

Intimate Partner Violence Among Veterans: Education Moving Forward

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Background

Ample evidence supported perpetration by men toward their intimate partners while in service and post-discharge.¹

Rates of PV are notable, but not conclusive. Female veterans report PV rates of 30% over a lifetime - 22%-48% during their military careers.²

Forty-eight percent of veterans report some of type of violence or sexual assault, 23% occurring during their military careers.³

Trainings

A standardized 7-hour training was delivered in four sites across New York State which included:

- * handouts
- * a Power Point presentation
- * case scenarios
- * a referral guide
- * a statutory guide to crimes related to abuse

Evidence-based Curriculum

Curriculum Included:

Aspects of partner violence
 Potential interventions including:
 partnering with community-based
 partner violence service agencies
 IPV among veteran populations
 Special considerations for veteran
 populations regarding risk factors.

Perceptions

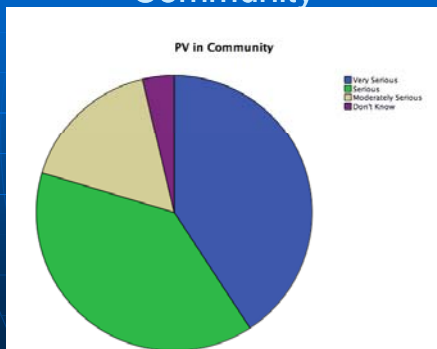
- Medical staff understanding of partner violence
- Patient benefit of routine inquiry and service referral

Results

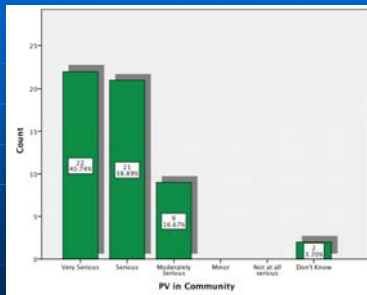
For those who completed the evaluations (n=54), nearly all (96%, 52) believe that partner violence is a serious problem in the community.

When asked about the seriousness of partner violence in their practices, 77% indicated it was serious, 9% indicated partner violence was minor and 11% indicated they did not know.

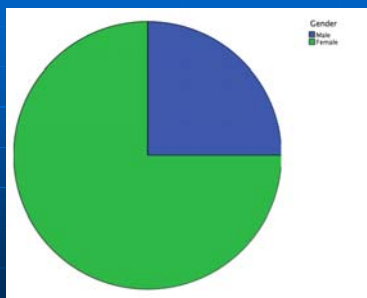
Seriousness of IPV in Community



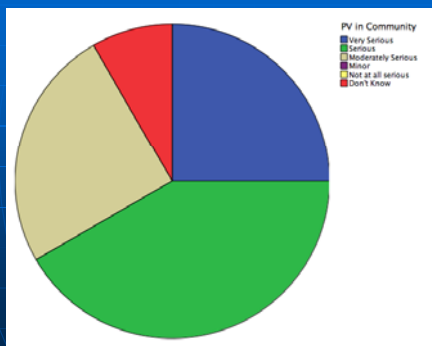
PV in Community

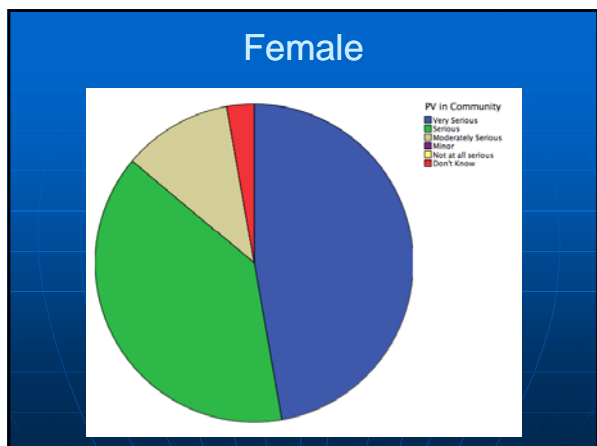


Participant Gender



Male





Results

- At the conclusion of the training, almost all (96%, 52) participants understood the nature of partner violence to be complex with abuse including:
 - Emotional
 - Sexual
 - & Physical violence.

Results Cont.

Ninety-six percent of the participants agreed that they learned new information about partner violence, and 98% said they would be likely to use what they learned for routine inquiry about partner violence.

Room for Improvement

- Additional information on:
 - Isolation
 - Power and control dynamics

Some participants (17%) still believed post-participation that it is acceptable for one party in a relationship to make all the decisions.

Limiting Factors To Inquiry

Time constraints (50%)

Knowledge about appropriate referrals (11%)

Opening Pandora's Box (8%)

Conclusions

- After an educational intervention, providers understand the importance of routine inquiry about IPV.
- Barriers to implementation still need to be addressed.

IPV Education

- Awareness, consultation skills, ID and intervention
- Knowledge, attitudes, and comfort with IPV screening, empathy
- Skills, confidence, motivation, practice patterns, competencies, behaviors

Barriers

- Inadequate preparation
- Time
- SW availability
- Gaps in knowledge and skills

Methods

- Chart reviews, self-assessment, survey (case-based), on-line survey (clinical vignettes)
- E-promotion techniques along with conventional promotion strategies (resources, marketing)

Teaching tools

- On site-IPV counselor, practice and training support
- Practice centered-multifaceted, resource person, screening tool, education materials, suited for environment
- Screening prompts
- Didactic teaching, community based prevention program

Experiential education

- Facilitators, mentoring, expert-driven
- Simulated patient, standardized (OSCE)
- CPX-clinical performance examination (abdominal pain, bruising)
- Focus groups

Advocacy

- Voices of survivors, video, advocate led discussion, respect for autonomy
- Safe shelter
- Law enforcement & legal advocates

Institutional Education

- Safety and medical error reduction
- Systemic response

Workshop/seminar

- Video and case discussion
- Literature review
- Role play

Multifaceted

- Multidisciplinary continuing medical education (CME) videotape on IPV
- On-line, interactive, case-based—problem solving

Stages of Change

- Pre-contemplation
- Preparation
- Contemplation
- Action
- Maintenance

successful outcomes- not fix-it mentality

Integration

Include domestic violence educational intervention program into the existing problem-based curriculum.

Goals-AMA, JCAHO

Identification, documentation, referral, safety planning

Routine inquiry (few short questions, safety plan)-prior training , known a victim

Prevention, Ubiquitous

References

1. Newby, McCarroll, Thayer, Norwood, Fullerton & Ursano, 2000; Freeman & Roca, 2001; Rosen, Knudson, Brannen, Rancher, Killigore, & Barasich, 2002; Newby, J.H., Ursano, McCarroll, Martin, Norwood & Fullerton, 2003; Sherman, Sautter, Jackson, Lyons & Han, 2006; Elbogen, Beckham, Butterfield, Swartz & Swanson, 2008).
2. Campbell et al., 2003.
3. Sadler et al., 2000.
