#### TRAINING REVIEW FORM

You recently attended	the	course on	

A copy of the course programme is attached for your information. We hope you found the training useful and just wanted to carry out a review on how the learning has been implemented within your organisation/role.

Please spare a few moments to answer the following few questions. This form should take approximately 5 minutes to complete.

- 1) Please state 5 things you learnt from the course
- 2) Have you been able to implement this learning into your daily practice? Yes / No
- 3) If not, please explain why Have there been any barriers into implementing learning outcomes in your organisation? Yes / No
- 4a) If yes, please explain why
- 4b) What further support do you require for implementation?
- 4c) Do you require any further training from the Havens?

Many thanks for taking the time to complete this form.

Please return this to trainer name at email address

#### Instructions:

This questionnaire is an example to assess the transfer of learning after a basic course on violence against women. Your submission is 6 months after having completed the course. Shipping mode: online or by mail. Approximate performance time, 15 minutes.

#### **Example:**

Estimated participant, you attended a gender violence (GV) and SV training workshop six months ago.

As we told you then, we would like to assess if the offered training was useful for your performance. The objective is to assess its applicability and to carry out those actions necessary to complement and reinforce such training.

Because of this, we would be grateful if you could complete this questionnaire and send it to this address.

After training:

1. Did it change your behaviour regarding gender violence in the consultation?

2. Do you do something new in your consultations concerning this issue?

### 3. Did it help you about GV detection?

# 4. Please mark from 1 to 10 how much you think it helped you with the following activities:

(1: nothing,	10: very n	nuch)								
4aInterview about GV.	technique	es taught	at the Wo	orkshops	helped n	ne about	how to a	sk a won	nan	
	1	2	3	4	5	6	7	8	9	10
4b.Doing the	ex <u>ploratio</u>									_
	1	2	3	4	5	6	7	8	9	10
4c Identifyin	g types of									T
	1	2	3	4	5	6	7	8	9	10
4dIdentifying	g r <u>isk and</u>		T -	rs to GV.	1	_	1	1		T
	1	2	3	4	5	6	7	8	9	10
4eAssessing	th <u>e needs</u>	s of the w	oman an	d her chil	dren.					
	1	2	3	4	5	6	7	8	9	10
4f Knowing v	wh <u>at to do</u>	and gui	ding the v	voman to	wards th	e needed	resource	e/profess	sional.	
	1	2	3	4	5	6	7	8	9	10
4g Offering a	ad <u>vice on</u>	basic pro	tection m	easures.						
	1	2	3	4	5	6	7	8	9	10
4h. Knowing n	ny legal d	uties.								
	1	2	3	4	_	l _		_	0	10
		_		4	5	6	7	8	9	10
4iKnowing w					5	6	7	8	9	10
4iKnowing w					5	6	7	8	9	10
4iKnowing w 4jHow to fill	hen to do	a manda 2	atory repo	ort.		1				
-	hen to do	a manda 2	atory repo	ort.		1				
-	the mano	a manda 2 datory rep 2	atory repo	ort. 4	5	6	7	8	9	10

1	2	3	4	5	6	7	8	9	10
	problem			1-		T		Ι.	10
1	2	3	4	5	6	7	8	9	10
uple's pr	ivate pro	blem.							
1	2	3	4	5	6	7	8	9	10
agree,	and 10: I	totally a	gree)		the follow	_	tences:		
1	2	3	4	5	6	7	8	9	10
n is unfa	ithful to h	ner partno	er, it is u	nderstan 5	dable that	he feel	s hurt and	d mistrea	ats her.
onsumpti	on is a fre	equent ca	use of a	man mis	treating a	woman		•	•
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
ent that i	nere are	violence 3	preceae 4	nts in pe	rpetrators 6	and vic	tims ram	illes.	10
ontrols the	ne calls, tl	ne Money	or the f	riendshi <sub>l</sub>	os of a wo	man, or	does not	let her v	vork, we
sagree, a , in relati	nd 10: I t ion to GV	otally agi ":	ree)		the follow	-		?	
1	2	3	the patie	5	6 mands it.	7	8	9	10
1	2	3	4	5	6	7	8	9	10
		ere are le			-	<u> </u>			
1	2	3	4	5	6	7	8	9	10
		lom son	rovidors		nly inform	the nat			
ally com	nley nroh	iem con							

5. Please say to us how much do you agree with the following sentences:

## 8. If a patient victim of GV has little children, please answer the following sentences:

(1: never, 10: always)

8.a. I investigate if they	are victims	of violence too.
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	1	2	3	4	5	6	7	8	9	10	
8.b. If they witnessed the assault, but were not direct victims, I do not act.											
	1	2	3	4	5	6	7	8	9	10	
8.c I inform the	paediat	rician.	3	4	5	6	7	8	9	10	
8.d. I inform th	8.d. I inform the social worker										
	1	2	3	4	5	6	7	8	9	10	
8 e Linform th	o Child D	rotoctivo	Sorvicos	•	1	•	1				

5

6

7

8

9

10

### 9. If your patient is a victim of GV, please mark which of the following actions is not correct.

• I assess if there is a great risk because of physical injuries.

2

- I assess the risk of suicide.
- In case of psychological mistreatment, no mandatory report is needed.
- I inform her about social resources.

1

• I inform her about how to protect herself in case of a new aggression.

#### 10. Some contexts are considered as implying a higher risk of suffering IPV. Answer YES or NO

Having an alcoholic husband	YES NO
• IPV precedents in the victim's family	YES NO
• IPV precedents in the perpetrator's family	YES NO
• Unemployment or job insecurity of the perpetrator	YES NO
Being pregnant	YES NO

## 11. The presence of any of these symptoms should make us think about the possibility of IPV. Answer YES or NO.

Anxiety disorders	)
• Frequent attendance of the consultation for trivial reasons YES NO	)
The miscarriages of repetition YES NC	)
• Depression	)
• Cystitis YES NO	)

# 12. It is Friday afternoon and you are on call and have to treat a victim of sexual aggression (rape) Choose which option you would take (only one):

- First, I would treat the injuries, washing and disinfecting the victim; then I would refer her to the hospital.
- After the first emergency assistance, I would carry out the infection prophylaxis, and the pregnancy prevention with the postcoital pill, then I would write the mandatory rep would send her home, after making an appointment for her with the social worker.
- I would assess the situation, do a first emergency assistance, refer her to the hospital immediately, by ambulance and write the mandatory report

#### 13. Concerning the perpetrator, choose the correct option:

- Most perpetrators suffer from psychopathological disorders.
- A man's excessive alcohol consumption seems to increase the likelihood of mistreatment.
- Couples therapy is recommended.

## 14. Do you fill safe when you deal victims of GV? (IF YOU HAVE NOT DETECTED ANY CASE DURING THIS PERIOD, DO NOT ANSWER QUESTIONS a, b, c, and d)

14.a.-Mark from 1 to 10 (1: none y 10: maximum) your level of assurance BEFORE THE WORKSHOP

1	2	3	4	5	6	7	8	9	10	
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14.b.- Mark from 1 to 10 (1: none y 10: maximum) your level of assurance AFTER THE WORKSHOP.

1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	----	--

- 14.c –In which aspects of managing a case do you feel SAFER?
- 14.d.- In which aspects of managing a case do you feel UNSAFE?:
- 14.e.-Mark from 1 to 10 the degree of assurance with the different aspects:

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1: none y 10: maximum

1-Identifying risk factors or alarm symptoms: ___

2-During the interview, if you suspect there could be mistreatment: ___

3-Deciding if I have to write the report: ___

4-Writing the report: ___

5-Knowing the resources to which the patient may be referred: ___

6-How to offer psychological support to the victim: ___

7-How to manage the issue of the perpetrator when he is my patient too __

8-Assessing the risk for the victim's life: ___

9- Patient-doctor relationship to victims of IPV: ___
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#### 15. Listening to GV victims' accounts has an emotional impact on providers

- 15. a. Do you ever suffer this impact on yourself, on your clinical practice? YES / NO
- 15. b. What have you done to deal these emotions?

#### 16. Please mark form 1 to 10 how much you agree with the following sentences: 1= I totally disagree 10 = I totally agree

aTreating victims of IPV is very stressful for me
b- I feel awkward when treating victims of IPV:
c- I get deeply emotionally involved with this type of patients: $\_\_$
d- Treating victims is a source of ethical conflicts for me:
eI tend to identify myself with the victims:
f- Treating this type of problems causes rejection in me:
g- Ido not have this type of problems in my consultation:
hI avoid treating these problem:
iI am afraid of the healthcare-legal consequences:
jI do not think about it as a health problem

17. Which obstacles did you find to tackle this problem in your practice?										
18. Rate the usefulness of the training received in VS for your practice Assess it from 1 to 10 (1 of very little use- 10 really useful.)										
		_		-			Т	Т	Т	
	1	2	3	4	5	6	7	8	9	10
19. Materials a	nd biblio	graphy in	Electron	ic forma	t were su	ipplied d	uring the	worksh	op.	
Were you abl	e to read	somethir	ng of it? V	rs / NO						
<ul> <li>Was it useful</li> </ul>			ig of it: i	L3 / NO						
Comments on i	<b>+</b> .									
Comments on i	ι.									
20. Assessing v	vhether tl	ne trainir	ng is adju	sted to y	our need	ls				
	1	2	3	4	5	6	7	8	9	10
21. Which way	s of impro	ovement	would yo	ou sugge	st?					
										-
Personal data										
Profession Primary										
Care										
Hospital Emerg	gency									
Ward Mental										
Health										
Other Doctor										
Family										
doctor										
Psychiatrist Gy Nurse	naecolog	ist Other								
Postgraduate t	raining pi	rofession	als: medi	icine, nui	rse, midv	vife, psyc	:hologist	···		
Time in your po				-	-	· • •	•			
Age: Gender:										
We are really g	rateful fo	r your co	operatio	n and su	pport					