

Responding to the Challenges of Healthy People 2010: Focus on Domestic Violence

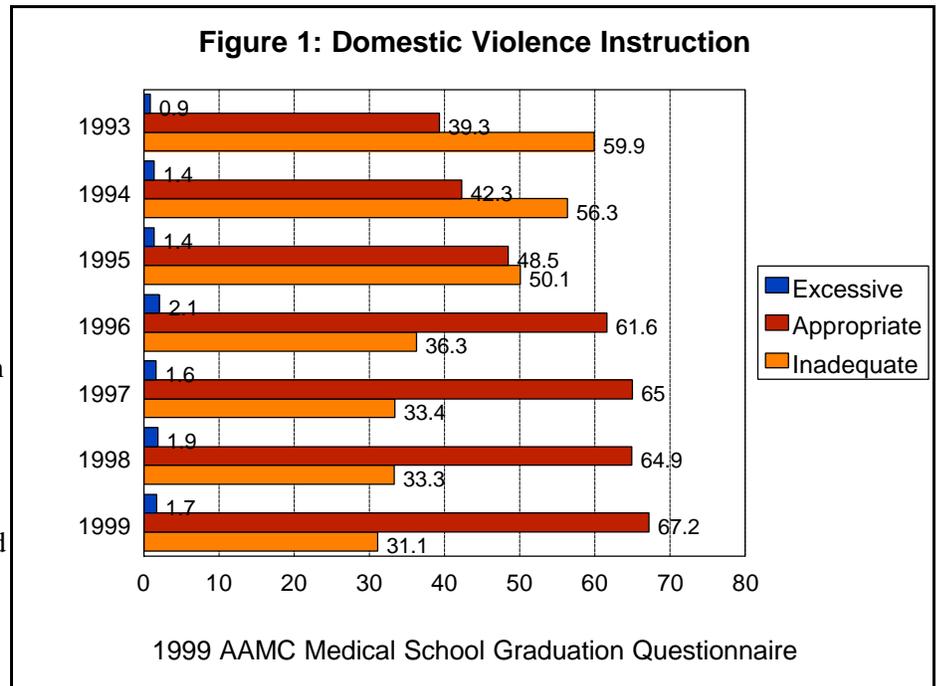
In early 1998, the US Department of Health and Human Services (DHHS) contracted to conduct a multi phase project resulting in the development of sets of leading health indicators for a program Healthy People 2010. The project represents the efforts of the public health community to arrive at a set of objectives and benchmarks covering the entire field of public health <<http://books.nap.edu/html/healthy2>>.

Meeting the objectives of Healthy People 2010 will involve many organizations and institutions within and beyond the health care community. For medical education, this initiative provides us with the opportunity to review current programs and consider their extension and refinement.

The topic of violence ranks among the leading health indicators of Healthy People 2010. Violence within the community can occur inside and outside the home. Perhaps the most misunderstood form of prevalent violence within contemporary society is what takes place inside the home. This form of violence is commonly referred to as domestic violence.

Medical school domestic violence instruction has these educational goals:

- to promote learning about domestic violence,
- to encourage nonjudgmental attitudes about domestic violence, and
- to develop effective communication skills to screen for domestic abuse.



What is Domestic Violence?

Domestic violence can be defined as "a pattern of behavior that one intimate partner or spouse exerts over another as a means of control. Domestic violence may include physical violence, coercion, threats, intimidation, isolation, and emotional, sexual or economic abuse."¹ Although domestic violence is most often perpetrated against women, victims can be from either gender as well as any social class, race, ethnicity, or sexual orientation.

By the most conservative estimate, each year 1 million women suffer nonfatal violence by an intimate.² However, other estimates state that nearly 1 in 3 adult women experience at least one physical assault by a partner during adulthood and 4 million American women experience a serious assault by an intimate partner during an average 12-month period.³ By any estimate, however, domestic violence represents a public health risk as targeted by Healthy People 2010.

Domestic Violence Instruction in Medical Schools

Domestic violence instruction has been part of the medical school curriculum for some time, the 1998-1999 AAMC Curriculum Directory shows that all medical schools provide teaching about domestic violence in some form. According to the AAMC's Medical School Graduation Questionnaire (GQ), the views of US

graduates have indicated a positive trend in domestic violence instruction. Since 1993 (when the question was first introduced), graduates have increasingly noted that the time devoted to instruction in this important topic has become more appropriate (see Figure 1). These data suggest that domestic violence instruction is improving, however there is the opportunity for further refinement.

Domestic Violence Resources for Medical Schools

Teaching about domestic violence is particularly challenging and medical schools have developed a number of ways to address this topic. One example is a curriculum format utilized by the University of Massachusetts. The "interclerkships" are short multidisciplinary curriculum modules that take place between required third-year clinical clerkships.⁴ They are two-day mixtures of classroom, small group, and interactive sessions that engage both clinical and non-clinical faculty as well as community members.

The domestic violence interclerkship has three educational goals:

- to present knowledge about domestic violence, including definitions, prevention, detection, and management,
- to promote nonjudgmental attitudes about domestic violence, and
- to develop and enhance effective communication skills used to screen for domestic abuse.

Such a three pronged approach has been shown to be an effective method to enhance students' ability to screen patients for abuse.⁵

At UCLA, the Doctoring Curriculum includes a module that is offered to second year medical students with objectives similar to the interclerkship model. The module includes videotapes and reading material in week one. In week two, students engage in independent study and consult with survivors and experts. In week three, students discuss their experiences and research in small groups. Finally, students work on a population medicine problem set.⁶

Recognizing the need to insure that medical school faculty are prepared to teach effectively about this subject, the Massachusetts Medical Society Seminar Series on Domestic Violence was developed. The seminar series is self-contained with resources including handouts, slides, interactive CD-ROMs, and other instructional materials.⁷

As medical schools continue their work to develop domestic violence curricula, other resources have emerged - such as those included in the CDC's 1998 publication entitled "Intimate Partner Violence and Sexual Assault: A Guide to Training Materials and Programs for Health Care Providers." A number of ancillary teaching aids have also been developed. A recent addition is a videotape suitable for use with medical students and faculty entitled "Voices of Survivors: Domestic Violence Survivors Educate Physicians" (for information, e-mail: <christina_nic@hotmail.com>).

Conclusion

As domestic violence instruction develops practitioner skills, interventions are likely to become more sensitive to the issues surrounding this complex phenomenon. Such instruction is one important way medical schools are striving to meet the challenges posed by Healthy People 2010.

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References

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