs de Dossiers Informatisés en Périmatologie, Obstétrique et Gynécologie), an association headed by Mrs Mamelle, Director of Research at the INSERM, which includes 100 maternity wards
- AMUHF (Association de Médecins Urgentistes Hospitaliers de France), an association headed by Dr Pelloux with 753 members
- Réseau Sentinelle Urgences (emergency sentinel network), an association headed by Prof. Espinoza which includes 550 emergency services
- Network of general practitioners, an association headed by Dr Elghozi which includes 150 doctors.

The networks of the INSERM and of the AMUHF and the network of general practitioners are now actively participating in the network. The AUDIPOG network declined to participate free of charge, and the Sentinelle Urgences network has given only an agreement in principle.

In Belgium:
On 2 October 2001, several meetings were held when the coordinating team went to Brussels and Liège:
a/ A meeting of the Institut de Santé Publique (Public Health Institute) with 3 doctors and Mrs Van Casteren, coordinator of the Médecins Vigies network, afforded an opportunity to compare the work of our project with that of the Public Health Institute. The Institute is in fact coordinating a sentinel network and is currently working on the theme of medical consultations for violence and physical injuries. As the work of each network is well advanced, we could not reach a joint result, and we therefore endeavoured to harmonise certain questions from our respective questionnaires.

b/ We met Dr Caris and Dr Pas, research coordinator of the group of doctors of the WVVH (Wetenschappelijke Vereniging van Vlaamse Huisartsen, an association of Flemish and French-speaking general practitioners which includes 150 doctors). Around thirty doctors will perhaps take part in our study, but there is the problem of how the doctors will be paid. However, some of the doctors have agreed to take part on a voluntary basis.

c/ Meeting in Liège with a working group of general practitioners headed by Mrs Offermans to present the Vigil network and the participation proposal (10 doctors).

d/ Presentation of the Vigil network to the associations working to help women who are
victims of conjugal violence in Liège and La Louvière (in French-speaking Belgium there are a total of 3 women’s associations). Furthermore, our Belgian partners Mrs Rigomont and Mrs Graver, who are in charge of the association Solidarité Femmes et Refuge pour Femmes Battues, have forged links and kept in contact throughout the year with the hospital of La Louvière and the Ministries of Health and of Women. They coordinated the setting in place of the Vigil network in their region (women’s associations and 30 general practitioners).

In Portugal:
a/ At the National Congress of Family Doctors (from 23 to 25 September 2001), the two Portuguese partners and the project leader took part in a round table discussion on conjugal violence and presented the Vigil network to the 300 participating doctors. The congress was organised by the Associação Portuguesa dos Medicos de Clinica Geral, which is headed by Dr Pisco.

b/ The project and the Vigil network were presented by mail by Dr Nunes (project partner and doctor at the Institute of Preventive Medicine and of the Faculty of Lisbon) to the 300 doctors from the Family Study Group (GEF). They were invited to participate and have shown much interest. The enrolments are still under way.

c/ The Médecins Sentinelles network connected with the Directorate General for Health is being contacted by Mrs Shearman de Macedo, who is a project partner and coordinator of the Associação de Mulheres Contra a Violência. We await the reply to the invitation to participate.

d/ Several articles have been published in the medical press by Dr Nunes.

In Spain:
a/ A working meeting was organised by Mrs Miura, who is Director General for Women’s Affairs of the Autonomous Community of Madrid and a project partner. The following attended this meeting: Mr Babín, Director General for Public Health of the Autonomous Community of Madrid, Dr Bueno, Head of the Epidemiology Service of the Health Department of the Autonomous Community of Madrid, Dr Pires, coordinator of the working group for the drafting of a manual on medical practices in the field of conjugal violence, Mrs Albaret, a French partner, and the working group headed by Mrs Pires. This meeting afforded an opportunity to present the Vigil network and to envisage the setting in place of Vigil within the sentinel network of Madrid. This initiative is receiving strong support from Mr Babín.

b/ The Directorate General for Women’s Affairs of the Autonomous Community of Madrid has been in contact with the Commission for the Investigation of Violence towards Women, the association “Las Tejedoras” and the shelter of the Autonomous Community of Madrid to invite them to participate in the Vigil network.

4. Final evaluation meeting:
The last stage was the final meeting of partners to discuss the evaluation of the network and of the project (cf. paragraph on Evaluation).

III. Activities not implemented:

We were unable to set up a network in Italy. The reason for this is that, as we mentioned in the evaluation of the project by Mrs Kane, our association partner, the association Casa Delle Donne Per Non Subire Violenza was unable to continue its work in our project. In fact, the association faced enormous difficulties during the year and could not join us in the work. We were unable to start a partnership with other Italian associations, probably because our project was already well advanced.

Nonetheless, our participating doctor, Dr Gonzo, continued to participate in an individual capacity and to share with us his rich experience.
IV. Unplanned activities:

As we mentioned earlier, we pre-empted the next Daphne project for which we received a positive response during the year. This project consists in drawing up a report on medical practices in the field of conjugal violence and proposing solutions to improve medical care. Our new partners were Denmark, the United Kingdom and Ireland. This project is based, *inter alia*, on the results of the Vigil sentinel network. We therefore decided to have the Internet site and the Vigil questionnaires translated into English and Danish and to place these two versions now on the Vigil site.

V. Calendar:

The two parts of the project (creation of an information system and construction of a network of participants) continued throughout the year. The seminars and meetings arranged to present the Vigil network in each country took place during the second half of the year, that is, once the Vigil website was up and running. We managed to meet the deadlines set at the start of the project.

C / Results, evaluation and impact of the project

I. Results

The final result of this project is a sentinel surveillance tool on medical practices in the field of conjugal violence. This tool is functional and modifiable and has been developed to European scale (translated into 6 languages). It is a modular Internet-based tool. The questionnaires can be modified, and other languages can be added at any time. The simplified information feedback system, which currently gives the statistical results of each question for the entire network or for each participant, can in future be upgraded according to need. The doctors’ questionnaire contains 15 questions, while the women’s questionnaire contains 20 questions.

We were particularly anxious to make sure that this sentinel surveillance tool could be changed or improved at any time, as simply as possible and at little cost. The address of the Internet site has been circulated only to the network of participating doctors and associations to avoid the risk of erroneous logons and intrusion in the study. To enter the site, the user must create an identification file by giving, among other things, the name of the network to which the candidate belongs. The questionnaires are of course exactly the same in each language.

The site map is as follows:

- **Home page**
- **Identification file**: to be completed by the participating doctor or association. For associations, it gives information on their activities, admission capacity and location (town/city and country) and the contacts they have forged with corresponding doctors. For doctors, it gives their location (town/city and country), sex, age, type of practice and medical specialisation. The participants enter the name of their network in this file.
- **Instructions**: the site contains the surveillance protocol and the data entry recommendations.
- **New**: questionnaires for doctors and for women who are victims of conjugal violence (we invite you to visit the website [www.sivicvigil.org](http://www.sivicvigil.org) or consult the attached hardcopy document which contains the data of the site). As the site is in html format and varies in form depending on the responses of the participant, it is not possible to link up under.
- **Continue**: this is used if the participant wishes to continue or resume the questionnaire.
• **Statistics**: consultation of the statistical results by question. The results are displayed individually or for the entire Vigil network.

• **About SivicVigil**: presentation of the players involved in Vigil and mention of the fact that the project is supported and financed by the European Commission within the framework of the Daphne Initiative, as well as objectives, principles and guarantees concerning the Vigil data.

The main themes of the “doctors’ questionnaire” are as follows (cf. attached questionnaire):

- Circumstances of the violence and how it came to light
- Whether or not the patient follow-up is regular
- Forms of violence experienced by the patient (physical, psychological, verbal, sexual or economic)
- How long the violence has been going on
- Particulars of the person or institution who referred the patient
- Treatment prescribed
- Whether or not a medical certificate was drawn up
- Possible protective measures recommended
- Referral of the patient
- Whether or not a further consultation was arranged
- Duration, date and time of the consultation
- The doctor’s feelings on several aspects of the consultation (time, place, spouse, woman, child, training, powerlessness, competence)

The main themes of the “women’s questionnaire” are as follows (cf. attached questionnaire):

- Age, “marital” status
- How long the violence has been going on and forms of the violence
  1) If the woman has never talked to a doctor about the violence: why, assessment of her state of health and whether it has deteriorated due to the violence, behaviour of doctors in connection with the violence
  2) If the woman has talked to a doctor about the violence:
     - The doctor’s specialisation
     - Location of the doctor’s surgery
     - How long she has been treated
     - The doctor’s behaviour (whether or not the doctor identified the violence, whether he/she took sides, understanding)
     - The woman’s fears (hospitalisation, placing in care, etc.)
     - Whether a medical certificate was drawn up
     - Referral of the patient and information given by the doctor
     - Doctor’s availability and whether the care was satisfactory
     - Evaluation of the state of health and whether it has deteriorated due to the violence

**II. Evaluation:**

**III. Evaluation:**

1. Evaluation of the questionnaires and of the network:

The questionnaires were read, corrected and tested by:

- the partners from each country,
- the medical experts: Dr Martinez (psychiatrist); Prof. Henrion (gynaecologist/obstetrician); Dr Espinoza (emergency physician); Dr Schuller-Lebeau (general practitioner),
- an association set up to help women who are victims of conjugal violence (*Espace Solidarité*).

These evaluations yielded a questionnaire that addresses the issues which the partners felt were desirable and provided a means of checking the framing of the questions and the time required to complete the questionnaire.
The questionnaires were validated by Dr Chauvin, who is an epidemiologist and public health researcher, to ensure that it is a valid statistical study tool.

2. Evaluation of the project:
The evaluation was coordinated by a doctor, Dr Lebas, who participated in the two meetings of partners and was in constant contact with the coordinating team as adviser and expert. Thanks to his experience in the field of public health and in coordinating European projects, he was able to develop this project at a European level, taking into account the capacities and handicaps of each partner and their respective status.

3. Participation of the beneficiaries:
The contribution by women’s associations provided feedback from women who are victims of conjugal violence and thereby provided a means of taking their needs and expectations into account. It was extremely important that the doctors should not be the only instigators of the project but should benefit from the experience of the associations.

With the Vigil network, the medical care given in cases of conjugal violence will also be evaluated by the main beneficiaries, that is, the women who experience violence.

IV. Impact on the beneficiaries:
The associations studied the health of women, the impact of violence on health, access to care and how the women were referred to the different medical structures. Through this work, some of the associations were able to forge strong ties with doctors with a view to multidisciplinary care.

As a result, doctors become more aware of a problem that is new to them: conjugal violence. By working with a scientific tool with which they are familiar and which they recognise as valid, doctors can deepen their knowledge of conjugal violence and understand why it is also a public health issue.

D / Dissemination and follow-up

I. Dissemination

During the project, the Vigil network was presented to all potential users: doctors and associations of women who are victims of conjugal violence. To this end, we contacted in the partner countries various medical institutions to invite them to participate in, support and back our project: working groups, associations of doctors, research institutes, Medical Boards, Directorates General for Health, Ministries of Health, etc.

II. Follow-up

While using the Vigil network, the partners and participants will present Vigil to other institutions to invite them to join. Membership is free of charge and voluntary. This project consists in setting in place a tool to evaluate medical practices in the field of conjugal violence. Once this first stage has been completed, the follow-up of this network must be pursued to increase the number of participants, to check the functionality of the website and to update the questionnaires or modify them if there is a change in the objectives. Most especially, there is work to be done on the information feedback system: the results can now be consulted on the site in two forms, the individual results and the results for the network as a whole. It is already planned that once the site has been in operation for 3-4 months the information feedback system will be modified, and a system will be set in place to allow the results to be consulted by network or by country.

We have always taken into account the fact that we do not have permanent funding for this
network and that the diversity of the partner countries makes our job more difficult. Also, the network and, more especially, the site were designed from the outset to be as cheap as possible to run and modify.

In France, Spain and Belgium, the network has been presented to medical and governmental institutions, and support and/or funding have been requested. The French Health Ministry expressed great interest in the Vigil network and provided financial aid for the Institut de l’Humanitaire to allow the work to continue on this network.

III. Visibility of the European Commission

Each verbal statement or written document issued has mentioned that the project is supported and financed by the European Commission within the framework of the Daphne Initiative. The European Commission is cited on the website of the Vigil network.

E / Conclusions

The Institut de l’Humanitaire has coordinated a one-year project entitled “European sentinel surveillance network on health care in the field of conjugal violence”. This project consists in setting in place a tool to evaluate medical practices in the field of conjugal violence in the form of a sentinel surveillance network called “Vigil”.

The project is in two parts: creation of an information system and construction of a network of participants.

Two questionnaires have been developed: one for the first-line medical staff (general practitioners, emergency physicians and gynaecologists/obstetricians) and one for women who are victims of conjugal violence who are seen by specialised associations. The doctors are questioned on the medical care given to patients who are victims of conjugal violence, and the women answer questions on their contacts with health professionals and the type of care they are offered. The questionnaires, which comprise around 20 questions, are posted on a website that was specially designed for the network. The results can be consulted directly by returning to the site.

Networks of general practitioners and emergency physicians have been contacted in each partner country and are participating in this study.

Sentinel surveillance entails questioning the participants over a long period. The doctors fill in the questionnaire whenever they are consulted by a woman who is a victim of conjugal violence.

Health professionals and associations set up to help women who are victims of conjugal violence have been involved in the implementation of the project and in the network itself. We feel it is vital to fuse the experience and knowledge of these two groups. The partners of the Institut de l’Humanitaire therefore came from these two groups of professionals from Belgium, Italy, Portugal and Spain.

In the course of this Daphne project, the network will be used, followed up and updated to yield joint statistical data. These data will be analysed with a view to assessing medical practices in the field of conjugal violence.
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**Instruments**

- Network with NGOs
- Multisector network
- Awareness-raising
- Dissemination of
- Guidelines /
- Models (analysis /
- Training
- Production of
- Conference / seminar
- Telephone /
- Field work