PREMIS: Measuring IPV Knowledge, Attitudes and Practices of Health Care Practitioners

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History and Background

• Original survey developed at CDC–1994-6
  – WomanKind evaluation
  – UCLA Medical School IPV Curriculum evaluation
  – Collaboration with others using survey
  – Available on PCADV website

• PREMIS developed in 2003-5 in conjunction with online CME course development
  – Based in part on CDC & Mass. Med. Society Survey
  – Psychometrically tested with physicians to ensure validity & reliability
  – Developed for physicians but tested & used with other health care provider & student populations
  – Used in over 10 countries by numerous research groups
  – Translated into Greek and currently into Spanish for study in Spain
Acknowledgements

Expert Consultant Team – Course Development & Survey Review:

- John M. Harris Jr, MD, MBA, (Medical Directions) – Project PI
- Elaine Alpert, MD, MPH (Boston University)
- Zita J. Surprenant MD, MPH (University of Kansas Medical Center)
- Denise M. Dowd, MD, MPH (Children’s Mercy Hospital, Kansas City MO)
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- Patricia Salber MD
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Course Objectives

• Competencies in identifying, assessing, and documenting abuse and neglect
• Responses and interventions to ensure victim safety
• Recognizing life-span issues, culture, and values as factors affecting partner violence
• Addressing applicable legal and forensic responsibilities
• Implementing violence prevention strategies
• Recognizing need for multiple approaches to improving care for IPV patients
• Adopting practical, systems-based strategies used successfully in clinical settings
PREMIS (Survey) Components

- Four broad areas: IPV background, actual knowledge, opinions, and practice issues.

- PREMIS scales:
  - Background:
    - Previous IPV training
    - Perceived preparation to manage IPV
    - Perceived knowledge of important IPV issues
  - Actual knowledge of IPV
  - Opinions:
    - Preparation, legal requirements, workplace issues, self-efficacy, alcohol/drugs, victim understanding
  - Practice issues:
    - Self-reported management behaviors
1. Estimated total number of hours of previous IPV training: ______

2. Please circle the number which best describes how prepared you feel to perform the following:
   (1 = Not prepared; 2 = Minimally; 3 = Slightly; 4 = Moderately; 5 = Fairly well; 6 = Well; 7 = Quite well prepared)

<table>
<thead>
<tr>
<th>Task</th>
<th>Not Prepared</th>
<th>Quite Well Prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask appropriate questions about IPV</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Appropriately respond to disclosures of abuse</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
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<tr>
<td>Identify IPV indicators based on patient’s history and physical examination</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
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<tr>
<td>Assess an IPV victim’s readiness to change</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>Help an IPV victim assess his/her danger of lethality</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
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<tr>
<td>Conduct a safety assessment for the victim’s children</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Help an IPV victim create a safety plan</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
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<tr>
<td>Document IPV history and physical examination findings in patient’s chart</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>Make appropriate referrals for IPV</td>
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<tr>
<td>Fulfill state reporting requirements for:</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>- IPV</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
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<tr>
<td>- Child abuse</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>- Elder abuse</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
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</tbody>
</table>

3. How much do you feel you now know about:
   (1 = Nothing; 2 = Very Little; 3 = A little; 4 = A moderate amount; 5 = A fair amount; 6 = Quite a bit; 7 = Very Much)

<table>
<thead>
<tr>
<th>Task</th>
<th>Nothing</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your legal reporting requirements for:</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>- IPV</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>- Child abuse</td>
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<td></td>
</tr>
<tr>
<td>- Elder abuse</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
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</tbody>
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Sample Knowledge Items

IPV Knowledge. Check one answer per item, unless noted otherwise.

1. What is the strongest single risk factor for becoming a victim of intimate partner violence?
   - [ ] Age (<30yrs)
   - [ ] Partner abuses alcohol/drugs
   - [ ] Gender – female
   - [ ] Family history of abuse
   - [ ] Don’t know

2. 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

3. Which of the following are warning signs that a patient may have been abused by his/her partner? (Check all that apply)
   - [ ] Chronic unexplained pain
   - [ ] Anxiety
   - [ ] Substance abuse
   - [ ] Frequent injuries
   - [ ] Depression

8. Circle T for “true”, F for “false”, or DK if you “don’t know” the answer to the following:
   - Alcohol consumption is the greatest single predictor of the likelihood of IPV. T F DK
   - There are good reasons for not leaving an abusive relationship. T F DK
   - Reasons for concern about IPV should not be included in a patient’s chart if s/he does not disclose the violence. T F DK
   - When asking patients about IPV, physicians should use the words “abused” or “battered.” T F DK
Sample Opinion Items

For each of the following statements, please indicate your response on the scale from "Strongly Disagree" (1) to "Strongly Agree" (7). (Response scale not shown.)

1. If an IPV victim does not acknowledge the abuse, there is very little that I can do to help.
2. I ask all new patients about abuse in their relationships.
3. My workplace encourages me to respond to IPV.
4. I can make appropriate referrals to services within the community for IPV victims.
5. I am capable of identifying IPV without asking my patient about it.
6. I do not have sufficient training to assist individuals in addressing situations of IPV.
7. Patients who abuse alcohol or other drugs are likely to have a history of IPV.
8. I feel comfortable discussing IPV with my patients.
9. I don't have the necessary skills to discuss abuse with an IPV victim who is:
   • Female.
   • Male.
   • From a different cultural/ethnic background.
10. If victims of abuse remain in the relationship after repeated episodes of violence, they must accept responsibility for the violence.
11. I am able to gather the necessary information to identify IPV as the underlying cause of patient illnesses (e.g., depression, migraines).
12. If a patient refuses to discuss the abuse, staff can only treat the patient's injuries.
13. Victims of abuse could leave the relationship if they wanted to.
14. I comply with the Joint Commission standards that require assessment for IPV.
15. Health care providers have a responsibility to ask all patients about IPV.
16. My practice setting allows me adequate time to respond to victims of IPV.
17. I have contacted services within the community to establish referrals for IPV victims.
Subcategories and/or response options listed below each item:

1. How many *new diagnoses* (picked up an acute case, uncovered ongoing abuse, or had a patient disclose a past history) of IPV would you estimate you have made in the last 6 months?

2. Check the situations listed below in which you currently screen for IPV: (“screening” means asking about IPV in the absence of specific statements by the patient disclosing IPV; check all that apply)

3. How often in the past 6 months have you asked about the possibility of IPV when seeing patients with the following:

4. In the past 6 months, which of the following actions have you taken when you identified IPV? (Check all that apply)

5. Is there a protocol for dealing with adult IPV at your clinic/practice? (Check one)

6. Are you familiar with your institution’s policies regarding screening and management of IPV victims?

7. Is a camera available at your work site for photographing IPV victims’ injuries?

8. Do you practice in a state where it is legally mandated to report IPV cases involving competent (non-vulnerable) adults?

9. For every IPV victim you have identified in the past 6 months how often have you:

10. Are IPV patient education or resource materials (posters, brochures, etc.) available at your practice site? (Check one)

11. Do you provide abused patients with IPV patient education or resource materials? (Check one)

12. Do you feel you have adequate adult IPV referral resources for patients at your work site (including mental health referral)?

13. Do you feel you have adequate knowledge of referral resources for patients in the community (including shelters or support groups) for adult IPV victims?
Potential Uses of Instrument

- Pre-test and needs assessment to measure practitioner knowledge, attitudes, beliefs, behaviors, and skills that may need to be addressed during training or other on-site intervention.

- Training adjunct to orient practitioners to the topic and expose them to the complexity of IPV issues.

- Post-test to determine changes in practitioner KABB over time or as the result of training.

- Comparative instrument to assess differences in KABB between practitioners who have received training and those who have not.
PREMIS Toolkit

- AJPM article re psychometric properties (instrument validity & reliability)
- Instrument
- Codebook
- Instructions
- SPSS syntax and scoring information for data analysis
Availability

- Link to PREMIS Article and Toolkit on Medical Directions Website: [http://www.md-inc.com/PDFs/2006b_AJPM.pdf](http://www.md-inc.com/PDFs/2006b_AJPM.pdf). Includes article re PREMIS development and testing, instrument, codebook and SPSS code.


- Online CME course for which PREMIS was initially developed: “Current Management of Domestic Violence - Responding to IPV.” Available at [http://www.vlh.com](http://www.vlh.com). Course and evaluation described in AJPM article above.

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