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Board on Children, Youth, and Families
Committee on Training Needs of Health Professionals to
Respond to Family Violence

Family violence—child abuse and neglect, domestic violence, and elder maltreatment—is epidemic in our society, affecting 25% of the population. Despite this public health crisis, we have not yet developed the practical interventions or an adequate evidence base to address this important social issue.

The Committee on the Training Needs of Health Professionals of the Institute of Medicine was established by Congressional mandate to assess health professional education on family violence. As part of the Health Professionals and Education Act of 1998, Congress included a provision that called on the Institute of Medicine to study the extent and adequacy of current health professional training and to make recommendations to improve such training nationwide. When Congress passed the Health Professionals and Education Act of 1998, it issued an important challenge to government and the health professions. The bill's language suggested that the education of health professionals is an important first step in addressing the problem of family violence. The IOM committee accepted and responded to that challenge in issuing its report, *Confronting Chronic Neglect: The Education and Training of Health Professional on Family Violence*.

As representatives of this Committee, we ardently support the Family Violence Prevention Act of 2002. As will become clear in this testimony, the provisions of the Act directly reflect the recommendations of the report. Thus, we believe these provisions offer the best hope of engaging health professionals and others in the important work of eradicating family violence.

Through its deliberations, the Committee quickly became aware that education of health professionals regarding family violence is not a consistent priority across or within health professions education curricula. The challenge of even identifying curricular content or strategies was compounded by the almost complete absence of either educational research or evaluation data relating to family violence education and training for health professionals. In short, while family violence exacts a tremendous cost from its victims, their dependents and other family members and from society at large, the committee perceived that family violence is not viewed as sufficiently important to invest the resources critical for instilling the necessary expertise in health professionals and others to respond optimally to this serious national social and health problem.

Health professionals provide care for the physical and psychological problems associated with abuse and neglect, ranging from acute injuries and chronic medical conditions to psychiatric and psychological disorders. Because of their contact and relationships with actual and potential victims, health care professionals have a unique opportunity to screen for, diagnose, treat, and even prevent abuse and neglect. In some cases, health professionals may be one of the only

individuals that a victim has contact with outside an abusive home. Despite this pivotal role, the training and education of health professionals about family violence are often inadequate to enable them to intervene effectively. Consequently, comprehensive health professional intervention is uncommon and where it does exist it is often inadequate. Health professionals commonly report feeling insufficiently supported, ill equipped and generally frustrated in their attempts to deal with family violence victims.

It is now time for Congress to take up the concerns and recommendations reflected in the IOM report, providing health professionals with the help and support they need in bearing responsibility for addressing this difficult and devastating problem. Previous reports from the IOM and other organizations have offered similar conclusions and made similar recommendations. Each set of recommendations, while acknowledged, has not resulted in a proactive, substantial or cohesive response. Consequently, the devastation inflicted by ongoing family violence persists. It is time for the nation to embrace a coherent, collaborative policy regarding the health care response to family violence. Such an endeavor would benefit greatly from leadership at the national level, comprehensive education and training of health care providers and an expanded program of research, evaluation and coordination with direct service providers in the community. The committee's recommendations reflect its consideration of the evidence that it worked diligently to uncover throughout its process. It is important to note, however, that while acknowledging the expertise and passionate commitment of both leaders and grass-roots activists in the field, the members were both troubled and frustrated by a notable lack of scholarship and peer-reviewed educational and effectiveness research in the field. The lack of evidence to move family violence education and practice forward is in itself a clear indication that society has paid too little attention to this national embarrassment and human tragedy. Family violence research and education, have themselves, been chronically neglected.

The committee's conclusions include the following:

- **While family violence is understood to be widespread across the United States and to have significant health consequences, its full effects on society and the health care system have not been adequately studied or documented.**
- **Variation in the definitions, data sources, and methods used in research on family violence has resulted in inconsistent and unclear evidence about its magnitude and severity, as well as its effects on the health care system and society.**
- **Curricula on family violence for health professionals do exist, but the content is incomplete, instruction time is generally minimal, the content and teaching methods vary; and the issue is not well integrated throughout their educational experience. Moreover, studies indicate that health professionals and students in the health professions often perceive curricula on family violence to be inadequate or ineffective.**
- **Evaluation of the effects of training has received insufficient attention. Few studies investigate whether curricula on family violence are having the desired impact on the delivery of health care to family violence victims. When evaluations are done, they often do not utilize the experimental designs necessary to provide an adequate understanding of effects.**
- **In addition to effective training on family violence, a supportive environment appears to be critically important to producing desirable outcomes.**
- **Core competencies for health professional training on family violence can be developed and tested based on similarities in the content of current training programs. The important content areas include: (1) identification, assessment, and documentation of**

abuse and neglect; (2) interventions to ensure victim safety; (3) recognition of culture and values as factors affecting family violence; (4) understanding of applicable legal and forensic responsibilities; and (5) prevention. The level of competency necessary will vary with professional roles, functions, and interests.

- **Existing education theories about behavior change suggest useful teaching methods and approaches to planning educational interventions for health professionals tailored to the issue of family violence. These approaches include ways of changing behavior and practice in health care delivery systems, the use of techniques to address practitioners' biases or beliefs about victims, and the use of health care outcome measurement (e.g., Health Employer Data Information Set measures) to inform evidence-based practice.**
- **Challenges to developing, implementing, and sustaining training programs for health professionals on family violence include the nature of accreditation, licensure, and certification; characteristics of health professional organizations; views of stakeholder groups; attitudes of individual health professionals; and the existence of mandatory reporting laws and education requirements.**
- **Funding for research, education development and testing, and curricular evaluation on family violence is fragmented, and information about funding sources is not systematically available. No consistent federal sources of support for education research on family violence appear to exist.**

Based on these findings the committee offered focused recommendations in the hope that offering specific, targeted priorities would increase the likelihood and success of their implementation. The committee felt strongly that family violence should be treated with the seriousness of other public health scourges such as cardiovascular disease, cancer, diabetes and AIDS. Resources proportionate to those used to address these health problems and provide the necessary leadership to ensure strong training and research efforts should be allocated to reducing family violence as well. Specifically, the committee recommended the creation of education and research centers as the best strategy for building a strong leadership capacity. Not only would these centers generate significant new information that could directly work towards identifying policies and programs shown to be effective in reducing family violence, but they would also improve coordination, integration, and evaluation of educational and intervention efforts directed at family violence. Work within such centers will not only benefit the development, implementation, evaluation and dissemination of sound, evidence-based curricula, but will also contribute to the development of expanded research and scholarship around this issue. Such centers would provide much needed focus and coordination to activities related to this very important health problem.

While the Committee focused its efforts on education about family violence for health professionals, it recognized that education alone is not sufficient to address the problem. The complexity and breadth of this issue calls for a collaborative interdisciplinary response among health professions and across the health, justice, and social sectors. Responding to victims of family violence and ultimately preventing its occurrence is a societal responsibility. As such it must be shared by all sectors of society.

To facilitate the coordinated, cross-disciplinary response that is needed, the committee recommended the following:

Recommendation 1: The secretary of the U.S. Department of Health and Human Services should be responsible for establishing new, multidisciplinary education and research

centers with the goal of advancing scholarship and practice in family violence. These centers should be charged with conducting research on the magnitude and impact of family violence on society and the health care system, conducting research on training, and addressing concerns regarding the lack of comparability in current research. The ultimate goal of these centers will be to develop training programs based on sound scientific evidence that prepare health professionals to respond to family violence.

Recommendation 2: Health professional organizations--including the Association of American Medical Colleges, the American College of Physicians, the American Association of Colleges of Nursing, the Council on Social Work Education, the American Psychological Association, and the American Dental Association--and health professional educators--including faculty in academic health centers--should develop and provide guidance to their members, constituents, institutions, and other stakeholders. This guidance should address (1) competency areas for health professional curricula on family violence, (2) effective strategies to teach about family violence, (3) approaches to overcoming barriers to training on family violence and (4) approaches to promoting and sustaining behavior changes by health professionals.

Recommendation 3: Health care delivery systems and training settings, particularly academic health care centers and federally qualified health clinics and community health centers, should assume greater responsibility for developing, testing, and evaluating innovative training models or programs.

Recommendation 4: Federal agencies and other funders of education programs should create expectations and provide support for the evaluation of curricula on family violence for health professionals. Curricula must be evaluated to determine their impact on the practices of health professional and their effects on family violence victims. Evaluation must employ rigorous methods to ensure accurate, reliable, and useful results.

The Family Violence Prevention Act of 2002 builds on the Committee's conclusions and incorporates the recommendations made for Federal action. It does so by:

1) creating a mechanism, the Office of Family Violence at HHS, for coordinating federal efforts across the health sector, the justice system, and social services to address family violence. Such an office will be able to bring together researchers, advocates, and providers within the different fields of child-abuse, elder abuse and domestic violence, and share with them knowledge of all the resources available to them from the Federal government.

2) establishing research centers to provide the evidence base necessary for education, practice, and intervention; and

3) offering grants for research, educational development, and evaluation. These grants will be available to many different entities that interact with the health care system and health education training, including professional societies, organizations devoted to family violence, and health care education establishments such as academic medical centers.

We urge Congress to treat family violence as the grave problem that it is and to take the next step toward putting an end to it by passing this landmark legislation.

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*The views expressed in this testimony are those of the signatories and are not necessarily those of the Institute of Medicine or the National Academies.