

# Certificate in Interpersonal Violence and Health Care

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# Agenda

## I. Project Background and Goals

## II. The Study

- Lessons from the Literature
- Design
- Methods
- Results
- Conclusions and Recommendations

## III. Response – CIVHC

- Process
- Structure
- Content
- Goals

# Background

## Center on Domestic Violence

- History
- Vision
- Focus

# Why a Study?

- Prevalence
- Health care providers seen as a primary source for help
- Mandates of professional medical and nursing associations
- Role nurses play
- IPV is underreported and inadequately identified by nurses
- Lack of response by schools of nursing

# Goals of the Study

1. Verify the need for, and guide the development of, additional IPV educational opportunities for nurses
2. Support and inform policy initiatives to strengthen educational requirements for nurses regarding IPV
3. Improve healthcare response to individuals experiencing IPV

# The Literature – Lessons Learned

- Screening is controversial
- Victims are treated poorly
- Nurses screen rarely and intervention is inadequate
- A wide variety of factors appear to effect nursing response
- Training and education have a strong positive impact
- Nursing schools are not teaching about IPV

# The Study - Design

## Research Questions:

- 1) How adequate is the education received by Colorado nurses regarding intimate partner violence;
- 2) Are nurses who have received education or training on IPV more likely to intervene in cases of intimate partner violence; and,
- 3) To what degree are nurses in Colorado interested in further education regarding IPV?

# Methods

- Quantitative Survey
- Qualitative
  - Content Analysis
    - Licensure
    - Nursing School Accreditation
  - Key Informant Interviews

# Results – Survey Findings

## Respondents

- White (89%)
- Female (98%)
- Bachelors level educated (67%)- 22% recent grads
- From a Colorado institution (69.3%)
- Mean age – 42 years
- Hospitals (40.5%) and schools (27.4%)
- 28% have experienced IPV

# Results – Survey Findings

## Adequacy of Education

- Two-thirds (66.5%) reported professional experiences requiring knowledge of IPV
- 59% assessed the education they received as “inadequate” to “poor”
- Two-thirds received 2 hours or less of education on IPV (28.6% = none)
- 88.3% reported no clinical opportunities

# Results – Survey Findings

## Impact of Education on IPV Response

- 40% screened all patients; 24% none
- 31% conduct safety assessments; 25% safety planning; 36.4% referral “regularly” to “always”
- No significant relationship between degree earned and screening or intervention
- Significant relationships most strongly found between formal education and screening; continuing education and intervention

# Results – Survey Findings

## Interest in Further IPV Education

- 60% expressed an interest in further education (12.6% were unsure)
- 25% interest in a graduate certificate
- Favored delivery systems - online (65.3%) & series of short sessions (59.7%).

# Results – Content Analysis Findings

## Licensure

Rules regarding nursing preparation are broad;  
refer primarily to institutions

## Accreditation

NLNAC – no specific mention of IPV

CCNE – Standard stating course work or clinical experiences should provide information on societal and domestic violence

# Results – Key Informant Findings

- No specific IPV course offered
- 1-3 hours of education on IPV provided in a bachelors program, typically in the 4<sup>th</sup> year
- No clinical opportunities offered
- Barriers to increased education on IPV:
  - entrenched faculty;
  - competition for classroom time;
  - Beliefs around importance of IPV education

# Conclusions

- Information on IPV is needed by nurses
- Current education provided to nurses on IPV is inadequate
- Individuals receiving more hours of formal education on IPV engage more often in universal screening
- Greater continuing education hours, result in more frequent intervention with victims.
- Strong formal education in IPV, as well as, ongoing continuing education is supported by this study.

# Recommendations

1. Develop additional and mandated educational opportunities regarding IPV for nursing students
2. Create affordable and accessible continuing education offerings
3. Explore ways of mitigating other barriers to effective IPV intervention
4. Engage in policy development initiatives re: licensure and accreditation
5. Encourage education providers to provide IPV resources for students, faculty or staff

# Response - CIVHC

## Certificate in Interpersonal Violence and Health Care (CIVHC)

- Process – Support; Advisors
- Structure – Credit Hours; Delivery
- Content – Interdisciplinary; Courses
- Goals – Skilled Providers; Champions

# A Final Word

“Don’t just think you need to  
mind your own business.  
Please get in my business”

- Statement by an IPV  
survivor (Lutenbacher et al., 2003).