



Intimate Partner Violence Advocacy Skills: Innovative Strategies for Student Training and Application

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Disclosures

- Presenters have no financial conflicts of interest to disclose.
- Dr. Tina Bloom developed the free app, MyPlan, which is mentioned during this presentation.

Learning Objectives

- **On completion of this session participants should be able to:**
 - Identify ways to support patients experiencing intimate partner violence
 - Explain the impact of advocacy training on student learners
 - Explain the benefits of working with community partners to help medical professionals learn about and better respond to intimate partner violence (IPV)
 - Evaluate the challenges and benefits of different methods of intimate partner violence screening in clinic

- **Please Note:** We will be discussing intimate partner violence and abuse. These are difficult subjects to talk about. We encourage respect and understanding of individuals' experiences and concerns as we continue our conversation today.

The Integral Role of Health Providers in Identifying and Responding to IPV

- Creating a safe and inclusive space so survivors are comfortable sharing their experiences if they choose to
 - Clinic policies (screenings)
 - Clinic climate/Provider (trauma-informed care)
 - Physical clinic space
- Supporting survivors when they share their stories
 - Local resources (hotline/shelter/counseling)
 - Skills training (safety planning)



The Integral role of Health Providers in Identifying and Responding to IPV

- Rate of healthcare utilization?
 - **Individuals that have experienced IPV utilize the healthcare system as much as 2.5 times as often as patients that have not experienced abuse.**
- 41% women murdered by abuser who had visited a healthcare facility in the year prior to their death (Sharps, 2001).

How do we teach medical students about IPV?

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What does your medical curriculum include to teach about IPV?

Lecture

Videos

Small group
discussion

Role-play

Simulated
patients

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How many hours does your curriculum spend on required elements pertaining to IPV ?

None

1-2

2-4

4-6

6-10

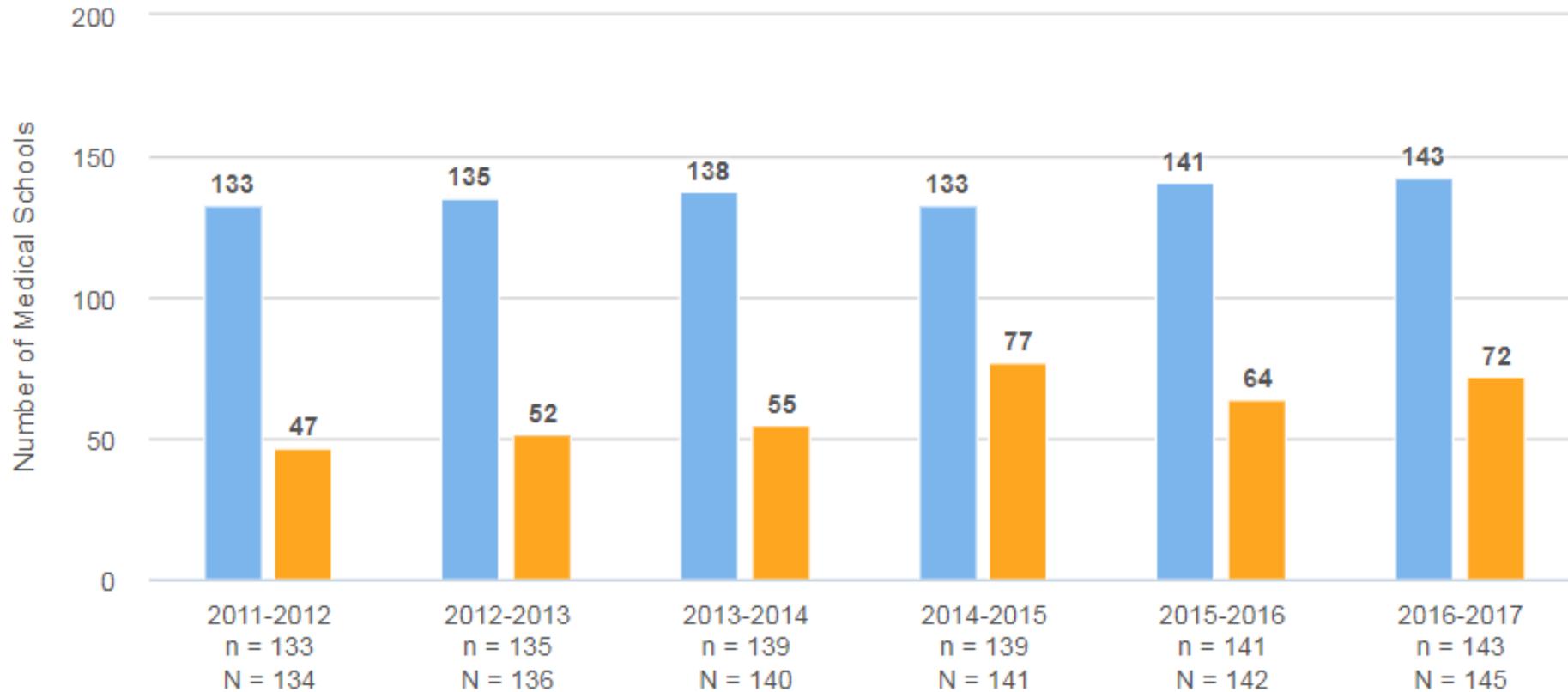
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Number of Medical Schools Including Topic in Required Courses and Elective Courses: Domestic Violence/Abuse

Please select a topic: Domestic Violence/Abuse ▼

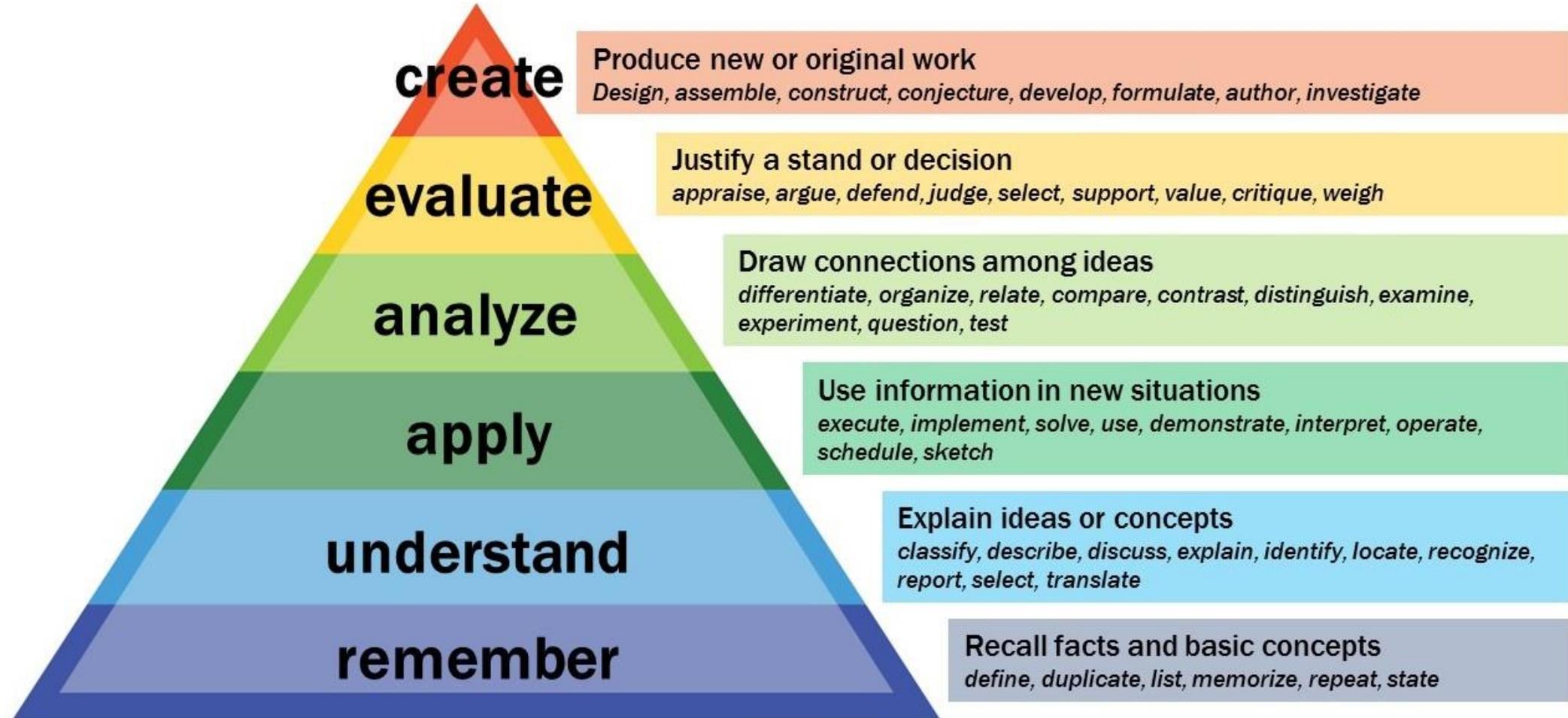


Most medical student
curriculums teach
students about IPV.

Click a legend item below to add or remove a column from the report.

- Required Course
- Elective Course

Bloom's Taxonomy



University of Missouri School of Medicine

Traditional Strategies

- MU M1 Curriculum
 - Lectures
 - Videos
 - Role-Play
 - Simulated Patients
 - Exams
 - Elective documentary



Traditional Lectures (2 hours)

- **Intimate Partner Abuse**
 - Presented by local/state IPV agency
 - Interactive session that provides overview of IPV
- **Interviewing Skills in Intimate Partner Abuse**
 - More specific to healthcare providers
 - Includes specific scripts that provide phrasing on how to broach this sensitive subject
- **Video demonstrations**

Small Group (2 hours)

- Includes role play scenarios
- Points for discussion to reinforce key concepts from lecture

Role Play

- **Focused Role Play**
 - Students spend 2-3 minutes asking focused screening questions using provided scripting
- **Traditional Role Play**
 - Students are given specific intervention goals to accomplish
- **Simulated Patient Encounter**
 - All students have a formative experience in the SIM Center

INTERVENTION GOALS (to be given to “physician”):

Inquire about the cause of the bruising in a non judgmental manner.

Interact with the patient in a way that helps her feel comfortable disclosing any violence/control issues that might exist in her relationship.

If she discloses, identify the extent to which control and violence has occurred in the relationship.

If she does not disclose, let her know about resources that are available if she or anyone she knows might be in need of them in the future.

Intervene as appropriate based on what patient discloses and what you perceive as her readiness to change.

Assessment

- **Exams**

- included short answer questions related to intimate partner violence
- one of the possible scenarios for simulated patient exam

What are ways to go beyond traditional curriculum?

Groups Interested in Collaborating

- **Interdisciplinary Student Interest Group**
 - Connected interested students to local trainings
- **Local Domestic Violence Shelter**
 - Offer biannual volunteer trainings for advocates
 - Willing to add additional training for MU students
- **Student Run Free Clinic**
 - Had a need to support patient population better

Interdisciplinary Student Interest Group

- DIVAA SIG: Domestic and Interpersonal Violence Advocacy and Awareness Student Interest Group
 - Undergraduates, graduates, nursing, public health, medical students



DIVAA-SIG painting at local IPV emergency shelter, True North

Interdisciplinary Student Interest Group

- DIVAA-SIG connected interested students to local trainings, including a medical student specific training



DIVAA SIG Advocacy Event at MU-SOM, pledging to support patients who have experienced IPV and SA

Local IPV Agency

- True North
 - Shelter, counseling, legal advocacy, hospital advocacy
 - Train volunteers in compliance with national standards



Local Clinic: Student Run Free Clinic



- High risk population
- Desire to integrate screenings into clinic flow



Community Partnership for Medical Student Training

- Partnership of 3 organizations is mutually beneficial
 - Students increase confidence and skills
 - Local organization gains volunteers
 - Student run free clinic introduces trained advocates
- Fiscally responsible
- Shared knowledge
- Strengthened, unified support for clients

Partnering with Local Agency for Medical Student Advocacy Training

True North Advocate Training

- **48 hours** of training
 - Domestic Violence 101
 - Resources for survivors
 - Sheriff and prosecuting attorney presented on local law
 - Survivor panel shared experiences and advice
 - Self-care

Training Comparison

True North.

- Legal advocacy
- Full length documentaries, exploration of current culture
- Range of speakers: survivors, law enforcement, therapists
- Walk through ER as a patient (SANE exam), physical rape kit
 - Shadowing opportunity
 - self-care

MU- SOM

- Screenings, USPSTF recommendations
- Education on unique role of medical providers
- Simulated Patient Interview
- Testing over skills

- IPV Introduction
- Power and Control
- Documentation instructions
 - Role Play

Feedback From Community Leaders

Engagement at Training

“Medical students wanted more stats, sources, and detailed explanations, it was nice to have folks who think analytically and evidence-based.”

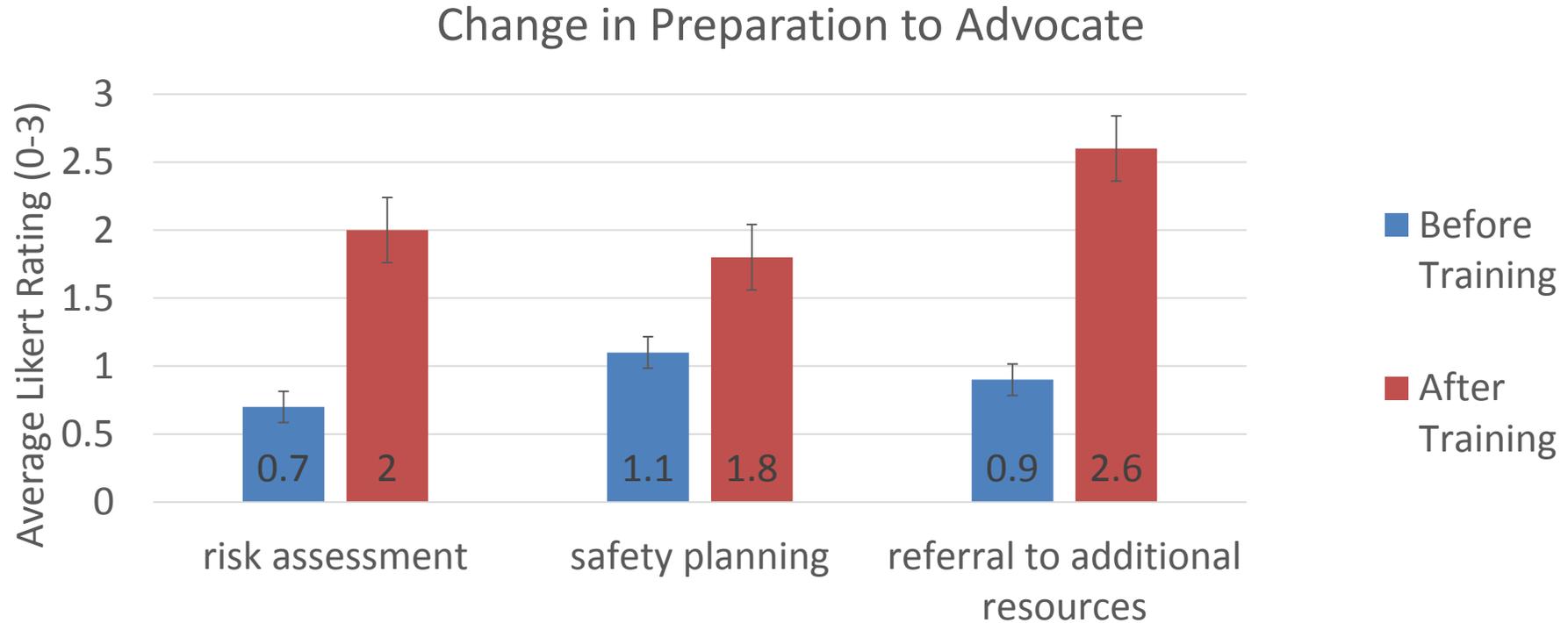
“...had a clear desire to learn as much as they could about how to identify IPV as well as respond in a caring and compassionate way to their patients.”

Feedback From Community Leaders

Importance:

“Most victims of IPV go to the hospital before ever reaching out for formal services - some only go to the hospital. In the past, due to misconceptions about IPV, some of our clients reported being victim blamed by hospital staff or reported that they went to the hospital for injuries but no one asked them any questions. By having students trained as advocates, it decreases the possible repeat trauma that victims may have faced and gets meaningful services to them quicker.”

Training Outcomes



Category of Preparedness:
“How prepared did you feel to help a person with: __”

0= unprepared

1= somewhat prepared

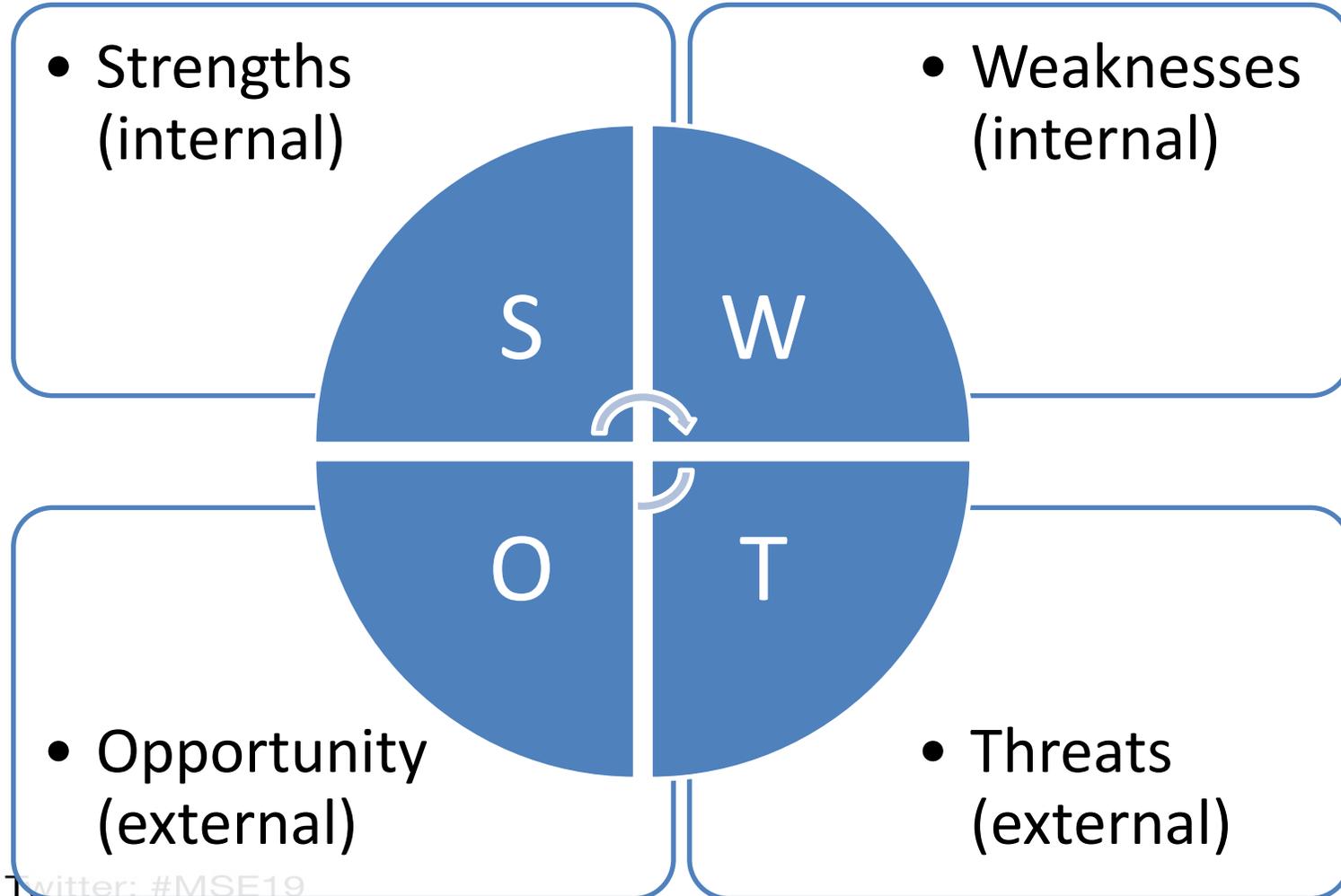
2= prepared

3= very prepared

Student Perspective

- What was the most beneficial or useful part of advocacy training?
 - **Survivor panel** (6/10)
 - **Learning** specific information
 - Dynamics of abuse and why people stay
 - How IPV can intensify over time
 - Ways to respond to survivors respectfully
 - Support services for survivors
 - Interdisciplinary response- for example, role of social work

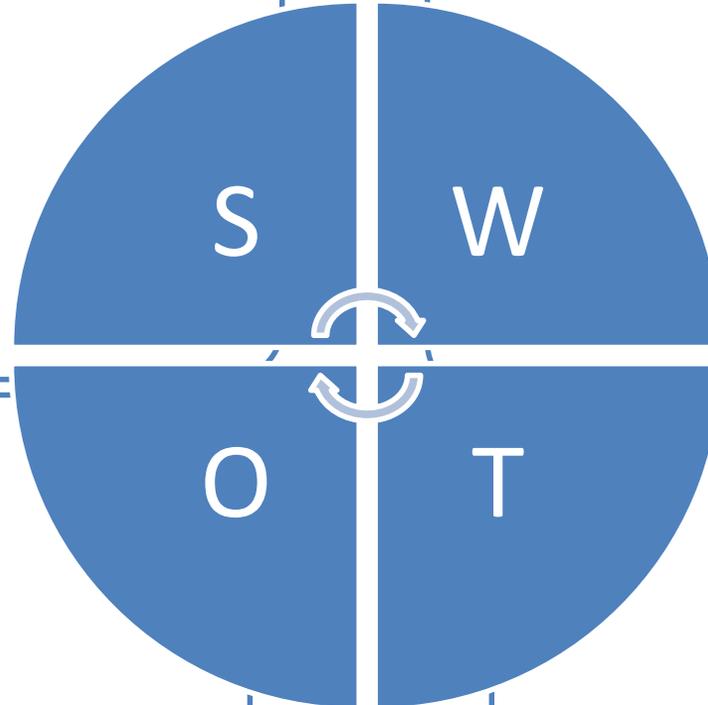
SWOT Assessment of IPV Training



SWOT Assessment of IPV Training

- Curriculum on IPV that includes role play, videos, small group
- Student Interest Group
- SRFC where students can apply skills

- Ability to partner with local IPV Agency, True North
- MCADV willing to provide lectures



- not all students participate in lecture
- no longitudinal component
- time constraints for learning
- secondary trauma or retraumatizing students
- lack of faculty release time to develop curriculum

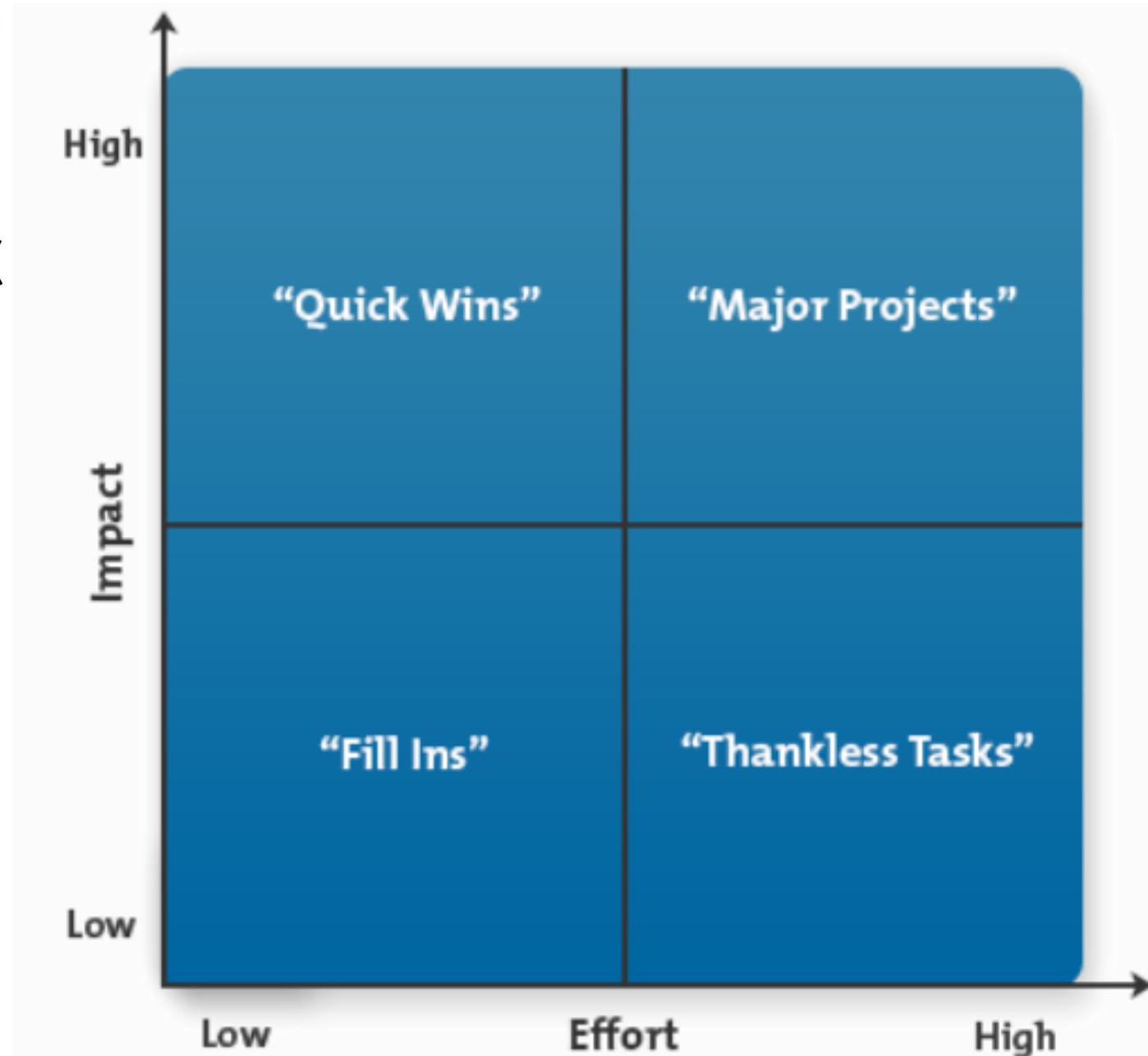
- Cost of local training

Setting a Goal

- Think – Pair – Share
- Based off of your SWOT analysis, what are some goals you have for training students or responding to IPV in your community or clinic?
- Pair with someone from a different institution to share goals.
- Large group sharing.

Impact vs Effort Matrix

Where do your goals fall?



Selecting One Goal

- Pick one of your goals for improving curriculum, based on your SWOT and Impact – Effort matrix.
- How would you break this goal down to make it SMART? (specific, measurable, attainable, relevant, timely)

Who do you need to put your goal into action?

Who do you need to put your goal into action?

Consider:

- Faculty champion (consider interdisciplinary collaboration)
- Office of Medical Education buy-in
- Student input
- Community agencies and topic experts
- Survivors



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Putting Skills Into Practice

Questions

- After training, what next?
- How can students translate knowledge into practice?
- How do you encourage trainees to apply their skills?



Medical Student Education

Do you routinely screen patients for IPV in any of the clinical settings in which you work? If so, which settings?

No

Yes, ER setting

Yes, Family Medicine clinic

Yes, Maternity Care setting

Yes, other inpatient setting

Yes, other outpatient setting

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Questions about screenings

- Which type of screening do you teach students to use and why?
 - Targeted, universal, one question, survey of several questions, multiple question verbal screen
- What are the challenges and benefits to each type?

MU Applies Advocacy Skills at MedZou



Screening Options

- USPSTF recommends screening for women of reproductive age with the provision that referral resources exist

Recommendation Summary		
Population	Recommendation	Grade (What's This?)
Women of reproductive age	<p>The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p> <p>See the Clinical Considerations section for more information on effective ongoing support services for IPV and for information on IPV in men.</p>	B
Older or vulnerable adults	<p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for abuse and neglect in all older or vulnerable adults.</p> <p>See the Clinical Considerations section for suggestions for practice regarding the I statement.</p>	I

We Screen Everyone

- All patients screened, including men and women older than reproductive age
- MedZou has a particularly vulnerable patient population
- We have outreach efforts to work with homeless patients, transgender patients, and clients at an IPV agency.
 - Approximately 50% of homeless mothers and children are homeless because of leaving an abusive relationship
 - In the transgender population, more than half (54%) experienced some form of intimate partner violence.
- Of 132 MedZou patients screened, 15 (11.4%) screened positive.
 - Age range of positive screens was 21 – 70, Median age 52

Screening Options

- Which?
 - One question screen: fast, framed, open ended for many experiences and types of abuse
 - Short screenings, example “HITS” Screen, can be more time consuming

<https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

One Question Screen

“Because intimate partner violence is so common in many people’s lives, and we know it affects our health, we’ve begun to ask all patients about it. Everything we discuss is confidential.”

“In the past year, have you ever felt unsafe at home?”

“Have you ever been emotionally or physically abused by your partner or someone important to you?”

Our Screening

Verbal screen documented

Screening Question: "In the past year have you felt unsafe with your significant other/partner/etc?"
Yes: No:

If "Yes":
H (Physically Hurt you?)
I (Insult or talk down to you?)
T (Threaten you with harm?)
S (Scream or curse at you?)

"Would you like to see our advocates after your medical visit today?"
Yes: No:

Date: 1-10-19 Advocate Initials: EM

Screening Question: "In the past year have you felt unsafe with your significant other/partner/etc?"
Yes: No:

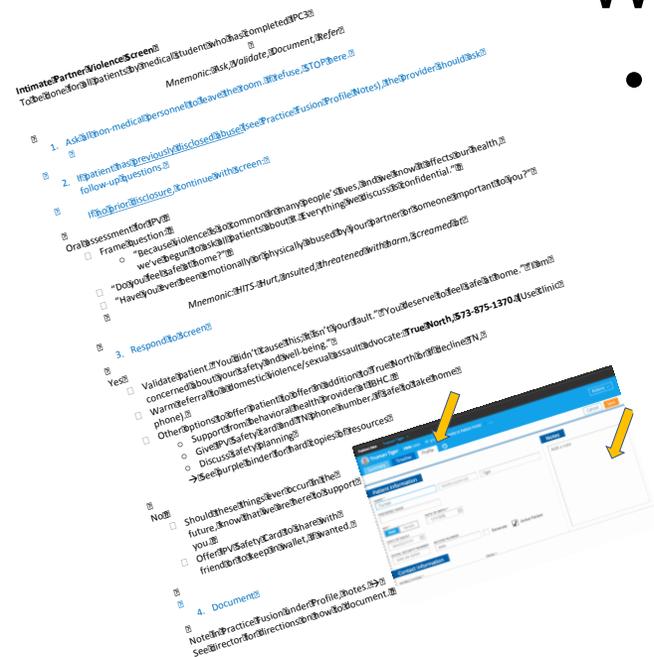
If "Yes":
H (Physically Hurt you?)
I (Insult or talk down to you?)
T (Threaten you with harm?)
S (Scream or curse at you?)

- triggers + trauma

"Would you like to see our advocates after your medical visit today?"
Yes: No:

Screening Options

- What format?
 - Written vs Verbal
 - Intake Paperwork requires follow up!

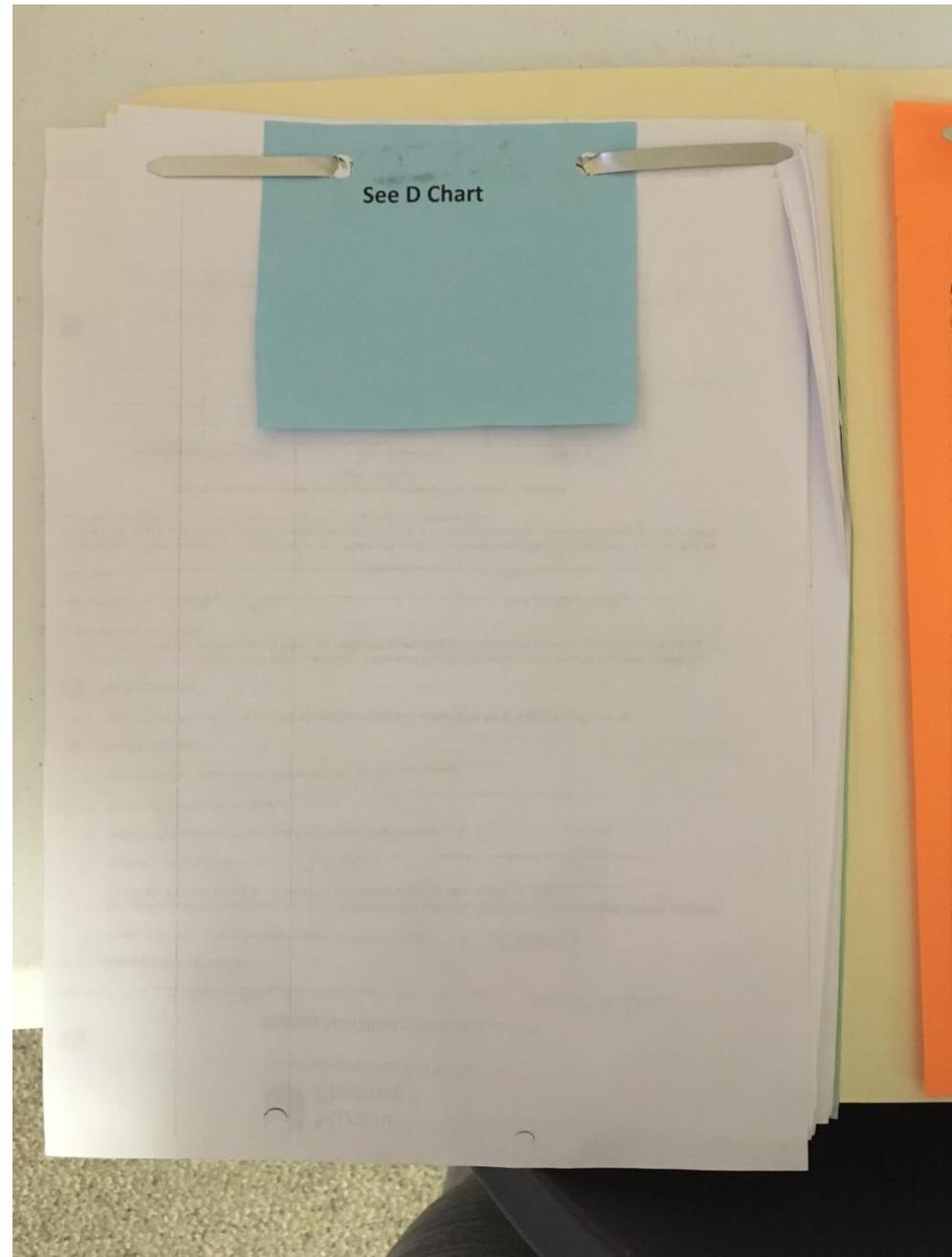


Screening Options

- Who?
 - Nursing teams
 - Medical teams
 - Advocate team



What happens when a patient screens positive?



Responding to IPV at MedZou



- DIVAA Team (Domestic and Intimate Partner Violence and Advocacy)
 - MU students (undergraduate, nursing, medical)
 - Trained as Advocates by local organization
 - Additional 1 hour training to become a team member at MedZou
 - Students involved Fall 2018: 9

Applying Advocacy Skills for IPV Survivors

- Supporting patients in clinic
- Safety planning
- Risk assessment
- Referral to resources
- Building resiliency



Empowering Patients

- Validation
- Tools for patients to use during medical visits
- Healthy Relationship Education



A Health Care Guide for **Survivors** of **Domestic & Sexual Violence**

The physical and emotional harm that comes from being abused by a loved one can affect survivors, even after the violence has stopped. Whether you are now in an abusive relationship, or you experienced domestic or sexual abuse in the past, some everyday activities—like visiting the nurse or the doctor—may be difficult for you.

NATIONAL
Center on
Domestic Violence, Trauma & Mental Health

FUTURES
WITHOUT VIOLENCE

Care Coordination

- Integrated care, without restating trauma to each team
 - Collaboration with nursing and medical team
 - Coordinate with interdisciplinary teams in clinic to offer services like social work, preventative health (HIV testing, smoking cessation), dietetics, yoga



Safety Planning

- Harm reduction (avoid bathrooms and kitchens during abuse)
- Preparing an emergency grab-and-go bag (w/documents, medicines)
- Safety with technology
- Children (Codeword when leaving)

SAFETY IF LEAVING

Preparing To Leave

-
- I will call a domestic violence program to get help making my plans. The hotline number for the nearest program is _____.
- I will leave money and an extra set of keys with _____ so I can leave quickly.
- I will leave extra clothes with _____.
- I can open a post office box and have personal mail and bills (credit cards, cell phone, etc.) sent there.
- I will ask _____ and _____ to see who would be able to let me stay with them or lend me some money.
- I can increase my independence by opening a bank account and getting credit cards in my own name; by taking classes or getting job skills; and/or by getting copies of all the important papers and documents I might need and keeping them with _____.

Risk Assessment and Crisis Protocols

Lethality Questions

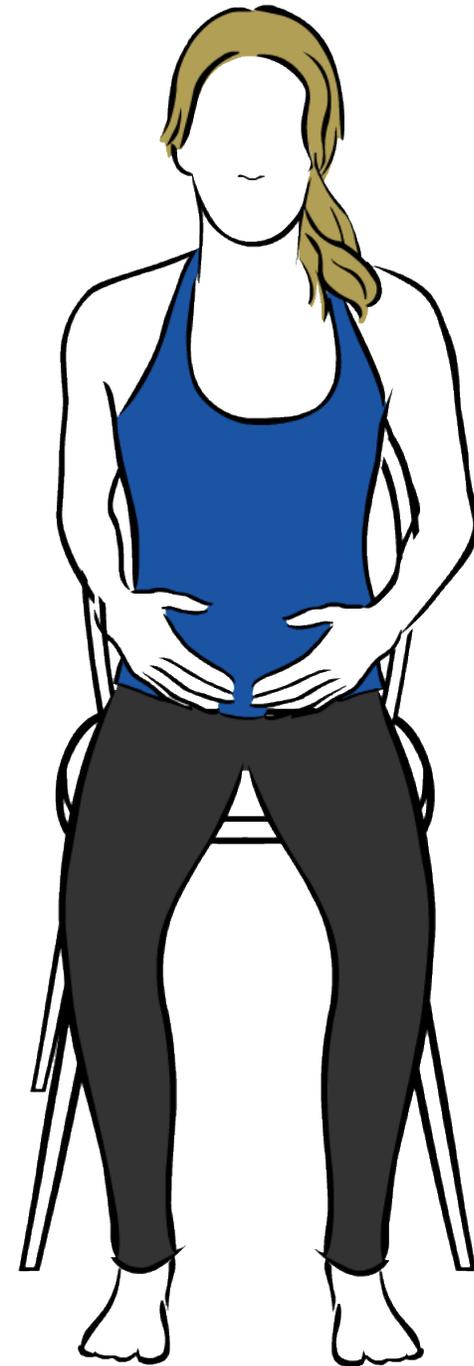
- Have you ever been to the hospital for your injuries?
- Are you currently being hurt?
- Has the violence gotten worse recently?
- Has this person attempted to strangle or suffocate you?
- Is there a weapon in the house?

Patient Choice

- Shelters
- Police
- Safety plans
- Follow up plans
- Other resources

Practicing Resiliency

- Hand outs and Apps
- Trauma Sensitive Yoga
- Practicing coping strategies



Referral to External Resources

- Shelter
- Legal advocacy, including ex parte
- IPV specific support groups and specialized therapists



<https://www.shccasper.com/domestic-violence-emergency-shelter/>



MyPlan

Welcome



- Good for patients who want to explore on their own or if our advocate is with another patient
- Utility as student training resource to review components of care

myPlan has six sections.

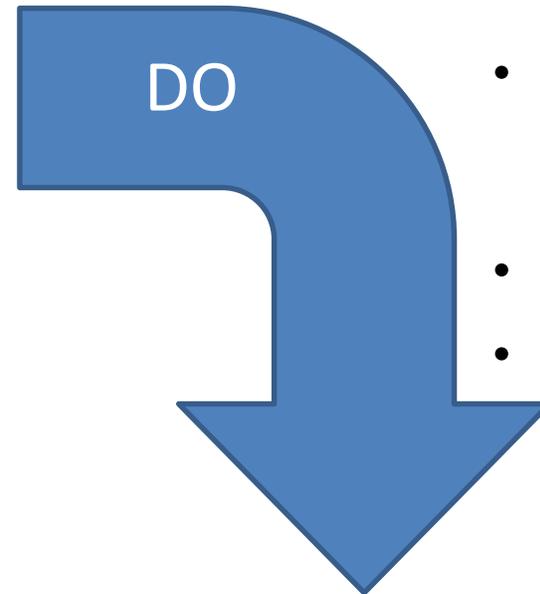
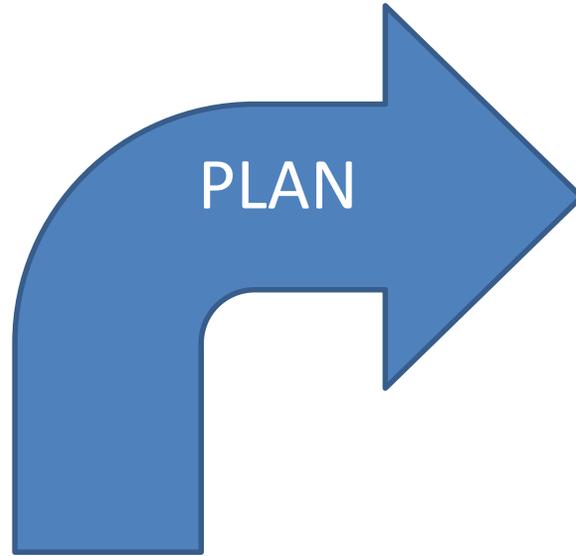
- Relationship Myths
- Healthy Relationships
- Red flags
- Safety Assessment
- Safety Priorities
- Personalized Action Plan

Questions about advocacy services

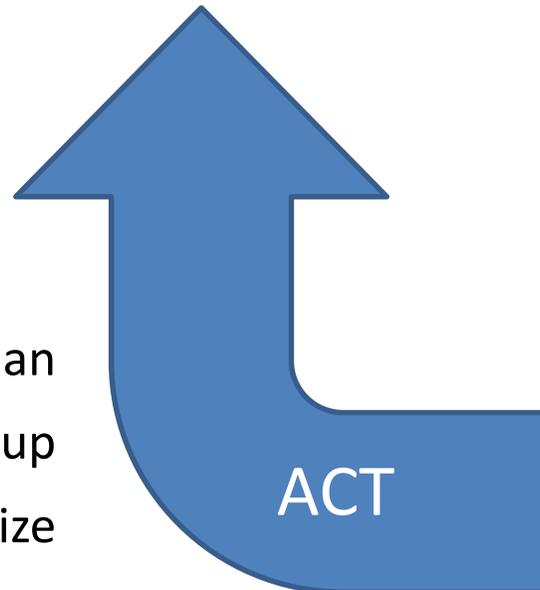
- Which advocacy skills are students at your institution aware of and trained to use?
- Is it possible for them to apply any of these?
- Which resources do they need to advocate effectively?
 - For example, supplemental hand outs, referral agencies for services that are beyond what they can help with in clinic
 - What support will then need for vicarious trauma?

Plan-Do-Study-Act/Adjust (PDSA) Model

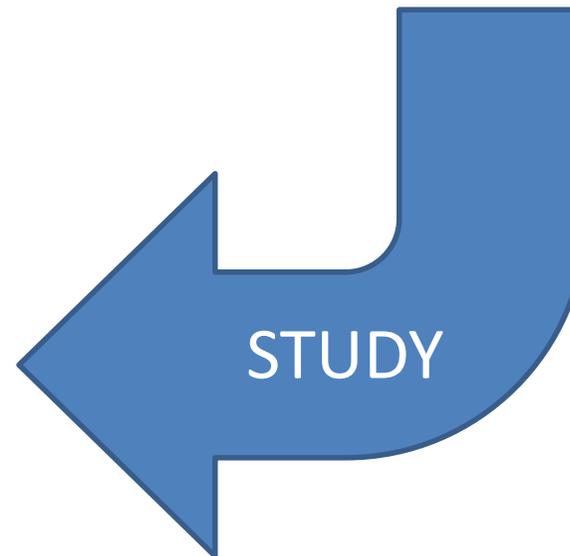
- Identify Problem
- Brainstorm Solutions
 - Create plan
 - Define metric
- Make prediction



- Implement small act of change over a set (short) period of time
- Record observations
- Collect Data

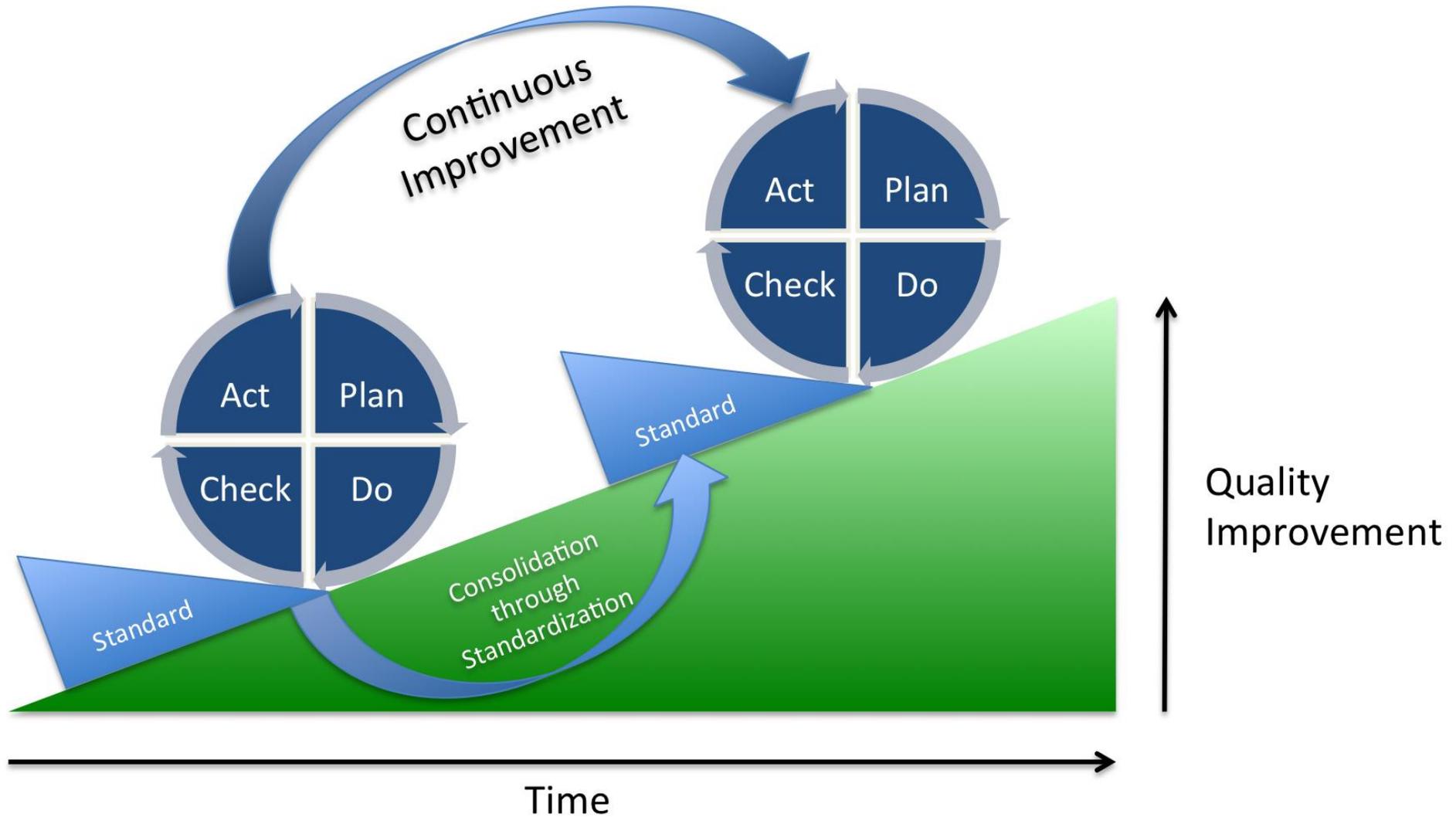


- Adjust plan
 - Scale up
- Standardize



- Evaluate!
- Analyze metric
- Compare to predictions
- Summarize what was learned

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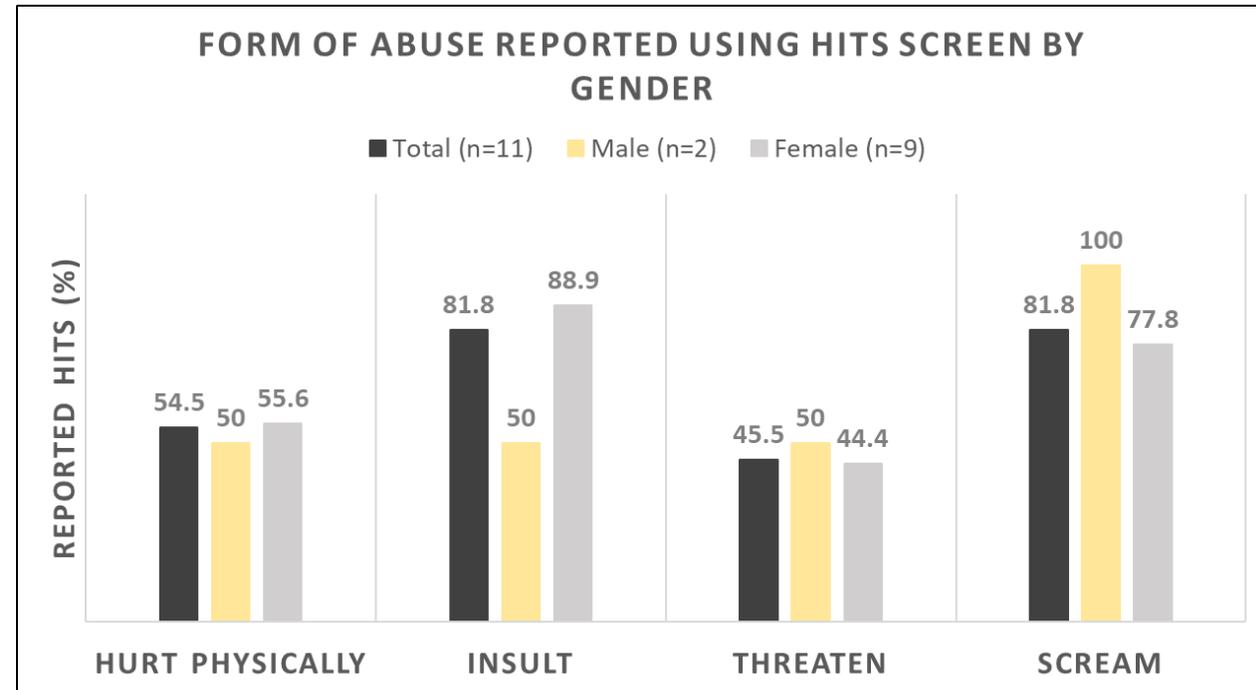


What results can we expect?



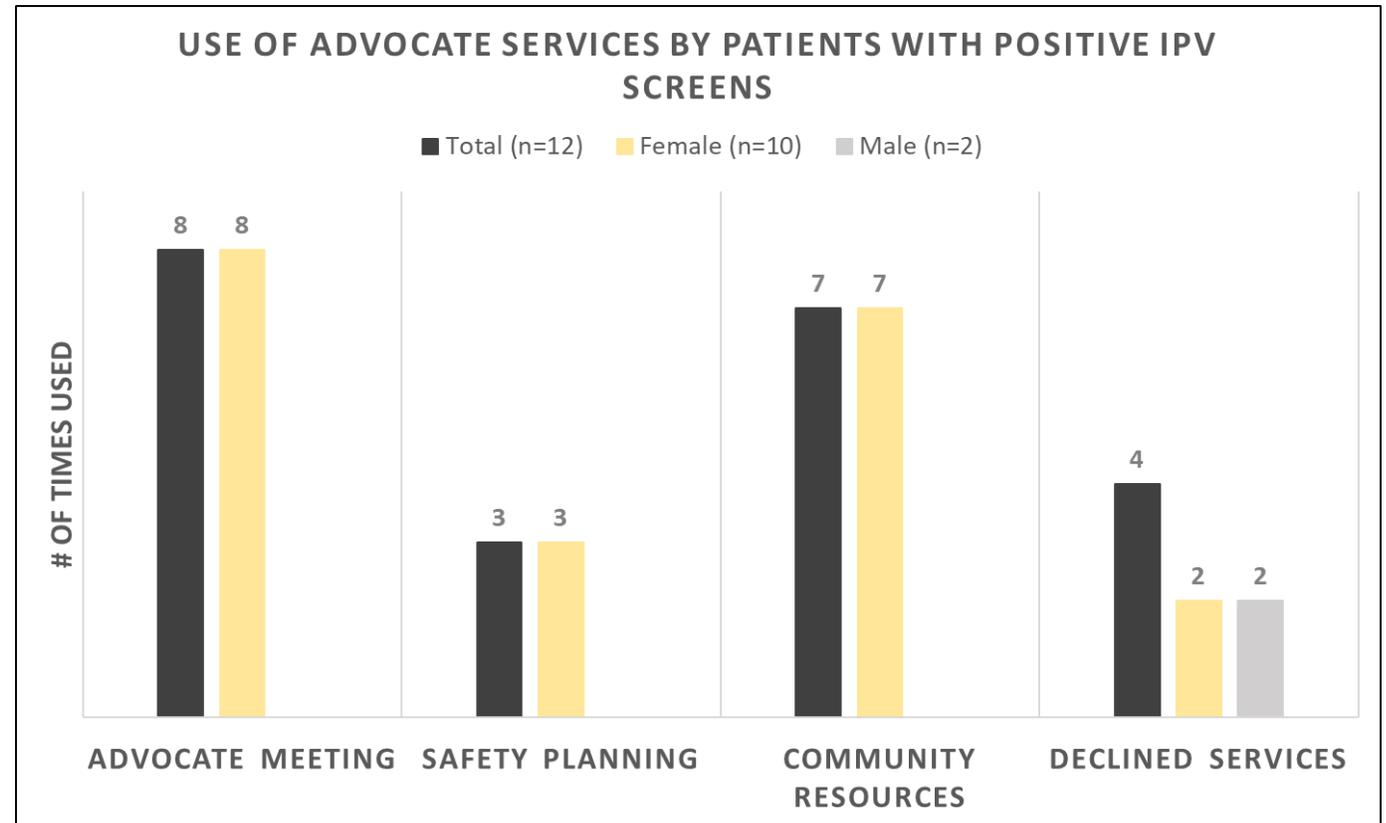
Impact of MedZou Screening

- 11.4% of patients screened positively (n=132)
 - 40% of positives answered “no” on their initial screening
 - Women screened positive more often than men



Impact of MedZou Advocacy Resources

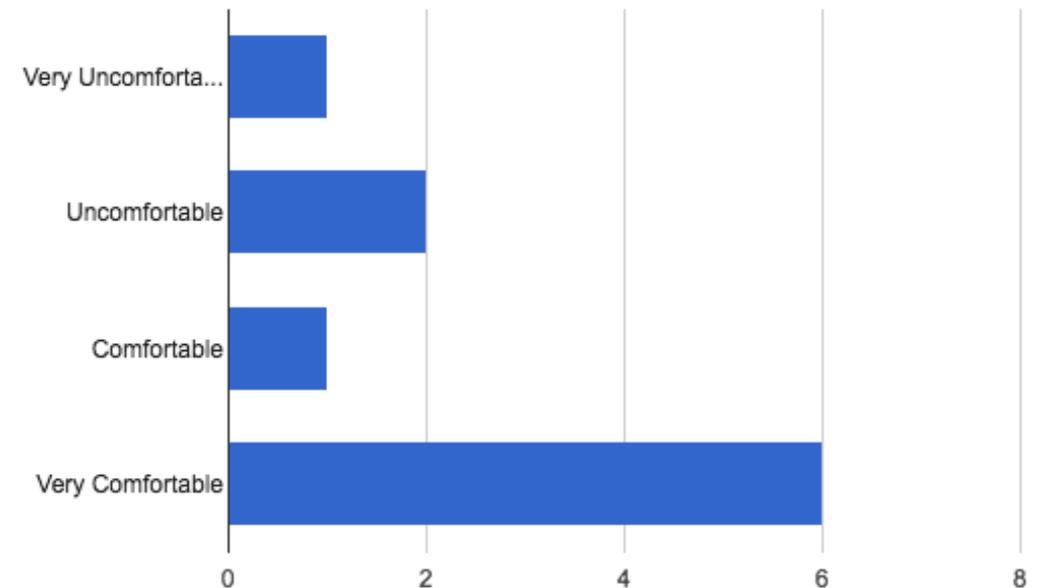
- Majority of women sought advocacy services, but the men did not.



Impact on Students' Application of Skills

- How likely are you to use your advocacy skills in your professional or post-graduate career? **Very Likely (10/10)**
- Would you use your advocacy skills in your personal or non-work life if a person disclosed IPV to you? **Yes (10/10)**

How comfortable are you with using your advocacy skills in your personal or non-work life?



Impact on Students

“Empowering and Inspiring”

“Being an advocate has helped my understanding of all aspects of power, control, and abuse. It has been beneficial to both my professional and personal life.”

“Should be required information for healthcare professionals”

“...I always felt it was hard to talk about these issues as a guy since it predominantly affects females, but I realize now that people really just want to talk and showing empathy and being able to connect with them is more important than gender.”

“Fulfilling a goal/responsibility”

Summary

- **Major Steps:**
 - Educate yourself on the topic
 - Identify and work with community resources/professionals
 - Create an inclusive clinic space
 - Train volunteers
 - Start/Improve your screening process
 - Continue to learn and improve



- **Reflect:** What is one action item you can take from this presentation and apply it to your healthcare setting?



Questions?

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