
North Dakota Intimate Partner Violence Prevention Program: March 2016 Summit and Training Workshop Evaluation Results

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***CHPPR: Working Together for a Healthier North Dakota
Through Research, Education, and Service***

Summary Information: Morning Summit

The CHI Mission and Ministry funded IPV Prevention Program team led by Ms. Veronica Zietz held an all-day summit and training workshop on March 10, 2016 entitled *Spotlight on Intimate Partner Violence*. There were three presentations during the morning session (8 a.m. to 12 p.m.). Speakers were from the Futures Without Violence organization and the North Dakota Council on Abused Women's Services (NDCAWS). There were 67 persons in attendance at the morning sessions representing 8 North Dakota communities: Bismarck/Mandan (24 attendees); Carrington (5 attendees); Devils Lake (6 attendees); Dickinson (6 attendees); Lisbon (4 attendees); Oakes (5 attendees); Valley City (3 attendees); and Williston (14 attendees). Bismarck/Mandan and Valley City representatives attended the morning sessions in-person at CHI St. Alexius Health in Bismarck. All other community representatives attended via video link. Of the 67 attendees for the morning sessions, 49 (73%) completed evaluation surveys. As shown in Table 1, page 4, attendees completing evaluations included 16 persons from Bismarck/Mandan, 5 from Carrington, 6 from Devils Lake, 6 from Dickinson, 4 from Lisbon, 5 from Oakes, 3 from Valley City, and 4 from Williston.

Table 1, page 3, shows attendees' ratings of "after" sessions IPV knowledge were significantly higher compared to their "before" ratings. The largest gain in knowledge was for the item "How to form a community collaboration for preventing IPV using the INSTIGATE model." A majority of attendees reported that the IPV testimonial and information about prevention strategies and resources were the most valuable components of the sessions and for use in future practice. Almost all attendees felt that the speakers clearly conveyed information about IPV. Ms. Zietz reported receiving several positive comments about the summit and workshop. Table 1, page 4, shows additional information about attendees' responses to questions about their professional and IPV-related roles, and IPV-related training topics they would like to have additional information about.

Summary Information: Afternoon Train the Trainer Workshop

Fifty-one of the morning session attendees also participated in an afternoon "train the trainer" workshop conducted by Futures Without Violence representative Ms.

Rebecca Levenson. All trainees were representatives from the 8 program communities:

Bismarck/Mandan (20 attendees); Carrington (4 attendees); Devils Lake (5 attendees);

Dickinson (5 attendees); Lisbon (4 attendees); Oakes (4 attendees); Valley City (3 attendees);

and Williston (6 attendees). Bismarck/Mandan and Valley City trainees attended the training in-

person with all others attending via video link. Forty of the trainees (78%) completed evaluation surveys (see Table 2, page 6, for numbers of trainees from each community). As shown in

Table 2, page 5, trainees reported moderate-to-mostly high increases in their IPV knowledge and/or skills ratings following the training. The largest gain reported was for the item

"understanding how IPV affects pregnancy and birth outcomes." The smallest increases in

knowledge/skills ratings was for the item "describing trauma-informed programs and practices."

All trainees reported that the speaker was effective in presenting the information clearly.

Trainees reported only moderate level ratings for post-training confidence, comfort, and likelihood in presenting IPV information in the community. The items with the lowest scores were related to trainees' confidence and ability to train others on trauma-informed practice.

Table 2, page 6, shows additional information about trainees' responses to questions about potential obstacles for IPV community outreach, how many trainings/outreach activities they expected to provide, their professional and IPV-related roles, and suggestions for future IPV-related training topics.

Table 1: March 2016 IPV Prevention Program Summit Evaluation Results

3 Morning Sessions: How would you rate your knowledge about: (1-5 scale: 1=low, 3=medium, 5=high)		Average (Mean) Rating (N=49)	Before/After Difference*
<i>*Before/After differences for all items were statistically significant at $p < .001$</i>			
The definition of IPV as a system of power and control over an intimate partner	Before the presentations?	3.73	.83
	After the presentations?	4.56	
IPV includes physical, sexual, and emotional abuse	Before the presentations?	4.20	.47
	After the presentations?	4.67	
Prevalence of IPV and who is affected	Before the presentations?	3.55	.91
	After the presentations?	4.46	
The causes of IPV	Before the presentations?	3.67	.83
	After the presentations?	4.50	
The challenges of dealing with IPV in North Dakota and rural communities	Before the presentations?	3.39	.96
	After the presentations?	4.35	
Links between IPV and other crimes including stalking, child abuse and elder abuse	Before the presentations?	3.51	.93
	After the presentations?	4.44	
The physical, economic, and emotional impact of IPV on victims	Before the presentations?	3.88	.75
	After the presentations?	4.63	
Barriers to leaving IPV relationships	Before the presentations?	3.65	.87
	After the presentations?	4.52	
Local and state services for IPV survivors	Before the presentations?	3.22	.86
	After the presentations?	4.08	
The definition of prevention in relationship to IPV	Before the presentations?	3.51	.91
	After the presentations?	4.42	
The spectrum of prevention activities	Before the presentations?	3.29	.99
	After the presentations?	4.28	
The concept of community and evidence-based programs for preventing IPV	Before the presentations?	3.24	1.01
	After the presentations?	4.25	
How to form a community collaboration for preventing IPV using the INSTIGATE model	Before the presentations?	2.69	1.08
	After the presentations?	3.77	
Key strategies for sustaining successful IPV prevention collaborations	Before the presentations?	2.90	.98
	After the presentations?	3.88	

Overall average (mean) rating for all "before" ratings was 3.47 and 4.34 for "after" ratings. This difference (0.87) was statistically significant at $p < .001$.

Table 1 Continued

Which parts of the presentations did you learn the most from and why?

37 attendees responded. The majority of responses were related to these four topics:

- (1) The IPV survivor story
- (2) Prevention strategies, programs, and resources
- (3) North Dakota-specific information
- (4) Opportunities for sharing and discussing

Which information will be most useful for your professional work or practice?

Of the 36 responses, most were related to (1) prevention strategies; (2) resources; and (3) "all of it."

Which areas related to IPV would you like more information about?

Of the 21 attendees responding, most were related to (1) how to take prevention/intervention/community building steps; and (2) where to access additional resources, statistics, and curricula.

<i>Was the information in session 1 presented clearly?</i>	Yes = 49	No= 0	Somewhat= 0
<i>Was the information in session 2 presented clearly?</i>	Yes = 49	No= 0	Somewhat= 0
<i>Was the information in session 3 presented clearly?</i>	Yes = 45	No= 0	Somewhat = 4

What is your profession or professional role?

40 persons indicated their professional roles as:

- Health care organization administrator /program director (n=17)
- Nurses or nurse educators (n=7)
- Mental health/health care provider/trainee (n=7)
- Community volunteer or advocate (n=5)
- Social worker/social work educator (n=4)

What is your professional role in regards to the IPV Prevention Program?

Check All that Apply

<i>Community Outreach Leader - I will be training professionals.....</i>	24
<i>Within My Reach Facilitator - I will be training potential victims.....</i>	17
<i>Coalition Member - I participate in my local violence prevention coalition/committee/team.....</i>	21
<i>CHI Violence Prevention Coordinator/staff – I’m a program lead in my community.....</i>	9
<i>Interested party - I just want to know more about intimate partner violence.....</i>	17
	Other = 7

What services do you provide that relate to preventing, screening for, and/or responding to IPV?

Of the 24 persons responding, the most frequent responses were (1) education; (2) health care/counseling/support; and (3) screening.

Please circle the community you represent:

Bismarck/Mandan = 16	Carrington = 5	Devils Lake = 6	Dickinson= 6	Lisbon = 4
Oakes = 5	Valley City = 3	Williston =4		

Number of persons providing contact information for further updates/information = 17

Table 2: March 2016 IPV Prevention Program Train the Trainer Workshop Evaluation Results

Afternoon Training: To what extent, if at all, did this training increase your knowledge and/or skills about: (0=not at all, 1=a little, 2=somewhat, 3=a great deal)	Average (Mean) Rating (N=40)
Describing trauma-informed programs and practices?	2.51
Strategies for promoting self-care related to trauma-informed workplace practices?	2.65
Strategies for improving organizational self-care?	2.63
Understanding of definitions and prevalence of IPV?	2.83
Understanding of health disparities related to IPV?	2.85
Understanding how IPV affects pregnancy and birth outcomes?	2.90
How IPV affects women’s post-pregnancy health?	2.85
How IPV affects children’s and adolescents’ health?	2.73
How IPV affects physical health?	2.83
How IPV affects behavioral health?	2.78
Describing why universal education on IPV is important?	2.80
How to competently screen for IPV using safety cards?	2.85
How to competently respond to patients/clients reporting IPV?	2.70
How to provide “a warm referral?”	2.70
Overall knowledge of IPV topics covered in this training?	2.85

Overall mean rating = 2.76

Was the information at the training presented clearly? No = 0 Somewhat = 0 Yes = 39
 Was there enough time provided for each section of the training? No = 0 Somewhat = 3 Yes = 35

Please circle the community you represent:

Bismarck/Mandan=13 Carrington=4 Devils Lake=4 Dickinson=5 Lisbon=3
 Oakes=3 Valley City=3 Williston=4 Other = 1

Table 2 Continued

Afternoon Training	Mean Rating (N=40)
How confident are you that you have the information needed to train others about: (0=not at all, 1=slightly, 2=moderately, 3=Very)	
Trauma-informed practice	2.00
Definitions, prevalence, and effects of IPV	2.27
Screening for and responding to IPV	2.16
How comfortable would you be in training others about?	
Trauma-informed practice	1.92
Definitions, prevalence, and effects of IPV	2.22
Screening for and responding to IPV	2.11
How likely is it that you will train others on?	
Trauma-informed practice	2.05
Definitions, prevalence, and effects of IPV	2.19
Screening for and responding to IPV	2.00

What obstacles, if any, will make it difficult for you to train others about IPV?

16 persons responded. Barriers included time/scheduling conflicts; getting buy-in/acceptance for trainings; not being part of duties; and “none.”

Mean trainings anticipated to conduct within next six months = 3 (n=12)

Mean trainings anticipated to conduct within next year = 6 (n=12)

What is your profession or professional role?

Professional roles were distributed the same as in Table 1.

What is your professional role in regards to the IPV Prevention Program?

Check All that Apply

<i>Community Outreach Leader - I will be training professionals.....</i>	15
<i>Within My Reach Facilitator - I will be training potential victims.....</i>	11
<i>Coalition Member - I participate in my local violence prevention coalition/committee/team.....</i>	16
<i>CHI Violence Prevention Coordinator/staff – I’m a program lead in my community.....</i>	9
<i>Interested party - I just want to know more about intimate partner violence.....</i>	9

Other = 4

What services do you provide that relate to preventing, screening for, and responding to IPV?

Services provided were the same as those reported in Table 1.

What IPV topics would you like to receive additional training on?

Of the 11 persons responding, additional training topics included mental health and IPV; elder abuse; configuring the training for special populations (e.g., law enforcement); prevention tools; safe dates/programs being used in local schools; maintaining the referral base; and getting more intense training for assisting IPV victims.

Number of persons providing contact information for further updates/information = 12