



Western Michigan University
ScholarWorks at WMU

Honors Theses

Lee Honors College

4-18-2023

Intimate Partner Violence in Nursing Students: Prevalence and Impact of Educational Workshop

Sara Michalowski
Western Michigan University

Follow this and additional works at: https://scholarworks.wmich.edu/honors_theses



Part of the Nursing Commons

Recommended Citation

Michalowski, Sara, "Intimate Partner Violence in Nursing Students: Prevalence and Impact of Educational Workshop" (2023). *Honors Theses*. 3636.

https://scholarworks.wmich.edu/honors_theses/3636

This Honors Thesis-Open Access is brought to you for free and open access by the Lee Honors College at ScholarWorks at WMU. It has been accepted for inclusion in Honors Theses by an authorized administrator of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.



Intimate Partner Violence in Nursing Students

Sara Michalowski

HNRS 4990

Dr. Pamela Wadsworth & Dr. Maria Roche-Dean

March 21, 2023

Intimate Partner Violence in Nursing Students

ABSTRACT

Introduction

The overall purpose of this study was to understand the prevalence of intimate partner violence in nursing students and assess the amount of education and knowledge that nursing students have on this topic. In addition, resources were provided to the students. Suggestions for improvement are also provided for the nursing staff and faculty. There is currently little education being provided to nursing students regarding intimate partner violence, which leads to unpreparedness in the nurse role and failure to recognize abusive situations in their personal lives. The qualitative data is limited regarding the prevalence of intimate partner violence in nursing students. The qualitative research that has been published is limited to healthcare professionals in general, neglecting the sample population of nursing students.

Methods

The study assessed the prevalence of intimate partner violence in nursing students of Bronson School of Nursing at Western Michigan University through an anonymous online survey. There was an intimate partner workshop conducted to a sample of 45 undergraduate nursing students in NUR 2300 to educate about what intimate partner violence is, warning signs, and resources for those experiencing an abusive relationship. The participants attended a workshop conducted by Danielle Snow from the FIRE group, Bridget Betzig from YWCA Kalamazoo, and myself. The research guided in identifying the prevalence of intimate partner violence in nursing students at Western Michigan University. The survey data was collected anonymously through an online survey and reported as a whole. The data is confidential and is analyzed on devices by the thesis board researchers at Western Michigan University. The data will be maintained for five years.

Results

Thirty-two nursing students (71.1% response rate) participated in the pre-test survey assessing current knowledge about intimate partner violence, education about intimate partner violence in nursing school, and specific numbers regarding prevalence of intimate partner violence. The overarching theme was the lack of education provided in nursing school and low confidence levels about handling a situation involving intimate partner violence. Finally, the prevalence of intimate partner violence in the sample of nursing students at Western Michigan University was 34.4%.

Discussion

The study reviewed qualitative findings across a sample of nursing students that demonstrated the importance of education about intimate partner violence to prepare students for the role as a registered nurse. The Bronson School of Nursing faculty should consider adding a module or course about intimate partner violence, assessing the needs of students who are experiencing intimate partner violence, and providing resources to all students. The study was strengthened by the specific sample of nursing students as they are currently enrolled in The Bronson School of Nursing, the workshop providing education to the students, and the pre-test survey to guide in gathering data. The study was limited to only 45 participants from a single nursing class at Western Michigan University and only 5 participant responses in the post-test survey.

The Prevalence of Intimate Partner Violence in Nursing Students

INTRODUCTION

Intimate partner violence has become a recurring topic in society as well as throughout Bronson School of Nursing at Western Michigan University. Intimate partner violence can include physical abuse, mental abuse, emotional abuse, and even technological abuse (Centers for Disease Control and Prevention, 2022 para. 2). There are warning signs of someone who is experiencing abuse such as bruises, cuts, and isolation. As a nurse, it is important to recognize the signs of intimate partner violence to provide help. Part of the nurse's role is to provide resources to patients who may need support. Research is being done to examine the prevalence of intimate partner violence in nurses and nursing students. To date, there is some research about intimate partner violence in the healthcare field. The research states that there is limited education provided to undergraduate nurses, although nurses play a key role in recognizing and preventing intimate partner violence (Doran & VanMortel, 2022). Additional research has been done to assess what knowledge nursing students have about the topic of intimate partner violence. In addition, an assessment using a survey was given to a sample of nursing students to assess prevalence of intimate partner violence in nursing students, assess the effectiveness of an IPV workshop in improving knowledge and attitudes in nursing students, as well as improving efficacy and screening of IPV.

Purpose

The research focused on the prevalence of intimate partner violence (IPV) in nursing students. In addition, this research assesses the effectiveness of an IPV workshop on the increased knowledge of IPV and self-efficacy in responding to it. The workshop specifically taught students the definition of intimate partner violence, warning signs to look out for in a

person, different types of abuse, and finally, access to resources for anyone experiencing intimate partner violence or knows someone in an abusive relationship.

Background

Intimate partner violence is “abuse or aggression that occurs in a romantic relationship...referring to both current and former spouses and dating partners. IPV can include behaviors such as physical violence, sexual violence, stalking, and psychological aggression” (Centers for Disease Control and Prevention [CDC], 2022 para. 2). Intimate partner violence can present itself in many forms which is why it is important to identify warning signs early to prevent further harm physically, mentally, and emotionally. Common warning signs include changes in mood, physical aggression, display feelings of jealousy and anger, control their partner’s time, control partner’s money, use verbal threats, isolate their partner, blame others, and force their partner to have sexual relations when it is unwanted (Marques, 2018). Overall health is benefitted if one can recognize these signs and take action to prevent further harm (Marques, 2018).

Although most warning signs of intimate partner violence are similar, there are different types of abuse that can be classified under intimate partner violence. Most individuals think of physical abuse when the term intimate partner violence is used, but there are other types of violence such as sexual abuse, technological abuse related to stalking, and psychological aggression. The Centers for Disease Control and Prevention states that physical violence is “the intentional use of physical force with the potential for causing death, disability, injury, or harm” (Centers for Disease Control and Prevention [CDC], 2022). Physical violence includes, but is not limited to scratching, pushing, shoving, throwing, choking, punching, hitting, etc. Sexual violence can be divided into many categories all of which do not include consent of an

individual. Examples of sexual violence include rape, victim was made to penetrate someone else, non-physically pressured unwanted penetration, unwanted sexual contact, and non-contact unwanted sexual experiences (Centers for Disease Control and Prevention [CDC], 2022). Next, stalking and cyberbullying has become more relevant as generations continue and technology advances. The CDC defines stalking as “a pattern of repeated, unwanted attention and contact that causes fear or concern for one’s own safety or the safety of someone else (Centers for Disease Control and Prevention [CDC], 2022 para. 2). Individuals are gaining access to a partner’s location and in some cases, will even follow their significant other and perform acts of harm, even to the point of death. There are boundaries between being safe and controlling behaviors in a partner. Lastly, psychological aggression is a form of intimate partner violence that includes “the use of verbal and nonverbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person” (Centers for Disease Control and Prevention [CDC], 2022 para. 2). Examples include name-calling, coercive control, threats of physical or sexual violence, and even mind game. Because intimate partner violence has a wide range of behaviors, there is a multitude of resources to be of service. A few of the resources available in the Kalamazoo area include YWCA Kalamazoo, the FIRE Association, Sindecuse Health Center, and the Sindecuse Health Center Counseling Services.

Nursing students may not be aware of the warning signs of intimate partner violence, as they may be experiencing an abusive relationship themselves. There is research done about the prevalence of intimate partner violence in nurses (Anikwe et al., 2021) and more studies are including the population of nursing students. The studies that have been conducted conclude that the prevalence of intimate partner violence in (n=912) nurses and nursing students is unacceptably high with results of 48.2% in nursing students and 58.7% for nurses. Due to the

increase in cases of IPV, education must be provided to prevent these situations as intimate partner violence is easier to prevent than manage. Students who attended workshops and training sessions became more aware of their own attitudes about IPV, warning signs to recognize, and responsibilities as a nurse to support victims (Doran & Van de Mortel, 2022). In addition, a better understanding of the prevalence of intimate partner violence in nursing students is needed along with more teaching to undergraduate students.

The purpose of the research was to 1) Identify the prevalence of intimate partner violence in a group of nursing students, 2) Teach the students about identifying intimate partner violence and how to access resources for those in violent situations and 3) Assess the effectiveness of an IPV workshop provided to the students on increased knowledge and self-efficacy in responding to it. The information from the study can be used by WMU faculty, staff, and nursing students as they become nurses in the professional world.

METHODS

Study Design

A quasi-experimental design was used to evaluate the effectiveness of the educational workshop on the signs, symptoms, identification, and response to intimate partner violence. In addition, the study assessed the prevalence of intimate partner violence in the subsample of nursing students enrolled in NURSING 2300-950- Concepts of Health/Wellness in Nursing Practice.

Setting and Participant Recruitment

The study was conducted in a nursing class at CHHS at Western Michigan University. Participants included 45 undergraduate nursing students in their 2nd semester of nursing school. All of the students are currently enrolled in NURSING 2300-950- Concepts of Health/Wellness

in Nursing Practice. This setting is most appropriate for the workshop because this course focuses on health and wellness of the individual. The goal of this course is for students to learn the nurse's role in promoting health and preventing illness to clients in all settings (Roche-Dean, 2021). Participants were at least 18 years of age and accepted into Bronson School of Nursing at Western Michigan University.

An email communication from the approved WMU staff was sent to all participants which introduced the research study, described the inclusion criteria, confidentiality, and consent agreement along with a link to the electronic survey. The researchers' contact information was provided at the end of the email. The electronic survey pre-test was completed before the presentation date, January 26, by all participants within a 10-minute time period. Data for the pre-test was collected 1-week after the workshop was completed. A follow-up email was sent with a link to a post-test to be filled out. Data for the post-test was collected 2-months after the workshop was completed. The research study presented limited risks to participants, but may have brought upon uncomfortable feelings about the topic (abusive relationship, witnessed intimate partner violence, knows someone in an abusive relationship, etc.)

Data Collection

Data was collected through an anonymous electronic survey called Qualtrics. The Qualtrics software defaulted to collecting IP addresses through the computer, but this setting was turned off to confirm anonymous data collection. The electronic survey pre-test was emailed to the nursing students one day before the IPV presentation date which was January 26 and closed 1-week after for data collection. A follow-up email with the post-test was sent to the nursing students after the presentation on January 26 and the survey closed 2-months due to minimal data collection within the first month. All of the nursing students completed the same survey which did not contain any identifying information.

Instrument

The instrument used to collect data was the Connor modified Provider Readiness to Manage Intimate Partner Violence (PRIMS) (Connor et al., 2010). The instrument is used to assess healthcare student's knowledge about intimate partner violence and attitudes surrounding the topic. The instrument was presented in the form of a survey through Qualtrics, which assessed current knowledge about intimate partner violence, education about intimate partner violence in nursing school, and specific numbers regarding prevalence of intimate partner violence. The Qualtrics survey has been used in populations including medical students and nursing students. The author of the survey granted permission to use the survey questions for this study. The survey included 23 questions with a variety of fill in the blank questions, select all that apply, multiple choice questions, yes and no, and Likert scale questions.

Ethical Considerations

The Institutional Review Board of participating organizations has approved this study (IRB-2022-381). To preserve confidentiality, any identifying information was removed from the text. The numbers and results provided lead to general conclusions of the overall population. All study documents are kept secured on the devices of those conducting the study.

Funding

There was no federal or other funding for this proposal. The PI and Co-PI used Western Michigan University resources to complete the proposed research study.

Informed Consent

Following HSIRB approval, the email that was sent to all participants included information regarding the research study, a description of the inclusion criteria, a confidentiality statement, and consent agreement along with a link to an electronic survey via Qualtrics. The researchers' contact information was provided in the email. Once the participants opened the survey link, they were informed that the survey was voluntary, confidential, completely

anonymous, and information will not be linked with the individual. Participants were informed they were allowed to end participation at any time by exiting out of the survey. Any information provided up to that point was deleted, and not used for research. Completion and submission of the survey served as consent.

Results

Key:

Black=pre-test

Red=post-test

Age	18-19 years old	20-21 years old	22+ years old	18-19 years old	20-21 years old	22+ years old
	40% (n=2)	60% (n=3)	0% (n=0)	20% (n=1)	40% (n=2)	40% (n=2)

Gender	Female	Male	Non-binary/Third Gender	Prefer Not to Say	Female	Male	Non-binary/Third Gender	Prefer Not to Say
	91% (n=29)	6% (n=2)	0% (n=0)	3% (n=1)	91% (n=29)	3% (n=1)	0% (n=0)	6% (n=2)

Intended Specialty	Family Practice	Specialty	Other	Family Practice	Specialty	Other
	6% (n=2)	69% (n=22)	25% (n=8)	6% (n=2)	68% (n=21)	26% (n=8)

Prior Educational Emphasis	Basic Sciences	Social Sciences	Other	Basic Sciences	Social Sciences	Other
	75% (n=24)	6% (n=2)	19% (n=6)	73% (n=24)	0% (n=0)	27% (n=9)

Training about Intimate Partner Violence (IPV)	None	Watched a video	Attended a lecture or talk	Attended a skills-based training or workshop	Other in depth training (4 hours or more)	None	Watched a video	Attended a lecture or talk	Attended a skills-based training or workshop	Other in depth training (4 hours or more)
PRIOR to Nursing School:	56% (n=17)	16% (n=5)	19% (n=6)	6% (n=2)	3% (n=1)	39% (n=13)	24% (n=8)	24% (n=8)	6% (n=2)	6% (n=2)
IN Nursing School:	81% (n=26)	9% (n=3)	6% (n=2)	3% (n=1)	0% (n=0)	12% (n=4)	3% (n=1)	58% (n=19)	24% (n=8)	3% (n=1)

Number of hours of IPV training	None	1-5 hours	6+ hours	None	1-5 hours	6+ hours
PRIOR to Nursing School:	52% (n=16)	48% (n=15)	0% (n=0)	45% (n=15)	52% (n=17)	3% (n=1)
IN Nursing School:	75% (n=24)	25% (n=8)	0% (n=0)	21% (n=7)	76% (n=25)	3% (n=1)

Question/Statement	Not prepared	Minimally-Moderately	Fairly well-Well	Quite well Prepared	Not prepared	Minimally - Moderately	Fairly well-Well	Quite well Prepared
I feel prepared to ask appropriate questions about IPV	20% (n=6)	43% (n=13)	33% (n=10)	3% (n=1)	3% (n=1)	24% (n=8)	67% (n=22)	6% (n=2)
Appropriately respond to disclosure about abuse	20% (n=6)	34% (n=10)	43% (n=13)	3% (n=1)	3% (n=1)	22% (n=7)	69% (n=22)	6% (n=2)

Identify IPV indicators based on patient history and physical examination	23% (n=7)	37% (n=11)	37% (n=11)	3% (n=1)	3% (n=1)	27% (n=9)	61% (n=20)	9% (n=3)
Assess an IPV victim's readiness to change	28% (n=8)	56% (n=17)	13% (n=4)	3% (n=1)	3% (n=1)	25% (n=8)	69% (n=22)	3% (n=1)
Help an IPV victim assess his/her danger of lethality	37% (n=11)	40% (n=12)	16% (n=5)	6% (n=2)	3% (n=1)	31% (n=10)	59% (n=19)	6% (n=2)
Conduct a safety assessment for the victim's children	33% (n=10)	36% (n=11)	23% (n=8)	6% (n=1)	6% (n=2)	27% (n=9)	61% (n=20)	6% (n=2)
Help an IPV victim create a safety plan	27% (n=8)	37% (n=11)	36% (n=11)	0% (n=0)	6% (n=2)	18% (n=6)	73% (n=24)	3% (n=1)
Address technological abuse and stalking by use of partner's location	27% (n=8)	37% (n=11)	36% (n=11)	0% (n=0)	3% (n=1)	30% (n=10)	61% (n=20)	6% (n=2)
Document IPV history and physical examination findings in a patient's chart	30% (n=9)	37% (n=11)	30% (n=9)	3% (n=1)	3% (n=1)	33% (n=11)	55% (n=18)	0% (n=0)

Make appropriate referrals for IPV	37% (n=11)	24% (n=7)	37% (n=11)	3% (n=1)	6% (n=2)	36% (n=12)	52% (n=17)	6% (n=2)
Fulfill state reporting requirements for IPV	40% (n=12)	43% (n=13)	17% (n=5)	0% (n=0)	6% (n=2)	39% (n=13)	45% (n=15)	9% (n=3)
Fulfill state reporting requirements for Child abuse	27% (n=8)	46% (n=14)	20% (n=6)	3% (n=1)	3% (n=1)	33% (n=11)	58% (n=19)	6% (n=2)
Fulfill state reporting requirements for Elder abuse	30% (n=9)	44% (n=13)	20% (n=6)	3% (n=1)	3% (n=2)	28% (n=9)	53% (n=17)	16% (n=5)

How much do you know about the following :	Nothing	Very little- A little	A moderate amount- Quite a bit	Very much	Nothing	Very little-A little	A moderate amount- Quite a bit	Very much
Your legal reporting requirements for IPV	47% (n=14)	37% (n=11)	13% (n=5)	3% (n=1)	3% (n=1)	30% (n=10)	61% (n=20)	6% (n=2)
Your legal reporting requirements for Child abuse	31% (n=9)	38% (n=11)	27% (n=8)	3% (n=1)	0% (n=0)	33% (n=11)	64% (n=21)	3% (n=1)
Your legal reporting requirements for Elder abuse	27% (n=8)	47% (n=14)	23% (n=7)	3% (n=1)	0% (n=0)	30% (n=10)	64% (n=21)	6% (n=2)
Signs and symptom	23% (n=7)	43% (n=13)	30% (n=9)	3% (n=1)	0% (n=0)	21% (n=7)	76% (n=25)	3% (n=1)

s of IPV								
Recognizing warnings signs of technological abuse	33% (n=10)	43% (n=13)	24% (n=7)	0% (n=0)	0% (n=0)	24% (n=8)	70% (n=23)	6% (n=2)
How to document IPV in a patient's chart	53% (n=16)	40% (n=12)	6% (n=2)	0% (n=0)	9% (n=3)	33% (n=11)	48% (n=16)	9% (n=3)
Referral sources for IPV victims	53% (n=16)	44% (n=13)	3% (n=1)	0% (n=0)	3% (n=1)	33% (n=11)	61% (n=20)	3% (n=1)
Perpetrators of IPV	40% (n=12)	50% (n=15)	10% (n=3)	0% (n=0)	3% (n=1)	33% (n=11)	61% (n=20)	3% (n=1)
Relationship between IPV and pregnancy	43% (n=13)	44% (n=13)	14% (n=4)	0% (n=0)	3% (n=1)	36% (n=12)	58% (n=19)	3% (n=1)
Recognizing the childhood effects of witnessing IPV	40% (n=12)	40% (n=12)	20% (n=6)	0% (n=0)	3% (n=1)	33% (n=11)	58% (n=19)	6% (n=2)
What questions to ask to identify IPV	37% (n=11)	46% (n=14)	16% (n=5)	0% (n=0)	3% (n=1)	39% (n=13)	55% (n=18)	3% (n=1)
Why a victim might not disclose IPV	20% (n=6)	30% (n=9)	50% (n=15)	0% (n=0)	0% (n=0)	21% (n=7)	73% (n=24)	6% (n=2)
Your role in detecting IPV	30% (n=9)	50% (n=15)	20% (n=6)	0% (n=0)	0% (n=0)	30% (n=10)	67% (n=22)	3% (n=1)

What to say and what not to say in IPV situations with a patient	30% (n=9)	47% (n=14)	23% (n=7)	0% (n=0)	3% (n=1)	21% (n=7)	67% (n=22)	9% (n=3)
Determining danger for a patient experiencing IPV	33% (n=10)	57% (n=17)	10% (n=3)	0% (n=0)	3% (n=1)	27% (n=9)	67% (n=22)	3% (n=1)
Developing a safety plan with an IPV victim	33% (n=10)	50% (n=15)	16% (n=5)	0% (n=0)	3% (n=1)	24% (n=8)	67% (n=22)	3% (n=1)
The stages an IPV victim experiences in understanding and changing his/her situation	43% (n=13)	54% (n=16)	3% (n=1)	0% (n=0)	6% (n=2)	27% (n=9)	64% (n=21)	3% (n=1)
The use of social media to abuse a partner	37% (n=11)	40% (n=12)	23% (n=7)	0% (n=0)	3% (n=1)	12% (n=4)	73% (n=24)	12% (n=4)

What is the single strongest risk factor for becoming a victim of intimate partner violence?	Age (<30 years)	Partner abuses drugs/alcohol	Gender-female	Family history of abuse	Age (<30 years)	Partner abuses drugs/alcohol	Gender-female	Family history of abuse
---	---------------------------	-------------------------------------	----------------------	--------------------------------	---------------------------	-------------------------------------	----------------------	--------------------------------

	0% (n=0)	50% (n=10)	20% (n=4)	30% (n=6)	0% (n=0)	63% (n=19)	17% (n=5)	20% (n=6)
--	----------	------------	-----------	-----------	----------	------------	-----------	-----------

Which of the following is generally true about batterers?	They have trouble controlling their anger	They use violence as a means of controlling their partners	They are violent because they drink or use drugs	They pick fights with anyone	They have trouble controlling their anger	They use violence as a means of controlling their partners	They are violent because they drink	They pick fights with anyone
	30% (n=9)	60% (n=18)	7% (n=2)	3% (n=1)	12% (n=4)	85% (n=28)	0% (n=0)	3% (n=1)

Which of the following are the warning signs that a patient have been abused by his/her partner? Select all that apply.	Chronic, unexplained pain	Anxiety	Substance abuse	Frequent injuries	Depression	Chronic, unexplained pain	Anxiety	Substance abuse	Frequent injuries	Depression
	0% (n=0)	23% (n=7)	13% (n=4)	53% (n=16)	10% (n=3)	9% (n=3)	9% (n=3)	13% (n=4)	59% (n=19)	9% (n=3)

Which of the following are reasons that an IPV victim may not be able to leave a violent relationship? Select all that apply.	Fear of retribution	Financial dependence on the perpetrator	Children's needs	Isolation	Fear of retribution	Financial dependence on the perpetrator	Children's needs	Isolation
	33% (n=10)	40% (n=12)	17% (n=5)	10% (n=3)	27% (n=9)	33% (n=11)	21% (n=7)	9% (n=3)

Which of the following	Are you a victim of intimate	Has your partner ever	Have you ever been afraid of	Has your partner ever hit or	Are you a victim of intimate	Has your partner ever	Have you ever been afraid of	Has your partner ever hit or
-------------------------------	-------------------------------------	------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	------------------------------	-------------------------------------	-------------------------------------

are the most appropriate ways to ask a patient about IPV? Select all that apply.	partner violence?	threatened or hurt you?	your partner?	hurt you?	partner violence?	threatened or hurt you?	your partner?	hurt you?
	7% (n=2)	27% (n=8)	60% (n=18)	7% (n=2)	0% (n=0)	36% (n=12)	55% (n=18)	9% (n=3)

Which of the following is/are generally true? Select all that apply.	There are common, non-injury presentations of abused patients	There are behavioral patterns in couples that may indicate IPV	Specific areas of the body are most often targeted in IPV cases	There are common injury patterns associated with IPV	Injury in different stages of recovery may indicate abuse	There are common, non-injury presentations of abused patients	There are behavioral patterns in couples that may indicate IPV	Specific areas of the body are most often targeted in IPV cases	There are common injury patterns associated with IPV	Injury in different stages of recovery may indicate abuse
	18% (n=5)	36% (n=10)	18% (n=5)	14% (n=4)	14% (n=4)	30% (n=10)	21% (n=7)	18% (n=6)	21% (n=7)	9% (n=3)

Which of the following are examples of technology abuse towards a partner? Select all that apply.	Forcing a partner to send unwanted pictures	Tracking a partner's location by phone and driving to that spot to confront them	Texting a partner to see what time their work shift ends	Logging into a partner's bank account to transfer money to their spending account	Forcing a partner to send unwanted pictures	Tracking a partner's location by phone and driving to that spot to confront them	Texting a partner to see what time their work shift ends	Logging into a partner's bank account to transfer money to their spending account
	39% (n=11)	46% (n=13)	0% (n=0)	14% (n=4)	39% (n=13)	48% (n=16)	0% (n=0)	12% (n=4)

Which of the following is the biggest	Twitter	Tik Tok	Facebook	Instagram	Twitter	Tik Tok	Facebook	Instagram
---------------------------------------	---------	---------	----------	-----------	---------	---------	----------	-----------

social media platform for intimate partner violence?									
	17% (n=5)	10% (n=3)	24% (n=7)	48% (n=14)	6% (n=2)	15% (n=5)	33% (n=11)	45% (n=15)	

Please match the following descriptions of the behaviors and feelings of patients with a history of IPV with the appropriate stage of change.	Precontemplation	Contemplation	Preparation	Action	Maintenance	Termination	Precontemplation	Contemplation	Preparation	Action	Maintenance	Termination
Begins making plans to leave the abusive partner	17% (n=5)	13% (n=4)	60% (n=18)	7% (n=2)	3% (n=1)	0% (n=0)	0% (n=0)	9% (n=3)	79% (n=26)	12% (n=4)	0% (n=0)	0% (n=0)
Denies there's a problem	83% (n=25)	7% (n=2)	3% (n=1)	3% (n=1)	0% (n=0)	3% (n=1)	78% (n=25)	13% (n=4)	3% (n=1)	3% (n=1)	0% (n=0)	3% (n=1)
Begins thinking the abuse is not their own fault	17% (n=5)	50% (n=15)	10% (n=3)	13% (n=4)	7% (n=2)	3% (n=1)	6% (n=2)	70% (n=23)	0% (n=0)	6% (n=2)	15% (n=5)	3% (n=1)
Continues changing behaviors	13% (n=4)	7% (n=2)	7% (n=2)	27% (n=8)	47% (n=14)	0% (n=0)	6% (n=2)	6% (n=2)	3% (n=1)	42% (n=14)	33% (n=11)	9% (n=3)
Obtains order for protection	14% (n=4)	0% (n=0)	3% (n=1)	24% (n=7)	21% (n=6)	38% (n=11)	0% (n=0)	0% (n=0)	6% (n=2)	27% (n=9)	18% (n=6)	48% (n=16)

Bubble "T" for true, "F" for false, or "DK" if you don't know the answer to the following :	True (T)	False (F)	Don't Know (DK)	True (T)	False (F)	Don't know (DK)
Alcohol	43% (n=13)	13% (n=4)	43% (n=13)	48% (n=16)	18% (n=6)	33% (n=11)

consumption is the single greatest predictor of the likelihood of IPV						
There are good reasons for not leaving an abusive relationship	40% (n=12)	23% (n=7)	37% (n=11)	36% (n=12)	52% (n=17)	12% (n=4)
Reasons for concern about IPV should not be included in a patient's chart if she chooses not to disclose the violence	17% (n=5)	50% (n=15)	33% (n=10)	28% (n=9)	56% (n=18)	16% (n=5)
When asking patients about IPV, health care workers should use the word "abused" or "battered"	10% (n=3)	47% (n=14)	43% (n=13)	22% (n=7)	59% (n=19)	19% (n=6)
Being supportive of a patient's choice to remain in a violent relationship would condone the abuse	30% (n=9)	27% (n=8)	43% (n=13)	13% (n=4)	45% (n=14)	42% (n=13)
Victims of IPV are able to make appropriate choices about how to handle their situation	40% (n=12)	13% (n=4)	47% (n=14)	32% (n=10)	42% (n=13)	26% (n=8)

Health care providers should not pressure patients to acknowledge that they are living in an abusive relationship	40% (n=12)	7% (n=2)	50% (n=16)	52% (n=16)	32% (n=10)	16% (n=5)
Victims of IPV are at a greater risk of injury when they leave the relationship	30% (n=9)	13% (n=4)	57% (n=17)	45% (n=14)	32% (n=10)	23% (n=7)
Strangulation injuries are rare in cases of IPV	10% (n=3)	47% (n=14)	43% (n=13)	13% (n=4)	71% (n=22)	16% (n=5)
Allowing partners or friends to be present during a patient's history and physical exam ensures safety for the IPV victim	10% (n=3)	47% (n=14)	43% (n=13)	19% (n=6)	52% (n=16)	29% (n=9)
Even if the child is not in immediate danger, health care providers in all states are mandated to report an instance of a child witnessing IPV to Child Protective Services	70% (n=21)	0% (n=0)	30% (n=9)	77% (n=24)	3% (n=1)	19% (n=6)
Social media	7% (n=2)	67% (n=20)	27% (n=8)	3% (n=1)	77% (n=24)	19% (n=6)

does not contribute to intimate partner violence and can only be used for good reason							
---	--	--	--	--	--	--	--

Question/Statement	Strongly disagree	Slightly disagree	Slightly agree	Strongly agree	Strongly disagree	Slightly disagree	Slightly agree	Strongly agree
If an IPV victim does not acknowledge the abuse, there is little that I can do to help them	46% (n=13)	25% (n=7)	29% (n=8)	0% (n=0)	32% (n=10)	32% (n=10)	32% (n=10)	3% (n=1)
I would ask all new patients about abuse in their relationships	4% (n=1)	15% (n=4)	53% (n=15)	29% (n=8)	6% (n=2)	6% (n=2)	65% (n=20)	23% (n=7)
I can make appropriate referrals to services within the community for IPV victims	7% (n=2)	26% (n=7)	58% (n=16)	7% (n=2)	0% (n=0)	13% (n=4)	74% (n=23)	13% (n=4)
I am capable of identifying IPV without asking my patient about it	11% (n=3)	46% (n=13)	44% (n=12)	0% (n=0)	3% (n=1)	23% (n=7)	68% (n=21)	6% (n=2)
I do not have sufficient training to	0% (n=0)	25% (n=7)	50% (n=14)	25% (n=7)	6% (n=2)	26% (n=8)	58% (n=18)	10% (n=3)

assist individuals in addressing situations of IPV								
Patients who abuse alcohol or other drugs are likely to have a history of IPV	4% (n=1)	46% (n=13)	46% (n=13)	4% (n=1)	0% (n=0)	19% (n=6)	71% (n=22)	10% (n=3)
Victims of abuse have the right to make their own decisions about whether hospital staff should intervene	4% (n=1)	21% (n=6)	54% (n=15)	21% (n=6)	0% (n=0)	26% (n=8)	58% (n=18)	16% (n=5)
I feel comfortable discussing IPV with my patients	4% (n=1)	32% (n=9)	57% (n=16)	7% (n=2)	0% (n=0)	19% (n=6)	74% (n=23)	6% (n=2)
I don't have the necessary skills to discuss abuse with an IPV victim who is: Female	11% (n=3)	32% (n=6)	50% (n=14)	7% (n=2)	6% (n=2)	39% (n=12)	48% (n=15)	6% (n=2)
I don't have the necessary skills to discuss abuse with an IPV victim	7% (n=2)	26% (n=7)	52% (n=14)	15% (n=4)	6% (n=2)	39% (n=12)	48% (n=15)	6% (n=2)

who is: Male								
I don't have the necessary skills to discuss abuse with an IPV victim who is: From a different culture/ethnic background	11% (n=3)	26% (n=7)	52% (n=14)	11% (n=3)	6% (n=2)	35% (n=11)	48% (n=15)	19% (n=6)
If victims of abuse remain in the relationship after repeated episodes of violence, they must accept responsibility for that violence	61% (n=17)	18% (n=5)	19% (n=5)	4% (n=1)	33% (n=10)	27% (n=8)	37% (n=11)	3% (n=1)
I am aware of legal requirements in this state regarding reporting suspected cases of IPV	18% (n=5)	35% (n=10)	47% (n=14)	0% (n=0)	3% (n=1)	20% (n=6)	63% (n=19)	13% (n=4)
I am aware of legal requirements in this state regarding reporting suspected cases of Child abuse	11% (n=3)	43% (n=12)	40% (n=11)	7% (n=2)	3% (n=1)	14% (n=4)	66% (n=19)	17% (n=5)

I am aware of legal requirements in this state regarding reporting suspected cases of Elder abuse	14% (n=4)	36% (n=10)	43% (n=12)	7% (n=2)	6% (n=2)	19% (n=6)	61% (n=19)	13% (n=4)
Health care providers do have the time to assist patients in addressing IPV	14% (n=4)	18% (n=5)	47% (n=13)	21% (n=6)	6% (n=2)	23% (n=7)	48% (n=15)	23% (n=7)
I am able to gather the necessary information to identify IPV as the underlying cause of patient illness (i.e. depression, migraines)	7% (n=2)	33% (n=9)	59% (n=16)	0% (n=0)	3% (n=1)	16% (n=5)	74% (n=23)	6% (n=2)
If a patient refuses to discuss the abuse, the staff can only treat the patient's injuries	4% (n=1)	22% (n=6)	66% (n=18)	7% (n=2)	0% (n=0)	23% (n=7)	68% (n=21)	9% (n=3)
Victims of abuse could leave the relationship if they wanted to	15% (n=4)	49% (n=13)	37% (n=10)	0% (n=0)	10% (n=3)	26% (n=8)	58% (n=18)	6% (n=2)

Health care providers have a responsibility to ask all patients about IPV	4% (n=1)	11% (n=3)	55% (n=15)	30% (n=8)	0% (n=0)	13% (n=4)	68% (n=21)	19% (n=6)
Alcohol abuse is the leading cause of IPV	4% (n=1)	30% (n=8)	67% (n=18)	0% (n=0)	0% (n=0)	27% (n=8)	63% (n=19)	10% (n=3)
Victims of abuse often have valid reasons for remaining in an abusive relationship	4% (n=1)	12% (n=3)	69% (n=18)	15% (n=4)	0% (n=0)	20% (n=6)	73% (n=22)	7% (n=2)
Screening for IPV is likely going to offend those who are screened	19% (n=5)	34% (n=9)	48% (n=13)	0% (n=0)	3% (n=1)	45% (n=14)	48% (n=15)	3% (n=1)
I am able to gather the necessary information to identify IPV as the underlying cause of patient injuries (e.g. bruises, fractures)	11% (n=3)	24% (n=9)	56% (n=15)	0% (n=0)	6% (n=2)	10% (n=3)	77% (n=24)	6% (n=2)
Women who choose to step out of traditional roles are a major	37% (n=10)	22% (n=6)	37% (n=10)	4% (n=1)	16% (n=5)	32% (n=10)	48% (n=15)	3% (n=1)

cause of IPV								
Health care providers do not have much knowledge to assist patients in addressing IPV	46% (n=12)	27% (n=7)	27% (n=7)	0% (n=0)	16% (n=5)	26% (n=8)	48% (n=15)	10% (n=3)
I can match therapeutic interventions to an IPV patient's readiness to change	7% (n=2)	34% (n=9)	59% (n=16)	0% (n=0)	3% (n=1)	29% (n=9)	61% (n=19)	6% (n=2)
I understand why IPV victims do not always comply with staff recommendations	4% (n=1)	29% (n=7)	59% (n=15)	22% (n=4)	0% (n=0)	13% (n=4)	68% (n=21)	19% (n=6)
Use of alcohol or other drugs is related to IPV victimization	0% (n=0)	22% (n=6)	74% (n=20)	4% (n=1)	3% (n=1)	19% (n=6)	68% (n=21)	10% (n=10)
I can recognize victims of IPV by the way they behave	15% (n=4)	37% (n=10)	48% (n=13)	0% (n=0)	3% (n=1)	13% (n=4)	81% (n=25)	3% (n=1)

Have you ever experienced physical violence, sexual abuse, emotional abuse, intimidation,	Yes	No	Yes	No
--	------------	-----------	------------	-----------

economic deprivation, or threats of violence in an intimate partner relationship?				
	34% (n=10)	66% (n=19)	35% (n=11)	65% (n=20)

Have you ever witnessed physical violence, sexual abuse, or psychological abuse directed towards a family member?	Yes	No	Yes	No
	38% (n=11)	62% (n=18)	39% (n=12)	61% (n=19)

Here are some resources to use if you or someone you know is experiencing IPV.	The YWCA Kalamazoo	The Title IX Office	The FIRE Place	National Domestic Violence Hotline	Centers for Counseling and Psychological Services	Michigan Sexual Assault Hotline	The YWCA Kalamazoo	The Title IX Office	The FIRE Place	National Domestic Violence Hotline	Centers for Counseling and Psychological Services	Michigan Sexual Assault Hotline
	38% (n=6)	0% (n=0)	6% (n=1)	25% (n=4)	0% (n=0)	31% (n=5)	33% (n=5)	0% (n=0)	0% (n=0)	33% (n=5)	0% (n=0)	27% (n=4)

Discussion

The purpose of this study was to identify the prevalence of intimate partner violence in a group of nursing students, teach the students about identifying intimate partner violence and how to access resources for those in violent situations, and assess the effectiveness of an IPV workshop provided to the students on increased knowledge and self-efficacy in responding to it. The overarching theme of this study is that there is a lack of preparation and education about intimate partner violence for nursing students. Another theme identified was that the prevalence of intimate partner violence is high. After the IPV workshop that was provided, the students felt more confident in understanding what intimate partner violence is and being able to identify abusive relationships. Along with that, the post-test survey proved that the students felt capable

of talking to patients that have experienced intimate partner violence and know what their role as a nurse is when documenting and reporting. Throughout the study, students were able to ask questions and have provided suggestions for how the staff at Western Michigan can improve their education about intimate partner violence to meet the students' needs.

There has been minimal research done about the prevalence of intimate partner violence in healthcare workers, let alone in nursing students. The study showed that the prevalence of intimate partner violence in this sample of nursing students was high. There were 35% of individuals that said they have personally experienced intimate partner violence, and 39% who have been a witness to intimate partner violence in a family member. With the prevalence of intimate partner violence being high, there is minimal education and resources provided to students at Western Michigan University. There is also not enough attention drawn to this subject, which there should be more. The results of this study have shown that there are students that have experienced IPV or have been a witness to IPV, and action must be taken by Western Michigan University staff to reduce the prevalence and prevent these situations from occurring. In the future, these concerns and numbers should be brought to a staff meeting, to then determine a plan of action for including intimate partner violence in a required course or providing some sort of educational intervention.

There is also a small amount of research done to show how much education is being provided in nursing programs across the world about intimate partner violence. This study allowed researchers to identify that nursing students are not provided with the information or resources to gain knowledge about intimate partner violence, therefore, do not feel confident in performing their role as a nurse. More than 75% of the students reported having zero hours of IPV training in nursing school, and although this is only the second semester of nursing school,

more than 81% stating they have been to no type of training including lectures, videos, etc. These findings do align with previous research which states that undergraduate educational interventions are lacking and that IPV training and educational interventions are effective in changing attitudes about IPV as well as creating awareness, allowing nursing students to better perform their role as a nurse (Doran et al., 2022). This study facilitated awareness and a new perspective for the nursing students which will be brought with them in the professional world. The study also provided insight to the Western Michigan faculty and staff in determining ways to improve nursing education and how to help those experiencing intimate partner violence. Future research should address how students feel if changes are made to the nursing program and how the outcomes will prepare the students for their professional role.

The study allowed the researchers to provide the students with resources for those experiencing intimate partner violence or someone they know that is in an abusive relationship. During the workshop, students were provided the opportunity to hear from The YWCA Kalamazoo and The FIRE Place which are two organizations that support those experiencing intimate partner violence and provide services of many different types. The presentations that were given by the organization's speakers allowed the participants to learn more about intimate partner violence and provided business cards, as well as artifacts with the organization's phone numbers and contact information. The two speakers also spoke to the fact that there are other resources available locally. The students were provided with the resources of other local organizations on both the pre-test and post-test survey. The results of the survey showed that 15 of the 33 participants clicked on at least one resource at the end of the survey and had access to their contact information. The students were also provided with a copy of the full list of resources after the presentation was completed.

Finally, the study reflected on the effectiveness of the IPV workshop and if knowledge increased from the pre-test to the post-test. In the pre-test, 33% of students reported that they felt moderately well to well prepared to ask appropriate questions about IPV. After the workshop and reviewing post-test results, 67% of students reported that they felt moderately well to well prepared to ask appropriate questions about IPV. This result showed that the workshop was effective in increasing the percentage of students who feel confident in asking questions. The second statistic that proved the workshop's effectiveness was that 69% of participants know how to appropriately respond to abuse, whereas only 43% of students felt they knew how to respond. Finally, more than 73% of the students reported feeling moderately well to well prepared to perform their role as a nurse in coming up with a safety plan for a victim of IPV. Prior to the workshop, only 37% of students felt moderately well to well prepared in understanding how to come up with a safety plan for their patient. In just these few statistics, the researchers were able to identify that the IPV workshop was effective for the students.

Reliability and Validity

The instrument that was used is the Connor modified Provider Readiness to Manage Intimate Partner Violence (PRIMS) (Connor et al., 2010). The instrument is used to assess healthcare student's knowledge about intimate partner violence and attitudes surrounding the topic. The survey had a total of 23 questions with a variety of fill in the blank questions, select all that apply, multiple choice questions, yes and no, and likert scale questions (for example not prepared to well prepared, and strongly disagree to strongly agree). Internal consistency of this scale was high, with a Cronbach's alpha equal to .97 when assessed with a group of 33 nursing students (Connor et al., 2010). The researchers measured construct validity by estimating the correlation between scales the instrument contained which ranged from $r= 0.859$ (perceived

preparedness to deal with IPV and current perceived knowledge) to legal requirements ($r=0.123$) (Connor et al., 2010). The author gave permission to use this instrument.

Limitations

This study was limited to a small sample of nursing students in the Bronson School of Nursing that was selected by the researchers due to appropriate fit. Because the researchers were limited to a small sample size, responses to the survey may not accurately reflect nursing students as a whole. The students that participated in the research were primarily White, female nursing students in their second semester of nursing school, all between the ages of 18 years old and 30 years old which limits the application to nursing students of other demographics. Data were collected the day before the IPV workshop (pre-test results) and 2 months after the workshop (post-test) due to only a small number of student responses. This length of time allows for potential recall bias. However, this time allowed researchers to reflect on quantitative data and qualitative data and consider the needs of the students and interventions that should be implemented in the future.

Implications

The data that was collected allowed the researchers to better understand strategies and interventions to reduce the prevalence of intimate partner violence (IPV) in nursing students. The numbers also demonstrated that nursing students are not receiving much education, if any, inquiring how to recognize IPV and how to perform the role of the nurse in assessing patients and providing resources. The first intervention to be implemented should be an educational intervention for the nursing students during nursing school. Examples of educational intervention include workshops, mandatory IPV training, a module designated to IPV in a predetermined course, or a specific course about intimate partner violence. The students must first have

knowledge in what signs and symptoms to look for in intimate partner violence, as well as insight about the role of the registered nurse. Once the students can recognize IPV and understand their responsibilities as a professional, the prevalence of intimate partner violence should decrease.

The registered nurse has the role to assess patients and recognize the warning signs of intimate partner violence. The nurse provides individualized care to the patient through assessments, education, and providing resources to those that experience intimate partner violence. It is important to reinforce these topics in nursing school to promote better health outcomes. The use of educational intervention improves the nursing student's knowledge and attitudes about intimate partner violence, leading to success for both the student (nurse) and the patient (Doran & Van de Mortel, 2022).

Providing nursing students with a variety of educational interventions about intimate partner violence can benefit the outcomes of the prevalence of intimate partner violence for nursing students themselves and their peers. The use of a mandatory IPV course or training improves the students' attitudes towards intimate partner violence and allows for better preparedness in the professional role. The educational intervention can prepare nursing students to focus on themselves as well. Also, providing resources to the students can improve outcomes of intimate partner violence, allowing those in danger to seek help and guidance. Some resources provided included The FIREPlace, YWCA Kalamazoo, Title IX Office, Gryphon Place, National Domestic Violence Hotline, and so many more. Taking these considerations into account, educational intervention and resources may improve attitudes about IPV, preparedness for the nurse role, and the prevalence of intimate partner violence in nursing students.

References

- Anikwe, C. C., Umeononihu, O. S., Anikwe, I. H., Ikeoha, C. C., Eleje, G. U., Ewah, R. L., Okorochukwu, B. C., Nwokoye, B. I., Ogah, C. O., & Chigozie, O. F. (2021). Burden of intimate partner violence among nurses and nursing students in a tertiary hospital in Abakaliki, Ebonyi State, Nigeria. *SAGE Open Nursing*, 7, 237796082110523. <https://doi.org/10.1177/23779608211052356>
- Centers for Disease Control and Prevention. (2022, October 11). *Fast facts: Preventing intimate partner violence |violence prevention/injury Center/CDC*. Centers for Disease Control and Prevention. Retrieved December 5, 2022, from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>
- Connor, P. D., Nouer, S. S., Mackey, S. T., Tipton, N. G., & Lloyd, A. K. (2010). Psychometric Properties of an intimate partner violence tool for Health Care Students. *Journal of Interpersonal Violence*, 26(5), 1012–1035. <https://doi.org/10.1177/0886260510365872>
- Doran, F., & Van de Mortel, T. (2022). The influence of an educational intervention on nursing students' domestic violence knowledge and attitudes: A pre and post intervention study. *BMC Nursing*, 21(1). <https://doi.org/10.1186/s12912-022-00884-4>
- Marques, L. (2018, March 12). *Intimate partner violence – what is it and what does it look like?* Anxiety and Depression Association of America, ADAA. Retrieved December 5, 2022, from <https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/intimate-partner-violence-what-it-and-what-does>
- Roche-Dean, M. (2021). Nursing 2300: Concepts of Health/Wellness of Nursing Practice [Syllabus]. College of Health and Human Services: Western Michigan University

Appendix A- Email Consent, Link to Survey for Nursing Students

Dear Student Nurse,

Hello. You are receiving this email because you are an enrolled student in NUR 2300 at the Bronson School of Nursing. I am a senior student in the Bronson School of Nursing. As part of our Lee Honors College Thesis, I am hoping to learn more about the incidence of intimate partner violence on nursing students at WMU. In addition, I am hoping to learn more about the understanding of nursing students in identifying and responding to intimate partner violence. This research will be used to help us understand how we can provide support and educate student nurses.

The survey is completed online via the Internet. This survey typically takes about 5-10 minutes to complete. You can quit the survey at any time, for any reason, without penalty and any information you responded to prior to quitting is deleted. Your participation is completely voluntary and anonymous. Your participation will have no effect on your status as a registered nurse and will have no effect in your employment.

If you have questions, you may contact Dr. Pamela Wadsworth at the Bronson School of Nursing at 269-387-8158 or email pamela.j.wadsworth@wmich.edu. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, at (269) 387-8293 or the Vice President of Research at Western Michigan University at (269) 387-8298.

The de-identified information collected for this research may be used or distributed in the future, without obtaining informed consent from you.

Thank you,

Pamela Wadsworth, PhD, RN, Assistant Professor, Western Michigan University

Sara Michalowski, Senior BSN student, Western Michigan University

Appendix B- Anonymous Online Survey Consent

Western Michigan University

Bronson School of Nursing

Principal Investigator: Pamela Wadsworth, PhD, RN

Student Investigator: Sara Michalowski

You are invited to participate in this research project titled "Evaluation of Educational Intervention Focused on Intimate Partner Violence for Nursing Students"

STUDY SUMMARY: This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. Participation in this study is completely voluntary. You may choose to not answer any question. The purpose of the research is to: evaluate the effectiveness of a workshop focused on intimate partner violence for nursing students. In addition, the study will evaluate the prevalence of intimate partner violence in this class of nursing students. This research will be used to help us understand how we can provide support for student nurses and will serve as Sara Michalowski's Lee Honors thesis for the requirements of the Bachelor of Science in Nursing degree. If you take part in the research, you will be asked to complete an online anonymous survey. Your replies will be completely anonymous, so do not put your name anywhere on the survey. Your time in the study will take 10-15 minutes. Possible risk and costs to you for taking part in the study may be *discomfort from answering sensitive questions and time to complete a survey*. There are no direct benefits of participating in this study. Your alternative to taking part in the research study is not to take part in it.

The de-identified (anonymous) information collected for this research may be used by or distributed to investigators for other research without obtaining informed consent from you.

Should you have any questions prior to or during the study, you can contact Pamela Wadsworth at Western Michigan University Bronson School of Nursing at 269-387-8158 or pamela.j.wadsworth@wmich.edu or the student investigator Sara Michalowski at sara.a.michalowski@wmich.edu. You may also contact the Chair, Institutional Review Board at 269-387-8293 or the Vice President for Research and Innovation at 269-387-8298.

This consent was approved by the Western Michigan University Institutional Review Board (WMU IRB) on January 6, 2023.

Participating in this survey online indicates your consent for use of the answers you supply.

Add buttons to click:

I agree to participate in this research study (Survey following upon clicking)

I do not agree to participate in this research study (Browser closes)

Appendix C- Survey

Thesis Survey Questions

The Centers for Disease Control and Prevention defines intimate partner violence as: “physical violence, sexual violence, stalking and psychological aggression, including coercive tactics, by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)”.

Q1 Your age

Q2 Your sex

- Male
- Female
- Non-binary / third gender
- Prefer not to say

Q3 Intended specialty

- Internal Medicine
- Family practice
- Pediatrics
- Psychiatry
- Emergency Medicine
- Surgery
- Obstetrics/Gynecology
- Other

Q4 Prior Educational Emphasis

- Basic sciences
- Social sciences
- Other

Q5 How much training about intimate partner violence (IPV) issues have you had in nursing school? Please select all that apply.

- None
- Watched a video
- Attended a lecture or talk
- Attended a skills-based training or workshop
- School classroom training (PCC or DRS)
- School-clinical training
- Other in-depth training (4 hours or more)
- Other

11. Your role in detecting IPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. What to say and not to say in IPV situations with a patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Determining danger for a patient experiencing IPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Developing a safety plan with an IPV victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The stages an IPV victim experiences in understanding and changing his/her situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The use of social media to abuse a partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 What is the strongest single risk factor for becoming a victim of intimate partner violence?

- Age
- Partner abuses alcohol/drugs
- Gender - female
- Family history of abuse
- Don't know

Q12 Which one of the following is generally true about batterers?

- They have trouble controlling their anger
- They use violence as a means of controlling their partners
- They are violent because they drink or use drugs
- They pick fights with anyone

Q13 Which of the following are the warning signs that a patient may have been abused by his/her partner? Select all that apply.

- Chronic, unexplained pain
- Anxiety
- Substance abuse
- Frequent injuries
- Depression

Q14 Which of the following are reasons that an IPV victim may not be able to leave a violent relationship? Select all that apply.

- Fear of retribution
- Financial dependence on the perpetrator
- Religious beliefs
- Children's needs
- Love for one's partner
- Isolation

Q15 Which of the following are the most appropriate ways to ask a patient about IPV? Select all that apply

- Are you a victim of intimate partner violence?
- Has your partner ever hurt or threatened you?
- Have you ever been afraid of your partner?
- Has your partner ever hit or hurt you?

Q16 Which of the following is/are generally true? Select all that apply.

- There are common, non-injury presentations of abused patients
- There are behavioral patterns in couples that may indicate IPV
- Specific areas of the body are most often targeted in IPV cases
- There are common injury patterns associated with IPV
- Injury in different stages of recovery may indicate abuse

Q17 Which of the following are examples of technology abuse towards a partner? Select all the apply.

- Forcing a partner to send unwanted pictures
- Tracking a partner's location by phone and driving to that spot to confront them

Obtains orders
for protection

Q20 Bubble "T" for true, "F" for false, or "DK" if you don't know the answer to the following:

	T	F	DK
1. Alcohol consumption is the single greatest predictor of the likelihood of IPV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There are good reasons for not leaving an abusive relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Reasons for concern about IPV should not be included in a patient's chart if she does not disclose the violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When asking patients about IPV, health care workers should use the word "abused" or "battered"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Being supportive of a patient's choice to remain in a violent relationship would condone the abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Victims of IPV are able to make appropriate choices about how to handle their situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Health care providers should not pressure patients to acknowledge that they are living in an abusive relationship

8. Victims of IPV are at a greater risk of injury when they leave the relationship

9. Strangulation injuries are rare in cases of IPV

10. Allowing partners or friends to be present during a patient's history and physical exam ensures safety for the IPV victim

11. Even if the child is not in immediate danger, health care providers in all states are mandated to report an instance of a child witnessing IPV to Child Protective Services

12. Social media does not contribute to intimate partner violence and can only be used for good reason

Q21 For each of the following statements, please indicate your response on the scale from "Strongly disagree" (1) to "Strongly agree" (7)

1

2

3

4

5

6

7

17. Alcohol abuse is the leading cause of IPV

18. Victims of abuse often have valid reasons for remaining in the abusive relationship

19. Screening for IPV is likely to offend those who are screened.

20. I am able to gather the necessary information to identify IPV as the underlying cause of patient injuries (e.g., bruises, fractures)

21. Women who choose to step out of traditional roles are a major cause of IPV

22. Health care providers do not have the knowledge to assist patients in addressing IPV

23. I can match therapeutic interventions to an IPV patient's readiness to change

24. I understand why IPV victims do not always comply with staff recommendations

25. Use of alcohol or other drugs is related to IPV victimization

26. I can recognize victims of IPV by the way they behave

Q22 Have you ever experienced physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, or threats of violence in an intimate partner relationship?

- Yes
- No

Q23 Have you ever witnessed physical violence, sexual abuse, or psychological abuse directed towards a family member?

- Yes
- No