**Appendix 3**

**Description of data collected in each case via the PREMIS questionnaire and semi-structured interviews**

**PREMIS questionnaire**

*Description of the instrument*

The Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS) was the instrument used. The instrument standardized by Short et al.1 was adapted and validated for the Spanish context.2 It included a general description of the respondent profile and four major sections as follows:

* Background of the respondent, perceived preparation and perceived knowledge. This section includes four items: type of previous IPV training, estimated number of hours of previous IPV training, perceived IPV preparation and perceived IPV knowledge. Perceived preparation evaluate how the respondents felt they are prepared to work with IPV victims while perceived knowledge assess how much knowledge the respondents felt they have to manage IPV cases. This section has a total of 40 questions.
* Actual knowledge. This section assesses the current IPV knowledge the respondents have. It includes multiple choice and true/false questions, total of which is 20.
* IPV opinions (attitudes and beliefs). This section includes eight scales: Staff preparation, legal requirements, workplace issues, self-efficacy, relationship between IPV and alcohol/drugs use, victim’s understanding, victim’s autonomy, and constraints. This section has a total of 37 questions.
* Practice issues. This section is related to the healthcare worker’s actual practice including screening for IPV, actions taken when an IPV case is identified, availability and use of IPV resource materials, and healthcare worker knowledge about community resources and workplace policies regarding domestic violence. This section has a total of 13 questions, and was in focus in this study.

*Sample characteristics*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | La Virgen | El Campo | Mora | Cristina |
| *Gender*  Women  Men | | 14  5 | 16  9 | 18  3 | 10  7 |
| *Professional background*  General practitioner  Nurse  Other | | 7  6  6 | 11  10  4 | 10  5  6 | 9  6  3 |
| Age (mean) | | 54 | 53 | 52 | 49 |
| Years working in PHC (mean) | | 19 | 21 | 17 | 18 |
| Hours of training on IPV received (mean) | | 15,8 | 15,9 | 9,7 | 19,3 |
| Total | 19 | | 25 | 21 | 18 |

*Semi-structured interviews*

1) Description of the instrument

The following questions were included in the interview guide. Additional issues emerging during the interviews were also included:

* How does the team here work with IPV? (detection, management, registration, reference, follow-up, preventive activities)
* What is your role (as an individual professional) in the detection and management of IPV?
* How did the process of integrating the detection and management of IPV start here in this health centre? How is it sustained?
* What type of interventions have been done in this health centre, or activities in which staff from this health centre have participated, and that have supported the integration of IPV detection and management? (Ask regarding guidelines, training, and information systems).
* What kind of effect do you think such interventions have had on the team?
* Do you think that the team of XXXXXXXXXXX (name of primary health care centre) has learnt to manage IPV? Why do you think so? How has this learning process been developed? What do you think has motivated this learning process?
* What is the relationship between the different persons that integrate the primary health care team? Which do you think is the group that manages IPV? How do you think IPV is considered within the team (if there is such a group)? How is the IPV group coordinated? And how does this group coordinate with the rest of the team?
* What has been the evolution-progress within this primary health care centre-team regarding IPV management in the following aspects:
* Team organization in order to have a coordinated response.
* Professionals’ attitudes and opinions regarding IPV detection and management.
* Coordination with other resources.
* The services that are offered.
* Others aspects that you think are important?
* How do you evaluate the relationship/support with the higher regional managerial levels?

2) Sample characteristics:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | La Virgen | El Campo | Mora | Cristina |
| *Gender*  Women  Men | | 9  4 | 8  2 | 7  2 | 8  2 |
| *Professional background*  Generalpractitiones  Nurse  Other | | 6  5  2 | 5  4  3 | 3  2  4 | 5  2  3 |
| Total | 13 | | 12 | 9 | 10 |

*Social Network Questionnaire*

1) Description of the instrument

Each professional was asked to cite the names of all the health care professionals within his/her team that she/he consulted when faced with a woman exposed to IPV. The researcher visiting the PCC (EB, IG) applied face to face the questionnaire to all the professionals who agree to participate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | La Virgen | El Campo | Mora | Cristina |
| *Professional background*  General practitiones  Nurse  Social worker  Midwife  Paediatrician  Other | 13  9  1  1  2  2 | 5  6  1  1  2  0 | 10  8  1  1  4  0 | 12  8  1  2  3  0 |
| Total | 28 | 15 | 24 | 26 |

**References**

1. Short LM, Alpert E, Harris JM, et al. A tool for measuring physician readiness to manage intimate partner violence. Am J Prevent Med. 2006;30:173-80.e19.
2. Vives Cases C, Torrubiano Domínguez J, Carrasco Portino M, et al. [Validation of the Spanish Version of Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS)]. Rev Esp Salud Publica. 2015;89:173-90.