

Evaluation of a Health Care Provider Training Program to Identify and Help Partner Violence Victims

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**Abstract** This study tested four hypotheses about the impact of a 3-h domestic violence training program with 752 health care providers on attitudes and values related to screening and helping partner violence victims. Hypotheses 1, 2, and 3 were that training would be related to: 1) increased self-efficacy to identify and help partner violence victims, 2) increased endorsement of the role of health care providers and settings for helping partner violence victims, and 3) increased comfort making appropriate community referrals to help partner violence victims. Hypothesis 4 was that training effects would be moderated by prior training and by prior experience with helping a victim. Following training, health care providers reported increased self-efficacy, increased comfort making appropriate community referrals, and increased valuation of health care providers and the health care system as having an important role in stopping domestic violence. Hypothesis 4 was also supported. Prior training and/or experience with an abuse victim predicted smaller changes in the dependent variables. These gains held at a 6-month follow-up. Implications for training curriculum design are discussed, in addition to institutional policy implications for determining the benefits versus costs of universal training, including staff who demonstrate prior training or experience with battered victims. Study limitations and future research directions, including the need to measure performance and policy compliance will also be outlined.