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Perceptions and educational needs of social and healthcare professionals in the prevention of domestic violence – A focus group study

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ABSTRACT

Objective: To explore and describe social and healthcare professionals' perceptions and educational needs in relation to domestic violence and its prevention.
Methods: A qualitative research was conducted in three European countries. Two multidisciplinary focus group interviews were conducted (in each country) among professionals and higher education teachers in the field of social and health care. Total number of participants were 32 (Finland n=12, Greece n=12, Portugal n=8). The transcribed data were analyzed by thematic analysis.
Results: Participants' perceptions of domestic violence and its prevention included: multidimensional phenomenon, consequences, and addressing concern. Domestic violence was seen as a multidimensional phenomenon, which has various consequences for several aspects of life. Professionals have difficulties addressing their concern due to lack of knowledge and tools. Solutions to prevent domestic violence that the participants shared were: education, intervention, and strategies. Education was seen as the key aspect for the prevention of domestic violence. Also, professionals' communication and situation management skills, as well as national and international strategies, were seen as valuable solutions. Educational needs for prevention of domestic violence were expressed based on content, methods, and practices, such as services system and legislation.
Conclusion: The findings of the current study highlight the social- and healthcare professionals' need for education about domestic violence. It is essential that these professionals receive appropriate training to effectively identify and address domestic violence. The current study provides useful information for the development of relevant training/education for this group of professionals.

Introduction

Domestic violence is a growing public health problem; affecting up to one in three women worldwide [1]. Pregnant women and mothers of young children are particularly at risk [2]. However, a person affected by domestic violence can be a friend, a neighbor, a co-worker, regardless of gender, age, occupation, or income level [3]. A recent systematic review has concluded that the severity of all types of domestic violence, as well as the prevalence of psychological/emotional and sexual domestic violence, has increased for a significant number of persons who have experienced violence [4]. A recent UN Women survey [5] also reported an increase in violence, with half of the violence being verbal abuse (50 %), followed by sexual harassment (40%) and physical violence (36%).

Domestic violence can take many forms, including emotional bullying, suppression, defamation, and criticism. It can also take the form of physical, financial, sexual or religious violence. This can result in injuries and serious physical, mental, and social consequences that can be long-lasting, as well as sexual and reproductive health problems, such as sexually transmitted infections and unplanned pregnancies [1,3]. Also, the costs of domestic violence to society are enormous [6]. According to a report by the European Institute for Gender Equality, [7] the cost of domestic violence in the European Union (EU) is almost 260 billion euros per year; 87% of which is the cost of violence against

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women.

Prevention and early intervention in domestic violence has been shown to be a comprehensive and worthwhile investment for society, with the healthcare sector playing an important role [1,8–11]. However, intervention and screening for domestic violence is often lacking. Identifying domestic violence is challenging and is too often overlooked even by professionals [1,8,12]. Social and healthcare professionals do not ask about violence or do not recognize its signs [13]. Various reasons for this have been identified; including lack of time, lack of protocols and guidelines, and lack of practical training and education [11,14,15].

Knowledge, skills, and education are important factors in enabling social and healthcare professionals to identify and intervene in domestic violence. Many studies have highlighted the need for additional education for professionals. Studies conducted on social workers [12], primary care clinicians [16], and mental health professionals [17] indicated deficits in knowledge of domestic violence related to inadequate preparation and training. Insufficient exposure to real-life cases was also a contributing factor [12]. Specific information sought included how to make a referral, and legal, social [16], and support issues [17].

In addition to education, professionals' attitudes are also an important factor in addressing domestic violence [18]. Healthcare professionals in Brazil reported that they had become personally detached over time and believed that women were somehow responsible for the aggression [19]. Similarly, in a Finnish study, healthcare professionals expressed frustration that people experiencing domestic violence did not escape the situation and that domestic violence was seen as an individual problem [13]. On the other hand, in a study of Australian social workers, women in abusive relationships were not perceived as being responsible for the violence, or as having a private problem [20].

Therefore, this study aimed to explore and describe social and healthcare professionals' perceptions and educational needs in relation to domestic violence and its prevention. The research questions were: 1) What are social and health professionals' perceptions of domestic violence and its prevention? 2) What are the main solutions to prevent domestic violence as perceived by social and healthcare professionals? 3) What are the educational needs of social and healthcare professionals for the prevention of domestic violence?

Methods

Study design

A qualitative descriptive approach was used as it can provide a broad insight into certain phenomena [21]. It is a systematic approach that examines phenomena in natural settings. These settings may include how people experience the phenomenon under study, how individuals and groups behave, how organizations function, and how interaction affects interpersonal relationships [22,23].

Focus group interviews are a common method of data collection in qualitative research [24,25] and were used in the current study to get the most authentic and in-depth picture of domestic violence from the perspective of social and health professionals. According to the literature, focus group participants should be individuals who have experience or knowledge of the specific issue and can contribute to the intended topic [24]. Therefore, focus group interviews were conducted in Finland, Greece, and Portugal with professionals working in the field of social- or healthcare sector (e.g., social workers, nurses, midwives, public health nurses, health visitors). In addition, teachers of social and/or health care in higher education institutions were included because of their pedagogical and educational knowledge of the topic. During the summer and autumn of 2021, two focus group interviews were conducted in each country, for a total of six, in order to achieve data saturation, which is considered a methodological principle in qualitative research. [26]. This study is part of a larger European project, and the three countries involved are members of the project consortium.

Participation in the focus groups was voluntary and no identifying information was used to ensure the participants' confidentiality. Prior to consent, all participants were informed about the study, its procedures, and objectives, as well as about their right to withdraw from the study without explanation or consequence. Participants were recruited in different organizations, such as hospitals, universities, and NGOs working with domestic violence, by sending an email about the study through a contact person in each organization. Participants contacted the main facilitator in each country to express their interest in participating. The facilitators in each country, may have had a previous co-operation with the participants in the form of teaching in the same organization or co-operation in some other matters. These participants were recruited for their valuable insights and their participation was voluntary.

Each focus group interview had two facilitators (TM, MB-Finland, ES, AL-Greece, MLP, MAS-Portugal). All interviews in each country followed the same protocol (Figure 1.), which was developed for the purposes of the current study based on the research questions [27,28] and on the international literature on domestic violence. Most facilitators have PhDs, and all possess at least MSc degrees, along with extensive experience in conducting qualitative studies. They also have a multidisciplinary background that enhances the study's trustworthiness. They are all university teachers and have been teaching social and/or health care students about domestic violence. They had no previous specific clinical experience of domestic violence, except that as health professionals they may have encountered cases in their clinical practice.

Due to the COVID-19 pandemic, the focus group interviews were conducted online using the available online platforms designed for teleconferencing purposes (e.g. Zoom, MSTeams). At the beginning of each focus group, the facilitators explained the rules of the discussion to the participants, including that no names or other identifying information would be shared or collected, that all participants must keep everything confidential, and that the data collected would be reported anonymously when the results were reported. Participants were allowed to use webcams to increase interaction between participants. However, it was made clear that use was voluntary and only a few participants didn't use them. The facilitators moderated the discussions and hosted the online sessions without any other technical staff being involved. The interviews lasted from 30 minutes to one hour and were digitally audio recorded. The audio recordings were transcribed verbatim into each national language.

Data analysis

Data analysis is one of the most important steps in the qualitative research process. In qualitative research approach, accurate data analysis can shed light on the complexity of human behavior, bring new complementary perspectives to the phenomenon, and give voice to people's own experiences [29]. In the present study, data was analyzed using thematic analysis by Braun and Clarke [30,31].

The analyses were performed without the use of software by the multidisciplinary team of researchers with expertise in qualitative research. The following six-phase framework was utilized: 1) becoming familiar with the data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining themes; 6) writing-up [30]. First, thematic analysis was conducted in the three native languages. In each country, two researchers independently analyzed the data to ensure the analysis' validity. Searching, reviewing, and defining the themes was done in cooperation among the researchers. At the final stage, direct quotes, subthemes, and themes were translated into English by the research team members. The data analyses of the three different countries were merged, and the themes were renamed, when necessary, in a meeting that took place among all researchers. Data analysis did not involve any comparisons among the participant countries as this was not the aim of the study.

1. Perception of the domestic violence
   a. How will you define the domestic violence?
   b. What do you know about consequences of domestic violence?
   c. What are the reasons why the victims of domestic violence don't talk about it?
   d. How is domestic violence understood and/or processed in the society?

2. Solutions of prevention
   a. What kind of solutions are you using to prevent domestic violence?
   b. What kind of solutions would be needed to prevent domestic violence?
   c. What are the obstacles to encounter victims of domestic violence?

3. Education of domestic violence
   a. What kind of education you'd need about domestic violence? Content/different approaches?
   b. How to start the conversation and how to talk about domestic violence?
   c. What kind of e-learning solutions are helpful for prevention of domestic violence?
   d. Which are the most suitable target groups for the education?
   e. Where you'll find the information about the domestic violence?
   f. Where you'll search the information about the domestic violence?

Figure 1. Interview guide

Ethical considerations

Ethical and research approvals and permissions were obtained from relevant authorities according to national regulations in each participating country (XXXXX protocol number: 71261 - 15/09/2021, The wellbeing services county of XXXXX protocol number: T166/2021, XXXXX, protocol number: 2495/2021).

Results

The total number of participants in the six focus group interviews was 32 (Finland n=12, Greece n=12, Portugal n=8). The main themes and subcategories (Table 1.) are presented below according to the research questions, and each theme is described in more detail and illustrated with selected quotes.

Perceptions of domestic violence and its prevention

Main themes included: multidimensional phenomenon, consequences, and addressing concern.

Domestic violence was seen as a multidimensional phenomenon, which consists of a wide diversity of different types of violation and is connected to the current or former close or intimate relationships.

> *"It's also important to recognize that there are mental, physical, sexual, digital, financial, cultural* [*violence*]*, and what's more… Somehow it also shows that not only that intimacy but the violence itself is also truly diverse."*

Social and healthcare professionals described that domestic violence has also a strong intergenerational relationship as well as that it can occur beyond time, space, and kinship.

> *"Then raising its [domestic violence's] intergeneration somehow here too, how it affects the individual itself, but also how it affects the next generation or how this itself, man has influenced those past events."*
> *"…it has passed from generation to generation…it is accepted that there fights in the family and that the man can be shouting more than the others, it is ok if the woman gets a slap from a man, it is ok for the child in order to behave well, this is normal among all couples…"*

According to professionals domestic violence has various consequences, which affect many aspects of life. These consequences were seen as social pressure, silencing, or concealing. Participants stated that often there is social pressure to keep the violence as a silent and hidden crime that you don't want or can't talk about.

> *"…the victims, mainly women, think a lot about what others will say about complaining about domestic violence, what the rest of their family will say, what the neighborhood will say, what society will say…"*

Regarding the prevention of domestic violence, participating professionals stated that they have difficulties addressing the concern of violence due to lack of knowledge and tools. There is fear of starting the dialog as well as fear of what to do if the person talks about domestic violence.

> *"…health professionals don't have the communication skills, we lack of tools to communicate about this specific topic, to find ways to make the victims trust us and make them talk to us…"*
> *"…Or you might be afraid of what you are going to do…if that person tells me now, I have to do something. And if you don't know correctly what to do…and well, I have to help that person … And then there's such a big,*

Table 1
Emerged main themes and sub-categories.

Main theme	Sub-category
Multidimensional phenomenon	Diversity; Close relationship
Consequences	Various consequences
Addressing concern	Dialog
Education	Early education; Professionals' education
Intervention	Communication and situation management; Psychosocial support services
Strategies	Public information; social- and health care services; Legislation
Content	Content needs of education
Methods	Methodological needs of education
Practices	Service system; Legislation

huge, maybe a little fear in many ways, even the scary thing about how I help this person."

Solutions to prevent domestic violence

The three main themes that emerged were: education, intervention, and strategies.

Education was seen to be the key aspect for the prevention of domestic violence. Social and healthcare professionals, as well as students, need more education. The participating professionals suggested that education on domestic violence should be included in the curriculum.

"It would also be important that schools that train professionals and that have an important role in this pedagogical part, provide professionals with knowledge so that they can disseminate it."
"The educational aspect is much more important, and the training of professionals, (…), is extremely important for us all, to be more up to date and in line with the theme [domestic violence]"

Education at an early age and primary prevention were also considered to be important. Professionals indicated that it is important to educate the teachers in primary education about domestic violence, but also give age-related information to children about the violence as well as about emotional skills.

"We continue with a primary prevention (…) below what could be done, and the great pillar, which is education, is without a direction in relation to primary prevention."
"…we should prepare the children properly…not to accept but also not to perform any domestic violence…teach them techniques to manage their anger and feelings and that they won't use violence as a solution to problem solving."

Participants suggested different interventions such as professionals' better communication and situation management skills as the solutions to prevent domestic violence.

"… Yes, all those working in the social, health, educational, and/or youth work fields must be prepared to address concerns and hear and take control of those weak signals, dare to take on what we hear in our own work…"
"...But perhaps it is precisely the fact that speaking and talking about things in the right terms lowers the threshold..."

Professionals also highlighted the importance of supporting and motivating families through services, such as home visits and by providing information in different ways.

"…at home visits you can motivate the victim to seek support at the appropriate settings…"
"…we must continue to disseminate essential information so that victims can trust and know, and I think that health is a very important "door". The strategies of both social services and health services must be strengthened."
"…couples need to be educated on how to manage difficult situations between them…"

In solutions to prevent domestic violence professionals announced better national and international strategies as well as the legislation and more specific laws for domestic violence.

"…The strategies of both social services and health services must be strengthened...
…there should be stricter laws with stricter sentences…"

Professionals described media and public campaigns as good channels to disseminate the information of these strategies.

"We must intervene with the population, so that they keep their knowledge updated and have a different perception of the concept of what domestic violence is. The media, in my opinion, is great for transmitting these campaigns and information."

Educational needs for prevention of domestic violence

Professionals' educational needs were based on content, methods, and practices, which were the main themes that emerged in relation to the third research question.

Participants raised the knowledge of trauma and crisis awareness, cultural paradigm as well as the intergenerational paradigm for the content of education. Also, the general information on different forms of domestic violence was seen important.

"…about being traumatized, how to deal with them, those who are experiencing violence, that how to work trauma consciously, it is really important. And that intergenerational theme should be strongly always involved."
"Indeed, it is basic information about the forms of domestic violence and the consequences of it, the crisis awareness, the trauma awareness, and of course the more detailed information about what it does to the victim, what it does to the perpetrator, what it does to the family or community that lives in it."

Participants suggested multidisciplinary methods for sufficient education. Digital learning methods were seen practical, especially in pandemic situations. Simulation pedagogy, case learning, storytelling as well as including expert by experience education were seen as good methods in education of domestic violence.

"… Also the storytelling part, in which case it may get more touch than it is merely a theory or an operation with concepts."
"…if you could somehow get that perspective of expert by experience or links to it, that would probably be an important thing."

Professionals raised up also the need for education of the different service systems and legislation. They saw it important to know more about the different service maps and networks related to domestic violence as well as more knowledge about interventions and procedures were highlighted.

"And maybe both information and working methods with those who have experienced domestic violence and why not with the perpetrators something screening, mapping, but also some service map, maybe a description of the service network."
"…to be educated about the different interventions that can help victims and perpetrators and learn how to liaise the services…"

Discussion

The aim of this study was to explore and describe social and healthcare professionals' perceptions and educational needs in relation to domestic violence and its prevention. The results showed that professionals need more knowledge about the different forms of domestic violence, which is a multidimensional phenomenon with different consequences for different aspects of life. Professionals have difficulties in addressing the issue of domestic violence due to a lack of knowledge and tools. Education was seen as a key element in the prevention of domestic violence. Educational needs were based on content, multidisciplinary methods, and practices, such as the services system and legislation.

The study results are similar to those of many previous studies. However, this does not diminish the importance of the findings, given the ongoing rise in the incidence of domestic violence [1,32] and its impact on many young women [33]. Siltala et al. [33] showed in a recent Finnish study that 45 % of the girls aged 16-17 years have experienced violence from their partner. On the other hand, age is not a protective factor. According to the UN Women report, more than 50% of women over the age of 60 have reported domestic violence. There are

many different forms of domestic violence, and these are not always visible and easy to identify, even by professionals [1,3], as confirmed in this study.

Our results showed the difficulties that social and healthcare professionals have in addressing concerns about domestic violence. They expressed their fear to start the dialogue because they don't know what to do when the person talks about domestic violence. Interestingly, findings from a meta-synthesis [34] suggest that professionals' willingness to address domestic violence is influenced by their personal belief systems, although our results did not specifically demonstrate this. It is also recognized that healthcare professionals' willingness to respond to domestic violence is supported by a strong team approach, including collaboration with professionals with specialist knowledge of abuse and social services. In addition, it has been concluded that training and a strongly supportive health system are important for responsiveness to domestic violence, along with organizational and societal support [34].

Thus, the importance of education cannot be emphasized enough, which was also seen as a key solution for the prevention of domestic violence in this study. Social and healthcare students [35,36] as well as professionals [8,33] need to have more and extensive education about domestic violence. It should be integrated in the study curricula to ensure its continuity and sustainability [8,33,37,38] as it was also suggested in the current study. In the municipalities and in different organizations there should be functioning service chains and supervision on how to identify and prevent domestic violence [8,33]. Our results underlined that professionals need education in communication and situation management skills, psychosocial support services, and national and international strategies. These were also seen as solutions to better prevent domestic violence. Similar results have been shown also in previous studies [8,36].

Sammut et al. [36] also emphasize that traditional teaching methods are not suitable for domestic violence education. Professionals in our study suggested different interactive and multidisciplinary learning methods as well as digital methods for domestic violence education. Furthermore, Su et al. [39] in their study showed the need for multidisciplinary and technology-based solutions to intervene in the increasing number of domestic violence cases. Smartphone apps have been found to be useful for the prevention of domestic violence [40,41].

Strengths and limitations of the study

This is a study which has strengths in that it is an exploratory study of an important public health issue, which domestic violence is, and it is carried out not just in one but in three different European countries. It also allows for a more inclusive and participatory engagement to better understand the perceptions and educational needs of those primarily involved in domestic violence prevention. Moreover, our findings which provide insights into an important public health phenomenon, show similarities across the three countries which are supported by previous studies in the international literature.

However, there are limitations that need to be acknowledged. First, the study had relatively few participants in each of the three European countries, and therefore no generalizations can be made. The small number of participants is explained by the fact that this is a qualitative study. The aim of qualitative studies is to explore and provide an understanding to a specific issue. Additionally, there was a smaller number of participants in Portugal which is not in line with the other two countries, nonetheless the researchers aimed to reach the minimum of four in each focus group as the literature supports and hence also achieve equal participation in the discussion. A limitation that may arise is the selection bias, but as it is also described in the methods section, certain participants were intentionally recruited in order to be able to answer the study's research questions, as qualitative research design supports the selection of research participants in order to optimize data sources for answering the research questions. The potential bias of group thinking, and social desirability response were avoided during the focus groups as the experienced facilitators prompt all to express their own thoughts, all shared in a confidential environment. In addition, it was explained by the facilitators that their own views were needed in order to shade light to the study's research questions. Another limitation may be the fact that the focus group interviews were conducted online, which may affect the participants' engagement in the process and participants' interaction. However, nowadays, all professionals are familiar with the use of different platforms to participate in meetings, so this was not an obstacle. On the contrary, it facilitated the participation of professionals who could participate remotely and did not have to be physically in the same place.

Conclusions

The results of the current study highlight the need for social and healthcare professionals' education about domestic violence. Social and healthcare professionals are in a unique position to provide care and support to people experiencing domestic violence. It is essential that these professionals receive appropriate training and education to effectively identify and address domestic violence. Professionals also need to be trained to provide appropriate services to people experiencing domestic violence. In addition, healthcare providers should be aware of the legal remedies that may be available to those experiencing domestic violence.

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CRediT authorship contribution statement

Evanthia Sakellari: Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization. **Mari Berglund:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization. **Areti Lagiou:** Writing – original draft. **Maria Luisa Sotto-mayor De Carvalho Pinto:** Conceptualization, Data curation, Writing – original draft. **Maria Anabela Ferreira Dos Santos:** Conceptualization, Data curation, Writing – original draft. **Mari Lahti:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization. **Tiina Murto:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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