

# We Don't Know What We Don't Know: PA Education and Needs Assessment in Domestic Violence Awareness and Education

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## Learning Objectives

By the end of this presentation, you should be able to...

- (1) Recognize the sobering national statistics surrounding domestic violence and the prevalence of domestic violence in American society.**
  - Identify the disparities amongst victims of domestic violence and that it affects women more than men and minorities more than any other population group.
  
- (2) Observe the needs assessment and knowledge gap that this research reveals**
  - Identify action steps that we can take as a profession to make ourselves national leaders in domestic violence care.

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## What is Domestic Violence

- Domestic Violence (DV) refers to abuse or coercion within the context of a relationship (including dating relationships, co-habitation, marriages, and friendships) where one partner asserts **power** and **control** over the other.
- Can occur in any relationship dynamic: does not require sexual intimacy.
- Includes physician, sexual, emotional, or economic coercion and/or abuse
- It can take one form or several and may change over time.
- No one is immune to IPV (CDC, 2019)

**DV is a public health epidemic resulting in significant financial losses, increased access of the healthcare system and increased morbidity and mortality for victims.**

**Most survivors interact multiple times with healthcare professionals.**

Reference: Centers for Disease Control and Prevention. (2019). *Intimate Partner Violence*. Retrieved September 25, 2019 from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

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## Prevalence and Incidence

- Accurate information on the incidence of IPV is difficult to access; it is one of the most underreported violent crimes.
- Between 2003 and 2012, **49% to 56%** of non-fatal DV was reported to police
- Department of Justice:
  - Between 1995 and 2015, the yearly rate of DV **declined** from **15.5 to 5.4 per 1,000 women** and from **2.8 to 0.5 per 1,000 men**.
- CDC, National Intimate Partner and Sexual Violence Survey:

	<u>Women</u>	<u>Men</u>
Lifetime	<b>36.4%</b>	<b>33.6%</b>
12-Month	<b>5.5%</b>	<b>5.2%</b>

- National Network to End Domestic Violence:
  - On **a single day in 2018**, more than **75,000** victims of DV received services.

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## Clinical Importance

### Overall

#### Increased

- ↓ Health status
- ↓ Health self-perception
- ↓ Quality of life

### Research has established the connection

#### Mental Health

- Post-traumatic stress disorder (PTSD)
- Major depressive disorder (MDD)
- Anxiety Disorders
- Self-harm and/or Suicide attempt

### DV is one of the most common causes of traumatic injury in women

#### Decreased

- ↑ Incidence of chronic pain syndromes
- ↑ Incidence of alcohol / drug dependence
- ↑ Use of healthcare resources

#### Physical Health

- HIV
- Gynecological symptoms
- Hypertension

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In the US between 2003 and 2014

**55%** of the **homicides** of non-Hispanic women and

**61%** of the **homicides** of Hispanic women

**were related to domestic violence**

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## Purpose

- While most women who have experienced IPV report that they have been injured as a result of IPV, less than half sought treatment acutely for their injuries
- The US Preventative Services Task Force (2013) recommends that all women of childbearing age, even those with an absence of signs and symptoms of abuse, should be screened for IPV and that those who screen positive should receive or be referred for intervention.
- **The purpose of the present research was to assess PAs' self-perception of confidence in treating and managing patients who are survivors of DV and to gain an understanding of the breadth of provided training that PAs may have had on the topics.**

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## Methodology

- The present research was part of a larger survey on PA practice and training to attendees of a conference in 2019.
  - Of 7,000 attendees, 1,181 PAs provided data.
- During June of 2019 randomly selected PAs were invited via email to complete the survey;
  - 523 PAs provided data relevant to the present study (rr = 9.4%).

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## Analytics

- For data related to PA training and experience in domestic violence...
  - Descriptive statistics
  - Chi-square tests of independence
  - z-tests of column proportions
- ...were used to determine whether training and experience differed across specialties.
- To analyze gaps between current and desired skills and abilities
  - A mixed measures ANOVA with time (current versus desired)
    - Within subjects measures with training (PA has/has not received training on managing and treating survivors of DV) and sample (convenience or random)
    - Between subjects measures was conducted for each of two skills and abilities of interest.

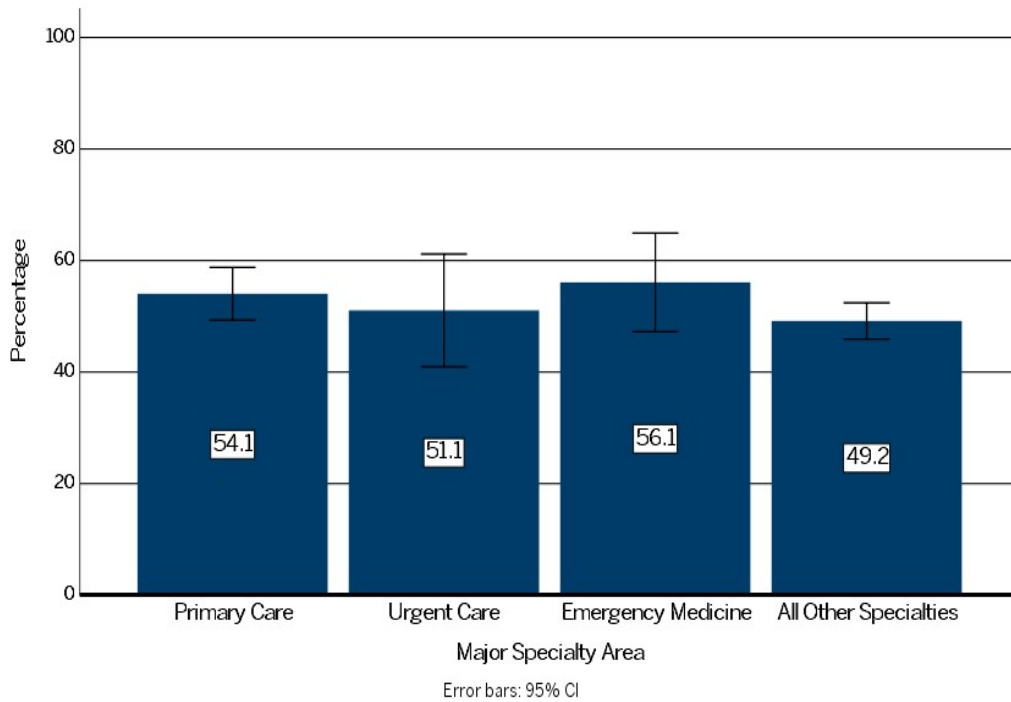
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## PAs with Prior Training in DV

- Received any prior training in in DV
  - 51.2% received prior training

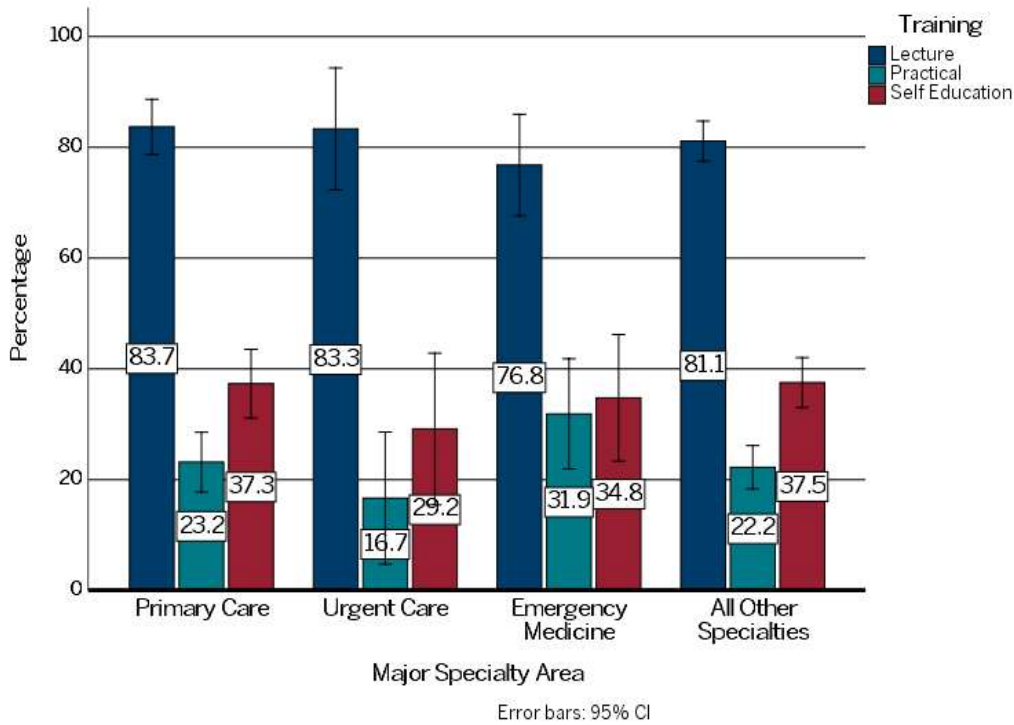
**Percentage of PAs with Prior Training in DV by Major Specialty Area**



# PA Training to Manage and Treat Patients with DV

- Lecture (81.6%) -- Self-education (36.7%) -- Practical training (23.0%)

**Type of Training for PAs Who Received Prior Training**

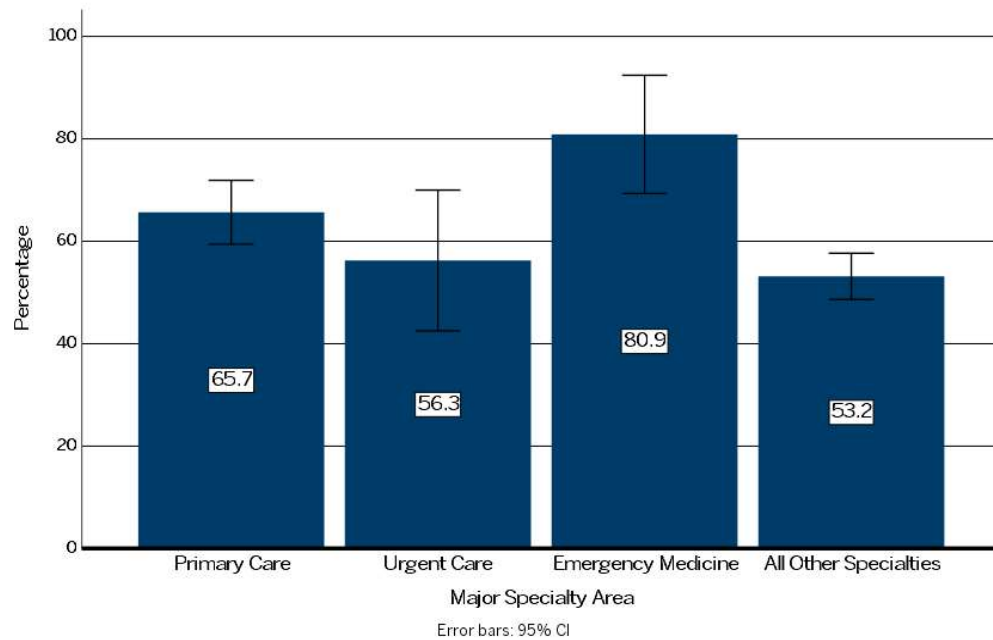


## Feel Prepared to Treat or Refer Victims of DV

- 59.4% of PAs feel adequately prepared to treat or refer patients who are survivors of DV

– DIFFERENCES

### Percentage of PAs Who Feel Adequately Prepared to Treat or Refer Victims of DV



Significant differences

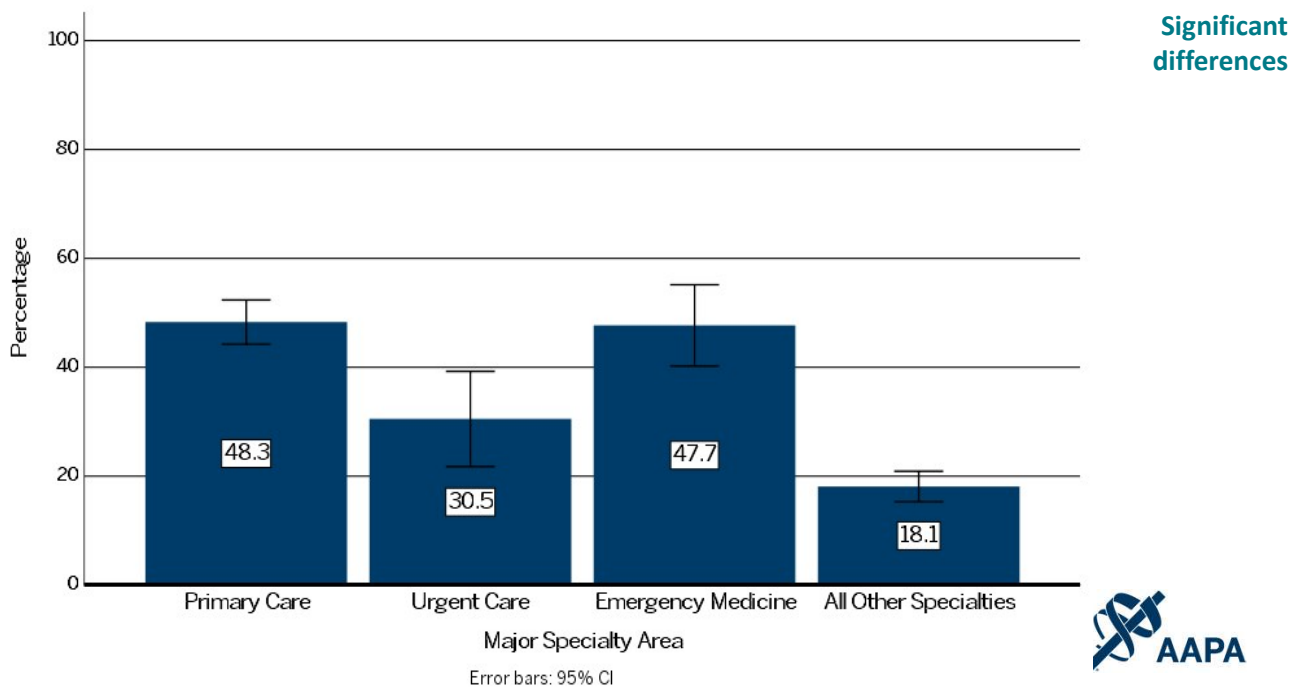
WHAT ARE THEY?



## Regularly Ask New and Existing Patients About DV

- 29.6% of PAs regularly ask new and existing patients about DV
- Primary Care, Emergency Medicine > Urgent Care > All Other Specialties

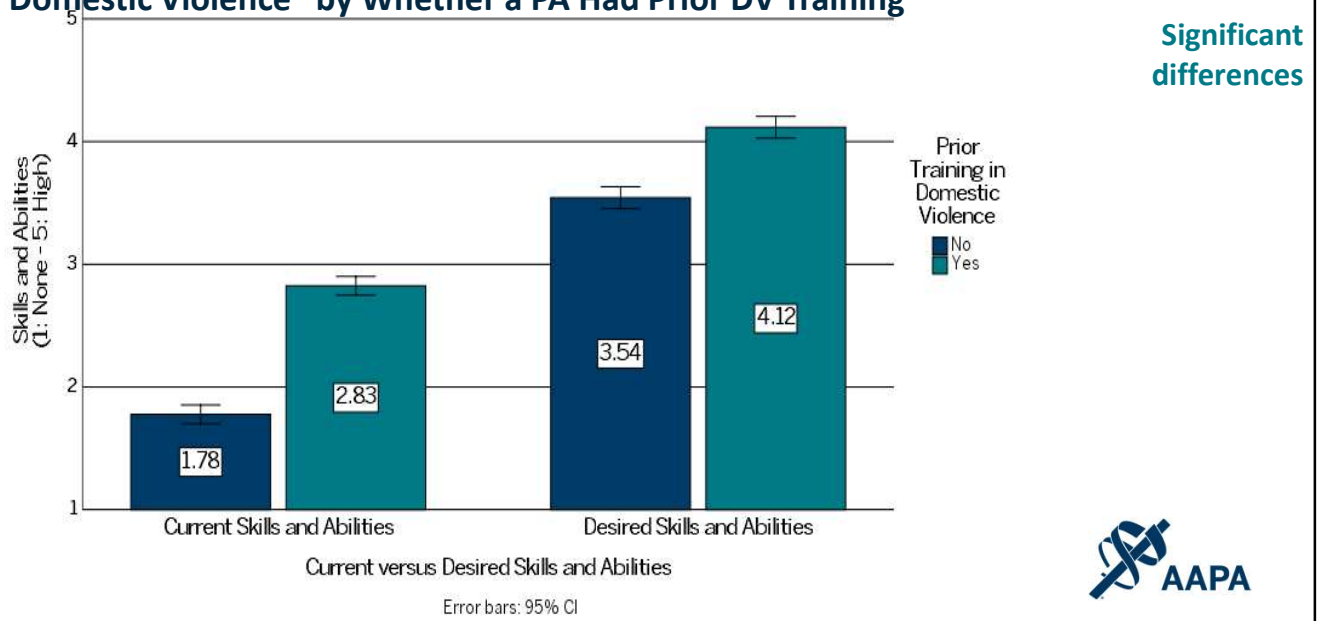
**Percentage of PAs Who Regularly Ask New and Existing Patients About DV**



## Treating and Managing Survivors of DV

- Current skills and abilities were significantly lower than desired skills and abilities
  - ( $M_{\text{current}} = 2.3$  versus  $M_{\text{desired}} = 3.83$ )
  - PAs with prior training in DV had higher current and desired skills and abilities

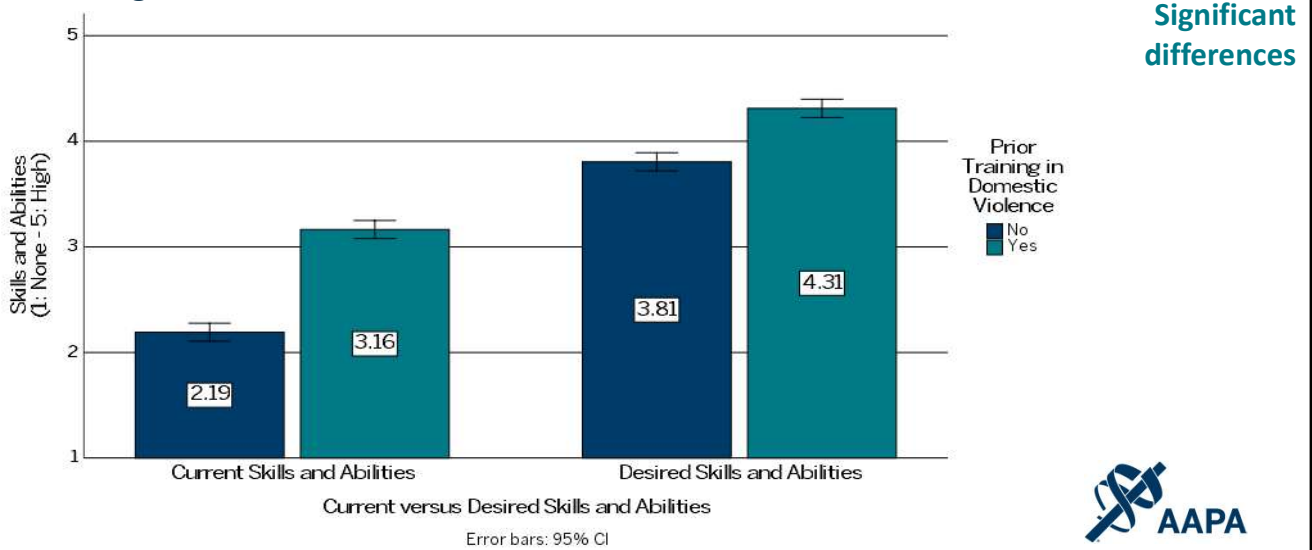
### Current versus Desired Skills and Abilities on “Treating and Managing Survivors of Domestic Violence” by Whether a PA Had Prior DV Training



## Managing and treating patients with PTSD

- Current skills and abilities were significantly lower than desired skills and abilities
  - ( $M_{\text{current}} = 2.68$  versus  $M_{\text{desired}} = 4.06$ )
  - PAs with prior training in DV had higher current and desired skills and abilities

### Current versus Desired Skills and Abilities on “Treating and Managing Patients with Post Traumatic Stress Disorder (PTSD)” by Whether a PA Had Prior DV Training



**The more training a PA received, the more they reported a gap in current and desired skills and abilities.**

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## Discussion

- Currently, by ARC-PA standards, the only mention of DV is that programs must provide education in the “principles of violence identification and prevention”.
- PAs see the value in additional training in these areas, pointing to an opportunity to mandate more comprehensive training on a standardized basis.
- Shows a significant and interesting relationship between the amount of training completed and the desire for more.

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## Curriculum & CME

- Longitudinal curriculum allows students to learn skills for a period of time greater than six months. This type of curriculum design for interpersonal violence gives the learner the opportunity to explore and dissect the knowledge in greater depth.
- Objective assessments of PA students' comfort and competencies related to diagnosing, managing, and treating IPV survivors could begin to mitigate skills gaps that this research highlighted.
- In the absence of nationwide standardized IPV education for PAs, these organizations can be leaders in continuing to shape the PA workforce by offering the more than 140,000 PAs education in best practices related to IPV

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## What does this curriculum look like?

- IPV Educators, LLC has a modular curriculum approach that is flexible, creative and interactive.
- Case studies and opportunities to practice screening and interacting with “patients” in real time are offered.
- Modules: psychology of sexual assault and domestic violence (and perpetrators), acute sexual assault and domestic violence, long-term sequelae of sexual assault and domestic violence, child abuse (both sexual and non-sexual), special populations (elderly, male victims, LGBTQ+, military victims).
- Modular education allows students to unpack and explore these topics in manageable sections.
- Modular education allows multiple points of intersection and awareness building.

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## Future Research

- Understand the perceived self-competencies of other frontline healthcare providers such as physicians and nurse practitioners.
- Does training bolster healthcare providers' objective competencies in this area?
- What characteristics of training in this area are most effective?

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PAAs are on the frontlines of medicine.

The PA profession has an opportunity to distinguish itself in advocacy, detection, and intervention for interpersonal violence victims, and this starts by providing comprehensive educational opportunities for PAs.

The time is now. Domestic violence is on the rise in the U.S. (secondary to COVID-19)

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## About the Researchers

- **Noël E. Smith, MA**, is the Senior Director of PA and Industry Research and Analysis at the American Academy of PAs. Her research focuses on PA workforce issues including perceived competencies as well as wellbeing and burnout. She is interested in engaging in research that has practical implications for creating a more prepared healthcare workforce of the future.
- **Katherine M. Thompson, MCHS, PA-C, FE**, has been a physician assistant for four years, and a forensic examiner for three years. She is a passionate advocate for comprehensive healthcare education in interpersonal violence. She is the medical director for Kaiser Permanente Washington's new program in interpersonal violence and sexual assault services, and the CEO / Founder for IPV Educators, LLC.
- **Timothy C. McCall, PhD**, is the Associate Director, Surveys & Analysis at the American Academy of PAs in addition to Director, Health Sciences Undergraduate Courses at The George Washington University. His research primarily focuses on the PA workforce, including the areas of provider well-being, morale, and issues related to equity.

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