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Research Policy Brief: Interpersonal Violence Across the Life Course

Teaching medical students to address interpersonal violence across the life course

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PURPOSE: Interpersonal Violence (IV) occurs across the life course encompassing a wide range of incidents from child abuse to youth violence, intimate partner violence, sexual violence, elder abuse, and gun violence, human trafficking, all of which commonly are encountered by providers throughout the health care system. Exposure to IV during childhood, adolescence, and adulthood has been found to be associated with low self-rated health, depression, alcohol addiction and obesity, increased risks for cancer, osteoarthritis, chronic conditions, acute myocardial infarction, musculoskeletal pain, headache, stomach problems, allergy, anxiety, sleeping problems, stress and suicidal thoughts. Despite recommendations from the AAMC, the CDC, and the WHO, about the need to train physicians to identify and address interpersonal violence across the life course, there is a lack of consistency in how medical schools teach students about IV.

METHODOLOGY. A systematic review of eight databases was conducted to identify studies that focused on how medical schools train students to address IV across the life course. Key terms included medical school, medical education, medical curriculum, undergraduate medical school, graduate medical education, family medicine, internal medicine, and pediatrics residency training programs. The eight data bases included PubMed, OVID, ERIC, SCOPUS, Web of Science, CINAHL, PsychoInfo, and Google Scholar. For Google Scholar, key terms were entered and related searches were reviewed. The first ten pages of the search for each of the key terms and related searches were reviewed. After searching the eight databases, 1067 references were found. These references were downloaded and entered into the citation manager.

After duplicates were removed, 692 references remained. We limited our search to journal articles, medical education (undergraduate and graduate) and educational intervention in US medical schools. Citations for books (n=90), conference proceedings (n=43), book sections (n=30), and generic/serial citations (n=4) were removed. This left us with 525 articles to review. After reviewing the title and abstract, we narrowed the search down to 89 articles which met our study criteria to conduct full article reviews. The final list that met search criteria included articles on child abuse (11), elder abuse (8), family violence (6), intimate partner violence (42), gun violence (4), interpersonal violence (3), sexual violence (6), Youth violence, (4), human trafficking (2),

RESULTS. Findings of the systematic review revealed that over half of the articles written about medical education and interpersonal violence across the life course were written as curriculum recommendations (23 or 27%) surveys, (22 or 25%) conducted with both residents and/or medical school and/or residency program directors about knowledge, beliefs, or

curriculum time allocated to different types of interpersonal violence. Nine articles (9%) were examples of how interpersonal violence was integrated into existing medical education curriculum and nine articles (9%) reported on the results of workshops conducted on intimate partner violence with either medical students or residents. No articles were published on teaching medical students how to address child abuse, elder abuse, youth violence or human trafficking; one article reported on educational interventions to increase medical student knowledge about family violence, gun violence, and interpersonal violence, each; five articles identified educational interventions to teach medical students about sexual violence, and 23 articles were written about educational interventions to teach medical students about intimate partner violence. Two-thirds (67%) of the articles addressing interpersonal violence across the life course among medical students targeted intimate partner violence.

Additional educational efforts addressing interpersonal violence across the life course targeted medical residents in family medicine, internal medicine, pediatrics and others (preventive medicine, psychiatry, OB/GYN, surgery, and emergency medicine). Among the articles targeting medical residents, 30 articles addressed intimate partner violence, 11 articles addressed child abuse (five in pediatrics), seven addressed elder abuse, four addressed gun violence, two targeted family violence, human trafficking, and sexual abuse. 15 (26%) of the residency educational interventions that addressed interpersonal violence across the life course targeted family medicine (35%), eleven were in pediatrics (19%), nine targeted internal medicine residents (16%), while 16 (28%) others targeted residents in preventive medicine, psychiatry, emergency medicine, OB/GYN, and surgery. Fifteen of the 42 articles were written before 2000 (36%), 20 were written between 2000 and 2009 (48%) and seven from 2010 to present (17%).

CONCLUSIONS. Exposure to IV across the life course for both women and men is associated with a range of negative health outcomes including increased odds of poor physical health and physical disability, psychological distress and mental illness, and heightened recreational and non-recreational substance use. Neither medical students nor medical residents get consistent training about interpersonal violence across the life course even though research suggests that exposure to different types of interpersonal violence across multiple types of intervention, increase knowledge and screening by both medical students and residents. No articles were identified that addressed teaching medical students to screen for or address the unique needs of vulnerable populations.

RECOMMENDATIONS. IV education across the life course needs to be incorporated throughout the medical school curriculum and across clinical rotations to stress the prevalence of injury and need to incorporate injury prevention and control with all patients. Vulnerable populations are both at higher risk for IV and less likely to report violence victimization history due to fear, stigma, and lack of awareness that the physician may be able to help them. While physicians and other health-care workers often are trained to screen for child abuse they typically are not being trained to include screening for other types of IV or to be aware of routine standards of care for other victims of violence. Curriculum change is one of many strategies and initiatives that must be implemented if the health care system are to deal with the burden of IV across the life course. A trauma informed system of care provides an optimal setting for training medical students and residents to carry out IV prevention, screening, treatment, and referral.