Background
In Germany, 1 in 4 women aged 16-85 have experienced physical and/or sexual violence by an intimate partner (IPV). In medical practice, IPV is often undetected and intervention programmes are lacking.

Goal
Development of a brief intervention program to address IPV with 20-25 pilot GP and Ob-Gyn practices in 5 locations.

Objectives: Sensitization and training, improvement of legal documentation and networking with organisations against violence.

Participant organisation
SIGNAL e.V. (Berlin) / GESINE Netzwerk (Ennepe-Ruhr-Kreis), Institute of Forensic Medicine Düsseldorf (Düsseldorf, Kiel, München)

Scientific Advisory Board
Medical Associations, Prosecution, Women’s Association etc.

Scientific Evaluation
Institute of Women and Gender Research (GSF), Frankfurt

Funding
Federal Ministry of Family, Seniors, Women and Youth (2008-2011)

Methods and Design
- Multiple recruitment strategies (articles, mailing, presentations)
- Snapshot patient survey
- Development of training modules
- Pre and post training evaluation
- Follow-up survey (1-1.5 year post training)

Participants in Berlin
- 2009: starting with 27 medical practices (19 GPs, 8 Ob-Gyn)
- 2011: 20 medical practices (dropout: 2 no training, 5 external reasons)
- Two thirds female and one third male physicians (mean age 49 yrs)

Comprehensive Training Program

<table>
<thead>
<tr>
<th>Basic Module (8 h)</th>
<th>Specific Modules (2-3 h)</th>
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<tbody>
<tr>
<td>„Identify“ (Epidemiology, Phenomenology, risk factors …)</td>
<td>„Legal Documentation“</td>
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<tr>
<td>„Act“ (Active Asking, Risk-Assessment, Skills …)</td>
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Training attendance
Basic Module (n=58): 26 Physicians & 32 Medical assistants
Specific Modules (n=122): 8 – 23 Physicians/Med. assistants per Module

Supporting Material
Flow chart, poster, leaflets / information for patients

Results

Patient Survey (Snapshot)

<table>
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<tr>
<th>Prevalence of violence / IPV</th>
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<td>(n=269 female patients 18-65 yrs)</td>
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<tr>
<th>Gyn. Practice (n=120)</th>
<th>GP (n=86)</th>
<th>GP addiction focus (n=53)</th>
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<tr>
<td>24.4%</td>
<td>24.8%</td>
<td>34.7%</td>
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Every second female patient in medical practice with addiction treatment reported IPV.

Follow-up Survey
Qualitative interviews (n=19) and questionnaires (n=18)

What has changed?
Comments from GPs:
- "I’ve changed. Before, I thought: I couldn’t ask this teacher anything about violence, now I am doing so."
- "Before, I used to think: How can I help the patient if I know it, but I can’t offer anything? Now I can respond professionally and offer something."

When do you ask about violence? (n=18)

Effects (Federal State Level)
- IPV recognized as an important public health issue
- Response to IPV by Medical Organizations/Institutions
- Medical and professional organizations involved in IPV intervention
- Promotion of interactive training programs by Medical Associations
- Funding of 1st Coordination and Intervention Center, Berlin (Senate Department for Health)

SIGNAL - Coordination and Intervention Center
- Training, Vocational & Continuing Education
- Material (flowchart, safety cards …)
- Counseling and Coaching (program implementation)
- Public relations
- Quality Assurance

Conclusion
- Positive evaluation of training (interactive, role play) by physicians
- Increased awareness of IPV in medical practices
- More confidence in asking about IPV
- Knowledge about support network & increased referrals
- Supporting material (structured legal documentation, safety card)
- Asking about IPV is a continuous learning process
- High commitment of the participating physicians & assistants (time – „talking medicine“ is not paid)

Products of MIGG project
- Curriculum „MIGG“
- Implementation guidelines for the intervention in other regions
- Supportive materials for physicians and patients
- Quality Circle Dramaturgy „Domestic Violence“ (KBV)
- Guidelines / Recommendations (German Association Ob-Gyn)

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