

SIGNIFICANCE

In the United States, 10 million women and men experience intimate partner violence (IPV) annually. According to the World Health Organization, 38% of all homicides of women are committed by an intimate partner. Although IPV is a recognized public health concern, healthcare has struggled to meet the challenge, which may be due to failure to recognize IPV victims when symptoms are subtle or absent (Ladewig, London & Davidson, 2017; Bradbury-Jones, Appleton & Watts 2016), lack of community education, and insufficient IPV content in the nursing curricula (Tufts et al., 2008). Few studies have assessed the effectiveness of IPV teaching methodologies. Thus, research on optimal methodologies for IPV knowledge retention and acquisition in undergraduate nursing is one approach to address this gap in nursing education.

PURPOSE

To conduct a quasi-experimental study to evaluate the use of two approaches – storytelling and simulation board games – for improving IPV education in undergraduate nursing students.

METHODOLOGY

- A convenience sample of 37 third-semester community health nursing students (WSSU) were recruited from Winston-Salem State University.
- Participants completed a demographic information sheet, pre-test questionnaire, and were randomized into two intervention groups.
- Block 1 intervention group received IPV education in a storied format with PowerPoint slides to reinforce key points (Figure 1); Block 2 intervention group received IPV instruction using a simulated board game (Figure 2).
- Following the intervention, participants completed a post-test questionnaire and survey evaluating the intervention.
- Three weeks after the intervention, participants answered the same pre-/post-test questions to evaluate knowledge comprehension and retention.
- Last week of the course, students were given similar questions to assess knowledge comprehension and to address concerns of memorization.

FINDINGS

- IPV knowledge increased among participants who received the simulation board game intervention; no change was observed among participants who received the storytelling intervention.
- Participants in both groups reported to “agree” or “strongly agree” that each method increased awareness and desire to help victims of IPV.
- Most participants agreed that the intervention met content objectives (Block 1, 90%; Block 2, 93%). However, there was no evidence that the simulation board game changed participants’ opinions or provided further insight on IPV.

DISCUSSION

- Our results suggest storytelling is an effective approach to providing IPV education while the use of simulation board games may improve IPV knowledge acquisition and retention.
- The present study is limited by a small sample size and differences in participant demographics and previous IPV knowledge across intervention groups.
- More research is needed to evaluate the effectiveness of storytelling and simulation board games for addressing IPV in nursing education. As a first step, we will repeat this study in the spring of 2018 to account for the potential influence of standard IPV instruction in the nursing curriculum.

REFERENCES

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- Tufts, K.A., Clements, P.T., Karlowicz, K.A. (2008). Integrating intimate partner violence content across the curricula: Developing a new generation of nurse educators. *Nurse Education Today*, 29(1), 40-47.
- World Health Organization. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.

Figure 1. Mapping the Scene and Drama in Storytelling

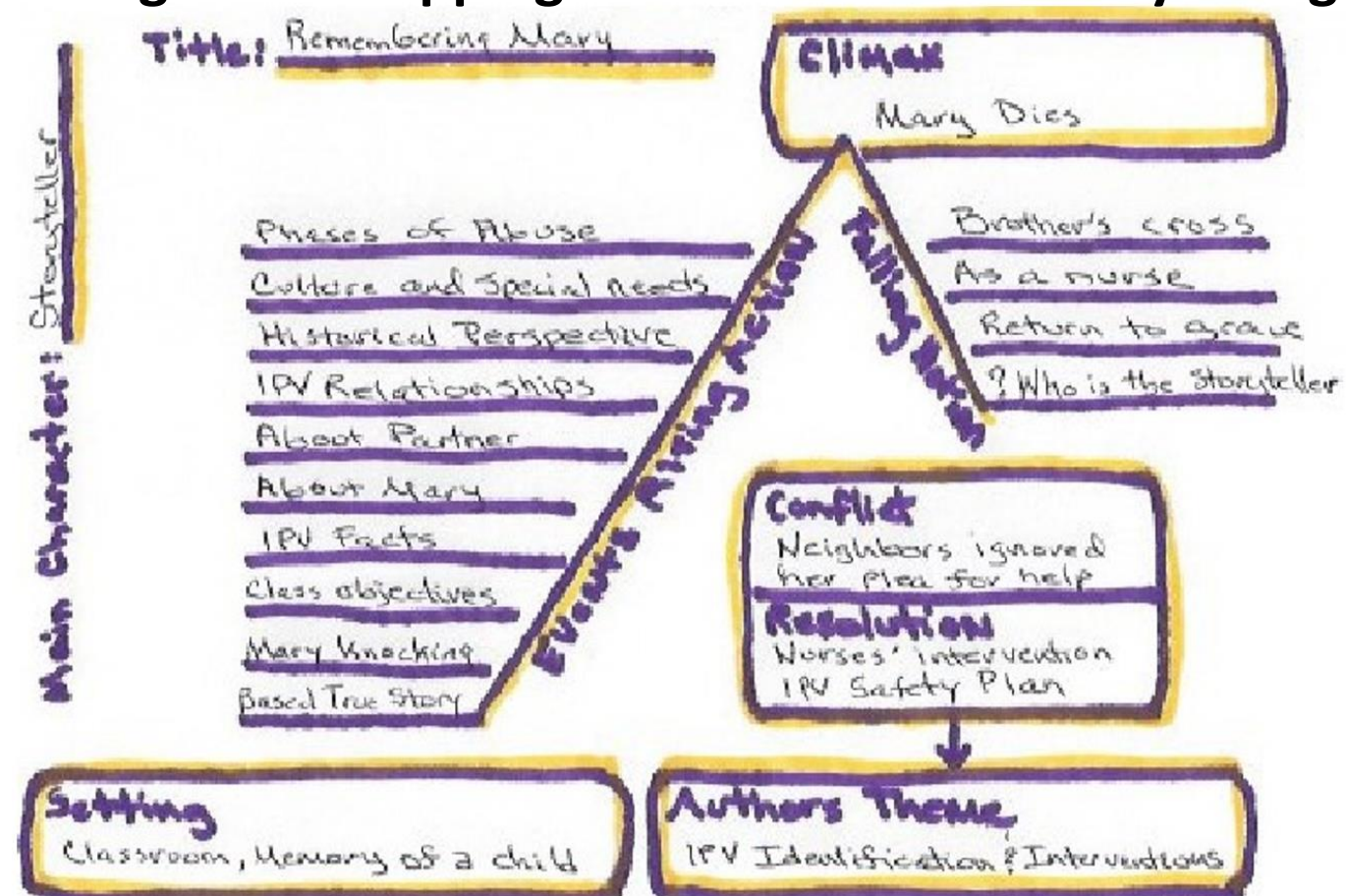


Figure 2. Sample game board for IPV BINGO

IPV BINGO				
Client speaks in his/her own pace	Patient denies abuse	Shown concern and compassion	Safety plan	Screening tools
When to suspect abuse	Explore own attitudes	Provide a safe environment	Open and honest	Psychological abuse
Emotional abuse	Physical abuse	FREE SPACE!	Seeing the big picture	Reporting an abusive event
Sexual abuse	Phase 1 violence cycle	Ask 4 "W" questions	Financial abuse	Phase 2 violence cycle
Negative body language	Phase 3 violence cycle	Private setting	Documentation	Verbal abuse

Table 1. Demographics Highlights

Characteristics	Block 1	Block 2
Age 18-24	42%	42%
Black Race	72%	42%
IPV knowledge		
No Previous IPV Education	44%	63%
Some IPV Knowledge	61%	63%
Experiences with IPV		
Professional Experience	78%	74%
No Personal Experience	94%	94%
No Family Experience	83%	90%