

Daphne Programme

Final Report

Project Nr. : JLS/DAP/05-1/249/WYC

Title: Prevention of intimate partner violence – a public health approach

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1. Aims of the project

(In this part, please answer the following questions: What **problem** did the project aim to address? Who are the **beneficiaries**? What was the **expected result**? If the Commission formulated **conditions / recommendations** in its selection letter, how were these fulfilled?)

Aims of the project - Problems addressed by the project

Violence pervades the lives of many people in the four partner regions, and touches all of us in some way. To many people, staying out of harm's way is a matter of locking doors and windows and avoiding dangerous places. To others, escape is not possible. The threat of violence is behind those doors – well hidden from public view. Threats and all kind of violence are harmful to the human body, for biophysical functions as for mental health and wellbeing. Violence is often predictable and preventable. Like other health problems, it is not distributed evenly across population groups or settings. Many of the factors that increase the risk of violence are shared across the different types of violence and are modifiable.

Despite the public focus on *domestic violence - intimate partner violence* within the four participating regions there is a lack of knowledge and understanding of the complexity of intimate partner violence and health, most often male violent behaviour towards female intimate partner including children and young people within the relation.

This project aims to contribute to shifting focus from support of victims to prevention of intimate partner violence by developing coordinated programmes as well as developing coordinated multi agency risk assessment and safety planning.

In this project the concept “intimate partner violence” is used synonymous to “domestic violence”.

Main beneficiaries: women, children, young people

Main target groups: men with violent behaviour, victims and children, professional staff, public authorities, NGO's

Expected result:

Strengthened focus on intimate partner violence as a public health problem

Better coordinated interventions and work in the regions

Sharing and use of gained knowledge across the four participating regions will be vital to the proc-

ess and is a brilliant source of power to promote change in knowledge and attitudes towards intimate partner violence among target groups.

2. Implementation of the project

(In this part, please answer the following points: Amongst the **planned activities**, outline those that were **implemented**. Likewise, outline those that were **not implemented** and explain the underlying reasons thereof. Were any **unforeseen activities** implemented? Did you revise the **timetable** at any point and why? Describe the role, the activities and the contributions of **every partner**.)

Planned, implemented and unforeseen activities, timetable and partners contribution

The activities have been performed professionally and ethical aspects have been taken into account. All planned activities have been implemented with few exceptions, and the lessons learned from those not implemented activities were transformed on to unforeseen activities.

In the beginning of the project, the major challenge was to put together four parts with the framework of public health. The monitoring visit, performed after six months, was of great importance, as some crucial questions were raised on keeping the project together as one project. There was a need for more frequent communication between the partners; therefore two additional video conferences were added. The seven partner meetings = steering group meetings, four meetings and three video conferences were really the very crucial way to keep the project together. Unfortunately, Hampton Trust, Hampshire missed two meetings, one of them being the final meeting. Videoconferences were more difficult to perform, (inappropriate technical equipment and transformation) than expected, but still of value. All meetings were documented by minutes.

Restriction on foreign telephone calls and also to reduce risk for errors by misunderstanding project language (English) for two of the partners, forced us to communicate mostly via e-mail in between meetings. In addition the web site www.preventabuse.eu was used as a communication centre. The web site is still open and will be managed for at least two years ahead by County Council of Värmland.

Another challenge was the change of coordinator in Hampton Trust, Hampshire. Two of the persons involved in the planning and starting phase of the project left the Hampton Trust. The project's coordinator together with the Head of International Relations in Värmland County Council therefore went to Hampshire in November 2007. The aim was to establish better contact and relations to new coordinator and project workers at Hampton Trust as well with Hampton Trust's financial and

administrative support. It is a lot easier to describe the complexity of a Daphne funded “one project - four partners” and the partners obligations at a meeting in real life! The formal part of being a Daphne partner, especially the demands on financial reporting take some time to adopt. We considered the visit as of great need for holding the project together. The travel it is not included in the project; all expenses were covered by County Council Värmland. As a bonus from this visit - Hampton Trust met persons from Hampton County Council, one of the contributors of the NGO for the first time.

The overall timetable were set a twelve months ahead of starting date for the project so adjustment to factual circumstances within partner organisations must be considered as natural part of “a good practice project” as *timing* is a vital concept when coordinating a project for change! The overall timetable as well as partner’s timetables have been discussed and revised at steering group meetings.

The activities within the project have been closely linked to on going work at all partners’ organisation, that means the Daphne funding have made it possible to achieve “extra” added value and contributed to deepen partnership, network and exchange.

3. Results and impacts of the project

(In this part, please answer the following questions: Which **results** were obtained from the activities described above? How did you **evaluate** the results? What did you **learn** from that evaluation? How were the **ultimate beneficiaries** involved in the project and in the evaluation of the results? What are the **impacts of the results** on beneficiaries and /or other audience?)

Results and impact of the project

This section posits the public health framework of the project, built up as a pyramid; Promotion - universal services at the base, at second level, prevention - vulnerable domestic violence, third level, treatment - complex domestic violence in the home, forth level, rehabilitation - chronic and serious domestic violence (see figure in Jernbro, Evaluation report). There are no strict dividing lines between the levels. It must be noted that all elements of the project is fundamentally process based. Although the hard outcomes of i.e. educational programme development and delivery are important, the lessons learned through the process of development and delivery are just as relevant as the impact/outputs and outcomes in helping others avoid the same pitfalls.

Promotion - universal services

From the public health perspective a school setting is ideal when working in a health promotive way, working with general methods targeting all children/pupils - with readiness for pupils at risk. Children's capacity of learning is correlated to their good health. Good healthy conditions include freedom of violent conditions when growing up. This basic fact is fundamental but sometimes underestimated.

Due to the lack of knowledge around domestic abuse and violence in children/young people, the Hampton part of the project did research and critical analysis into educational programmes aimed at young persons on domestic violence. Hampton Trust developed and delivered an educational programme for children/young people focused on healthy and respectful relationship in a school setting. A validated and reliable attitudinal measurement scale was researched and obtained from the US and it was trialled in the pilot school. The tool didn't work for various reasons; for example it contained too many questions for the young people to handle, and the facilitator had to read out each question aloud due to issues around literacy levels – thereby further increasing time taken to complete. Other measures were then explored to look at attitudinal shift.

The programme was piloted in one secondary school. All 46 secondary schools were offered free training to enable them to deliver the eight 90 minute sessions on domestic abuse. None of the schools in Hampshire responded to the initial offer of free training on domestic violence abuse for their staff to cascade to their pupils. The concerns schools gave were capacity to deliver the programme and to deal with the inevitable increase in workload from addressing the child protection issues that would arise, plus their governmental requirement to focus on bullying. From this point the Hampton Trust went on with these experiences and developed a programme for youth settings (described below).

Some of the Swedish activities in Värmland fit in with the public health frame, universal services as the basic level. It is known from research in Sweden that health care services are ranked high when people are judging confidence for social institutions. This is true also for abused and battered women seeking health care. In many cases health care is the only authority they are in contact with. It is prolifically that abused and battered women are seeking health care iteratively, without having the careful examination of the underlying causes. When there are obvious signs of abuse as bruises, fractures etc health care staff are more likely to ask the patient/the women directly if they have experienced physical violence. It's also known that behind various symptoms for instance ache, pain

and depression, where the treatment doesn't help, the doctor or the nurse are likely to find experience of various types of violence and threats - if they ask the patient.

“Health consequences of violence” is not a mandatory subject in educational programmes for health care staff. Värmland's contribution to the project - education and in service training for health care staff - aim to, at least, partly fill this gap.

Five in service training sessions on prevention of intimate partner violence for primary health care staff, in all 140 participants took place from September 2006 to March 2008. Women's clinic and 21 of 25 primary care surgeries were covered, four of the remaining surgeries are managed by other bodies than County Council. Suregry guidelines for treatment of patients who have experience of violence are implemented.

Main content in the four hour training sessions:

the WHO typology of violence, definition of violence,
international legislation and UN declarations on human rights,
development of the Swedish legislation including the criminal code.

The process of normalization of violence; the victim's strategy, for adjustment and survival. The perpetrator's strategy of controlling the violence, shifting between violence and warmth e.g. the process of breaking up the violent relationship.

Special groups at risk; Children who have witnessed mummy been abused, pregnant women, physically and/or mentally disabled women, drug abusers, lesbians, elderly women, asylum seeking women.

Psychological, social and medical treatment, reactions on violence and threats, short and long term effects on physical and mental health. Responsibility of Swedish health care towards patients seeking care, risk assessment,

Collaboration and cooperation with NGO's

For maintaining and increase of regional political awareness on intimate partner violence - dialogue- meetings for public stakeholders were performed. The linkage to the responsibility of regional health care were met with interest across all political preferences. Dialogue meetings were performed by the regional project manager together with key persons from the health care staff and members of the County Council task force on prevention of intimate partner violence: Main content; the WHO typology of violence, definition of violence, international legislation and UN declarations on human rights, development of the Swedish legislation including the criminal code. Certain stress was put on the responsibility of Swedish health care and County Council of Värmland towards patients seeking care when symptoms of effects due to violence are at hand. The

County Council document “Prevention of intimate partner violence - Basic data and Action plan” was adopted by The Executive board of Värmland County Council in December 2006.

A presentation of the regional and health care commitments and steps taken was delivered at County Council Assembly meeting in April 2007. Further dialogue meeting took place in October 2007 with the Executive Board, in December 2007 with the Committee of public health and dental care.

The Swedish social and health care systems are constructed to be able for providing seamless service for those in need. Therefore it was important to meet and discuss violence and health consequences with public stakeholders from the 16 independent municipalities in Värmland. The County Council Action plan for prevention of intimate partner violence was presented as well as the aim and objectives in the Daphne funded project. The obligation to collaborate for those in need is supported by legislation and comprises municipality social service, health care, police and public prosecutor.

Although no special outcome from the dialogue meetings were measured - the impression is that political awareness of violence and health is improved. The impact of the Daphne project in Värmland should not be underestimated for having facilitated for other actors within the prevention of intimate partner violence field. Feedback on project has been delivered on a regular basis to Assembly of European Regions, committee B Social Policy & Public Health, where the initiative to the collaboration in this project with focus on perpetrator of intimate partner violence was launched in September 2003. But no victories last forever - ongoing feedback and report of results already achieved must be combined with persistent awareness raising to keep the issue of intimate partner violence on the political agenda.

Prevention - Vulnerable Domestic violence

Treatment - Complex Domestic Violence at Home

The lessons learned in Hampshire, Hampton Trust - none of schools responded to the offer of training on domestic violence abuser for their staff - led to development of an educational programme for children/young people in youth settings, as well as a programme for teachers, youth workers, and PHSE (personal, social and health education) forum members aimed at raising their awareness of domestic violence and abuse. The youth work settings demanded the development of an interactive, creative and appropriate educational programme, lined out for young persons who are starting to exhibit signs of violent behaviour themselves following exposure to domestic abuse and violence within their own lives. This included a development of a screening tool to use within the youth context that would identify young males who had been convicted of a violent offence who had been

exposed to domestic violence abuse within their home situation (normalisation of violent behaviour). This was an activity requested by personnel working with young males who wanted to refer them onto the youth programme. The screening tool Hampton Trust used built on the work undertaken by Sussex under Daphne I. The educational programme was piloted with 6 young men who were identified as having experienced domestic violence and abuse, they attended an 8 week course as a pilot – this resulted in some changes to the youth start programme.

The final programme consists of an 8 week (90 minute sessions) with a closed group of young people referred to the programme via the youth offending teams. Nine Youth Offending Teams participated in initial training for practitioners, 245 young people aged 14 – 17 years of age were identified as meeting the criteria for referral to the programme from June – Dec 2007, and 92 young people were assessed for the programme, 39 young people starting the programme and 21 completed. Feed back from the young people included statements as

It was good to be listened to,

You have helped me think about my actions before I hit out,

It helped me to realise it's not my fault what happened at home,

It helped me to focus more on my future and the goals I want to achieve.

The primary health care system in Sweden has during the last years slightly improved when it comes to treatment of battered women and their children. Focus on the perpetrator has until now been a concern mostly for forensic psychiatry and for special units for patients with post traumatic syndrome disease (where border on to victims and witness of violence for many patients are floating).

Raising awareness within the health care system for the necessity of identifying violence as an underlying factor when men are seeking health care is a demanding task requiring a certain amount of time over a long period. Within the project period we did not manage to prepare for implementation of evidence based special treatment methods. The perceived need among the health care professionals wasn't yet there! Other difficulties occurred; for a period all in session training were blocked by County Council Chief Executive Officer due to decreasing budget deficit. Seminars aimed to raise awareness and showing good examples of methods for treatment of men with violent behaviour, implemented in Norrtälje and Uppsala, were brought about. These methods are including measures to reach out to the target group - men with violent behaviour. Both methods are targeting the perpetrator as a parent, but include those men not being fathers.

In Värmland the population by tradition has been homogenous. The rate of immigrants was previously low, but over the last couple of years the immigrant rate is slightly increasing. It was noticed that there was an enormous lack of knowledge concerning honour culture, and health care staff were in great need of knowledge and tools. One seminar addressed violence related to the culture of honour and the responsibility of health care staff and launched guidelines for health care staff.

In all, these seminars reached out to 208 professionals within health care and social municipality sector. The County Council Action plan for prevention of intimate partner violence and the task force coordinated by dep. Research and Public Health (change 080101 - County Council Public Health dep.) are now in charge for the ongoing process. The interim results are reported to The Executive Board of Värmland County Council as well to County Council Management Board.

In Styria, Austria, Men's Counselling Centre (MCC) in Graz started with collection and documentation of main concepts and evaluations in psychosocial and psychotherapeutic work with male perpetrators in Austria. The focus was on concepts and approaches outside of the jail regarding work with perpetrators of domestic violence. The frameworks for the analysis consist of Legislation, Austrian *Protection from Violence Act*, and the most important concepts concerning work with perpetrators in Austria were described briefly by the most characteristic approaches that can be found in the field of counselling and treatment of men who commit violence against their partners or children. Two types were found and categorized as, a voluntary approach and a controlling approach. These two approaches were examined for 12 indicators; motivation access of client, setting, understanding of violence, different measures for types of perpetrators, program/theory impact, work with perpetrator is seen as...., exchange of information, cooperation with institutions, protection of victims, Role of the Austrian Protection of Violence Act. This mapping and systematic approach constitutes the foundation for the thematic networking model; by identification and definition of the relevant thematic area, establishing the partial networks step by step, following a bottom up-principle, with a process orientation in establishing these "partial networks", with the possibility to apply corrections if necessary and connecting bilateral contacts and partial networks. The eleven most important actors were identified; Domestic Abuse Intervention Centre Graz / Violence Protection Centre, Youth Welfare Agency Graz, Youth Welfare Agencies of the Styrian districts, Head of Social Work of the Province of Styria, Police (Graz; Styria), Public Prosecutor, Child Protection Centres, Further Victim Protection Centres, Women's Health Centre Graz, Hospitals, "child protection groups", Psychiatric hospital.

A solid basis for coordinated interventions is established in the province of Styria within the project between Men's Counselling Center and Violence Protection Centre.

On the basis of the results from this activity, Men's Counselling Centre has improved the model of perpetrator with a focus on "tailored interventions". Perpetrators of intimate partner violence are a heterogeneous group in psychological terms. Work with perpetrators often requires specific approaches, depending on the person/type. Therefore, psychological diagnostics are very important to assign perpetrators to appropriate treatments.

Third level, Treatment - complex domestic violence in the home

Fourth level, Rehabilitation - chronic and serious domestic violence

To equip male perpetrators in Devon with skills/tools to enable them to live lives free of violence, men were able to self refer to the project although many were informed about it by other statutory agencies in the area. Once men were assessed for suitability they were offered one to one session with the project manager. These sessions can last between 8 and 12 weeks before the man entered the group. During these sessions the project manager was looking for indicators that the man was taking responsibility for his actions and had a willingness to change. At week 2-3 the man was asked to sign a contract agreeing that his partner/ex partner would be contacted and offered support and that his children from either current or ex partner would also be offered support. Failure to sign this contract resulted in the man not being offered the programme. Following the individual sessions the man was able to join the REPAIR 'violent men's community programme, a 30 sessions programme. The figures are showing that 42 men were accepted onto programme, 23 dropped off programme before completing, 19 completed psychological tests and 9 completed tests and were still on programme at end of project.

Women victims were supported through the programme to enable them to develop tools/skills to enhance current and future safety and to reduce repeat victimization and the scale of repeat victimization. They were also supported to develop self-esteem and resistance to further victimization. Women partners and/or ex partners of the men on the programme were contacted by a women's support worker as soon as possible once the man had joined the programme. Women were offered one to one support in person over the phone and at a frequency dictated by the women. Women were also offered a place on a 'pattern changing' course if they wished. Women were transferred from the programme to receive one to one support from Women's Aid outreach workers once the partner had completed the programme. Forty women were supported by project; eight of them completed psychological questionnaires, thirteen moved on Pattern changing programme.

Once the mother had agreed to support, and agreed that the children could also be offered support, the children's worker was able to get involved. The specific objectives were to reduce the social, educational and emotional impact domestic violence has on children/young people. 24 children and young people between the ages of 5 to 18 years old were supported by children's worker. Only one mother refused support for child. The children's worker used a variety of activities, tools and resources with the children.

Workers involved in the perpetrator, partner and children parts attended fortnightly two hour supervision sessions with team and supervisor.

The model for perpetrator treatment and rehabilitation developed within the project and emerging from Men's Counselling Centre Graz is ready to be set in place after final political decision concerning funding. On the basis of the standards described in the section above the concept will be briefly described (for detailed presentation, please see Jernbro: Evaluation report). Depending on what the psychological clearing suggests, there is either a "basic course" in a group setting, or an "explorative therapy" (face to face setting) or a "supportive therapy" (face to face setting)

Basic course: social competency, control of impulses, Supportive therapy: therapy for clients without enough reflexive abilities, complete lack of motivation, Explorative therapy: clients with high psycho-pathological level. In addition, all clients can have alcohol- and drug-preventive support (at the moment: outside of MCC, in drug and alcohol specific organisations), and support concerning emotional competency – depending on what they need and what the clearing suggested.

According to Austrian legislation, in the Violence Protection Act, The Violence Protection Centre contacts the victim and offer support, when there has been an eviction of the perpetrator by the police. Victim protection centre also refers the perpetrators to Men's Counselling Centre if the victim agrees and can pass the information to the perpetrator. Men's counselling centre also gets referrals from other institutions (e.g. Youth Welfare Authority, courts) and can refer the partners of the perpetrators to Victim Protection Centre. Once the referral is to Men's Counselling Centre, a social worker also called case manager takes over the case and keeps in contact with the professional network, including Violence Protection Centre and the client. There are regular contacts regarding all cases contact during the intervention. Additional contact between the organisations takes place if there is risk involved or if the client drops out of programme and in case of crisis or new violence.

4. Dissemination and follow-up

(In this part, please answer the following questions: How – and to whom - did you **disseminate** your results? What are your intentions for **further dissemination**? What do you think the **follow-up** of your project should be? What are your **plans to ensure yourself** (part of) this follow-up? How did you ensure the **visibility of the European Commission** contribution to this project?)

This section describes dissemination per partner mainly. The visibility of the European Commission is managed by including its logo on all presentation materials where Daphne is a feature.

Devon County Council: Half yearly reports on the Daphne progress have been put onto adva's website: www.adva.org.uk

Half yearly reports have been submitted to the adva partnership.

Half yearly reports and end of programme reports have been submitted to the Home Office as Daphne is part of a wider community perpetrator programme.

Adva did a national conference presentation on REPAIR/Daphne June 2006.

Hosted a two day event in November 2007 for 200 delegates to present the findings of the Daphne project. The second day was workshop with our regional Daphne partners.

Adva is using the REPAIR/Daphne project findings in numerous local, regional and national events on an on-going basis.

Adva is using two DVDs of perpetrators, and of a family, as part of its developing communications and awareness-raising strategy.

Adva is also using DVDs and REPAIR/Daphne findings to influence its training programmes in Devon, in particular two programmes 'Tackling Perpetrators of Domestic Violence' and 'Preventing Murder/Risk-Assessment'. REPAIR will now be seen as a core service requirement within adva's overall service provision and funding for its continuation is being sought from the three public authorities – police, local authority and health.

Hampton Trust's focus of the dissemination is to offer insight into the lessons learned from delivery in a school based setting and the youth setting with young people already exhibiting violent behaviour after exposure to domestic abuse rather than the outcomes at this stage to help others implement a similar programme.

Dissemination thus far includes feedback to the Daphne 11 steering group, presentations to the Hampshire and Isle of Wight Domestic Violence Steering Group, feedback to the Hampshire and Isle of Wight Domestic Violence refuge forum and meetings with the Wessex Youth Offending Team. Attendance at workshops/conference in Devon "Awareness week" Nov 2007. Dissemination includes the Local Criminal Justice Board, AER representatives, national domestic abuse confer-

ences, publications, and media coverage. The BBC are intending to undertake some coverage of the programme (Sue Littlemore).

Styria information about the DAPHNE-project was disseminated to the CAHRV-network. The CAHRV-network (2005-2007), organized by the University of Osnabrück, is an important European network on violence at the moment (<http://www.cahrv.uni-osnabrueck.de/>). The Styrian regional coordinator is part in this network and has connected the DAPHNE project and CAHRV by passing important information and papers from CAHRV as input to our Daphne-project (e.g. material on health and violence), resp. by informing CAHRV-members of the DAPHNE project. This kind of mutual exchange took place e.g. in a CAHRV-workshop ("Good practice in Tackling Violence against Women and Children", 20.-22.9.2006, Budapest). Two reports are discussed there: "Agencies and evaluation of good practice: domestic violence, rape and sexual assault" (Hanmer et al., 2006) and "The justice system as an arena for the protection of human rights for women and children experiencing violence and abuse" (Humphreys et al., 2006). These reports, along with other CAHRV-reports, were sent to the DAPHNE-partners. First contacts between the Daphne projects "Prevention of intimate partner violence – a public health approach" and "Work With Perpetrators of Domestic Violence in Europe", www.work-with-perpetrators.eu have been established (Men's Counselling Centre Graz; Dissens e.V., Berlin). Men's Counselling Centre Graz is joining the network CAHRV-II to disseminate and exchange experiences in the Daphne project.

The working paper "Towards improved interventions against domestic violence" has been disseminated via website, to relevant practitioners in Austria by E-mail, and exchanged with the Daphne project "Work with perpetrators". Continuous exchange has taken place with the Daphne project "Work with perpetrators", the Daphne project "ProTrain" and the FP6-Coordination Action "CAHRV". In this way, interim and final results of the project were disseminated as well.

A paper containing the most important characteristics of the developed model of cooperation and a focus on psychological diagnostics within this model has been written within the project and released after the project (4/2008):

Scambor, C. (2008). *Psychological diagnostics and risk assessment of male perpetrators of violence: Qualitative interviews in a practical context*. QMiP newsletter, 5, pp. 17-22.

Online: [www.bps.org.uk/document-download-area/document_download\\$.cfm?file_uuid=298B748F-1143-DFD0-7E37-305C201CE02A&ext=pdf](http://www.bps.org.uk/document-download-area/document_download$.cfm?file_uuid=298B748F-1143-DFD0-7E37-305C201CE02A&ext=pdf)

Follow-up: The list of recommendations for political actors and additional recommendations for practitioners will be disseminated and discussed with relevant actors, in the region and on national level (Platform of Men's Counselling Centres and Men's Initiatives in Austria).

County Council of Värmland coordinating partner

Information about the DAPHNE-project has been disseminated to

Public stakeholders

AER committee B and regional groups

County Council Executive board

County Council Assembly

Region Värmland - Association of local government authorities

Municipality politicians' social welfare

Administrative Professional National level

Ministry of Health and Social welfare

The County Council Public Health executive officers network, hosted by Swedish Association of Local Authorities and Regions

Administrative Professional Regional level

All management boards within the central administration of County Council of Värmland

The County Council work group for the preventative action plan is of strategic importance for the ongoing work.

Media

A number of news articles on the educational sessions among primary health care professionals have been published. To the final steering group meeting was covered by regional newspapers and radio station. Web site www.preventabuse.eu collects all relevant information concerning the project and links to partners. The website will be kept open until 2010 by County Council of Värmland. To simplify presentation of the project, results and follow up work a DVD was additionally produced by County Council of Värmland, it was recorded at the final steering group meeting. Unfortunately the Hampton part is missing on the DVD.

Public awareness raising

In connection with final steering group meeting County Council of Värmland invited to an open meeting for professionals and NGO's with interests in intimate partner violence. The invitation had through various Daphne associated networks reached out to Italian Women's' shelter workers, central French administration and to County Council officers from other parts of Sweden. The coordinator presented an overview of the project and each partner presented their results PhD Kjerstin Almqvist presented her research - Domestic violence - a child perspective. A student theatre company in Värmland were invited to set up a short play on the focused theme in the Daphne project-violence perpetrator and health. The full programme, please see annex.

Within the County Council the follow up is linked to Action Plan on Prevention of intimate partner violence. The work will continuously be coordinated by regional Daphne project manager and the existing work group for implementation will meet more frequently to meet requests on training sessions and guidelines.

5. Conclusions

(Please sum up in a short paragraph what your project has achieved, its impact on beneficiaries and what remains to be done. Please bear in mind that this paragraph will be used as the **summary report** that the Commission plans to circulate largely via the Daphne web site and other means. Therefore, ensure that it is concise, right to the point, explicit and attractive.)

This project has proved that coordinated preventative actions with a public health perspective against intimate partner violence through exchange of knowledge and good practice are possible to achieve.

The Hampton Trust researched, piloted and developed three educational packages in relation to domestic abuse and children. One package aimed for professionals working with young people in schools in order to provide them with the skills needed to cascade a programme within their school on domestic abuse. The second educational package is an eight session programme for those professionals who have undertaken the required training on domestic abuse. This package is a school based programme for young people aged thirteen years and over and is based on healthy relationships.

The final education package researched and developed by the Hampton Trust is for delivery to young males, aged 14 – 17 years, who are exhibiting challenging, violent and abusive behaviour and who have been exposed to violence in their own homes.

The main challenges faced in the process of developing and delivering these educational packages has been concerns expressed by educational and youth staff regarding their skills and capacity to deliver a programme of Domestic Violence and Abuse. There are concerns about the issues it can raise personally for facilitators, how they deal with disclosures in a classroom or youth setting, child protection, as well as time and curriculum constraints. For those staff working with young people showing challenging behaviour who have been exposed to domestic violence and abuse within their own lives, it is more about a model of engaging these young people whilst incorporating elements of the training package into a group educational setting in order to address the very real needs of each of the young people involved.

From Styria we learned how to transfer a networking concept on to a specific area of violence prevention - men using violence against their female partner. A referring specific network including

NGO's, authorities and institutions has been set up. The thematic networking process was evaluated on a participatory way and concepts refined. Men's Counselling Centre developed model standards for support and treatment for male perpetrator on the basis of national legislation. Main concepts and evaluation findings in psychosocial and psychotherapeutically work with male perpetrators were implemented into standards in the concrete work with male perpetrators. Being partner of the project contributed to real changes in Men's Counselling Centre work i.e. psychological diagnostics were changed and enlarged and a new concept has been developed. A list of recommendations for political actors as well as for practitioners is supplemented.

In Devon - 42 men and 40 women were supported; within the project they were offered individual and group support; to enable the men to better understanding abusive behaviour and how it affects their partner and children. For the women the programme enabled them to develop tools and skills to enhance their current and future safety and to reduce repeat victimization and the scale of repeat victimization and to develop self-esteem. The children's programme for 24 children reduced the social, educational and emotional impact of domestic violence. Nineteen men continued on the programme through either individual and group work or both. At end date of project there are nine men still on the group programme. During the evaluation it was only possible to follow seven families completely. There were a range of final outcomes for these families and individuals, from reconciliation to separation. For the majority there was a reduction in the violence and abuse and therefore risk to the victims. This programme appears to have benefited individuals and families to live safer lives. Lessons learnt from the project in relation to assessment of men, development of differential programmes, better integrated family support service will be developed in Devon, and possibly be a feature of a further bid to Daphne III. In the future more work is needed on the long term impact of the programme on men and - due to the high drop out rate - further research could identifying those men most likely to benefit from input.

From research it is known; abused and battered women are seeking health care iteratively, without having the careful examination of the underlying causes. By offering in training sessions there is a raised awareness and better knowledge among primary health care staff and public stakeholders in Värmland of intimate partner violence and health impact. Guidelines are launched and will continuously be implemented. There is still a great need for continuous raising awareness and to improve and spread knowledge concerning methods for treatment of perpetrators/patients. Establishment of defined adequate medical and psychosocial treatment teams of perpetrator and victim patients are remaining. Treatments for children who have been abused or witnessed domestic violence are now better established within child psychiatrist clinic. Collaboration routines are strengthened.

Follow up work is handed over to County Council work group for implementation of Action plan prevention of intimate partner violence (adopted by County Council executive board). Further steps to be taken by County Council and regional politicians have been identified.

The project has contributed to add public health perspective when setting up interventions concerning intimate partner violence - domestic violence. The role of the health system in tackling this type of violence was highlighted. All partners with their different perspectives on domestic violence - intimate partner violence contributed to enhancement of understanding. The exchanges of good practice have increased dramatically over the project period. Workers across the project in all four regions now have a better understanding of their colleagues' perspectives and this enhanced partnership working has been extremely influential in improving the support which is offered. This aspect of the project has also been noted by the beneficiaries as being most important and influential in enabling the change process for both men and women. It has been rewarding processes where partners have been very generous in sharing knowledge.

Annexes

- 1 List of keywords describing best your project (please use the form attached); Daphne Programme
2. List of materials produced during your project (audio or audio-visual media, publications, brochures, manuals, posters, CD-ROM, web-site,...)
3. Program Extended steering group Final meeting 2008 03 06 - 07

ANNEX: KEYWORDS

The main purposes of the Daphne Programme are to create networks and to encourage the exchange of information and best practices. The Commission has therefore set up a database containing the details of all completed Daphne projects. This database is accessible via the Daphne page on the EC web site:

http://europa.eu.int/comm/justice_home/funding/daphne/funding_daphne_en.htm

The matrix below allows us to categorise your report according to certain pre-set search words. Please complete it carefully.

Mark the main areas of action and types of activity listed below which were covered by your project (respecting the limits mentioned).

Beneficiaries		
<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> Young people	<input checked="" type="checkbox"/> Women

Specific groups (maximum 2)		
<input type="checkbox"/> Homosexuals	<input type="checkbox"/> Migrants	<input type="checkbox"/> Refugees
<input type="checkbox"/> Asylum Seekers	<input type="checkbox"/> Trafficked Persons	<input type="checkbox"/> Ethnic minorities
<input type="checkbox"/> Handicapped	<input type="checkbox"/> Domestic workers	<input type="checkbox"/> People in prostitution
<input type="checkbox"/> Elderly	<input type="checkbox"/> Prisoners	

Targeted Audience (maximum 2)		
<input type="checkbox"/> Violent men	<input type="checkbox"/> Perpetrators / offenders	<input checked="" type="checkbox"/> Public Authorities
<input type="checkbox"/> General Public	<input type="checkbox"/> Medical staff	<input checked="" type="checkbox"/> Educational staff
<input type="checkbox"/> Police staff	<input type="checkbox"/> Judicial staff	<input type="checkbox"/> Media / Journalists

Daphne II Objectives (maximum 1)		
<input type="checkbox"/> Set up of multidisciplinary networks	<input type="checkbox"/> Studies of phenomena linked to violence	<input checked="" type="checkbox"/> Expansion of the knowledge base, including the exchange of good practice
<input type="checkbox"/> Raising awareness among targeted audiences towards violence		

Specific Objectives (maximum 1)		
<input type="checkbox"/> Treatment programmes for offenders	<input type="checkbox"/> Treatment programmes for victims	<input checked="" type="checkbox"/> Identification and exchange of good practice and experience
<input type="checkbox"/> Mapping surveys, studies and research	<input type="checkbox"/> Field work with involvement of the beneficiaries	<input type="checkbox"/> Creation of multidisciplinary networks
<input type="checkbox"/> Training and design of educational packages	<input type="checkbox"/> Awareness-raising activities targeted to specific audiences	<input type="checkbox"/> Awareness-raising material
<input type="checkbox"/> Dissemination of the results obtained under Daphne I and II programmes	<input type="checkbox"/> Development of activities contributing to positive treatment	

Areas (maximum 3)		
<input type="checkbox"/> Sexual violence	<input type="checkbox"/> Gender violence	<input checked="" type="checkbox"/> Violence in family
<input checked="" type="checkbox"/> Violence in domestic context	<input type="checkbox"/> Violence in schools	<input type="checkbox"/> Violence in institutions
<input type="checkbox"/> Violence in urban areas	<input type="checkbox"/> Violence in rural areas	<input type="checkbox"/> Violence in the work place
<input type="checkbox"/> Trafficking in human beings	<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Internet
<input type="checkbox"/> Child Pornography	<input type="checkbox"/> Racism	<input type="checkbox"/> Self-harm
<input type="checkbox"/> Physical punishment	<input type="checkbox"/> Female genital mutilation	<input checked="" type="checkbox"/> Health impacts

Instruments (maximum 2)		
<input type="checkbox"/> Network with NGOs	<input type="checkbox"/> Multisector network	<input type="checkbox"/> Awareness-raising
<input type="checkbox"/> Dissemination of good practice	<input type="checkbox"/> Guidelines / Counselling	<input checked="" type="checkbox"/> Models (analysis / Development)
<input checked="" type="checkbox"/> Training	<input type="checkbox"/> Production of materials	<input type="checkbox"/> Conference / seminar
<input type="checkbox"/> Telephone / Internet Helpline	<input type="checkbox"/> Field work	

ANNEX 2

List of materials produced during Project Nr. : JLS/DAP/05-1/249/WYC

Prevention of intimate partner violence – a public health approach

Schools based educational programme

Educational programme for teachers, facilitators, youth workers, and PHSE staff

Screening tool for young males exhibiting challenging behaviour to determine their exposure to domestic violence and abuse

Educational package for young males who are exhibiting challenging and violent behaviour and who have been exposed to domestic abuse within their own lives.

DVDs of perpetrators, and of a family, as part of Devon developing communications and awareness-raising strategy.

Working paper within the project, Scambor (2006): Towards improved interventions against domestic violence.

Summary report and Värmland County Council Action plan prevention of intimate partner violence.

DVD Prevention of intimate partner violence - a public health approach, Part of Daphne programme 2006 -2008

Evaluation report, Carolina Jernbro

Website www.preventabuse.eu

ANNEX 3

Daphne Programme

Final Report 080605

Project Nr. : JLS/DAP/05-1/249/WYC

Prevention of intimate partner violence – a public health approach

PROGRAM at final steering group meeting

March 6th 2008

Stadshotellet, Franska Salen, Karlstad

MODERATOR Kenny Stolpe, Webmaster, County Council of Värmland

1000	Coffee
1030	Welcome and introduction <i>Rationale behind the project,</i> <i>concept of project: one project - four parts</i> Åsa Löfvenberg, coordinator, County Council of Värmland
1045	<i>Making use of legislation. The Austrian Protection Against Violence Act and possibilities for multi-agency interventions.</i> <i>Different perpetrators - different interventions. The model of working with male perpetrators of domestic violence in Graz</i> Christian Scambor Men's counselling Centre Graz
11.30	<i>Domestic Violence: A triangle of family ill-health, REPAIR</i> Rachel Martin, Roy Tomlinson, Devon County Council.
1215	Lunch break
1315	<i>Live illustrative scenes of suffering and anxiety of victims and perpetrators</i> Mr Övind Åsberg and his theatre students, Kristinehamn
1345	<i>Usage of the tool 'in house training' for health care staff on intimate partner violence. Evidence based methods for supporting violent men change behaviour</i> Åsa Löfvenberg, County Council of Värmland
1430	Coffee
1445	<i>Swedish perspective; Domestic violence</i> <i>-the child perspective - Ph D Kjerstin Almqvist</i>
1600	Thank you
1900	Dinner at rest Valhall, Landstingshuset Monica Ekström, president, The Public Health and Dental Care Committee, County Council of Värmland Christina Wahrolin, president, the Board of Health and Medical Care, County Council of Värmland

Program, March 7th **for project workers mainly**
International guests are welcome to participate, limited seats

Lokal Oden landstinghuset, Wåxnäsgratan 2 Karlstad

0830	Summing up of yesterday's programme
0830	<i>Workshop</i> <i>Meeting men with violent behaviour</i> Göran Lindén and Anders Sandberg
1000	Study visit - "Safety center" Drottninggatan, Karlstad city center
1200- 1315	Lunch at restaurant Valhall, Landstingshuset
1315	What's next - in Devon, Hampshire, Styria and Värmland
1500	Formal steering group meeting
1600	Thank you and fare well

Presentations

Kjerstin Almqvist Clinical psychologist/psychotherapist with more than 20 years experience with traumatized children and families. Ph. D. in 1997, Gothenburg University, Department of Psychology. Several studies focused on mental health and social adjustment in children exposed to violence in different settings, with core concepts such as family dynamics, coping strategies and posttraumatic stress. Contributor to several anthologies in child psychology. K A has been running the recent project "Children who have witnessed their mother being battered" in Gothenburg, where children and their mothers at the women shelters were investigated.

Göran Lindén was graduated as Bachelor of Science in Social Work more than 30 years ago. Through working with teenagers, families, separated parents, abused and abusers he has confronted domestic violence from different points of view. He's is also National co-ordinator for men in crisis/men as batters.

Anders Sandberg, has a Graduation as Master of Social Science. Gestalt therapist. More then 20 years of experience as counsellor and therapist from different kind of social work; Child guidance centre, Swedish Church and teaching at the Institution of Social Work, at University of Lund. AS is working at the Crisis Centre of Men in Malmö and National co-ordinator for men in crisis/men as batters. The main activities within the public health framework of the project

Hampton Trust, Hampshire

School based programme, focusing on healthy and respectful relationships, training for professionals, materials on domestic violence for professionals

County Council of Värmland

Education of health care staff, focusing on identifying patient's experience of violence as cause of various symptoms and illness, increase knowledge on treatment for male patient's with violent behaviour. Increase knowledge on violence and health consequences for public stakeholders

Men's counselling centre in Graz

Various groups and individual therapies, clearing case management and post-therapeutic interventions
Know-how transfer and contacts with most important partner organizations

Devon county council

Perpetrator programme and partner program, support for children, supervision, agency awareness