

VICTORIA PROJECT

VICTims of violence Overstep Reluctance and Isolation through Adult education



protocol

to support
people affected
by past violence

index

● Preface	03
<hr/>	
INTRODUCTION:	04
● What is violence?	05
● Consequences of violence.	06
● Screening for people affected by violence	07
● Protocol Structure	12
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PROTOCOL STANDARDS	13
● Standard 1: Safety and confidence	14
● Standard 2: Control and Empowerment	17
● Standard 3: Integral attention.	20
● Standard 4: Connection with familiar and social context.	22
● Standard 5: Personal ad cultural habits and beliefs	24
<hr/>	
● Bibliography References	26



preface

THIS DOCUMENT
AIMS TO ESTABLISH
DURABLE
CONDITIONS FOR
THE PROMOTION
OF DIGNITY,
INCLUSION, GENDER
EQUALITY AND NON-
DISCRIMINATION
IN THE LEARNING
ENVIRONMENT OF
ADULT EDUCATION
AND CARE CENTERS

Adult education and care centers in Europe need to create more inclusive conditions for adults affected by violence, in consideration of their special educational, psychological and social needs, and to ensure that they can fully benefit from targeted educational and support programmes. At the same time, the educators must deal more appropriately with these learners not only in terms of education but also relationships. However, no agreed standards exist. This results in different and ineffective approaches to the education and support of people who have been affected by violence.

This document aims to close this gap by delivering a **protocol** with standards and procedures that educational centers and staff should adopt and implement when dealing with adult learners who have been affected by violence in the past.

This **protocol** establishes standards to ensure better holistic support of adult learner victims of violence, considering their specific educational, psychological and personal needs. The partner educational and care centers have agreed on these standards to enhance the quality of their services - and potentially of the entire adult education community - and the

relations between teachers and learner victims of violence.

This document aims to establish durable conditions for the promotion of dignity, inclusion, gender equality and non-discrimination in the learning environment of adult education and care centers.

The trainers, educators and carers can enrich their professional profile by using a new tool to deal more effectively with learners who have experienced violence.

The **protocol** aims to impact positively on adult learners who have been affected by violence, so that they can benefit from better support and from an increased inclusion in the educational system.

The **protocol** is available in the four languages of the VICTORIA Project to ensure immediate transferability to more educational centers within the partner countries.

We would like to thank Polly Walsh and Christina Cannon from Saint John of God Hospitaller Services Group in Ireland for their kind collaboration in translating and correcting the English version of this Protocol.

introduction

introduction

Adult people that have suffered violence during their lifetime face a number of challenges and problems that may alter their well-being and their abilities to learn and interact socially in a positive way. This document aims to provide guidance for those institutions, centers or schools that want to provide specific attention to people affected by violence under the following definition of violence:

“Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”
(Krug et al., 2002; p. 5).

Violence can also be divided according to various typologies. For the purposes of this project, we will address two of them: the nature of the violent act and the context in which the violence occurs.

VIOLENCE CAN ALSO BE DIVIDED ACCORDING TO VARIOUS TYPOLOGIES. FOR THE PURPOSES OF THIS PROJECT, WE WILL ADDRESS TWO OF THEM: THE NATURE OF THE VIOLENT ACT AND THE CONTEXT IN WHICH THE VIOLENCE OCCURS

Depending on the nature of the violent act, the following categories exist:

- **Physical violence**
- **Sexual violence**
- **Psychological violence**
- Forms of violence that involve **deprivation or abandonment**.

Depending on the context in which the violence occurs, the following categories exist:

- **Self-directed violence:** refers to suicidal behaviour and self-induced harm.
- **Interpersonal violence:** includes various forms of violence that occur in the family/partner context (violence between acquaintances that usually but not exclusively takes place in the home) or in the community context (violence between unrelated individuals that usually takes place outside the home).
- **Collective violence:** refers to violence committed by relatively large groups of individuals, or by states (e.g. hate crimes committed by organised groups, or terrorist acts). It includes forms of political violence such as war, and forms of economic violence such as those carried out for the purpose of disrupting economic activity or denying access to essential services.

THE EFFECTS OF VIOLENCE ARE GREATER WHEN IT IS EXPERIENCED DURING CHILDHOOD, WHEN IT IS INTERPERSONAL AND WHEN IT IS EXPERIENCED OVER LONG PERIODS OF TIME

CONSEQUENCES OF VIOLENCE

Based on the available evidence, it can be stated that the consequences of violence depend on various factors including the age at which it is experienced and the characteristics of the violence. In this sense, it has been observed that the effects of violence are greater when it is experienced during childhood, when it is interpersonal and when it is experienced over long periods of time.

In any case, the consequences of violence tend to be profound and lasting, and may have a wide range of effects on the person:

- **Psychological effects:** ranging from mood and cognitive symptoms with no clinical relevance (e.g., manageable and episodic sadness or irritability), to severe psychiatric problems such as post-traumatic stress disorder, major depression, anxiety disorders, or cognitive deficits. The occurrence of other problems such as suicide or suicide attempts, self-esteem problems, guilt, devaluation, hatred, shame, depression, disgust, mistrust, marginality, anxiety or isolation might also occur. The person affected by violence may feel different from others.

- **Behavioural effects:** includes risky behaviours (e.g., excessive impulsiveness or sensation-seeking) and suicidal or self-injurious behaviours (e.g. cutting). The behavioural consequences are linked to the psychological ones, as many of these behaviours are a consequence of the emotions experienced by the person.

- **Physical effects:** involve both direct damage (e.g. injuries caused by physical assault) and indirect damage (e.g. health impairment resulting from involvement in risk behaviours). The person affected by violence may have serious injuries that could even result in death. The stress experienced as a result of the violence could also cause greater vulnerability to other types of illness.

- **Social effects:** a general deterioration in social relations and participation in community contexts (e.g., marked social isolation). People affected by violence may be inhibited from interacting with others, which may perpetuate the cycle of abuse/violence.

THE PROTOCOL IS BASED ON THE DETECTION OF DIFFICULTIES THAT CAN OCCUR IN PEOPLE WHO HAVE BEEN IN VIOLENT SITUATIONS, AND ON AN EXPLORATION OF THE USER'S PAST EXPERIENCES

PEOPLE AFFECTED BY VIOLENCE

The objective of the **protocol** is not to treat people who are currently experiencing violence. If violence is ongoing, social services and police should be contacted. This protocol's aim is to support people who have experienced violence in the past, and who may continue to experience the consequences of this violence.

This **protocol** is not defined for a specific type of center or service, but aims to be useful to a wide range of organisations providing adult education or caregiving services. The centers that may benefit from this document include: adult education institutions, disability centers, refugee and homeless centers, mental health services, etc. This protocol should provide professionals and managers within these organisations with a comprehensive method of identifying and supporting people who have been affected by violence in the past. This document does not replace specialist medical and/or victim support services. However, it can help to identify and refer people affected by past violence to specialized professionals and services, where appropriate. It also aims to provide guidance to organisations on how best to support users or students who have experienced past violence. Failing to provide this support may perpetuate the effects of the violence experienced by the person, and may limit their personal and academic potential.

Note: We recommend the avoidance of stigmatizing terminology such as "victim" or "traumatized person". We propose in its place the use of "persons affected by past violence".

Screening for people affected by violence

The identification by organisations of people affected by past violence is a vitally important task, so that they can benefit from the measures presented in this project.

To facilitate this identification task, a short screening protocol has been designed and is described below. This protocol has been developed with a practical purpose, so that it can be used as a tool for daily use by all professionals in the organisation who have contact with users on a regular basis. Ideally, its use will make it possible to recognize whether any of them have experienced violence in the past that has had a traumatic impact. It should be noted, however, that the purpose of this protocol is to provide guidance and can never replace the assessment carried out by qualified mental health professionals. Therefore, if it is thought that the user may benefit from a psychological or psychiatric intervention, the correct way to proceed will be the referral of the user to mental health services.

The identification of people affected by violence (PAV) will be based on the evaluation of two critical elements:

- 1 The presence of indicators of past experience of violence
- 2 Exploration of past exposure to violent events

The **protocol** is based on the detection of difficulties that can occur in people who have been in violent situations, and on an exploration of the user's past experiences. We believe that, with adequate training, the employees of the organisation can appropriately implement the protocol for the detection of PAV.

introduction

PROFESSIONALS SHOULD PAY ATTENTION TO A NUMBER OF INDICATORS THAT POINT TO THE POSSIBILITY THAT A PARTICULAR USER HAS EXPERIENCED VIOLENCE

1. Presence of indicators of past experience of violence

Professionals should pay attention to a number of indicators that point to the possibility that a particular user has experienced violence. These indicators consist of behaviours or emotional states that do not match what is expected given the age of the user, and which cannot be attributed to the presence of a stressful situation, or to a known medical, psychiatric or neurodevelopmental cause. To facilitate their identification, we have divided the indicators into three groups: indicators related to behaviours, indicators related to emotions and the presence of physical indicators of violence.

1.1 Behavioural indicators

These are behaviours that are not in line with what is expected given the age of the user. In addition, these behaviours cannot be attributed to the presence of a stressful situation (e.g., recent loss of a loved one) or to a known medical, psychiatric, or neurodevelopment cause (e.g., autism spectrum disorders). Some examples of these behaviours are as follows:

- Presence of behaviours that denote irritability or aggressiveness
- Markedly oppositional behaviour
- Hypervigilance towards the environment
- Exaggerated startle responses to sound or visual stimuli (e.g., the noise of an object falling to the ground)
- Presence of reckless or self-destructive behaviour (e.g., causing physical pain or injury), including suicide attempts
- Presence of unusual behaviours carried out in moments of distress or stress (for example, persistent body rocking) or other rhythmic

movements, or compulsive masturbation

- Problems concentrating or difficulty maintaining goal-directed behaviours.
- Marked social withdrawal
- Alterations in the regulation of body functions (e.g. elimination)
- Use or abuse of alcohol or drugs to cope with distress

1.2 Emotional indicators

These are emotional responses whose frequency, duration, or intensity are considered disproportionate to the situation. These emotional responses are not expected given the age of the user and cannot be attributed to the presence of a stressful situation (e.g., recent loss of a loved one) or to a known medical, psychiatric, or neurodevelopmental cause (e.g., autism spectrum disorders). Some examples of these emotional responses are as follows:

- Displays of intense and disproportionate distress, irritability, or frustration given the situation (e.g., showing intense anger at minimal provocation)
- Marked difficulty modulating, tolerating, or recovering from occasional emotional states (e.g., showing distress through inconsolable crying)
- Marked difficulty in understanding, recognizing or describing emotions or physical states
- Frequent and intense expression of concern about possible threats
- Indiscriminate or inappropriate seeking of contact or affection (e.g., seeking affection with strangers or professionals)
- Excessive emotional dependence on other peers (or adults in the case of children)
- In the face of the distress of others, signs of a lack of empathy or excessive distress

introduction

In the case that a user displays one or more of these indicators, the exploration of past exposure to violent events will be carried out as detailed below. However, it should be noted that not all people who have experienced violent events develop the behaviours or emotional states listed above. Therefore, if a user does not have any of the indicators described, but is still suspected of having experienced violence, we recommend that the user be screened for violent events.

1.3 Physical indicators of past violence

PAV will likely have frequent physical injuries consistent with being punched, choked, knocked down etc. and they will often have weak/unrealistic explanations for them. It is also quite common for them to try to cover up and hide the physical signs. The effects of physical violence can be both acute (short-term) and chronic (lasting for a long period of time).

Some examples:

- Presence of black eyes, bruises on the arms, busted lips, red or purple marks on the neck, sprained wrists, cuts and burns on the body
- Presence of inappropriate/excessive clothing such as long sleeves or scarves in hot summer, heavier than normal makeup, donning sunglasses inside
- Presence of vague chronic medical complaints such as pelvic chronic pain (especially in women), chronic headaches, fatigue, stomach pain or similar.

THE SECOND PART OF THE PROTOCOL CONSISTS OF AN EXPLORATION OF PAST EXPOSURE TO VIOLENT EVENTS THAT IS CONDUCTED THROUGH ONE OR MORE INTERVIEWS WITH THE USER

2. Exploration of past exposure to violent events

The second part of the protocol consists of an exploration of past exposure to violent events that is conducted through one or more interviews with the user. In these interviews, it is recommended that the exploration is done through open-ended questions, avoiding as much as possible questions with guided answers that may bias the user's answers.

2.1 Interview format

To facilitate verbalisations, it would be appropriate to follow a structure that considers the implementation of the following points:

- Active listening.
- Emotional support when the user tells us what happened
- Transmit a sense of confidence.
- Being discreet with the information we are handling, maintaining the person's right to privacy and making this clear to the person involved during the interview
- The information provided by the user must be recorded by the employee. The person should be informed that, if it is necessary, the information may be shared with specialist services, if this is deemed appropriate.
- Do not inquire about extremely traumatic aspects of the person's experience of violence.
- The organisation must explain to the person the reason for any protective measures that are put in place, for example limiting access to a location or limiting contact with an alleged former abuser.

2.2 Interview guidelines

Below are some guidelines to consider when interviewing users who may have been exposed to violence in the past:

- Credibility must be established. The possibility of simulation, dissimulation, fabrication and primary and/or secondary gains should be considered and ruled out. Logically, depending on the learning history and psychological style of the PAV, the information gathered will be critically evaluated in order to establish credibility.
- All concerns by the user will be taken seriously and investigated.
- It is fundamental in these cases to have an objective record of the user testimony for justice, either in the form of recordings, transcripts, etc.

2.3 Structure and development of the interview

The structure of the interview, despite being in an open format, should follow some basic principles to guide its development, among which it is worth highlighting:

- Collect and assess existing information, as well as that presented in previous records
- At the beginning of the interview, we must ensure that a good rapport with the user is generated. At the same time, we must monitor aspects that may inadvertently occur, such as social desirability, acquiescence and suggestibility

- As far as possible, we should ensure that the interview takes place in a comfortable environment for the user
- Explain the purpose of the interview at the beginning of the interview, involving the user and providing appropriate communication supports.
- Distinguish between relevant truths and contributions to fill in the story, avoid introducing conjecture, encourage him/her not to respond to the invention in case he/she does not remember some fact clearly. At the same time, we must urge the user to report if he is tired as fatigue may influence the story.
- Inform the user about the sequence of the interview
- Facilitate a free narration as much as possible, using resources like the following:
 - > Do not interrupt the user during the narration
 - > Use direct and simple language, with open questions to avoid bias
 - > The coherence between verbal and nonverbal communication is fundamental.
 - > Record or take notes during the interview whenever possible.
 - > Use open questions at the beginning of the interview, to move on to more closed questions as the end approaches, leaving time to respond. Maintaining a slow pace that allows for exploration of subjective information.
 - > Close the interview by summarising or reading back what has been written is given, avoiding giving feedback that is subjective.

THERE IS A POSSIBILITY THAT A USER MAY HAVE EXPERIENCED VIOLENCE BUT MAY NOT OPENLY ACKNOWLEDGE THIS

2.4 Other considerations

It should be noted that the exploration of past exposure to violent events can be complicated by several factors

- 1 There may be a reluctance in PAVs to disclose their past with people with whom they do not have an established bond of trust.
- 2 PAVs may experience intense feelings of confusion, shame, or guilt about their past experiences of violence, so they tend not to talk about them openly
- 3 PAVs may not recognize their own experiences as situations of violence
- 4 PAVs may have difficulty communicating, or may not express themselves fluently in the established language

There is a possibility that a user may have experienced violence but may not openly acknowledge this, despite demonstrating behaviours or emotional states such as those described in the 'indicators' section above.

In the described exploration it is advisable to involve the family of the user, as long as they give their consent and the circumstances allow it. In the case that the close relatives and the user agree to participate, the purpose of the exploration and what the detection process involves in general should be explained to all of them. The reasons

that this kind of information is being collected, how it will be used, and how it can benefit both the user and his or her family should be explained. It should be emphasized that the information will be confidential, thus respecting the precepts of personal data protection regulations.

At the end of the evaluation, the results will be shared with the user and their family, providing them with information on how to proceed next based on the data collected. Finally, it is appropriate to thank both the user and their family for the time and effort invested in the process - particularly if experiences of violence were revealed. The possible derived benefits should be highlighted (for example, the possibility of linking them to specialised care services if appropriate). This may be a good time to explain that the user's feelings and reactions are normal and expected given their experiences.

IMPORTANT INFORMATION:

The information contained here aims to identify users affected by experiences of violence that are not occurring at present, but that took place at some point in their past. If it is suspected that the user has experienced violence recently or that he/she could currently be in a situation of risk (physical or psychological), this should be reported as soon as possible to the appropriate authorities (for example, social services and police).

THE STRUCTURE OF THE PROTOCOL CONSISTS OF A NUMBER OF AGREED STANDARDS, AS WELL AS THE PROCEDURES WITHIN EACH STANDARD

When to refer to others:

if professionals consider that reactions that a PAV shows are very intense (for example, intense anguish or sadness), that they last for a long period of time (more than a month) or that they produce a significant interference in their regular functioning, the appropriate pathway involves referral to a mental health professional to evaluate the need for specific intervention. This does not necessarily mean stopping the educative intervention that is taking place but it is recommended that there should be liaison with the professionals involved with the user, provided informed consent has been granted.

If there are reasons to suspect that that the user is experiencing abuse in the present time, authorities should be informed.

PROTOCOL STRUCTURE

The structure of the protocol consists of a number of agreed standards, as well as the procedures within each standard. Those standards and procedures have been designed based on the integration of current knowledge available in the area of violence and trauma. This information was gathered from an in depth revision of scientific literature and from expert knowledge. For that reason we consider that these standards and procedures form an excellent foundation for the development of evidence based practices that can guarantee better attention and support in educational contexts for adults who have experienced past violence.

None of the standards described here should be considered in isolation; all of them are interrelated, building a puzzle in which all pieces count but only have full meaning when considered together. These standards and their relevant procedures are meant to guide different institutions so their collective behavior can be sensitive to the consequences of violence.

protocol standards

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standard 1

safety and confidence

Description:

People who have experienced violence should feel physically and psychologically safe. The physical context and interpersonal interactions should promote a sense of safety.

Justification:

Although not all people who have experienced violence will experience psychological symptoms, a considerable proportion of them will suffer disturbances that interfere with their daily functioning. When a person has experienced abuse and violence on a recurring basis, over long periods of time, or with high intensity, chronic feelings of insecurity and helplessness are likely to develop. These feelings lead people with a history of violence to be in a constant state of alert which is, in fact, a psychological adaptation aimed at protecting them from potential risks. The stress response - the set of psychological and physical changes that occur in people when they are faced with potentially harmful situations - becomes their daily operating mode, even if there are no imminent dangers or threats in their environment. On a subjective level, we could say that people with a history of violence have a constant feeling of being “on the edge”, which makes them much more vulnerable to emotions such as anxiety and panic.

Understanding this relationship between violence, insecurity and propensity to stress will allow professionals to understand certain reactions or behaviours of users affected by violence that, in the eyes of ordinary people, may seem strange, exaggerated or even oppositional. Below are some examples of behaviours that often occur in people affected by past violence:

- A high degree of caution in dealing with people, particularly with strangers, which may be interpreted as excessive suspicion or distrust.
- A tendency to social isolation that may result, for example, in distancing from peers or refusal to participate in group activities, or alternatively excessive affection seeking
- Startling or anxious responses to seemingly harmless events or stimuli (for example, hearing a sudden noise or witnessing an argument between peers).

standard 1: safety and confidence

All these behaviours can be understood as manifestations of the history of violence that the person carries with him. As we have explained, in most cases these reactions are the result of their chronic “hyper-alert” state and a constant attempt to protect themselves from harm. Therefore, it is essential for professionals to have a basic knowledge of the effects of violence and to know how to foster a sense of safety that will gradually allow people affected by past violence to generate feelings of confidence and to reduce their alert level.

Another critical aspect directly related to the sense of security in people affected by past violence is that of trust in other people, as it tends to be severely diminished in them. Evidence shows that building interpersonal relationships is one of the best ways to recover from traumatic experiences. The experience of feeling listened to, accepted and understood by their peers helps greatly to instil confidence and security in people affected by past violence, showing them that they have the capacity to access people in their environment who can support them when, for example, they do not know how to handle a difficult situation. Generally speaking, when people are in difficulty, feel in danger, or simply feel distressed, they turn to others for help to restore their sense of safety and control. In contrast, in people who have experienced violence - especially those who have experienced it at an early age - it is common to observe just the opposite: not only do they not seek help from those around them, but they may become even more withdrawn and actively avoid contact with others. This lack of supportive behaviour

is coupled with a tendency to have very intense stress responses, which on the whole makes it extremely difficult for people who have experienced past violence to regulate their own emotions and physical reactions to adverse events. This leaves them at risk of feeling overwhelmed by feelings of distress, and unable to regulate their emotional states. Establishing and strengthening supportive relationships will encourage people affected by violence to begin to generate feelings of trust in the world around them, and new and adaptive ways of relating to their own emotions.

Procedures:

- Among professionals, encourage recognition that behavioural problems in people affected by past violence may be related to their past experiences of abuse. Raise awareness that these behaviours are expected, addressable and, in most cases, temporary.
- Establish a group of professionals in the institution who will be in charge of working with users who have experienced past violence, thus encouraging them to create stable links over time. Likewise, consistent work with the same professionals will avoid the need for repeated recounting of the user’s experiences, which prevents retraumatization.
- Establish a “safe zone” where users affected by past violence can express any issues they feel is disturbing them. A trusted person

THE EXPERIENCE OF FEELING LISTENED TO, ACCEPTED AND UNDERSTOOD BY THEIR PEERS HELPS GREATLY TO INSTIL CONFIDENCE AND SECURITY IN PEOPLE AFFECTED BY PAST VIOLENCE

standard 1: safety and confidence

(e.g., a professional with whom the user feels particularly comfortable) can be designated to listen to the user when needed. Emotional venting can help to reduce anxiety and feelings of insecurity.

- Pay attention to those stimuli or situations that may cause fear or panic reactions in users affected by past violence. For example, people who have been abused may react negatively and intensely to high-pitched voices or angry expressions.
- Use techniques that encourage self-regulation of emotions. People with a history of violence can be taught simple breathing techniques and attention management exercises, such as mindfulness, which with practice will eventually become a tool for self-regulation of their internal states. It is advisable to include in the activity schedule a short period of the day (e.g. 10 minutes just before the start of classes) in which these techniques are practiced.
- Establish and maintain daily routines (e.g., class schedules): stability will help users who have experienced past violence to perceive the world around them as a predictable place, and this should foster feelings of confidence and safety in them. An example of a concrete action for this procedure is to hang schedules at different points in the institution that show the activities that will take place throughout each day of the week.
- Inform users affected by past violence of the possibility of any unexpected changes in their daily routines. Unexpected events

tend to trigger intense stress responses in people who have been abused, and this in turn can trigger traumatic memories.

- State the behaviour rules of the institution clearly and explicitly, so that users affected by past violence have a clear understanding of what is expected of them in terms of their behaviour. If the transgression of these norms implies sanctions, the following should be considered: explain in advance to users who have been affected by past violence what these measures consist of, in a reasonable manner (to ensure that punishments are not perceived as unmotivated, arbitrary and uncontrollable); avoid applying the measure in public; opt for measures that imply an educational component (for example, restorative over-correction); and avoid completely those that require shouting or other forms of severe behaviour. It is highly recommended to formally write these rules and pass them to users and professionals.
- Explain clearly to the PAV that what has happened to them has happened to many people for many reasons all around the world and most of them have managed to deal with it successfully. Finding the courage to ask for help is often the most difficult and important step in the therapeutic path. This can be very useful in order to reduce feelings of loneliness and to promote a sense of self-efficacy.

**INFORM USERS
AFFECTED BY PAST
VIOLENCE OF THE
POSSIBILITY OF
ANY UNEXPECTED
CHANGES IN THEIR
DAILY ROUTINES**

standard 2

control and empowerment

Description:

It's the result of a process where PAV could develop feelings of power and control about their own lives and the required skills to make decisions and have the power of choice and autonomy over what happens in their life. This result could be achieved if professionals and institutions provide support to people who have been affected by past violence, recognizing them as agents of their own recovery and change processes.

In order to make this standard effective, it is mandatory to include the active participation of a person with lived experience of mental distress in shaping their personal health plan, based on their knowledge of what works best for them (user involvement).

This participation means the inclusion of the user perspective in service design, delivery and evaluation. Participation could also be promoted through peer support. Peer Support refers to someone using their own experience to support another person experiencing mental distress.

Developing empowerment and feelings of control requires active and assertive participation.

It's important to understand that developing empowerment and control isn't something that happens overnight – nor can it be achieved by just a small handful of people. It requires organisational and cultural change that is often more far-reaching than people expect.

Justification:

To create an institution sensitive to the consequences of violence one must understand that one of the most effective ways to overcome the impact of traumatic experiences consists of fostering a feeling of control and command over the person's own objectives in the domains which are meaningful for them (for example, academic).

To encourage the perception of control and agency in users affected by past violence it is crucial that they feel involved in their own therapeutic process. For that reason, it is necessary to listen and to consider the person's expectations, needs, preferences, suggestions and degree of satisfaction.

standard 2: control and empowerment

RESEARCH HAS DEMONSTRATED THAT ENGAGING STUDENTS IN THE LEARNING PROCESS INCREASES THEIR ATTENTION AND FOCUS, MOTIVATES THEM TO PRACTICE HIGHER LEVEL CRITICAL THINKING SKILLS AND PROMOTES MEANINGFUL LEARNING EXPERIENCES

This Manual is directed at professionals and staff involved in therapeutic and educative practices with the person affected by past violence. For this reason, it is appropriate to take some educative principles into account.

At an educational level, research has demonstrated that engaging students in the learning process increases their attention and focus, motivates them to practice higher level critical thinking skills and promotes meaningful learning experiences. Instructors who adopt a student-centered approach increase opportunities for student involvement, which then helps everyone achieve learning objectives more successfully.

Student engagement is a multidimensional (multifaceted) construct in which all the dimensions dynamically interrelate. It typically includes three dimensions:

- **Behavioral engagement**, focusing on participation in academic, social, and co-curricular activities.
- **Emotional engagement**, focusing on the extent and nature of positive and negative reactions to teachers, classmates, academics and school.
- **Cognitive engagement**, focusing on students' level of investment in learning.

Student engagement is increasingly viewed as one of the keys to

addressing problems such as low achievement, boredom and alienation and high dropout rates, which are the main goals that this manual aims to prevent.

From a health perspective, the involvement of the user in the entire therapeutic process is seen as essential for its success. Many practitioners believe that patient involvement improves the quality of healthcare and poses few risks. The benefits of patient involvement includes patients being more motivated, taking better care of themselves, having better understanding of their conditions and treatments, and monitoring their health themselves. Patients focus more on benefits such as practitioners improving their diagnoses and treatment suggestions, and treatments being more effective due to increased patient input.

In mental illness for example, adherence to therapy is the key to success or failure of therapy and subsequent prognosis. Investing in health professionals and in active involvement of patients in their own treatment plan can result in a change in behaviours and in improving adherence to treatment in people with mental illness.

Involving people who are victims of violence in an educational or therapeutic activity also means being attentive to their communication and helping them to develop the necessary self-esteem and self-determination to empower them to achieve their goals.

standard 2: control and empowerment

Procedures:

- Creation and implementation of inclusive commissions (users and professionals) in the design and evaluation of current or potential services for the PAV, as well as in decision-making, using both personal and technical support (assistive technologies) if needed.
- Development and implementation of educational programs to increase the user's co-design and evaluation skills.
- Development and implementation of educational programs to increase peer support capabilities in users.
- Creation of internal and daily structures where PAV can express their wishes, opinions and identify potential needs as well as significant activities. This can be done through meetings with the case manager, questionnaires or other specific instruments.
- Centers will organize seminars and workshops for professionals to work on the concept of control and empowerment. These trainings could also include actions and methodologies to implement this standard in daily practice. We highlight the efficacy of "role playing" through the use of both videos and direct participation of healthcare staff in both the roles of healthcare staff and user.
- Organise multidisciplinary meetings with PAV where all the agents can participate in the therapeutic and educative pathway. This may

facilitate people affected by violence to develop their own abilities, tastes and interests.

- Organise multidisciplinary meetings in relation to individual educational plans. If performance evaluations are run, avoid downgrading the standards for users with a history of violence because it can be interpreted as a confirmation of their own sense of worthlessness. In its place, the use of support personalized plans to reach the performance objectives can be adopted.
- Give the users affected by past violence the opportunity to make decisions in all possible environments. This can be fostered through participation in decision making in relation to the normal operation of the institution. If considered necessary a professional can be designated to provide supports.
- Users affected by past violence should use their own natural resources both internal and external, to achieve an optimal level of performance in various different fields of competence (academic, social and community participation). To achieve this they will have to be provided with tools and supports to allow them to develop and function as active agents of their lives.
- Encourage peer support in different stages of the therapeutic process.

**GIVE THE USERS
AFFECTED
BY PAST
VIOLENCE THE
OPPORTUNITY TO
MAKE DECISIONS
IN ALL POSSIBLE
ENVIRONMENTS**

integral attention

Description:

Integral and personalized attention refers to the achievement of improvements in all dimensions of quality of life and well-being of the person. It encompasses the person's dignity, rights, interests and preferences and includes the active participation of the PAV.

Justification:

WHO states that integral attention requires investments, capability, management and organization of diagnostic services, treatment, care, rehabilitation and health promotion. This standard requires including methods, strategies for connecting and coordinating different levels of attention.

WHO defines health as a state of complete physical, mental and social wellbeing and not solely as an absence of affections or diseases. Integral attention focused on the person has a procedural character and requires enough flexibility to make some permanent adjustments, making up decisions and measures in different moments. This continuous process has to establish a permanent dialogue (PAV-Professionals) and it should be understood as a key factor of the intervention, also as a learning and bidirectional method and permanent for both parts of this relationship.

Integral attention covers more than the socio-sanitary environment. Participation of other agents such as the educative, cultural, urbanistic, transport, employment or social insurance is needed in order to accomplish it and it should be connected with the objective of the autonomy and independent life of the user. Therefore, educative programs and plans should include not only personal and relative-oriented objectives, but it should also include other objectives focused on the community involvement to support participation and social inclusion. Progress in the rights of the people and dignity preservation should also be included as a attention principle, that requires a paradigmatic change in the intervention model.

Integral and personalized attention services and interventions should be organized and planned in a flexible, diverse, accesible and coordinated way. This model has to be based on a comprehensiveness principle and globality criteria:

- 1. Principle of comprehensiveness:** Person is a multidimensional entity with biological, psychological and social aspects.
- 2. Globality Criteria:** planned interventions should include ac-

standard 3: integral attention

**INTEGRAL
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tions aimed at satisfying the whole personal needs: basic needs (functionality and psychophysical health), emotional needs (affectivity and personal relations) and social needs. This criteria of globality has to be considered in all programs included in the planning and in the intervention process itself, taken from a systemic dimension in which different agents of the process should interact: PAV, , family, professionals, psychological and physical environment and community. The dimensions that should be considered in an integral attention vision include:

1. Emotional wellness
2. Relationships
3. Material Wellness
4. Personal development
5. Physical wellness
6. Self advocacy
7. Social Inclusion
8. Defense of rights

Procedures:

- Provide an individual psychosocial assessment by working with a multidisciplinary team. Identify particular capabilities and potential difficulties. Bear in mind that some adjustments should be made if necessary, such as:
 - > Have translators and facilitators throughout this process;
 - > Search for linguistic similarities (e.g. greet in their language)¹;
 - > Personal space: in each culture people have different concepts of personal space.
 - > Temporal organization: an understanding of how people organize time should be considered to avoid misunderstandings (eg. Meals time, praying time...)¹.
- Gather information about the user's personal needs, goals and expectations.
- Develop an individual educational plan, in collaboration with the user. Share the concrete actions the program is able to implement, in order to help the user achieve the desired goals and objectives.
- Share the user's individual plan within the multidisciplinary team to choose which professional or tools would best guarantee the success of his individual project.
- Schedule periodical monitoring meetings with the user and assure that the plan still reflects the user's goals.
- Allow for the possibility to adjust the project's actions and goals according to the user's response and results.
- Involve family and peers in the individual educational pathway.

standard 4

connection with familiar and social context

Description:

Attention for users affected by violence must be put in place with the key elements of the social net of the person, including members of the family, friends, neighbors and every kind of professionals potentially helpful external to the institution.

Justification:

Although violence sometimes occurs within the family context, in most cases family and society have a clear and important influence on human attitudes and behavior. Working within the social context of people who have experienced violence can be obviously helpful. Not only they will serve as a relevant source of information about the users, but they could also foster a richer and more detailed idea of their concrete needs. If a person is suffering emotionally, it may be quite hard for him/her to recognize, identify and describe the most frequent destabilizing situations, the most common reactions to stress and the most useful actions to ensure a partial or complete recovery. Considering the person within their social context- unders-

stood as the person's enlarged social background and the formal and informal groups to which the person belongs - can provide us with an external and potentially more objective point of view and our approach could be more effective and cost-efficient as a result.

On the other hand it may also be very important to coordinate with services and organisms external to our own institution that are involved in users' care. . Creating links among professionals has already proven to be relevant in the effectiveness of interventions focused on psychological well being. Involving others will facilitate placing the users as the principal agents of their own recovery process.

Procedures:

- Accurately evaluate the social history of every user to better understand his/her behavior and needs;
- When possible, involve families and relevant others in the development of programs.;

standard 4: connection with familiar and social context

WORKING WITHIN THE SOCIAL CONTEXT OF PEOPLE WHO HAVE EXPERIENCED VIOLENCE CAN BE OBVIOUSLY HELPFUL

- Maintain ongoing and frequent contact by phone, mail etc., with the family members and if possible inviting them to participate in the classrooms with the PAV
- Programme periodic meetings with the family members.
- Discuss the role the person could have in the users' healing process and try to educate them on particular topics such as trauma, violence etc;
- Take into consideration PAV's views as much as external people's.
- Make sure you take the PAV's point of view into account, while considering the views of others.
- Be mindful of how you speak with family, friends, or anyone involved in the users' history in order to avoid causing feelings of guilt;
- Identify professionals, community groups, organizations or services external to the institution that could provide support and create

links with them (i.e. social services, other health services, police, faith organizations, out-of-school services, youth groups, universities, nongovernmental organizations, local businesses).

- Remember to promote individualized action planning when you are considering the social context of users with history of violence: every user has got his/her own personal weaknesses and strengths so what works for one may not work for others.
- Evaluate the possibility of facilitating community activities in your organisation: this could be very useful for users with a history of violence to feel part of society again and could also be very useful in reducing social stigma against some users.

personal and cultural habits and beliefs

Description:

In order to guarantee respect for the personal and cultural habits and beliefs of PAV, the institution must act free of any stereotype or bias (i.e based on race, ethnic, sexual orientation, age, religion, sexual identity, etc.). It must offer access to services that are gender sensitive and incorporate policies, protocols and processes which are sensitive to the racial, ethnic and cultural needs of the users. It must also recognize and address historical trauma.

Justification:

In supporting PAV, the relationship is based on trust built on understanding and sharing the cultural and gender aspects of one's background.

Every type of suffering can be better understood by discovering the elements that connect it to the socio-cultural environment where the suffering itself was generated and where it was experienced.

The symptomatic expression of violence is highly influenced by the person's cultural background and by his/her own sense of identity,

shaping his/her behavior and thoughts. People who come from different cultural horizons can experience similar pain but the way they interpret it influences their symptomatic expression of it. The observation of a person's behavior and the early identification of an experience of violence, must start from the interpretation that the victim himself/herself gives to his own behavior, understanding the cultural elements the patient builds his/her identity and his/her vulnerability on.

The meaning of "disease" and "treatment" is different according to the cultural background of the patient, and the values and the cultural context have a big influence on his/her body image and symptoms.

In the assistance of PAV we have to take in consideration the cultural and gender aspects of the person, and use them to help guide the person through change, crisis solution and the process of self-reconstruction.

Each culture has its own "cure system" and it has many therapeutic instruments that represent the resources that are most accessible to the patient or target group's culture.

standard 5: personal and cultural habits and beliefs

A SPECIFICATION IS NEEDED ABOUT THE TREATMENT OF WOMEN WHO HAVE EXPERIENCED VIOLENCE, WHERE THE GENDER GAP INCREASES THEIR FRAGILITY AND VULNERABILITY

A specification is needed about the treatment of women who have experienced violence, where the gender gap increases their fragility and vulnerability, because services are not properly activated.

Trafficking, sexual abuse, rapes, physical violence, female genital mutilation, psychological abuse, domestic violence, and threats: these are only some types of gender violence that female users may have experienced.

Given the complexity implicated in the cases of gender violence, it is essential to take into consideration the user's idea of her violated identity. This image is linked to her social and cultural background, where she grew up and where the violence has been suffered.

Often, in these situations of violence, local traditions and taboo have an important impact and so have to be considered in the analysis.

Procedures:

- Promote acknowledgement among professionals that personal and cultural habits and beliefs are important in approaching and treating people who have experienced past violence: never take anything for granted.

- Dedicate a special section of users interviews to personal and cultural habits and beliefs, eventually using facilitators and/or translators.
- Be certain that that the environment that users are in is as suitable as possible for their habits/beliefs.
- Promote the awareness in users of the potential role of personal habits/beliefs in generating/promoting their condition.
- Promote ongoing operators' training about the treatment of users with different social and cultural background, giving them the proper instruments, the awareness and the understanding of those different cultural worlds;
- Ensure, if required, the presence of a linguistic and cultural mediator;
- Integrate the mediator within the multidisciplinary team, not just as translator but also as facilitator for understanding the socio-cultural dynamics of the other;
- Ensure the presence of gender professionals in the team working with women who have experienced violence in the past, in order to make the experience of talking about the violence easier.

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VICTORIA PROJECT

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