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**Identification, Assessment, and Referrals for  
 Women Experiencing Intimate Partner  
 Violence: An Educational Session for  
 Maternity Nurses**

by

**Lina Catherine Garrard**

**An Honors Capstone**

**submitted in partial fulfillment of the requirements**

**for the Honors Certificate**

to

**The Honors College**

of

**The University of Alabama in Huntsville**

**April 27, 2016**

**Honors Capstone Director: Ann L. Bianchi PhD, RN, Associate Professor, College of Nursing**

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Lina Garrard

(Student Name (printed))

Lina Garrard

Student Signature

April 27, 2016

Date

## **Acknowledgement**

First and foremost, praise be to God for His never failing plans and for blessing me with far more than I deserve. I have undoubtedly been fortunate to be able to obtain my education and successfully complete my research.

I extend my deepest gratitude to my undergraduate research advisor, Dr. Ann Bianchi, for my research and thesis would not have been possible without her. Thank you for constantly supporting and guiding me alongside this journey of my academic studies over the years. You have set an example of excellence as an instructor, researcher, and a mentor. I truly could not have done this without you.

I would like to sincerely thank the director of the Honors Program in the College of Nursing, Dr. Ellise Adams. Your guidance, correction of this thesis, critical comments, and words of advice, encouragement, and motivation aided in ways I will forever be thankful for.

I am grateful for my friends and classmates who helped make the years of my undergraduate career palatable and for always serving as sources of inspiration and providing words of wisdom.

To the College of Nursing and the Honors College Program at The University of Alabama in Huntsville, thank you for giving me the opportunity to allow me to pursue what I am passionate about and for ultimately making this possible.

I cannot finish without thanking my family.

To the strongest human being I have ever known, my mother, Mutsuko Garrard. Thank you for being you. You and Dad have served as my biggest support system for as long as I have been alive. Thank you for loving me, continuously making sacrifices, pushing me beyond any and

every expectation I ever had for myself, and for instilling every ounce of faith you have in me. You never once stopped supporting me or encouraging me, and most importantly, you never gave up on me when I felt like giving up on myself. I will never be able to repay you for all you have done for me.

To my sisters, Rebecca and Taylor, and my Godson. Thank you for making me see that there is life outside of my academic studies, your incredible patience over the last four years of chaos, and loving me through my worst.

Finally, I would like to thank and dedicate this thesis to my father, who succumbed to his illness in the midst of me completing my degree. It was you, as well as Mom, who lit a fire in me to never stop learning. It was you who caused me to be passionate about affecting others in a positive manner. Although I cannot help but feel you were taken from us too soon, you taught me a multitude of things in life. For that, I will forever be thankful, and I will carry these lessons with me every single day. I will always cherish and hold onto all of the memories I have of you over the last twenty-two years, and I will continue to strive for excellence and success as you so wonderfully raised me to do. I hope I will make you proud.

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## **Abstract**

### **Background**

Intimate partner violence (IPV) can occur during pregnancy resulting in poor health outcomes for the woman and her infant. Intimate partner violence can escalate during pregnancy and abused pregnant women are more likely to experience all forms of violence. Maternity nurses must be equipped to identify, assess, and make referrals for women who disclose IPV abuse. Failure to adequately screen pregnant women denies them the opportunity for referrals to supportive agencies. With improved screening and referral practices, women can be provided the assistance needed to support their health and safety needs.

### **Methods**

Seventy-nine maternity nurses participated in focus groups and identified an interest in learning about referral processes and the role of the social worker. An educational session was conducted that focused on the role of the social worker, making referrals, and improving collaboration between maternity nurses and social workers. Eighteen maternity nurses attended the educational session and completed an evaluation of the benefits in attending this session and how it will influence their IPV screening practices.

### **Results**

All participants (n=18, 100%) strongly agreed the objectives were clearly presented and was relevant to their learning needs. The majority of the participants (n=16, 88.9%) strongly agreed the session will enhance their practice and the resources were helpful, while 94.4% (n=17) strongly agreed that attending the session will likely change their thinking/actions. Fifteen out of 17 participants (88.2%) strongly agreed they were satisfied with the session.

Overall, all participants (n=18, 100%) strongly agreed they would recommend this session to a co-worker.

**Conclusion:**

Overall, all participants who attended the educational session about IPV and how to better refer to the social workers stated what they learned will influence their IPV screening practices, increases their knowledge of resources, and agreed they would recommend this session to other nurses in the future.

## Introduction

Maternity nurses play a crucial role in the direct care of the pregnant population. They provide care to women and many times serve as the woman's advocate. Maternity nurses may be the first person the woman comes into contact with as she begins her prenatal care. Breiding, Basile, Smith, Black, and Mahendra (2015) state that intimate partner violence (IPV), which is often termed as domestic violence, is defined as any sexual, physical, or psychological harm, or being stalked by a current or former partner or spouse. Intimate partner violence is an issue that is becoming more prevalent in society today, and it is crucial that maternity nurses receive training to become knowledgeable regarding identification of this issue. There are approximately 29 million females just in the United States (U.S.), that, at one point in their lifetime, have experienced an act of IPV, which translates to at least 22.3% of the female population in the U.S., or 1 in every 5 women (Breiding, Basile, Smith, Black, & Mahendra, 2015). Intimate partner violence is detrimental to the physical and psychological health of men and women. Individuals who experience intimate partner violence are more likely to suffer from both acute and chronic health issues (Breiding, Basile, Smith, Black, & Mahendra, 2015). There are an estimated 324,000 pregnant women who experience this violence annually (Deshpande & Lewis-O'Connor, 2013). Research shows that IPV is more likely to begin, or even increase, during the time of pregnancy (Irwin & Waugh, 2001). Violence experienced during pregnancy can set the mother and unborn baby up for potential health complications. There is a correlation of abuse during pregnancy and negative birth outcomes such as increased risk of spontaneous abortion, preterm labor, potential need for cesarean delivery, and low infant birth weight (Boyd & Campbell, 2000).

Identification of women who experience IPV can be increased when maternity nurses are knowledgeable about IPV and they approach each situation from an objective standpoint in order to allow the mother to feel comfortable in disclosing this information. Studies have shown that maternity nurses are not as aware or advised about intimate partner violence, as they should be (DeBoer, Kothari R., Kothari C., Koestner, & Rohs, 2013).

This study sought to identify how registered nurses directly benefit from attending an educational session about IPV. In order to evaluate the effectiveness, the question “What are the benefits of maternity nurses attending an educational session on intimate partner violence?” was asked. A continuing education session was held to inform maternity nurses about IPV and its relevance in society, how to increase their compliance in screening, and how to better identify the issue at hand. The maternity nurses also received information from an expert on IPV, and two social workers discussed how they handle referrals. They also presented short vignettes to give the participants insight and understanding of how to approach different situations.

### **Review of Literature**

To understand maternity nurses’ thoughts and actions in terms of screening for IPV, Hindin (2006) implemented a study that was composed of eight certified nurse-midwives in relation to how they screen their patients. Seven out of the eight nurses reported that they have received domestic violence education, and the results of this study showed that these nurses are knowledgeable about the issue and they do indeed implement screening during the beginning of the prenatal period (Hindin, 2006). Although all of the nurses in this study agreed that they should screen all women, one nurse in Hindin's 2006 study stated, "...what I'm doing right now is just initial visits, and then if I pick up on any verbal cues or physical cues, then I may pursue

further", and another said, "...I just gloss over it. I am just routinely asking questions more than I would like to admit. I screen well, but I am not perfect" (p. 218). Additionally, all of these nurse-midwives reported that they rely on hints that will trigger what they call a "gut reaction" to further assess and screen for intimate partner violence, and they listed the triggers as being "...1) behavioral clues, 2) physical signs and symptoms, 3) and cultural clues" (p. 218). Suspicious behavioral clues, such as when the male partner speaks for the patient or when he is overly charming, can lead the nurse(s) to believe further investigation needs to be done, while other times, the nurses' instincts lead them to subjectively believe that more is going on than meets the eye (Hindin, 2006). Hindin (2006) also states that other current screening practices initiated by these nurses are sometimes dependent on objective findings such as bruises or any other manifestations of physical injury.

Almutairi, Alrashidi, Almerri, Kamel, and El-Shazly (2012) searched to find ways that both nurses and physicians screen for violence in women. With there being 366 participants in this study overall, 238 were nurses. In this 2012 study, 83.6% of nurses stated that a part of their current practice of screening involves asking the female patient about how safe she feels, which is further trailed by questions asking about specific relationships, such as the relationship with her partner. The nurses said the most suggested method of identifying signs of violence was by simply searching for the signs, and that screenings should be conducted where there is absolute privacy, when the examiner is of the same sex as the patient, and when the patient is isolated and not around family members (Almutairi, Alrashidi, Almerri, Kamel, & El-Shazly, 2012). It was noted that opportunistic screening done by nurses is ideal when there is evidence of violence, and asking direct questions are common methods used during the screening process (Almutairi, Alrashidi, Almerri, Kamel, & El-Shazly, 2012). When initiating the process of asking the patient

questions related to this prevalent matter, Almutairi, Alrashidi, Almerri, Kamel, and El-Shazly (2012) stated the importance of making the environment as comfortable as possible for the patient so that she feels enabled to disclose information to the nurse about IPV. By getting the patient alone, emphasizing that the questions being asked are simply routine, and "...by getting an appreciation of the vulnerability due to the fear and shame feeling of victims) (p. 93), help make the conditions more palatable for the patient.

To comprehend the importance of maternity nurses receiving education or training about IPV, it is imperative to first identify their perceived barriers to screening. In a 2014 study, Farbood, Adelman, and Mckinnon sought out to identify what perinatal nurses believed to be the barriers to screening for intimate partner violence in their patients. Thirty-two nurses completed a questionnaire that consisted 29 items, and the results of this questionnaire showed three main obstacles these nurses face when dealing with screening. The most prevalent barriers that were determined were not having an adequate amount of privacy, the negative feelings and attitudes that the nurses had directed toward the screening of their patients, and not having enough time to ask the patient questions related to the abuse (Farbood, Adelman, & Mckinnon, 2014). In regards to the lack of privacy, eleven nurses voiced that an issue was not being provided with enough privacy, and four nurses stated that they believed the issue was they were unaware of how to search and find a setting private enough to get the patient alone (Farbood, Adelman, & Mckinnon, 2014). Additionally, Farbood, Adelman, and Mckinnon (2014) found that some of the nurses' personal feelings acted as barriers in screening for IPV. This acted as such due to the nurses having unpleasant feelings and negative attitudes about the patient potentially not doing anything about the situation, the nurse not being in control of the problem, and being fearful of

becoming embarrassed while asking the questions and/or the patient becoming distressed when confronted of the situation.

To include more nurses' perspectives about barriers to screening, DeBoer, Kothari R., Kothari C., Koestner, and Rohs (2013), found that barriers to screening for IPV were 1) not enough time, 2) not being knowledgeable enough in how to initiate asking the patient(s) questions, 3) being unable to get the patient alone, 4) the probability of upsetting the patient, and 5) personal experiences or issues related to IPV. Although those barriers seem to be quite common, the lack of training related to IPV screening was deemed the greatest perceived barrier in this particular study. After surveying 494 nurses, nearly half stated that they had not received any prior training that was sufficient to aid them in the detection of IPV (DeBoer, Kothari R., Kothari C., Koestner, & Rohs, 2013). This study also stated that not receiving any or enough teaching did not only inhibit the nurses from being able to detect signs and symptoms of IPV, but it also made it difficult, if not nearly impossible, for the nurses to address the questions needed to be asked. Nurses who were a part of this study stated that it is far more routine for patients to be screened for health issues related to cardiovascular disease, cancer, alcohol and/or substance abuse, etc. They believe those screenings are performed more frequently because nurses are more knowledgeable about those topics, but they experience a knowledge deficit concerning information about intimate partner violence (DeBoer, Kothari R., Kothari C., Koestner, & Rohs, 2013).

As evidence by the literature review, nurses conduct intimate partner violence screening in a variety of ways. Some nurses often implement screening by using the data they gather by paying attention to things such as behavioral cues and the physical signs and symptoms of violence. Other nurses stated that their current screening practices include simply asking the

patient how safe she feels, which could help open the door to asking more questions more specifically related to intimate partner violence. The literature also had a variety of what nurses found to be barriers that are impeding them from screening their patients. Barriers ranged from a lack of training related to IPV screening and not having enough time and/or privacy to initiate the screening, to nurses' feelings and attitudes actually being the perceived barriers. I believe the best evidence for nurses to overcome the barriers of screening for IPV is for them to become more knowledgeable and informed about intimate partner violence and the detrimental effects it has on women and infants' health to promote a uniform screening process.

In regards to the nurses' lack of knowledge about IPV, continuing education is deemed to be a beneficial way to resolve the issue. Continuing education is extremely important in order for nurses to maintain competency. The Alabama Board of Nursing Administrative Code Rule 610-X-10-1(4) states that continuing education can be defined as "planned, organized learning experiences designed to augment the knowledge, skills, and attitudes for the enhancement of the practice of nursing to the end of improving health care to the public" (Alabama Board of Nursing Administrative Code, 2016). Additionally, the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Nursing (AACN) (2010), emphasized the roles of continuing education were "1. validating individual practice and competence; 2. engaging learners in new knowledge and skill acquisition for practice setting application; 3. reducing or closing practitioner-identified performance gaps; 4. improving patient care outcomes; 5. affording the opportunity to integrate knowledge, performance, competence, and judgment; and 6. generating professional satisfaction and identify, potentially preventing or decreasing burnout" (p. 16).

The literature aided in sculpting the questions asked during the focus groups and assisted in developing a CEU that aimed directly to the responses received from the nurses.

### **Methods**

Thirty-one focus groups with maternity nurses were conducted between June and July 2015 in a large urban hospital. Based on the feedback from the 31 focus groups (see appendix A), the majority of the 79 maternity nurses identified an interest in learning about referral processes and the role of the social worker. The purpose of this honors project was to identify current intimate partner violence screening practices of maternity nurses in a hospital setting. An educational session about intimate partner violence was created based on the information received from the focus groups. A continuing education unit (CEU) was developed (see appendix B). Institution Review Board approval was given to conduct the educational session about intimate partner violence (see appendix C). The purpose of this educational session was conducted to better equip nurses in making referrals for abused women, identify the role of the social worker, and discuss methods to facilitate collaboration between the nurse and the social worker. Eighteen nurses attended the approved CEU, which included a presenter who spoke about IPV and two social workers who discussed their role in the referral process. Nurses signed in to obtain their CEU hours. After attending the CEU event, the nurses completed a written evaluation (see appendix D) of the professional benefits in attending this session and how it influenced their IPV screening practices among pregnant and non-pregnant women (see Table 1).

### **Results**

Participants (n=18) attending the session completed a written evaluation form that used a 5-point Likert scale (1=strongly disagree, 2=disagree, 3=partially agree, 4=agree, 5=strongly

agree). All participants (n=18, 100%) strongly agreed the objectives were clearly presented, the presenter was knowledgeable, and the presenter used effective teaching strategies in a method that made the content seem practical. All participants (n=18, 100%) strongly agreed that the session content matched the stated objectives and was relevant to their learning needs. The majority of the participants (n=16, 88.9%) strongly agreed the session will enhance their practice and the resources were helpful, while 94.4% (n=17) strongly agreed that attending the session will likely change their thinking/actions. Out of 17 participants who responded to being satisfied with the session, 88.2% (n=15) strongly agreed, while 11.8% stated they were satisfied with the session. Overall, all participants (n=18, 100%) strongly agreed they would recommend this session to a co-worker.

### **Implications for Nursing Practice**

Healthcare professionals must be equipped to identify, assess, and refer women who disclose IPV. Failure to adequately screen pregnant women for IPV may be detrimental to their health, the health of her infant, and denies them the opportunity for referrals to supportive agencies. With improved screening and referral practices, women can be provided the assistance needed to support their health and safety needs. Based on the focus groups, the need for education about IPV was evident. This project identified that maternity nurses' assessments varied based on what the previous nurse has documented, or if the nurses suspect any suspicious behavior. Various literature states that some nurses do implement screening procedures with some potentially identified barriers such as lack of privacy, time, and having a knowledge deficit about IPV, which was also identified during the 31 focus groups with the maternity nurses. Current practice can be influenced in such a way that screening policies can be created for all patients to reach 100 percent compliance in IPV screening. When nurses have identified learning

needs, educational sessions can be developed. Furthermore, collaboration between different departments can be initiated that will improve maternity nurses' abilities to screen, identify, and refer patients to help protect the safety of women who are abused. In order to identify the learning needs of the nurses, education sessions are important. As stated by the AAMC and AACN, there is an emphasis on continuing education as it has the potential to improve the nurses' skills and knowledge needed to improve patient outcomes. If nurses continuously seek to find the cues of both obvious and non-obvious behaviors of abused women who are experiencing IPV and simply follow protocol for screening, health outcomes of women and their fetuses can improve. It is crucial that nurses build trust with their patients so that they can use that foundation to initiate and implement IPV screening. Training for IPV will not only aid in the maternity nurses' confidence of screening for IPV, but it can ultimately lead to an improved quality of life for women who are abused.

### **Dissemination**

The two-fold study of this honors research included review of literature, study development, and key findings. These were presented at the Research and Creative Experiences for Undergraduates (RCEU) poster presentation at the University of Alabama in Huntsville and the Alabama State Nurses Association (ASNA) District 1 conference at Huntsville Hospital: *Abuse, Neglect, and Human Trafficking* in September 2015. The complete analysis of evaluations from the educational session was presented at the 30<sup>th</sup> annual National Conference for Undergraduate Research (NCUR) at the University of North Carolina in Asheville in April 2016, Research Horizons Day at the University of Alabama in Huntsville, April 2016, and at Posters on the Hill on Capitol Hill in Washington, D.C., April 2016. While presenting this research on Capitol Hill, I was granted the opportunity to have meetings with Congressman Mo Brooks and legislative

staffing for Senator Richard Shelby and Senator Jeff Sessions. These legislative meetings provided me with the opportunity to convey the importance of funding undergraduate research, specifically nursing research. Furthermore, it was discussed that the continuation of funding for nursing research gives additional student nurses the ability to contribute to new findings in research that will continue to improve maternity nurses' practice and screening women that are suffering from IPV to improve their safety and health outcomes.

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## Appendix

### Appendix A

1) Do you ask specific questions to your patients related to IPV?	<ul style="list-style-type: none"> <li>• Use admission assessment form</li> <li>• May ask own question if suspicious</li> <li>• Ask only if they see a need</li> <li>• Review L&amp;D notes</li> <li>• Don't ask</li> <li>• Depends</li> </ul>
2) If yes: What questions do you ask?	<ul style="list-style-type: none"> <li>• "Do you feel safe?"</li> <li>• "What's going on?" observes H&amp;P, bruises, or other red flags</li> <li>• Set up a code word with patient</li> </ul>
3) Do you have a list of resources available to offer your patients if they disclose IPV? If yes, what do you offer?	<ul style="list-style-type: none"> <li>• Uses social services, writes a consult</li> <li>• Mother/Baby has a poster on the bathroom door with contact information</li> <li>• The green ante-partum book</li> </ul>
4) Are you comfortable asking the questions on the assessment form related to abuse?	<ul style="list-style-type: none"> <li>• Most nurses said yes</li> <li>• Few said somewhat</li> <li>• One nurse said, "It is our duty to keep patient and coworkers safe."</li> </ul>
5) Have you had training related to intimate partner screening?	<ul style="list-style-type: none"> <li>• Majority of nurses have not had formal training</li> <li>• Nurses state they participate in computer based learning (CBL) once a year</li> </ul>
6) If yes, what was included in your training?	<ul style="list-style-type: none"> <li>• A few said abuse and neglect (may be reflective of CBLs)</li> </ul>
7) If yes, do you feel the training was sufficient?	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
8) Describe to me how you approach the questions about abuse.	<ul style="list-style-type: none"> <li>• Build trust</li> <li>• Use intuition</li> <li>• Depends on the situation</li> <li>• Use a casual approach</li> </ul>
9) Describe to me your perceived barriers to addressing this topic with your clients.	<ul style="list-style-type: none"> <li>• Privacy issues: Family and partner present</li> <li>• Time</li> <li>• Feel they might embarrass the patient</li> <li>• Concerned about the patient's feelings</li> <li>• Concern patient will not want to disclose</li> </ul>
10) Describe to me what you would like to see in form of training to gain a better understanding of IPV?	<ul style="list-style-type: none"> <li>• Know more about resources</li> <li>• Want to know something they can tell the patient right away, especially if at night</li> <li>• How to approach the questions</li> <li>• Signs and symptoms of abuse</li> <li>• Screening tools</li> <li>• Have scenarios to help prepare them</li> <li>• How to dig deeper</li> <li>• Gain a better understanding of the Violence Against Women's Act</li> <li>• Current statistics on IPV</li> <li>• Learn more up-to-date information</li> </ul>

## Appendix B

### THE UNIVERSITY OF ALABAMA IN HUNTSVILLE COLLEGE OF NURSING

#### Continuing Education Course Content Outline

Title:	Identification and Referrals for Women Experiencing Intimate Partner Violence: Collaboration Between Nurses and Social Workers		
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Provider/Course #:		Contact Hours:		CEU:	1.0	Date:	October 28, 2015, October 29, 2015	Time:	4pm 3am
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Sponsor:	UAH College of Nursing	Location	Huntsville Hospital
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Intended audience:	Registered nurses employed at Huntsville Hospital Women's and Children
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Need for Course:	Increase awareness of identifying and responding to women who disclose intimate partner violence. Increase understanding of the role of the social worker when referrals are made.
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Program Planners:	Lina Garrard and Dr. Ann L. Bianchi
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(Behavioral) Objectives	Outline of Content	Time	Faculty	Teaching Method	Evaluation Method
At the end of the session the attendees will:					
1. Examine the impact of intimate partner violence for pregnant and non-pregnant women.	1. Discuss forms of IPV to include: physical abuse, psychological abuse, sexual abuse, and stalking.	5 minutes	Dr. Ann Bianchi	Lecture, Discussion, PowerPoint	Written
2. Identify appropriate nursing actions when conducting an assessment on a woman who has disclosed IPV	1. Present scenarios in which women have experienced IPV and discuss the nurse's response.	5-10 minutes	Dr. Ann Bianchi	Scenarios Discussion	Written
3. Discuss the role of the social worker in cases where IPV is identified.	1. Role of the social worker. 2. Processing referrals 3. Follow up	20 minutes	Michelle Putman	Lecture Discussion	Written
4. Discuss methods that will facilitate collaboration between the nurse and the social worker.	1. Offer feedback 2. Communication	10 minutes	Michelle Putman	Discussion	Written

## Appendix C



Dr. Ann L. Bianchi  
College of Nursing

April 22, 2015

Dear Dr. Ann Bianchi,

The UAH Institutional Review Board of Human Subjects Committee has reviewed your proposal, *Interrupting Intimate Partner Violence With an Effective Screening Program*, and found it meets the necessary criteria approval. Your proposal seems to be in compliance with this institutions Federal Wide Assurance (FWA) 00019998 and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46) and has been classified as exempt.

Please note that this approval is good for one year from the date on this letter. If data collection continues past this period, you are responsible for processing a renewal application a minimum of 60 days prior to the expiration date.

No changes are to be made to the approved protocol without prior review and approval from the UAH IRB. All changes (e.g. a change in procedure, number of subjects, personnel, study locations, new recruitment materials, study instruments, etc) must be prospectively reviewed and approved by the IRB before they are implemented. You should report any unanticipated problems involving risks to the participants or others to the IRB Chair.

If you have any questions regarding the IRB's decision, please contact me.

Sincerely,

Pam O'Neal PhD, RN  
IRB Chair  
Associate Professor  
College of Nursing, University of Alabama in Huntsville,  
207 Nursing Building, Huntsville, AL 35899  
phone: 256.824.5191 or 6100 and fax: 256.824.2850 email: irb@uah.edu



101 Sibley Road  
Huntsville, AL 35801  
(256) 265-1000  
huntsvillehospital.org

April 29, 2015

Ann L. Bianchi, RN, PhD  
UAH School of Nursing  
7602 Foxfire Drive  
Huntsville, AL 35802

RE: Request for Institutional Review Committee Exemption of Study -  
"Interrupting Intimate Partner Violence During Pregnancy with an  
Effective Screening Program"

Dear Dr. Bianchi:

Thank you for forwarding the application for Institutional Review Committee exemption to me for your proposed data collection study. I have reviewed your information, and this study qualifies for Exemption from IRC Committee Review.

Please contact Medical Records, for medical record access and HIPAA compliancy information, if necessary. If you have any questions or I can be of further service, please feel free to call me at (256)265-6990.

Sincerely,

A handwritten signature in black ink that reads "Allison E. Greene".

Allison E. Greene, Division Assistant/  
Institutional Review Committee Coordinator

cc: Cathy Hubler, RN  
John B. Cox, MD, Chair, IRC

RWC:aeg

/Enclosure

Zimbra

allison.e.greene@hhsys.org

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**Exemption from IRC Review**

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**From :** Allison Greene <allison.e.greene@hhsys.org>

Tue, Apr 28, 2015 04:04 PM

**Subject :** Exemption from IRC Review**To :** Cathy Hubler <cathy.hubler@hhsys.org>

Cathy,

I received an application form for Exemption from IRC Review from Ms. Ann Bianchi. She noted that she is working with the UAH faculty program and had spoken with you about this review that she would like to conduct. When I read my policy about Exemption from Review, I believe that this meets criteria and will not need to go before the IRC for approval. Please confirm that Ms. Bianchi has spoken with you about this and you are aware of the project "Interrupting Intimate Partner Violence During Pregnancy with an Effective Screening Program". I will then issue her a letter and send you a copy.

Thanks for your help.

Allison

--

Allison E. Greene, CPMSM  
Assistant to Robert W. Chappell, Jr., MD, MBA, VP/CMO/CQO  
& Coordinator, Institutional Review Committee  
HH Health System  
101 Sivley Road, SW  
Huntsville, AL 35801  
256.265.6990  
256.265.8920  
allison.e.greene@hhsys.org  
www.huntsvillehospital.org

4/29/15  
OKAY Per Cathy Hubler.  
AEG

**HUNTSVILLE HOSPITAL  
INSTITUTIONAL REVIEW COMMITTEE  
EXEMPTION REVIEW APPLICATION**

Title of Project: Interrupting Intimate Partner Violence During Pregnancy with an Effective Screening Program

Principal Investigator: Ann M. Bianchi, PhD, RN Social Security #: 427-02-8065

Investigator's Signature: *Ann M. Bianchi* Today's Date: 22 April 2015

E-Mail: ann.bianchi@uah.edu

Address: 7602 Foxfire Dr. Huntsville, AL 35802

Phone: 256-880-3587 Fax: \_\_\_\_\_

or Home Address and Affiliation: \_\_\_\_\_

Source of Funds: not funded

Faculty Advisor/Course Instructor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

(As contact for Student, Fellowship or Resident research project)

**Mark the category or categories below which describe your research:**

1. Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. Attach questionnaire(s) and/ or surveys.
3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under category (2), if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter. Attach to this application a copy of any questionnaire or survey to be used.
4. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. Attach a specimen release form if applicable. (Specimens must be preexisting.)



### Questionnaire

#### Focus Group or Individual Meetings with Nurses to Inquire About Intimate Partner Violence (IPV) Screening during the Intrapartum or Postpartum Period.

##### Closed-Ended questions

		Yes	No
FGQ1	Do you ask specific questions to your patients related to IPV?		
FGQ2	<b>If yes:</b> What questions do you ask?		
FGQ3	Do you have a list of resources available to offer your patients if they disclose IPV?		
	<b>If yes</b> what do you offer?		
FGQ4	Are you comfortable asking the questions on the assessment form related to abuse.		
FGQ5	Have you had training related to intimate partner screening?		
FGQ6	<b>If yes,</b> what was included in your training?		
FGQ7	<b>If yes,</b> do you feel the training was sufficient?		

##### Open-ended Questions

FGQ8	Describe to me how you approach the questions about abuse.	
FGQ9	Describe to me your perceived barriers to addressing this topic with your clients.	
FGQ10	Describe to me what you would like to see in form of training to gain a better understanding of IPV?	

**Appendix A****HUNTSVILLE HOSPITAL  
INSTITUTIONAL REVIEW COMMITTEE  
EXEMPTION REVIEW POLICY & APPLICATION FORM*****PROCEDURES FOR REQUESTING AN IRC EXEMPTION:***

To apply for exemption from IRC review, the Investigator must complete one copy of the exemption application on the following page and return it to the IRC office. There are no deadlines for submission of an exemption application.

- If a questionnaire, survey or test is to be used, attach one copy to the application.
- If external funding has been sought, a copy of the funding application must accompany the submission.
- If the Investigator will be obtaining pathological or diagnostic specimens, a release form or letter is required from the Chairman of the Department responsible for providing the specimens. The specimen release form or letter of approval should be attached to the IRC exemption application form.
- Students, Fellows, and Residents must include their Faculty Advisor/Course Instructor's name, phone # and e-mail address as the contact and the advisor or instructor must sign the application, too.

Federal regulations specify that certain research activities cannot be exempt. The following is a list of those activities:

- Research involving prisoners as human subjects;
- Individuals with cognitive impairment;
- Pregnant women;
- Fetuses;
- Human in-vitro fertilization;
- Review of records if the information gathered from those records is recorded in such a way that it can be linked back to the subject either directly or indirectly through the use of a code;
- Surveys or interviews given to minors;
- Any procedure that may cause a subject either physical or psychological discomfort or is perceived as harassment above and beyond what the person would experience in daily life;
- Deception;
- Observation of minors if the investigator participates in the activities being observed unless there is a federal statute covering the activity.

Questions of interpretation regarding the exemption application may be directed to the IRC office at (256)265-6990. The completed application form (one copy) should be emailed, mailed, or delivered to the Institutional Review Committee Coordinator located in the Medical Staff Office, Huntsville Hospital Main, 101 Sivley Road, Huntsville, AL 35801.

**INSTITUTIONAL REVIEW COMMITTEE  
EXEMPTION REVIEW POLICY  
PAGE TWO**

The exempt review procedure may not be used where identification of the participants and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subject's financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

The exempt review procedure may not be used for classified research involving human participants.

***EXEMPTED REVIEW FOR RESEARCH INVOLVING CHILDREN:***

Exempted review category 2 (survey or interview procedures) cannot be applied to research proposals involving children as participants. In addition, category 2 is applicable to research involving children only where the Investigator does not participate in the activities being observed. Children are defined for this purpose as persons under 19 years of age.

*Revised: 10/14/08*

## Appendix D

**COLLEGE OF NURSING**  
*Continuing Education Program for Nurses*  
**PROGRAM EVALUATION**

Title: Identification and referrals for women experiencing intimate partner violence: Collaboration between nurses and social workers	Date: October 28, 2015
Instructor: Dr. Ann Bianchi and Michelle Putman	Provider #: ABNPO176/ 1510

Your evaluation of this program will assist the College of Nursing and the instructor in reviewing and revising this program. The instructor will receive a summary of the evaluations. Please comment on any area not covered by this evaluation. Thank you.

	Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree
<b>I. Presenter/Method: Dr. Ann Bianchi</b>					
The program objectives were presented clearly.	1	2	3	4	5
The presenter was knowledgeable concerning the topics covered.	1	2	3	4	5
The presenter taught the material in a way that made it seem practical and understandable.	1	2	3	4	5
The presenter used effective teaching strategies.	1	2	3	4	5
Comments regarding the presenter/method: _____					
<b>I. Presenter/Method: Michelle Putman</b>					
The program objectives were presented clearly.					
The presenter was knowledgeable concerning the topics covered.					
The presenter taught the material in a way that made it seem practical and understandable.					
The presenter used effective teaching strategies.					
Comments:					
<b>II. Program Content</b>					
The program content matched the stated objectives.	1	2	3	4	5
The technology presented will be useful in my professional role.	1	2	3	4	5
The program content was relevant to my learning needs.	1	2	3	4	5
Comments regarding the program content: _____					

<b>III. Program Setting</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Partially Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
The facilities used for this program were satisfactory.	1	2	3	4	5
I am satisfied with the greeting and orientation I received upon arrival.	1	2	3	4	5
Comments regarding program setting: _____					
<b>IV. Participants Benefits</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Partially Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
The quality of my work will be enhanced as a result of participating in this program.	1	2	3	4	5
I likely will change my thinking and/or actions as a result of participating in this program.	1	2	3	4	5
The handouts or other materials obtained in the program will be useful to me.	1	2	3	4	5
Comments regarding the participant benefits: _____					
<b>V. Overall</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Partially Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Overall, I was satisfied with the program.	1	2	3	4	5
<b>VI. The level of presentation was: Too Advanced      Just Right      Too Elementary</b>					
<b>VII. I would recommend this program to friend/co-worker: Yes      No</b>					
<b>VIII. How could this program be improved?</b> _____					
_____					
<b>IX. Other Comments:</b> _____					
_____					
<b>X. Suggestions for Future CE Programs:</b> _____					
_____					
_____					

\_\_\_\_\_  
Name (Optional)

\_\_\_\_\_  
Position (Optional)

Thank you!

**Table**

Table 1: Maternity Nurses Evaluations from Educational Session

Participants (n=18) attending the session completed a written evaluation form that used a 5-point Likert scale (1=strongly disagree, 2=disagree, 3=partially agree, 4=agree, 5=strongly agree).

Questions	1	2	3	4	5
<b><i>Presenter/Method</i></b>					
i. The program objectives were presented clearly	0	0	0	0	n=18 100%
ii. The presenter was knowledgeable concerning the topics covered	0	0	0	0	n=18 100%
iii. The presenter taught the material in a way that made it seem practical and understanding	0	0	0	0	n=18 100%
iv. The presenter used effective teaching strategies	0	0	0	0	n=18 100%
<b><i>Program Content</i></b>					
i. The program content matched the stated objectives	0	0	0	0	n=18 100%
ii. The technology presented will be useful in my professional role	0	0	0	0	n=18 100%
iii. The program content was relevant to my learning needs	0	0	0	0	n=18 100%
<b><i>Program Setting</i></b>					
i. The facilities used for this program were satisfactory	0	0	n= 1 5.6%	n=2 11.1%	n=15 83.3%
ii. I am satisfied with the greeting and orientation I received upon arrival	0	0	0	n=1 5.6%	n=17 94.4%
<b><i>Participant Benefits</i></b>					
i. The quality of my work will be enhanced as a result of participating in this program	0	0	0	n=2 11.1%	n=16 88.9%
ii. I will likely change my thinking and/or actions as a result of participating in this program	0	0	0	n=1 5.6%	n=17 94.4%
iii. The handouts or other materials obtained in the program will be useful to me	0	0	0	n=2 11.1%	n=16 88.9%
<b><i>Overall</i></b>					
i. Overall, I was satisfied with the program *	0	0	0	n=2 11.8%	n=15 88.2%
I would recommend this program to a friend/co-worker	0	0	0	0	n=18 100%