

## Medical Student Exposure to Family Violence Issues: A Model Curriculum

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Several years ago, a group of medical students approached the pediatric department to inquire about establishing an experience for students that would expose them to problems with violence and to successful community prevention and intervention programs. Their inquiry occurred simultaneously with a meeting of several national health system experts at the University of Oklahoma, designed to develop programs for health professions students in the area of domestic violence. Working with the ideas generated at the meeting and capitalizing on the students' requests, an elective for medical students at the University of Oklahoma, Tulsa Campus was developed.

Fourth-year medical students may elect a one-month rotation sponsored by the Department of Pediatrics. Their course of study is directed by faculty, but is largely independent work focusing on introductions to a variety of community agencies and the work performed by the agencies' professionals. The purposes of the elective are:

- To introduce students to family violence issues
- To expose students to local agencies concerned with family violence
- To focus students on the need for prevention, diagnosis, intervention,

treatment, and follow-up for victims of violence

- To encourage students to have increased sensitivity and appropriate responses to victims of violence throughout their future medical practices

The content of course experiences is directed toward specific attitudes, knowledge, and skills. Attitudinal focus points include:

- The importance of family violence to health professionals due to the remarkable adverse health effects of exposure to violence
- The injustice of abuse even among patients who seem to have made unhealthy decisions or who appear to have failed to act safely, and that students should understand the need for patients to continually evaluate, plan, and revise strategies in response to their personal resources, responsibilities to family members, community resources, and the behavior of abusers
- The student, as a future health professional, is a member of a community team that may include other health care professionals, government agency and community service personnel, survivor/victim support groups, and child and adult protective services
- Ability to appreciate the roles of, and to work with criminal justice personnel
- Ability to appreciate the roles of, and to work with community response advocates

- Recognition that the scholars and professionals in the field, although acting through best practices, may not have good answers to all family violence questions
- Interest in research and development of even better practices is an appropriate response for medical students

Students receive orientation to the elective that includes a preview of the knowledge they should expect to gain from the experience. The main issues they are encouraged to study include:

- Detrimental physical and mental health consequences of violence including but not limited to depression and increased suicide risk, poor health decisions such as smoking and excessive alcohol use, chemical dependency, post-traumatic stress disorder, sexually transmitted infections, unintended pregnancies, immune dysfunction, irritable bowel syndromes, increased cardiovascular disease, and dental injuries
- Epidemiology of family violence, including links between adult and child abuse
- Historical and cultural context of family violence
- Clinical signs of possible violence in adult and pediatric patients
- Barriers to action:
  - For the health professional (time, legal involvement, lack of knowledge and skills, fear of retribution, lack of reimbursement)
  - For the victim (fear, concern for children, love, lack of resources, hopelessness)
- Community resources

- Institutional resources
- Legal aspects of family violence
  - State and local laws
  - Medical liability issues

The skills that have been a focus of the elective were unique during the early years of the experience. Fortunately, they have become more accepted as best practices over time, but receive little attention in traditional medical school curricula. The most important skill is the ability to identify patients who are at risk for abuse or who are being abused. To that end, students are encouraged to learn how to:

- Word questions about abuse, when to ask, where to ask, who to ask (including emphasis on universal screening), and concern and respect during questioning
- Assess an individual patient's situation, especially the immediate risk of danger
- Intervene in an emergent, urgent, or preventive manner

A wide range of interactive learning experiences are available to the students including:

### 1. Tulsa Children's Justice Center

The Tulsa Children's Justice Center is a community child advocacy center, unique in the co-location of a medical team with child welfare, local law enforcement, the District Attorney, and a community advocacy agency. The Center serves as a single site for investigation of and intervention with child abuse cases. Students work not only with pediatric faculty who are child abuse subspecialists, but also experience multidisciplinary team review of cases, law enforcement investigations, and court proceedings.

## 2. Domestic Violence Intervention Services

Domestic Violence Intervention Services is the community's major not-for-profit center for adult victims of domestic violence. It is home to support groups and treatment for both victims and perpetrators. It is also the agency responsible for the primary shelter of victims of abuse and their children. Students are able to visit the shelter to learn about its mission and programs, and may be able to interview consenting victims about their unique situation.

## 3. Call Rape and SANE

Call Rape provides volunteer hot-line and crisis response personnel. In conjunction, the Sexual Assault Nurse Examiner (SANE) program provides emergent medical assessment and evidence collection in a protected location at a local hospital. Students are "on call" to respond to emergency assessments so they can observe the process of evaluation and support.

## 4. Margaret Hudson Program

The Margaret Hudson Program is an alternative school for pregnant teenagers. Some of the girls in the program are pregnant as a result of incest, date rape, or coercive sexual activity. Students tour and review the program's mission, and may have an opportunity to talk with students about their personal situations.

## 5. Daybreak Dynamics

Daybreak Dynamics is an intensive outpatient treatment center with a variety of programs for children, adolescents, and their families. Students are exposed to group treatment aimed at chemical dependency, conduct disorders, post

traumatic stress, and family violence consequences.

## 6. Tulsa Police Department

Through a partnership with the Tulsa Police Department, students experience a "citizen ride-along" with a patrol unit, usually during an evening or night shift when the chances of a domestic violence response call are greatest. Although protected, they may have an opportunity to see first-hand the intricacies of quelling a dispute, arrests if needed, and to discuss this type of situation with a field officer.

## 7. Additional Options

Other experiences include talking with students at an alternative school for educationally disenfranchised children, visiting the forensic crime laboratory to learn about processing rape evidence, touring a child abuse and family violence prevention agency, and sitting in on staffing of new, court-ordered cases, and treatment groups.

There is no core text for the elective, but students are given a copy of The Woman Who Walked Into Doors, by Roddy Doyle, and several articles and monographs about family violence. During the rotation, students are expected to write two concise papers – one as a case report from their experience and another as a topic review in some area of family violence.

A limitation to this report is the absence of formal evaluation of the experience. Anecdotal feedback from students has been quite positive, and the experience is selected by 6 to 10 students each year. Future research is planned to query the effects of the experience on students who have now graduated and completed residency training to determine their

involvement, if any, with family violence issues and the relevance of this elective to their professional decision-making.