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Educating nurses on intervention in and prevention of intimate partner violence: A systematic review

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Abstract

In South Africa, a woman is killed by a male partner every six hours, making South Africa's intimate femicide rate the highest, globally. Nurses are in a unique position to identify, assist and support women who are at risk or who experience intimate partner violence (IPV) when such women seek help. Unfortunately, nurses often fail to use this critical opportunity to break the cycle of violence because of a lack of confidence, skills and support systems. The purpose of the systematic review was to appraise learning needs and curricula of nurse education on intervention and prevention of intimate partner violence. A selection of electronic databases for the period 2009-2014 was used as data sources. The systematic review involved a computerised search of the selected databases to identify and assess published studies on nurse education curricula and learning programmes on intimate partner violence intervention and prevention. Of the 1 446 identified studies, 56 studies were initially identified for review and then reduced to 14 after excluding studies that did not meet the selection criteria. These articles were critically appraised with the use of a set of qualitative criteria. Studies reviewed identified the need for training nurses on their roles and responsibilities on IPV intervention and prevention and developing their core competencies in this domain. Studies also indicated the skills needed by nurse educators in the education and training of student nurses on IPV intervention and prevention. The key aspects of IPV curricula content that were positively accepted by nurses included knowledge, attitudinal and skills components, as well as environmental-, management- and systems components. A limitation of the study was the exclusion of domestic violence. While intimate partner violence and domestic violence overlap, it may well be that in the literature some studies may have focused on domestic violence prevention and intervention.The outcomes of this review gives insight into how nurse education and professional development can be structured in local- and international health care education settings for IPV intervention and prevention. Recommendations are offered for curriculum design and development for nurse educators and nurse education on IPV intervention and prevention. The findings of the study could contribute to developing nurse education curricula in local and international contexts to prevent and intervene in IPV as a global public health care phenomenon.

Keywords: Nurse competency, nurse education curriculum, teaching strategies, learning needs, cycle of violence.

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Introduction

Nurses in primary care settings are in a unique position to identify, assist and support women who experience or who are at risk of intimate partner violence (IPV) as they are often the 'first point of contact' in the health care system (Connor, Nouer, Speck, Mackey & Tipton, 2013; WHO, 2005). Where nurses have received training to render comprehensive IPV intervention and prevention, IPV survivors have reported the positive effects of their interaction with the nurse on breaking the cycle of violence (Joyner & Mash, 2011). By empowering survivors, linking them with support and response services and advocating on their behalf, nurses can intervene in the cycle of violence and prevent the recurrence of IPV.

IPV includes domestic and sexual violence and recognises the occurrence of violence across a variety of levels of relationships (Tufts, Clements & Karlowicz, 2009). IPV may involve current and former spouses or partners, those cohabiting or living separately, and violence between lesbian- gay-, bisexual- and transgendered and intersexed (LGBTI) partners (Lloyd & Emery, 1999; National Centre for Injury Prevention and Control, 2007). Intimate partner violence manifests in economic, psychological and emotional abuse as well as physical and sexual violence. Consequently, IPV is a key determinant of health and wellbeing for women across their lifespan and across various social, cultural and economic backgrounds and an important public health issue (WHO, 2005).

In South Africa, it has been estimated that a woman is killed by her male partner every six hours, which makes South Africa's intimate femicide rate the highest globally (Abrahams, Jewkes & Martin et al., 2009). The most frequently reported barriers to nurses' intervention and prevention of IPV is a lack of or inadequate training on IPV as well as inadequate knowledge of women's health for nurses to be able to identify patients who experience or are at risk of IPV (Kruetzkamp, 2011). Nurses ascribe their lack of intervention in IPV to a lack of comprehensive IPV education (Beccaria, Beccaria, Dawson, Gorman, Harris & Hossain, 2013; Roark, 2010; Tufts, Clement & Karlowicz, 2009). Hamberger (2007) indicated that stand-alone lectures on IPV are not enough to impart knowledge, change attitudes, and facilitate the development of the clinical skills necessary for competent IPV screening, intervention and prevention.

There is a need for enhanced educational approaches and methods to be integrated across curricula and clinical practice that equip nurses with the competencies to meet the requirements of their roles and responsibilities in regard to IPV intervention and prevention. In addition, as Tufts, Clements and Karlowicz (2009) point out, those educating student nurses about IPV also experience barriers to educating nurses on IPV because of their lack of awareness of IPV as a public health problem, their limited knowledge of and erroneous beliefs about IPV, and lack of personal inexperience in caring for survivors of IPV (Stintson & Robinson, 2006).

There is need to systematically review available research on approaches and methods of educating nurses on screening, treatment and appropriately intervening in IPV in order to identify the most appropriate approaches to training and learning on IPV. As indicated by Wallace (2013), it is crucial for nursing educators to identify effective methods to teach their students about IPV in an effort to prepare them for their eventual professional practice.

Integrating IPV content into nurse education curricula has the potential to have a broad social impact. Adequate preparation of nurses to identify and appropriately intervene in IPV will not only benefit victims of IPV, but will also raise the collective consciousness of nurses to the point that competence in caring for IPV survivors becomes the standard rather than the exception (Tufts, Clements & Karlowicz, 2009).

The objective of the systematic review was to appraise studies on nurses' training needs and preferred methods of training on IPV intervention and prevention. Again, to inform comprehensive and continued education of nurses on IPV intervention and prevention and to promote positive outcomes for nurses and IPV survivors.

Research questions

The following questions guided the systematic review: What are nurses' training needs on IPV intervention and prevention? What are the preferred methods of nursing education on the intervention and prevention of IPV?

Methodology

For the systematic review, the PRISMA review protocol was followed (Moher, Liberati, Tetzlaff & Altman, 2009; Liberati, Altman, Tetzlaff, Mulrow & Gøtzsche, 2009). The PICOT (population, intervention, comparison, outcome and time) format was used to formulate the research questions (Waddingtonet al., 2012). The operationalisation of the PICOT elements is displayed in Table 1.

Table 1: PICO format

PICO elements	Operationalisation
Population	Nurse educators, student nurses, nurses in practice, people who experience intimate partner violence
Intervention	Education on nurses' roles and responsibilities on intervention and prevention of intimate partner violence
Comparison	Acceptability and relevance of different training approaches
Outcome	Positive outcomes for nurses and people who experience intimate partner violence

Protocol

A computerised search of electronic databases was conducted to identify and review relevant literature on nurses' training needs and preferred methods of training on IPV intervention and prevention. The sample frame included all eligible studies. The total number of studies identified in Phase 1 was 358. A total of 299 studies were removed by applying the exclusion criteria. A further 59 studies were removed by applying the inclusion criteria. The total number of studies included for critical appraisal was 14.

Inclusion criteria

To be included in the review, a study had to have been (1) published in a scientific journal; (2) be empirically based; (3) describe methods, strategies or curricula for nurse education on IPV intervention or prevention; (4) be available in full text; (5) be written in or translated into English; and (6) published between 2009 and 2014.

Exclusion criteria

The exclusion criteria were studies; (1) describing patients' knowledge or education on IPV; (2) screening interventions; (3) editorial, expert opinion, case report or clinical care descriptions. In some of the studies, patients and other health care practitioners participated in the study, but their results are not included in the review results. Two reviewers performed a first-stage screening of titles and abstracts based on the research question and the inclusion and exclusion criteria for the review. On the basis of the initial screening, selected full-text articles were obtained for the second-stage screening. Using the full text, a second-stage screening was performed by the two reviewers. The studies selected were then submitted to data extraction. The databases and sources that were searched for studies on education of professional nurses on IPV intervention and prevention are displayed in Table 2.

Table 2: Sources for formal search

Databases	Search detail
Cochrane Database of Systematic Reviews (via Cochrane Library)	International systematic reviews and clinical trials in health science
MedNAR, Pubmed, Science Direct	International journals on health science – primary studies
Google Scholar	Scholarly literature
Grey literature: Manual search of bibliographies and references listed in primary sources, theses at PubMed	All literature

The review was conducted in three phases. Phase 1 comprised identification and involved the computerised search of databases. In Phase 2, duplicates were removed and screening was done based on title and abstract. In Phase 3, the eligibility criteria were applied for selecting the sample of full-text articles. The search terms 'intimate partner violence', 'nurse education', 'nurse training', 'nurse development' were used.

Searching the ScienceDirect database and using the search terms 'nurse education' for the abstract, title and key words, and 'intimate partner violence' for all fields of the text, 6 journal articles were identified in Phase 1 of the study. In Phase 2, screening was done based on the inclusion of the key terms in the title and abstract and 4 articles were removed that did not relate to the research questions. The remaining 2 articles were included in the sample of full-text articles. A record of all appraised studies, instruments that were used for appraisal, appraisal outcome and motivation for decision on inclusion and exclusion was kept for audit purposes and in order to increase rigour. Two researchers worked independently and discussed their findings to consensus. After critical appraisal, a final list of relevant and rigorous studies was compiled. Data extraction elements of each study involved design and validity of the study, outcomes or results and local applicability. All data extracted was based on the strength of the evidence supporting the conclusions or recommendations. A standardised form was used to assist in the task of data extraction and critical appraisal. Studies identified, excluded and included are tabulated in Figure 1:

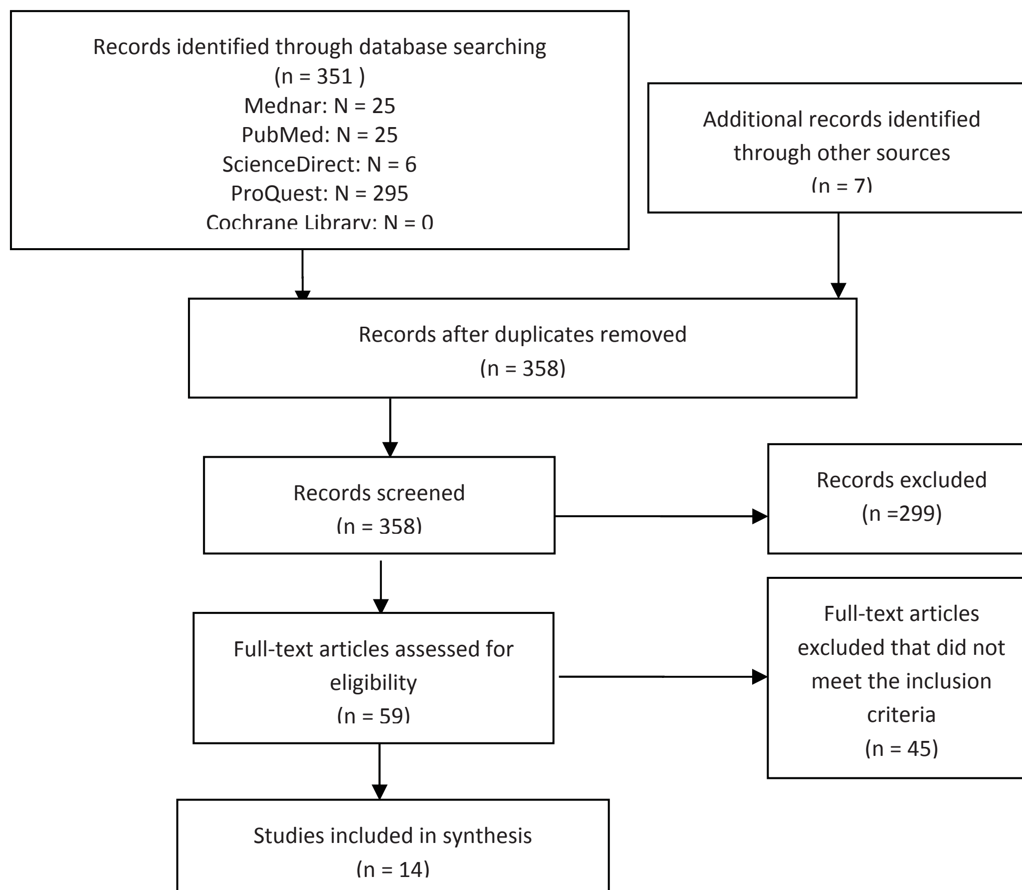

Figure 1: The realisation of the search strategy

Results

The study findings of the identified studies were integrated into a logical entity, as described by Kirkevold (1997). The summary of the evidence presents the cumulative information, data and quality of evidence for the most important outcomes and an explanation of the data extraction and data synthesis.

Quality evaluation for a systematic literature review varies and depends on the sample frame (Whittemore & Knafl, 2005). The study reported on in this review used the standardised checklist from the Critical Appraisal Skills Programme (CASP, 2006). Critical appraisal of the selected studies for methodological quality and validity increased the complexity yet enhanced the rigour of the systematic review. These criteria were used as benchmarks for evaluating the quality of the studies included in the systematic review in terms of three questions: Are the results of the review valid? What are the results? Will the results help locally? Studies that were critically appraised are tabulated in Table 3.

Table 3: Critical appraisal of extracted data

Authors	Title	Design and validity	Outcome or results	Local applicability
Anderson, J.C., Campbell, J.C., & Farley, J.E.	Intervention to address HIV and intimate partner violence in Sub-Saharan Africa: a review of the literature. *J Assoc Nurses AIDS Care,* 2013, 24(4): 383-390	Systematic review of implemented interventions to address both HIV and IPV	Simultaneous IPV screening and HIV testing of couples increased risk of violence. Development of skills sets of nurses are neglected in programmes such as Lifeline, Stepping Stones and Image Educational interventions show short term behavioural change	Components of nurse training on IPV: appropriate safety strategies and local referral options
Baig, A.A., Ryan, G.W. & Rodriguez, M.A.	Provider barriers and facilitators to screening for intimate partner violence in Bogotá, Columbia. *Health Care Women Int,* 2012, 33(3): 250-261	Qualitative design Semi-structured interviews with a diverse sample of 27 health care personnel from eight purposefully selected hospitals in Bogotá, Columbia	Current practises and barriers to detecting IPV Nurses are resistant to IPV screening because they don't know what to do once IPV was confirmed. Difficulty to detect mental and emotional effects of IPV, which remains untreated Fear of legal involvement	Training needs expressed by respondents: all personnel needs IPV training, more emphasis on patient screening, building trusting relationships, finding patient-centered solutions, patient empowerment,

Authors	Title	Design and validity	Outcome or results	Local applicability
		Interviews were conducted until theme saturation was reached.	Lack of patient-physician relationship	hospital programmes for survivors, organisational change
Beccaria, G., Beccaria, L., Dawson, R., Gorman, D., Haris, J.A. & Hossain, D.	Nursing students' perceptions and understanding of intimate partner violence. *Nurse Education Today*, 2013, 33: 907-911	Mixed method approach Oral narrative data from focus groups of students; 27 students participated Thematic analysis of focus group interviews Explorative quantitative study on nominal data from an online survey completed by 62 students	Nurse students may not understand the significance of IPV	Emphasis required on meeting emotional needs and understanding of different approaches especially preventative approaches to IPV. Need to place student nurses with community organisations working to prevent IPV to develop a preventative culture and ability to work in a multidisciplinary environment
BrykczynskI, K.A., Medina, C.K. & Pedraza, D.	Intimate partner violence: advanced practice nurses clinical stories of success and challenge. *Journal of the American Academy of Nurse Practitioners*, 2011, 23:143-152	Face-to-face interviews with ten advanced practice nurses Interpretive phenomenology was used for analysis	Healing practices and ways of being survival facilitators for women and children are identified and described	The role of nurses as survival facilitators Safety planning Receptivity Breaking the cycle of violence Clinical awareness Key practices for nurses identified
Colombini, M.M., Mayhew, S., Ali, S.H., Shuib, R. & Watts, C.	"I feel it is not enough…" Health providers' perspectives on services for victims of intimate partner violence in Malaysia. *BMC Health Services Research*, 2013, 13:65	Case study approach; 54 in-depth interviews with nurses and medical officers in 7 hospitals Semi-structured interview guides Snowball sampling NVIVO (N7) for qualitative analysis	Nurses reports on challenges of service provision and empathetic health care to IPV victims: the effect of being under-trained and poorly supported on the re-victimisation of victims of IPV	Training needs identified: case management, counselling skills Training methods: Need for reflective training, role and values clarification Practice need: culturally safe practice

Authors	Title	Design and validity	Outcome or results	Local applicability
Clements, P.T., Holt, K.E., Hasson, C.M. & Fay-hillier, T.	Enhancing assessment of interpersonal violence (IPV) pregnancy-related homicide risk within nursing curricula. *Journal of Forensic Nursing,* 2011, 7: 195-202.	Review article	RADAR strategy Implications for forensic nursing practice	Training on the use of screening tools and danger assessment Use of adult learning principles
Connor, P.D., Nouer, S.S., Speck, P.M., Mackey, S.N. & Tipton, N.G.	Nursing students and intimate partner violence education: improving and integrating knowledge into health care curricula. *Journal of Professional Nursing,* 2013, 29(4):233-239	52 nursing students completed a survey questionnaire Exploratory multivariate analysis	Curriculum revision requirements Effect of nursing students' personal experience with IPV	Roles of nurses in IPV: protecting, guiding, advocating on behalf of patients Nurses roles in recognition and response to IPV: Clinical practice-oriented leadership, initiating institutional change in response to IPV, formulating and implementing public policy
DeBoer, M.I., Kothari, R., Kothari, C., Koestner, A.L. & Rohs, T.	What are barriers to nurses screening for intimate partner violence? *Journal of Trauma Nursing,* 2013, 20(3)	Anonymous cross-sectional survey of 494 nurses in in-patient and emergency units in the US Descriptive study	Lack of training is the most common identified barrier to screening for nurses Selection for screening is subjective based on suspicion	Components of IPV training specified: Knowledge: identification of IPV risk factors Attitudes: ownership, RN-patient relationship & causality
Goicolea, I., Vives-Cases, C., San Sebastian, M., Marchal, B. & Kegels, G.	How do primary health care teams learn to integrated intimate partner violence (IPV) management? A realist evaluation protocol. *Implementation Science,* 2013, 8:36	Realist evaluation approach	Few health systems have integrated IPV detection and management in a successful way Little is known about team learning on IPV management	Team learning involves individual, team, and contextual factors Elements in team learning on IPV management in PHC teams Nursing education on IPV to be responsive to GBV law and policy

Authors	Title	Design and validity	Outcome or results	Local applicability
Joyner, K. & Mash, R.J.	The value of intervening for intimate partner violence in South African primary care: project evaluation, *BMJ Open*, 2011; 1:e000254	Action research; evaluation by a cooperative inquiry group Women One month after IPV screening 2 urban, 3 rural healthcare centres	Evaluating the benefits of screening and managing IPV	Consequences of IPV Comprehensive care Legal documentation
Papadakaki, M., Petridou, E., Kogevinas, M., & Lionis, C.	Measuring the effectiveness of an intensive IPV training program offered to Greek general practitioners and residents of general practice. *BMC Medical Education* 2013, 13:46	Pre/post-test design with a control group to compare changes in baseline. 40 participants provided full data	Barriers to IPV management were reported as well as acceptability of IPV training even in the absence of organisational changes.	Components of nurse training on IPV: dynamics of IPV, skills in screening, interviewing, sensitive questioning, risk assessment, record keeping, networking with local referral sources Also: support for sustaining learning and integration of learning into practice
Taft, A.J., Small, R., Hegarty, K.L., Lumley, J., Watson, L.F. & Gold, L.	MOSAIC (MOthers' Advocates In the Community): protocol and sample description of a cluster randomised trial of mentor mother support to reduce intimate partner violence among pregnant or recent mothers. *BMC Public Health,* 2009, 9:159	Cluster randomised trial embedded in general practice and maternal and child health services in Australia	The need for more evaluation of effective health professional training and support in caring for abused women and children	Components of the MOSAIC model can be included in nurse education on IPV: values and attitude clarification, being non-judgemental, cross-cultural understandings, women's health and self-care
Tufts, K.A., Clements, P.T. & Karlowicz,	Integrating intimate partner violence content across curricula:	Case study	IPV and pedagogy Education-practice gap Resources to aid IPV curriculum	Pedagogical approaches to teaching about IPV Curriculum review

Authors	Title	Design and validity	Outcome or results	Local applicability
K.A.	developing a new generation of nurse educators. *Nurse Education Today*, 2009, 29: 40-47		development	Designing teaching-learning strategies utilising standardised patient scenarios, interviews, service learning, simulation
Yeung, H., Chowdhury, N., Malpass, A. & Feder,G.S.	Responding to domestic violence in general practice: a qualitative study on perceptions and experiences. *International Journal of Family Medicine*, 2012.	Qualitative design Convenience sampling of 11 general practitioners and 6 nurses Interviews were conducted before and after a training intervention	Difference between perceived roles of nurses and physicians to intervene in DV, also different referral patterns	Developing nurses' understanding of their clinical roles in IPV identification, intervention and prevention Need for training on referral

Discussion

According to this literature review, a nursing education programme aimed at enabling nurses to effectively intervene in and prevent the recurrence of IPV, should have two main elements. First, the focus should be on developing knowledge, nurses' understanding of and commitment to their roles and responsibilities and associated competencies for intervening in and preventing IPV. Second, the nursing education programme should include relevant and appropriate approaches to curriculum design, teaching and learning.

Roles and responsibilities of nurses in IPV intervention and prevention and associated required competencies

Nurses play a key role in the prevention of IPV (Yeung, Chowdhury, Malpass & Feder, 2012) in order to break the cycle of repeated incidents (Brykczynski, Medina & Pedraza, 2011) caused by the same risk factors (DeBoer, Kothari, Kothari, Koestner & Rohs, 2013). The occurrence of IPV has dire consequences for the health of the survivors (Joyner & Mash, 2011) and their significant others (Taft et al., 2011) and can be prevented when nurses are trained on the dynamics of IPV and on addressing factors associated with the occurrence of IPV (Papadakaki, Petridou, Kogevinas & Lionis, 2013), including involving the community and organisations in the community (Beccaria et al., 2013).

Through sensitive screening and risk-assessment initiatives from nurses, women who experience IPV or who could be susceptible to IPV in the future can be identified (Clements, Holt, Hasson & Fay-hillier, 2011) in order to ensure appropriate

intervention to prevent the occurrence of IPV (Connor, Nouer, Speck, Mackey & Tipton, 2013). Training in this skill should include the means to ensure sensitive interviewing, risk assessment, reliable record keeping and cooperation with local support services for follow-up interventions (Papadakaki et al., 2013).

Once screening has been done and survivors and potential victims have been identified, nurses should be capable of delivering appropriate comprehensive care (Joyner & Mash, 2011), which is not only focussed on delivering health care needs but also on enhancing the women's self-care abilities and thus general health (Taft et al., 2009). Training in multi-disciplinary case management of women who are at risk or experiencing IPV is required (Colombini, Mayhew, Ali, Shuib & Watts, 2013; Goicolea, Vives-Cases, San Sebastian, Marchal & Kegels, 2013) and nurses should be able to cooperate effectively with members of such teams (Beccaria et al., 2013). Nurses are the first health care contact of survivors and should coordinate the care that the multidisciplinary team delivers. Nurses also serve as advocates for their patients (Connor et al., 2013) during interactions with the multi-disciplinary team. As they often manage the referral to other members of the team, nurses should be competent in carrying out referrals and ensuring that they receive reports from the team members to whom referrals have been made (Anderson, Campbell & Farley, 2013).

Nursing of IPV survivors requires a holistic approach, with special attention to the physical injuries and the psychological and emotional pain of patients (Beccaria et al. 2013). Care should be delivered in a culture-congruent manner (Colombini et al., 2013), as family and other relationship structures are determined by the cultural practices of people. Care delivered to women who experience violence from a significant other should thus take the culture of the person into account (Taft, Small, Hegarty, Lumley, Watson & Gold, 2009). The safety of the survivors must always notwithstanding their culture be a priority to the nurses (Anderson et al., 2013; Brykczynski et al., 2011).

Counselling is required to address the psychological and emotional needs of IPV survivors (Colombini et al., 2013) within a trusting professional relationship (Baig, Ryan & Rodriguez, 2012). As a consequence of the humiliating experience of IPV, survivors tend to blame themselves for the violence. Nurses, therefore, should be non-judgemental at all times (Taft et al., 2009). The survivors' self-esteem needs to be rebuilt through person-centred nursing care focussed on the capacity, strengths and the support systems of each individual (Baig et al., 2012). IPV survivors who divorce their abusive husbands or leave their abusive partners require much support to rebuild their lives, while they often also have to help their children to adapt to the changed circumstances. Nurses should manage hospital programmes to assist the survivors or should use community programmes to support the women (Baig et al., 2012).

Nurses should know the national policies regarding gender-based violence and attend to all applicable forensic procedures and record keeping in order to support their

patients to report the incident to the police and to be able to testify in court (Goicolea et al., 2013). The legal aspects that are associated with IPV are often the cause for poor care of survivors of IPV. Nurses are hesitant to testify in court and are thus reluctant to take care of the legal documentation (Joyner & Mash, 2011) to the detriment of the chances that the perpetrators will be held accountable. The forensic care of IPV survivors should be important components of nursing education programmes.

Innovative teaching and learning approaches

Students in nursing science are adult learners and the principles of adult learning should be applied in their education and training. Instead of expecting them to memorise information they should be challenged with scenarios to develop skills in problem solving (Tufts et al., 2009). Not only nurses who are interested to work in forensic units require training in the management of survivors of IPV. All nurses come into contact with survivors of IPV (Baig et al., 2012), as these survivors of IPV are admitted to all wards in the hospital and make use of clinics for general health care.

Reflective practice that implies that nurses should be able to evaluate their own practice, implement changes to improve their practice and evaluate the implementation to determine how effective the changed practice is requires that nurses be trained to become skilled in reflection-action-reflection activities. Nurses who take care of IPV survivors should be reflective practitioners in order to deliver quality care to their patients and their training should thus focus on the facilitation of skills development in reflective practice (Colombini et al., 2013).

Owing to the myths associated with the occurrence of IPV, including that women contribute to the occurrence of IPV, it is necessary that nurses in training are challenged to explore their own stereotypes, myths and misconceptions, and have the support to change their attitudes towards the occurrence of IPV, as well as the survivors and perpetrators of IPV (DeBoer et al., 2013). The nurse students should be guided to do a clarification of their values regarding relationships and the occurrence of violence in relationships (Taft et al., 2009).

Learning to take care of IPV survivors should be accompanied by exposure to practice to ensure an integration of knowledge and practice (Papadakaki et al., 2013). The skills that are required to screen and manage patients at risk of IPV and the nursing care of IPV survivors cannot be studied in classrooms only (Baig et al., 2012). Nurses' training should be practice oriented (Connor et al., 2013) and not limited to institutional care. An important component should be the involvement of students in the work of community organisations that focus on the prevention of IPV (Beccaria et al., 2013). An academic service-learning approach through which the students learn from the community may develop in them the ability to be receptive to the needs of the community (Brykczynski et al., 2011). In this case the needs of the

community regarding the prevention and management of IPV are applicable. Students of nursing science should be exposed to academic service learning to learn how to enable the community to prevent IPV and, when it occurs, how to communicate it to the nurses at the clinics and how to support survivors during the intervention period and thereafter (Tufts et al., 2009).

Implications for nurse education

In the meta-paradigm of nursing, the environment and the relationship between the environment and the human being (the IPV survivor), the nurse and health (the result of the prevention of IPV and appropriate intervention when IPV occurs) form the core of nursing (Thorne, Canam, Dahinten, Hall, Henderson & Kirkham, 1998) and thus the education of nurses (Lee & Fawcett, 2013). Human ecology that refers to the interplay of the environment on the development and functioning of the individual (Garbarino & Ganzel, 2000) is thus closely related to both the education of nurses to prevent IPV and to intervene when IPV presents as well as to the risk factors of IPV. In nursing education the health-environment relationship should form an integral part of each curriculum (Viero, Camponogara, Sari & Erthal, 2012) and thus also the curriculum for the education of nurses regarding the intervention and prevention related to IPV. Nurses should be familiar with the impact of the environment on the risk factors of IPV and be capable of using the ecological model in the prevention of IPV and in interventions when IPV occurs. The model refers to four levels. These are the individual level (characteristics of the survivor); family level (stressors in relationships); community level (support systems of the survivor); and the societal level (legislation and policies related to IPV) (Little & Kantor, 2002). Constant interaction takes place between the levels (Bronfenbrenner, 1994) and the levels cannot be separated (Bronfenbrenner, 1986).

Conclusion

Based on the review results, the role and responsibilities and associated skills in IPV intervention and prevention that should be included in nursing curricula relate to the following: intervening in the cycles of violence through screening to identify persons affected by IPV; detecting of and responding to risk factors; the delivery of comprehensive culture-congruent care in trusting relationships to survivors of IPV; and interacting effectively with persons affected by IPV and members of the multi-disciplinary team as advocates of the survivors within the requirements of applicable national health and gender policies.

Recommendations

The ecological model provides a framework for addressing nurses’ training needs on intervention and prevention of IPV. In the education of nurses, with a view of providing the best possible care to prevent IPV and to intervene when it occurs, the

ecological model can be used to ensure that nurses would be enabled to render care on individual, family, community and societal levels.

Adult learning approaches should be incorporated in the education and training of student nurses science to ensure that they develop problem-solving skills, are capable of reflective practice, clarify their values regarding the occurrence of violence in relationships, and cooperate with communities to prevent the occurrence of IPV and to identify and support survivors of IPV.

More research is required to determine the specific content of nursing education programmes to prepare the students to fulfil the roles in IPV intervention and prevention that this study identified as important. Innovative approaches in learning and teaching have been identified in this study for nurse educators and nurse education. Follow-up research should follow the ecological model to develop a competency framework and skills set required for the education of nurses in the intervention and prevention of IPV.

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