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A Quality Improvement Project to Increase Intimate Partner Violence Screening on College Campuses

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Project Aims

The **purpose** of this quality improvement project is to **increase Intimate Partner Violence Screening rates** with the implementation of an evidence-based Intimate Partner Violence Screening tool along with healthcare provider training. The setting for this quality improvement project is a student health center in a public University in Georgia

Clinical Questions

- Q1: Will there be an increase in Intimate Partner Violence Screening when using an Evidence-based Screening tool?
 Q2: Is there an association between screening for Intimate Partner Violence and referral to support services?
 Q3: Does healthcare provider Intimate Partner Violence knowledge increase after an educational session on Intimate Partner Violence?

Background

Intimate partner violence in college can have wide-reaching short and long-term implications for physical, psychological, and academic health. **Sexual assault or rape on college campuses goes unreported 80% of the time** (Moore & Baker, 2018; Sinozich & Langton, December 2014). **Approximately 20% of female college students experience some form of intimate partner violence (IPV)**. Even though females ages 18 to 24 have the highest rates of rape and sexual assault compared to females in all other age groups, women are not screened for intimate partner violence regularly when seen in university student health centers (Demers et al., 2017; Sharpless et al., 2018; Sutherland & Hutchinson, 2018; Intimate Partner Violence, n.d.).

The United States Preventative Services Task Force ("USPSTF," n.d.) recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive for ongoing support services. Screening, identification, early intervention, and referral are keys to helping address the impact of intimate partner violence on female students.

References



Methods and Materials

Project Design: Quality Improvement Project

Setting: Student Health Clinic in a Public University in Georgia

Sample: University Student Health Clinic Healthcare Providers (N=3)

Tools: HARK Instrument; an Evidence-based Intimate Partner Screening Tool

PREMIS Instrument; Physician Readiness to Manage Intimate Partner Violence (knowledge subscale)

Interventions: HARK tool implementation
Intimate Partner Violence Educational Training session with PREMIS survey pre and Post Educational Session

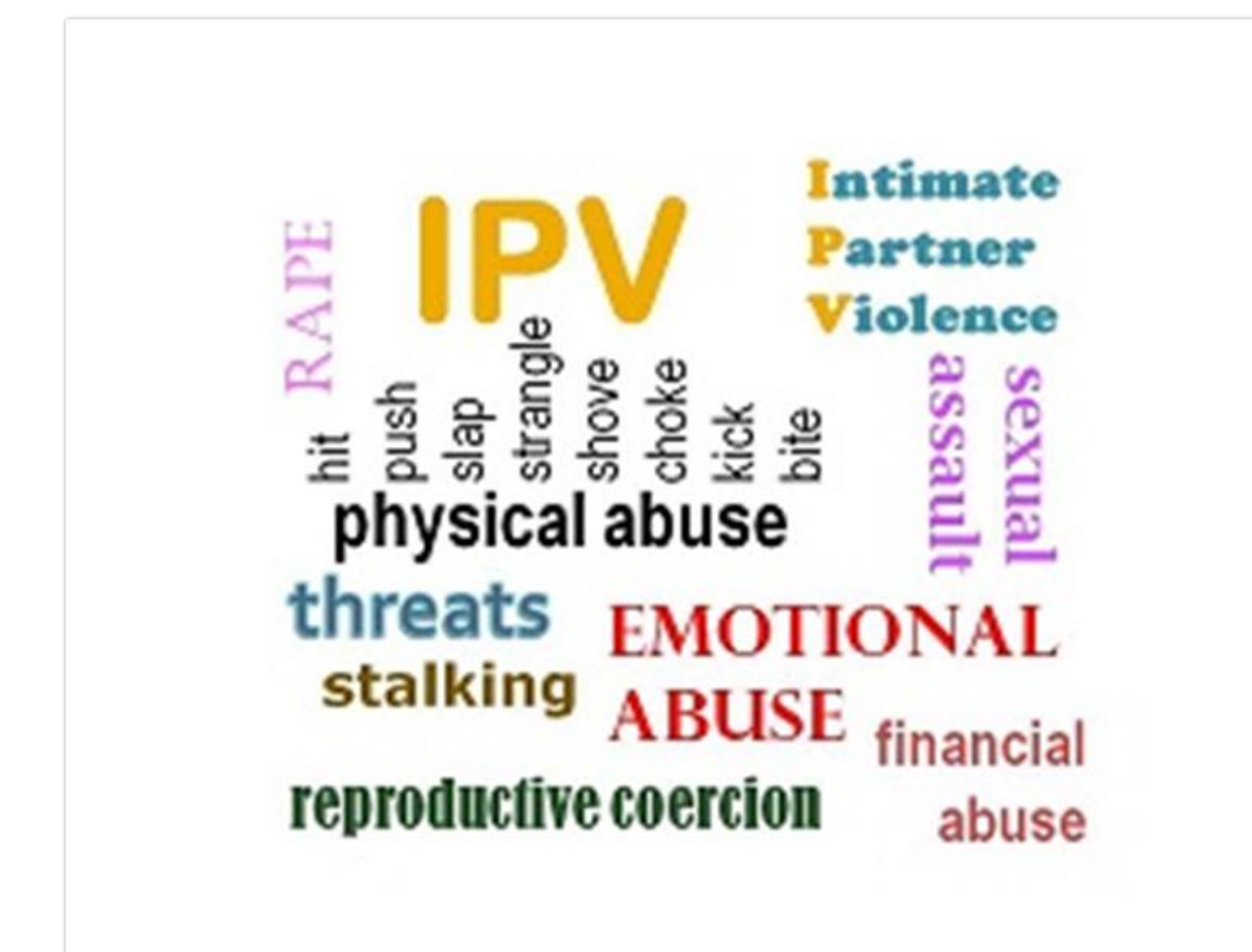


Figure 1. ADAA.org

Results

	Pre-Implementation HARK Tool n (%)	Post-Implementation HARK Tool n (%)
Charts reviewed	303 (100)	185 (100)
Patients screened for IPV	8 (2.6)	177 (95.7)
Students that screened positive for IPV	1 (0.3)	4 (2.2)
Students that screened positive for IPV and were referred to support services	1 (100)	4 (100)

PREMIS Knowledge Subscale	Knowledge Total Pre Educational Session	Knowledge Total Post Educational Session	Knowledge Total Difference
Median Score	5.0	27.5	22.0

- There was an increase in Intimate Partner Violence Screening Rates. Pre-Implementation 2.6%, Post Implementation 95.7%
- 100% of patients were referred in both pre and post implementation chart reviews. The assumptions for Chi-Square test of independence were not met
- A Wilcoxon signed-rank test determined that there was not a statistically significant increase in total knowledge score pre-educational IPV session (Mdn=5.0) compared to total knowledge post-educational IPV session (Mdn= 27.5), $z = -1.34$, $p > .18$.

Theoretical Framework

RE-AIM Theoretical Framework



(Glasgow et al, 2019)

Conclusions

- **Using and evidence-based intimate partner violence screening tool increases screening rates** of Intimate Partner Violence in University student health settings.
- Students that **screen positive for Intimate partner violence are regularly referred** to support service.
- Although there was not a statistically significant increase in provider knowledge after an IPV educational session. There may be clinical significance due to an overall increase in total knowledge scores.

Future Directions

Implication for practice: Identification of victims of Intimate Partner Violence will lead to early intervention support services. Early identification may decrease negative health associations that affect female students.

Future Direction: Further research is needed to examine if universal screening for IPV would be appropriate to identify and refer all student populations

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