

EDUCATION AND TRAINING OF HEALTH CARE PROVIDERS IN INTIMATE PARTNER VIOLENCE

Colorado Regional Conference on the Health Care Response to Domestic Violence

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Resident Curriculum in Intimate Partner Violence -The Pediatric Perspective

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Violence Against Women is Intimate Partner Violence

- Violence against women is common, widespread and primarily perpetrated by an intimate partner Collins 1999; CDC 2003; Tjaden 1998; Commonwealth Fund 1999
 - Female lifetime prevalence is 25%-33%
 - 1 in 10 female patients are currently in abusive relationships
 - The prevalence of IPV is higher in households with children McDonald 2006
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Health Effects of Violence on Children

- Exposure to IPV has significant adverse mental and physical health effects on children
Carter 1999; Knapp 1998; Edleson 1999; Kernic 2002, 2003; Whitaker 2006
 - Witnessing violence that is chronic, severe and against a family member has the most significant impact on a child's health and development
Knapp 1998; Kelly 2000; Davies 1998
 - Trauma exposure on the developing brain of a child may have long-term adverse effects lasting into adulthood
Perry 1998; AAP 2008
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Medical Training for IPV

- Few primary care physicians routinely inquire about IPV Vorowsky 1999, 2002; Gremillion 1996; Gutmanis 2007; Horan 1998; McKenzie 1998; Rodriguez 1999

- One of the often cited barriers to screening is lack of education Borowsky 1999; Alpert 1998; Baig 2006; Berger 2002; CDC 1989; Erikson 2001; Gadomski 2001; Hamberger 1998; Kerker 2000; Milan 1998; Parsons 1995; Sugg 1992, 1999; Wright 1997

- Many experts believe that the training in IPV in our medical schools and residency programs remains inadequate Alpert 1995; Bair-Merritt 2004; Frank 2006; Hamberger 2007; Knapp 2006; Korenstein 2003; Miller 2004; Varjavand 2004; Zlotnick 2001
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Intimate Partner Violence Training of Primary Care Residents

University of Utah School of Medicine

Study Design

- Validated Survey Mauiro 2000
 - Attitude/Beliefs
 - Awareness of Support Systems
 - Perceived Self Efficacy
 - Reported Clinical Practice Behaviors
 - Knowledge
 - Primary Care Residency Programs
 - Internal Medicine
 - Medicine/Pediatrics
 - Pediatrics
 - Family Medicine
 - Obstetrics/Gynecology
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Attitudes and Beliefs

- Blaming the Victim

- *“People are only victims if they choose to be.”*
- Most of the residents disagreed with statements that blamed the victim

- Physician’s role

- *“Asking patient/parent about IPV is an invasion of their privacy.”*
 - Most residents agreed that inquiring about IPV is a physician’s role
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Knowledge

- Most residents did not answer correctly the question regarding mandatory reporting requirements for victims of assault (55%-77% did not answer correctly)
 - Although most residents knew that child witness to IPV had to be reported
 - Sizeable percentage did not give the correct answer (27-46%)
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Clinical Practice Behaviors

- Have you ever treated an adolescent/adult patient with:
 - Injuries
 - Irritable Bowel Syndrome
 - Chronic Pain
 - Depression/Anxiety
 - Pregnant Patients
 - How often do you ask about the possibility of IPV when seeing adolescent/adult patients with **injuries/IBS/pain.....?**
 - Never
 - Seldom
 - Sometimes
 - Nearly Always
 - Always
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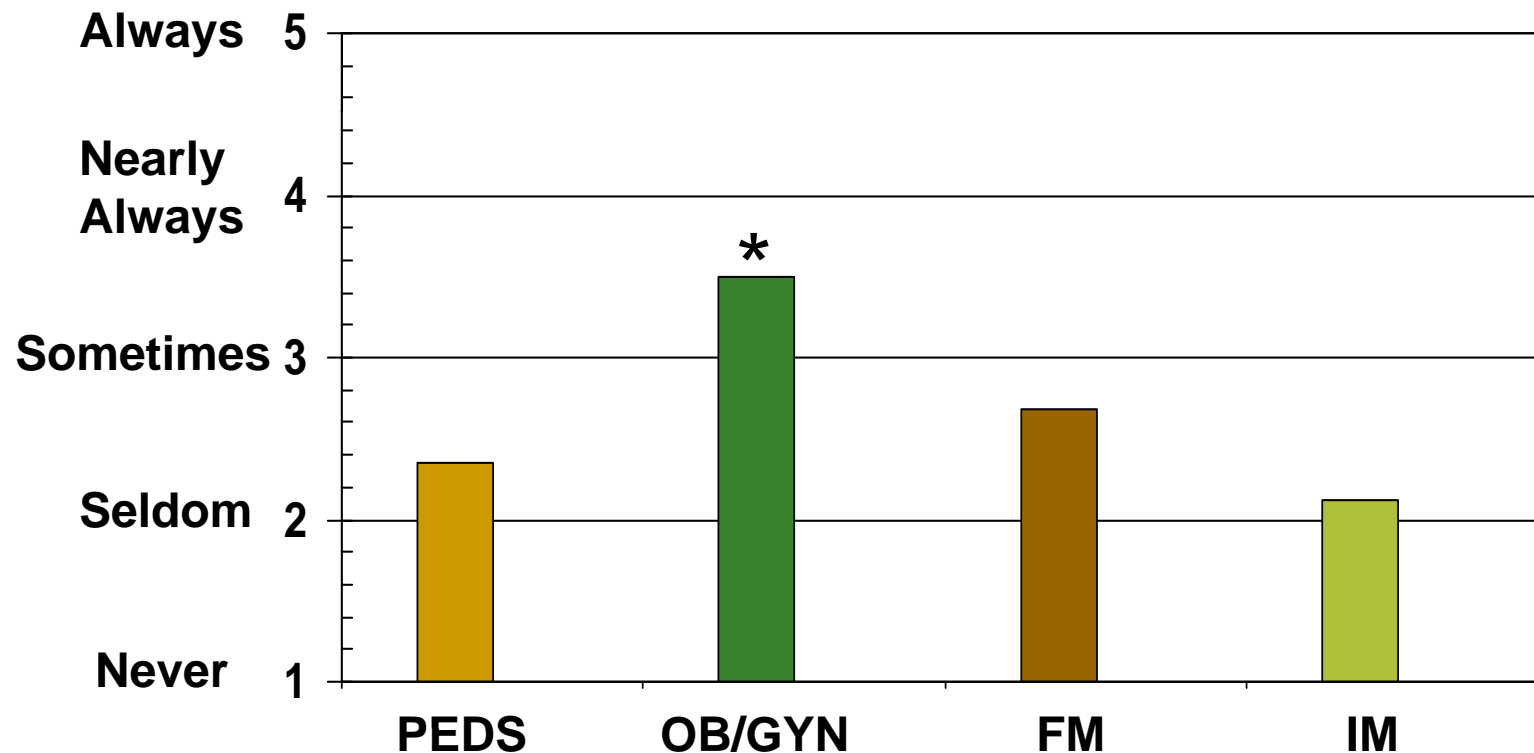
Clinical Practice Behaviors

- Obstetrics/Gynecology Residents were
 - Screening patients with high risk conditions more often than Pediatrics, Family Medicine and Internal Medicine Residents



Clinical Practice Behaviors

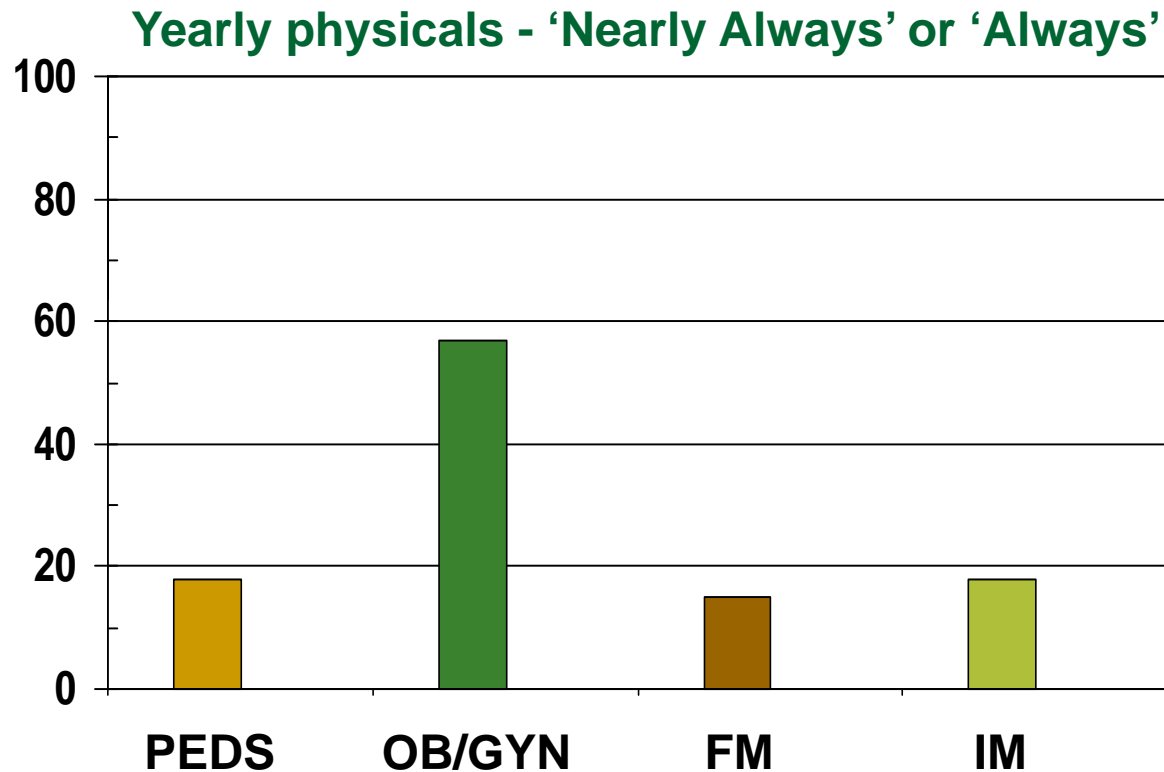
- OB/GYN residents reported screening patients for IPV more often during **routine physicals** than Pediatrics, Family Medicine and Internal Medicine



P-value = 0.0007

Clinical Practice Behaviors

- Screening was still suboptimal
 - 57% of OB/GYN residents reported that they were screening 'Nearly Always' to 'Always'



Study Conclusions

- There is a demonstrated need to improve training in Intimate Partner Violence and its effect on patient health among primary care residents at the University of Utah School of Medicine
 - The results of this study can serve as a baseline for IPV curriculum development and assessment of the curriculum's effectiveness
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Intimate Partner Violence Curriculum

University of Utah School of Medicine

Salt Lake City, Utah

Baylor College of Medicine

Houston, Texas

IPV Curriculum Design

- Goal

- To educate physicians to become knowledgeable in identifying victims of violence and be able to provide appropriate resources and referrals to enhance the victim's ability to keep themselves and their children safe and to help end the cycle of violence.
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IPV Curriculum Design

■ Objectives

- ❑ Understand that intimate partner violence (IPV) is a common form of violence against women
 - ❑ Describe the dynamics of a violent relationship
 - ❑ Recognize that IPV is a medical, pediatric and a public health issue
 - ❑ Understand the role that children play in violent relationships
 - ❑ Learn how to incorporate inquiry about IPV into well-child visits, well women exams, annual physicals
 - ❑ Identify resources and make appropriate referrals
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IPV Curriculum Design

■ Part One - Shelter Experience

- Discussion to define the role of the physician in identifying and assisting victims of intimate partner violence and their families
 - Discussion with survivor(s) regarding their experience with violence, the effect on their children and their interaction with the health care system
 - Tour of the shelter and the Family Justice Center
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IPV Curriculum Design

- Part Two - Longitudinal Experience
 - Residents will screen for IPV with their continuity clinic patients
 - They will demonstrate the proper technique for interviewing women about IPV
 - Describe how to make an appropriate referral
 - Further training of faculty who serve as preceptors
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What next?

- We hope that by:
 - Validating that IPV is a medical issue,
 - Incorporating experience in inquiring about IPV throughout the residency training years, AND
 - Having faculty that are knowledgeable about IPV to serve as role models **WILL**
 - Improve resident education in this area AND
 - Make IPV a mainstream issue in health care
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