

UNIVERSITY
OF MINNESOTA

Preventing Intimate Partner Violence in Rural Minnesota through Adolescent Healthy Relationship Programming

Christy Atkinson MS4, Sylvia Blomstrand MS4
University of Minnesota Medical School



Introduction

- Intimate partner violence**, defined as physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse, is a serious, preventable public health concern.¹
- Rural areas experience equal or higher rates of IPV and have less access to IPV prevention resources than urban areas.^{3, 4}
- IPV incidence is increasing in Minnesota and has enormous public health and economic impacts.^{5, 6, 7, 8}
- Studies have found the most efficacious method for primary IPV prevention is healthy relationship programming for adolescents, which has been shown to decrease IPV incidence by 56 to 92 percent, even four years after the initial program.^{9, 10}

A Serious Public Health Concern

1 in 4
Women and 1
in 10 men

Were survivors of IPV,
according to the 2015
National Intimate
Partner and Sexual
Violence Survey.²

24%
of teen girls
verbally abused

8% physically abused,
and 20% sexually
assaulted by an intimate
partner by age 16.¹¹

↑risk

IPV survivors have
increased risk for
depression, anxiety, PTSD
suicidal behavior, sexually
transmitted infections, and
unintended pregnancy.¹²

Healthy Relationships Curriculum

Using evidence-based strategies, a three-day healthy relationships curriculum was developed and administered to four different classes of middle schoolers at a public school in a rural county. The diagram below demonstrates what topics were covered and the methods used to teach them.



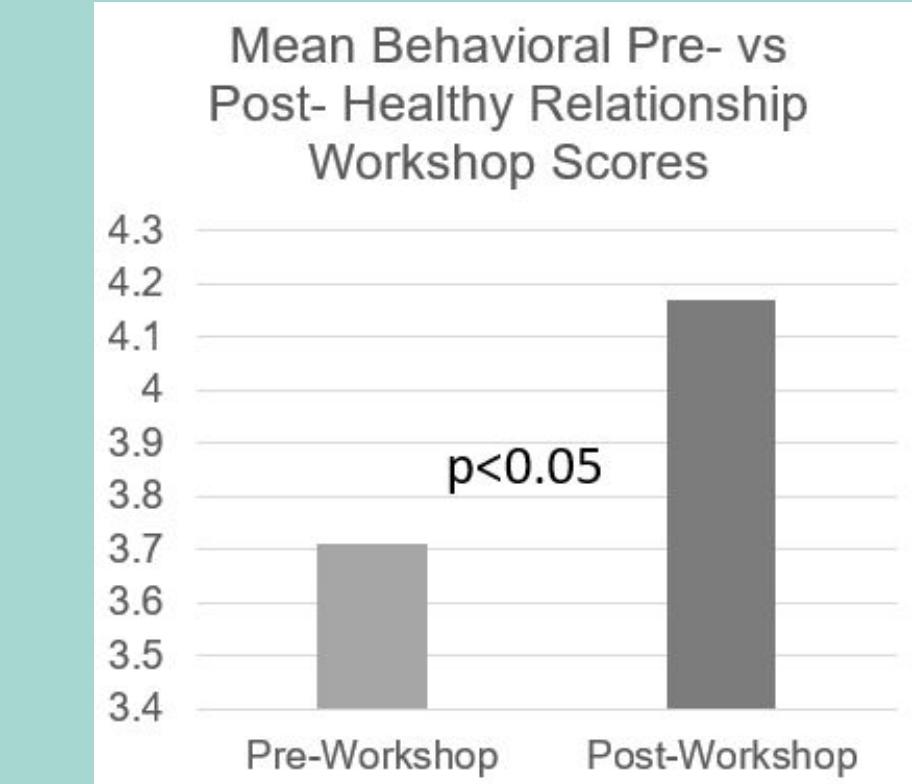
The RULER acronym from the Yale Center for Emotional Intelligence was utilized as a teaching tool as students learned the steps of emotional intelligence.¹³

Evaluation

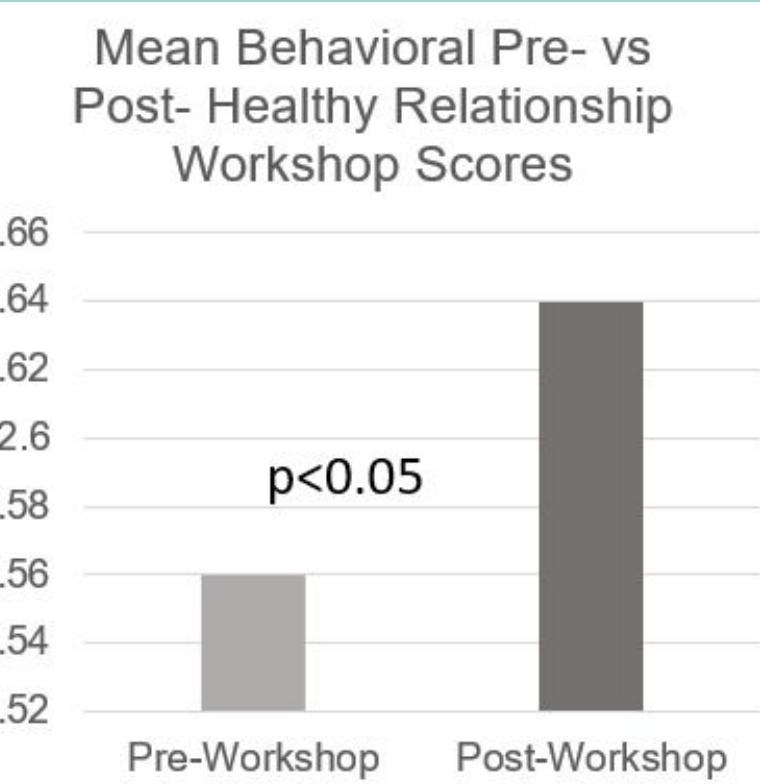
Curriculum efficacy was measured with a pre- and post-program survey of behaviors, knowledge, and attitudes relating to IPV.

Methods

Evaluation Results



Graph 1: Mean behavioral scores on pre- vs post-healthy relationship workshop survey improved significantly ($p<0.05$) from 3.71 to 4.17.



Graph 2: Mean attitude scores on pre- vs post-healthy relationship workshop survey improved significantly ($p<0.05$) from 2.56 to 2.64.

Discussion

- It was shown that our healthy relationship curriculum instilled short-term improvement in behaviors and attitudes surrounding IPV.
- Healthy relationship workshops are feasible and efficacious in rural communities.

Limitations: selection bias, potential short-term nature of results, unclear impact on incidence of IPV in the community

Insights: healthy relationship curriculum best practices must include (1) engaging students with relevant materials; (2) using group-participation activities; (3) developing rapport with students; and (4) extending curriculum to allow adequate review and practice.

Future Directions

- Follow-up studies by future medical students on the long-term impact of rural healthy relationship programs on IPV incidence and related public health concerns.
- Public health policy changes to support adolescent healthy relationship programs, as well as survivor support programs.

References

- [1] Centers for Disease Control and Prevention (Oct 2018). Intimate Partner Violence. National Center for Injury Prevention and Control, Division of Violence Prevention. Accessed May 5 2020. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>
- [2] Centers for Disease Control and Prevention. (2015). "National Intimate Partner and Sexual Violence Survey." Retrieved from: www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf
- [3] Peek-Asa, Corinne et al. "Rural disparity in domestic violence prevalence and access to resources." *Journal of women's health* (2009) vol. 20,11 (2011): 1743-9. doi:10.1089/jwh.2011.2801
- [4] Braeding, Matthew J., Jessica S. Ziembroski, and Michele C. Black. "Prevalence of rural intimate partner violence in 16 US states, 2005." *The Journal of Rural Health* 25.3 (2009): 240-246.
- [5] Minnesota Bureau of Criminal Apprehension. (2011). Uniform crime report, 2010. St. Paul, MN: Department of Public Safety. Retrieved from <https://dps.mn.gov/divisions/bca/divisions/mjis/Documents/2010%20State%20Crime%20Book.pdf>
- [6] Minnesota Bureau of Criminal Apprehension. (2017). Uniform crime report, 2016. St. Paul, MN: Department of Public Safety. Retrieved from <https://dps.mn.gov/divisions/bca/divisions/mjis/Documents/2016-Minnesota-Uniform-Crime-Report.pdf>
- [7] Max W, Rice DP, Finkelstein E, Bardwell RA, Leadbetter S. The economic toll of intimate partner violence against women in the United States. *Violence Vict* 2004;19:259-72.
- [8] Black MC. Intimate partner violence and adverse health outcomes: implications for clinicians. *Am J Lifestyle Med* 2011;5:428-39.
- [9] Bjork, Elizabeth R., et al. "CDC Grand Rounds: A Public Health Approach to Prevention of Intimate Partner Violence." *The Center for Disease Control and Prevention*. January 17, 2014 / 63(02):38-41.
- [10] Foshee VA, Bauman KE, Emmett ST, Linder GF, Benefield T, Suchindran C. Assessing the long-term effects of the safe dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *Am J Public Health* 2004;94:619-24.
- [11] Minnesota Department of Health (October 1 2019). "2019 Minnesota Student Survey County Tables." p 26. Accessed May 15 2020. Retrieved from: <https://www.health.state.mn.us/data/mchs/surveys/mss/documents/northeastcafe19.pdf>
- [12] Black MC. Intimate partner violence and adverse health consequences: implications for clinicians. *Am J Lifestyle Med* 2011;5:428-39.
- [13] Yale Center for Emotional Intelligence. (2020). RULER. Retrieved from: <https://www.rulerapproach.org/>