Training programs for healthcare professionals in domestic violence
Davidson L L, Grisso J A, Garcia Moreno C, Garcia J, King V J, Marchant S

Authors' objectives
To summarise the available information on the training and education of health care professionals to recognise and treat women who have experienced domestic violence; to assess the methods used to evaluate training programmes; and to assess the extent to which information on training is reported in studies of interventions for domestic violence. Only the effectiveness data will be considered in this abstract.

Searching
MEDLINE was searched from January 1989 to December 1999 for English language articles. CINAHL and EMBASE were also searched (search dates not specified). The search terms were reported.

Study selection
Study designs of evaluations included in the review
Specific inclusion criteria were not specified for study design. General reviews were excluded, as were studies that did not describe specific programmes that had been implemented.

Specific interventions included in the review
Articles including descriptions of domestic violence training programmes for health care professionals with or without evaluation, intervention programmes in health care settings, or evaluations of screening protocols or instruments were included. Domestic violence was defined as violence between current or former partners in an intimate relationship. The included studies involved one of the following types of intervention: educational programmes for students entering health care professions, educational programmes for practitioners in health care settings, education of health care professionals coupled with health care system changes, or screening and intervention programmes in health care settings without documentation of training. Only training directed at domestic violence already occurring was included. Training directed at primary prevention was excluded. Most of the training programmes in the included studies consisted of a single training session lasting one to three hours.

Reference standard test against which the new test was compared
The review did not include any diagnostic accuracy studies that compared the performance of the index test with a reference standard of diagnosis.

Participants included in the review
Studies of health care professionals involved in screening and/or health care professionals receiving education or training in relation to domestic violence towards women were included. The included studies involved training programmes for students entering health care professions and qualified health care professionals.

Outcomes assessed in the review
The inclusion criteria for the outcomes were not specified.

How were decisions on the relevance of primary studies made?
Two reviewers independently assessed the identified articles.

Assessment of study quality
The authors did not state that they assessed quality.

Data extraction
The authors did not state how the data were extracted for the review, or how many of the reviewers performed the data
extraction. The authors extracted data in relation to the study sample and setting, design, health professional training, health system intervention, findings and conclusions.

**Methods of synthesis**
How were the studies combined?
A narrative synthesis was undertaken and tables were presented.

How were differences between studies investigated?
The studies were grouped according to the type of intervention/who the intervention was targeted at. Differences between the studies were discussed in the text.

**Results of the review**
Thirty-three studies (reported in 35 publications) of observational design were included (the number of participants was not reported).

Educational programmes for students entering health care professions (6 articles).

Two studies reported skills, in addition to knowledge and attitudes, as an outcome measure. In one of these, two groups received training (of 2 days and 3.5 days) and were compared to historical controls who had not received training. Participants on the longer course had sustained improvements in knowledge and attitudes at 6 months, and both trained groups had higher scores than the control group on a simulated performance measure at 9 months. In the second study, a pre- and post-test comparison after a half-day workshop found significant improvement in knowledge and attitudes at 6 months, but no change in detection rates of domestic violence. Two studies reported positive participant attitudes toward training. The remaining two studies did not report on outcome measures. The included studies were of short training programmes with little evaluation of clinical performance measures as outcomes.

Educational programmes for practitioners in health care settings (4 articles referring to 3 training programmes).

One study reported improvements in professional knowledge and comfort levels. There were increased rates of screening for domestic violence and in safety assessments, but the majority of women remained unscreened and there was no statistically-significant increase in the proportion of domestic violence cases identified. One study reported positive participant attitudes toward training. The remaining study reported low attendance at training and no improvement in domestic violence documentation rates. The included studies were of short training programmes with limited follow-up.

Education of health care professionals coupled with health care system changes (9 articles referring to 8 training programmes).

One of the studies carried out a 1-year and 8-year follow-up of a domestic violence screening protocol in an emergency department in conjunction with health care provider training. The detection rates increased from a baseline of 5.6% to 30% at the 1-year follow-up and decreased to 7.7% at the 8-year follow-up. There was an increase in reported screening, increased knowledge reported by health care providers, and an increase in the number of abused women citing the media or health care providers as referral sources in one study (data not reported). One study reported that a triage screening protocol was not successful, with poor protocol compliance by emergency department staff. One study reported an increase in domestic violence detection rates at 2 and 3 months (data not reported) compared to baseline, with the health system changes being more effective than staff training. One study of an intervention involving three counselling sessions for pregnant abused women, compared with postpartum women without counselling, found no between-group differences in resource use of contact with the police. One study of the implementation of a domestic violence protocol three times during pregnancy, in conjunction with maternity care coordinator training, reported an increase in detection rates from 5.4 to 16.2% and improved documentation on the perpetrator. One study of an emergency department-based advocacy programme reported an increase in domestic violence detection rates from 1.2 to 1.7%. The remaining study reported no increase in detection rates or referrals. The included studies were of limited educational programmes with no consistent reinforcement.
Evaluation of screening protocols in studies giving no information on training of providers (16 studies).

The findings of this group of studies were inconsistent. While some of the studies reported improvements in domestic violence detection rates, none of the studies reported on the long-term effectiveness of the screening protocols or on the outcome for abused women. No information was available in relation to health care professional training for these studies. The long-term effectiveness of screening protocols and the impact of screening and counselling on abused women were not evaluated.

Authors' conclusions
The authors state that few rigorously designed studies have evaluated the effectiveness of training programmes for health care professionals to detect and counsel women who have experienced domestic violence.

CRD commentary
Inclusion criteria were specified for the intervention and participants, but not for the study design and outcomes. It was unclear why the authors included evaluations of screening protocols, which did not contain information about health professional training, given that the training and education of health professionals was the focus of the review. A number of relevant electronic databases were searched. The authors did not state why a cut-off point of 1989 was chosen for the search. Only English language articles were included and there were no specific attempts to identify unpublished research; therefore, studies may have been missed. A quality assessment was not carried out, although the authors did discuss the limitations of the study designs used. The study selection process was carried out in duplicate. It was not stated whether other review processes were carried out in duplicate; therefore, the possibility of errors and bias may not have been minimised. It would have been helpful to have had information on the sample sizes and the content of health professional training in the individual studies. Given the heterogeneity of the included studies and the nature of the data produced, it was appropriate to carry out a narrative synthesis. The authors' conclusions appear to follow from the evidence presented, but should be viewed in light of the highlighted limitations.

Implications of the review for practice and research
Practice: The authors state that educational interventions need to actively engage health care staff and ongoing staff training, and reinforcement is required as the effects of training programmes appear to be short-term.

Research: Randomised controlled trials and quasi-experimental studies are required to determine the most effective training and education for health care professionals in the detection and treatment of women who have experienced domestic violence

Bibliographic details

PubMedID
11788106

DOI
10.1089/152460901317193530

Indexing Status
Subject indexing assigned by NLM

MeSH
Curriculum; Domestic Violence /prevention & control; Education /standards; Education, Medical, Continuing; Education, Nursing, Continuing; Female; Humans; Program Evaluation; United States; Women's Health Services
AccessionNumber
12002006099

Date bibliographic record published
31/10/2003

Date abstract record published
31/10/2003

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.