

# Identifying & Responding to Intimate Partner Violence in Home Visitation

Susan Jack<sup>1</sup>, RN, PhD, Jeffrey Coben<sup>2</sup>, MD, Danielle Davidov<sup>2</sup>, PhD (student),  
Marilyn Ford-Gilboe<sup>3</sup>, RN, PhD, Harriet MacMillan<sup>1</sup>, MD, FRCP and the NFP IPV  
Research Team

<sup>1</sup>McMaster University, Hamilton, ON

<sup>2</sup>West Virginia University, Morgantown, WV

<sup>3</sup>University of Western Ontario, London, ON

3<sup>rd</sup> National Community Health Nurses Conference  
June 18, 2009

# NURSE FAMILY PARTNERSHIP

---

- ▶ **Program with power**
  - Nurses visit families from pregnancy through child age two
  - Best evidence for improving maternal life-course, prevention of child maltreatment and enhancing specific child health outcomes
  - Cost-effective





## FAMILIES SERVED

---

- **Low income pregnant women**
  - Usually teens
  - Usually unmarried
  - Before 29 weeks gestation
- **First-time parents**


# NFP Outcomes

## ❖ Consistent & enduring effects including:

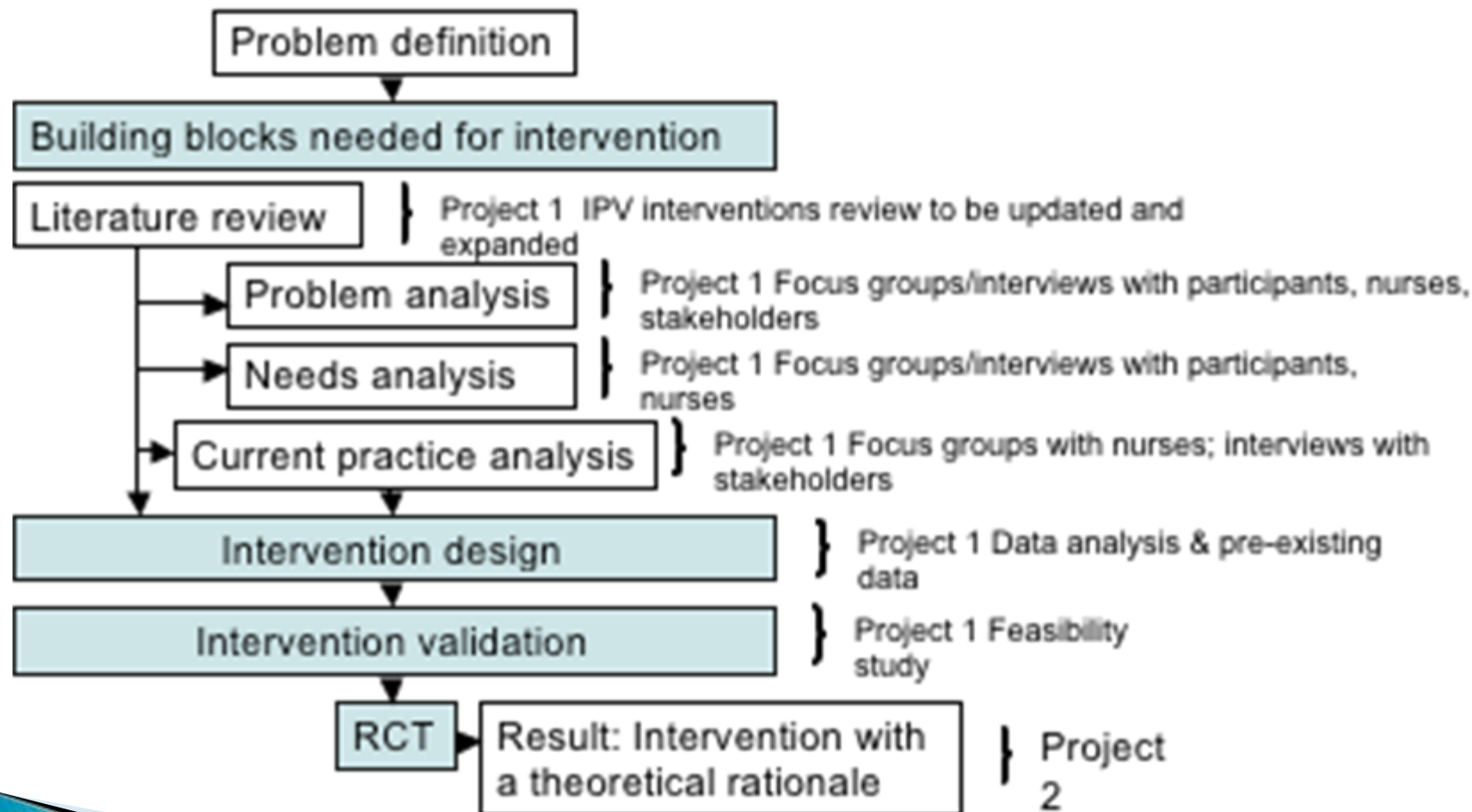
- Significant reductions in child maltreatment
- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment
- Improved school readiness for children born to mothers with low psychological resources

**However, research has shown that these positive outcomes are attenuated when NFP clients experience Intimate Partner Violence (IPV).**

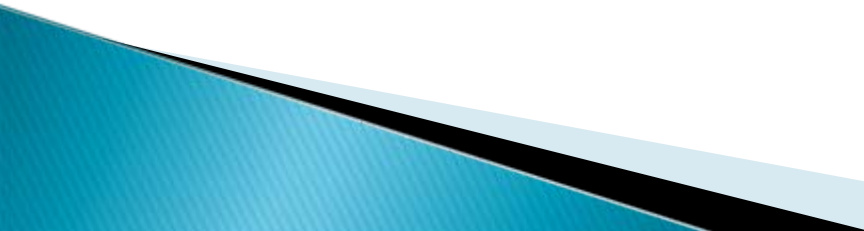
# Development of an IPV Intervention

- ▶ Design: Multiple case study
  - ▶ Sites: 4 US-Based NFP programs
  - ▶ Purposeful sample:
    - 20 NFP clients exposed to moderate–severe IPV
    - 22 Community stakeholders
    - 23 NFP nurses
- 


# Intervention Development Framework



# Problem Analysis: Nurse Perspectives


- IPV impacts delivery of program elements: fidelity to the model; retention in program
  - Clients are exposed to multiple types of abuse, controlling behaviours & terrorism within their relationships
  - Clients exposed to violence across the lifespan & have normalized the experience
  - Multiple barriers to supporting clients: young age, mental health issues, isolation, lack of social support, poor, lack of access to shelters/services, some clients in 'denial about IPV', low self-esteem, immigration concerns, & cultural beliefs about relationships
  - Need to 'do something'; frustration by some when woman does not leave the relationship.
- 

# Problem Analysis: Client Perspectives

- ▶ Hesitancy to disclose until trust established, but trust can take time to build
  - ▶ Fears: the unknown, increased poverty, child protection involvement, increased violence
  - ▶ Lack of access to secure financial resources, stable housing, daycare
- 




# Needs Analysis: Client Perspectives

- ▶ Information on healthy relationships
  - ▶ Strategies to promote self-efficacy
  - ▶ Therapeutic relationship with nurse
  - ▶ Nurse to support client decisions
  - ▶ Nurse as system navigator
  - ▶ Confidentiality
  - ▶ Safety planning
- 

# Needs Analysis: Nurse Perspectives

- ▶ Knowledge about: cycle of violence, community resources, culturally sensitive interventions,
- ▶ Assessment
  - Information on clinical risk indicators
  - Strategies for asking about IPV
- ▶ Maintenance of therapeutic boundaries
- ▶ Management of compassion fatigue
- ▶ Strategies to develop safety plans
- ▶ Strategies to promote 'de-escalation' of violence

# Current Practice Analysis

- ▶ Assess for IPV at regular intervals in NFP program
  - ▶ Provide community referrals
  - ▶ Develop therapeutic relationships
  - ▶ Provide information on relationships
  - ▶ Knowledgeable of motivational interviewing techniques, but lack confidence in execution
- 

# IPV Intervention Development

- ▶ Complex, multi-faceted intervention
- ▶ Assessment:
  - Regular assessment for IPV with all clients
  - Increase frequency of IPV assessment
  - Implementation of DVSA to assess stage of 'IPV'
- ▶ Intervention
  - Interventions will be specific to women's stages of readiness to address the issue

# IPV Intervention Development

- ▶ **Intervention Development**
  - Use of motivational interviewing
  - Core focus will be on providing information to clients on healthy/unhealthy relationships
  - Safety planning
  - Collaboration with community resources/advocacy
  - Focus on promotion of self-efficacy
  - Use of infant as a vehicle for change
  - Integration of strategies to minimize impact of disclosure on client attrition rates

# Intervention Outcomes

## Primary

- Reduction in violence

- Improvement in quality of life


## Secondary (as recommended by nurses)

- Increased maternal self-efficacy


- Movement in stage of change

- Increased utilization of health/social services


Empower clients to choose a better life for themselves & their babies



# Next Steps

- ▶ Develop intervention
  - ▶ Selection of NFP sites to evaluate intervention
  - ▶ NFP nurse training
  - ▶ Evaluation of intervention
    - Feasibility trial
    - Acceptability study
- 

# Acknowledgements

- ▶ This research was supported by Grant #5R49CE001170-02 (WVU Injury Control Research Center) from the Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the author(s) and do not necessarily represent official views of the CDC.
  - ▶ Dr. Jack is supported through a CIHR New Investigator Personnel Award
- 



# Contact Information

Susan Jack  
jacksm@mcmaster.ca

