

Collaborating to address intimate partner violence: Town and Gown partnerships

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Domestic Violence Enhanced Home Visitation Program (DOVE)



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Health Effects of Children Exposed to Intimate Partner Violence

- Health effects include:
 - ◆ Social, behavioral, emotional and cognitive issues (Jaffe et al., 1990; Rossman, 2001; US Dept. of Justice, 2000)
 - ◆ Health problems: somatic problems (Campbell & Lewandowski, 1997); sleeping problems, eating disorders, regression in language skills and toilet training (Lemmey, 2001); headaches and gastrointestinal disorders (Berman, 1999)



Domestic Violence Enhanced Home Visitation Program (DOVE)

- **PURPOSE:** To test a home visitation intervention to reduce domestic violence and improve the lives of pregnant and postpartum women and their children.
- **WHAT IS DOVE:** The DOVE intervention is a highly-structured nurse-administered domestic violence home visitation program, designed to educate mothers and reduce their overall risk for violence during pregnancy and post-partum.



Domestic Violence Enhanced Home Visitation Program (DOVE)

● WHO WILL PARTICIPATE:

- ◆ Total sample: 380 pregnant women who screen positive for IPV in the past year and are participating in a prenatal home visitation program.
- ◆ Urban setting: Baltimore, Maryland -180 women
- ◆ Rural setting: Missouri -180 women
- ◆ Olds' Family Nurse Partnership Program in Kansas City, Missouri - 20 women



Domestic Violence Enhanced Home Visitation Program (DOVE)

- **OUTCOMES OF DOVE:** Nursing assessments with the women and children:
 - ◆ Baseline (less than 31 weeks gestation)
 - ◆ *Delivery
 - ◆ 3, *6, 12, *18 and 24 months post-delivery
- * = Telephone interviews – all other interviews are home visits



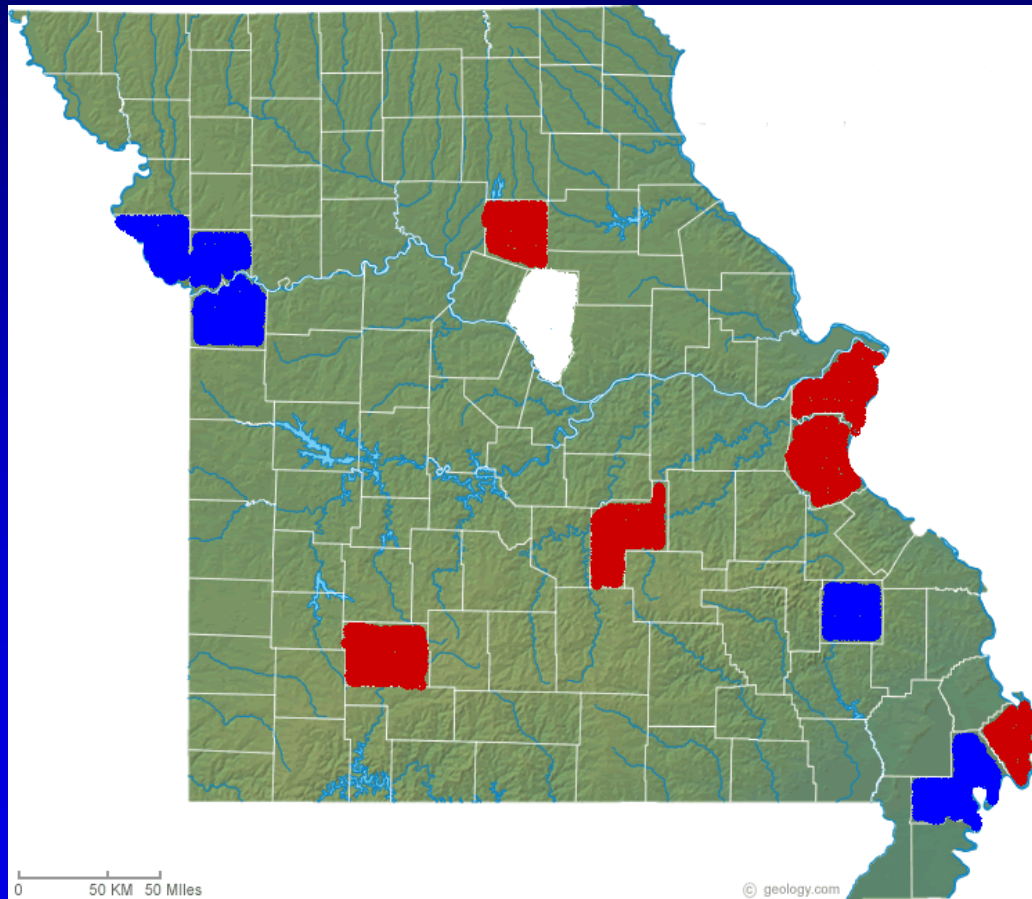
Domestic Violence Enhanced Home Visitation Program (DOVE)

- Outcomes include:

- ◆ Number of intimate partner violence (IPV) related factors for the mother, including history of violence, level of danger, safety behaviors, and use of resources,
- ◆ Mental health, stress and parenting practices of the mother
- ◆ Infant-related factors such as physical/ mental development as well as injury will be examined.



Domestic Violence Enhanced Home Visitation Program (DOVE) Missouri sites



Domestic Violence Enhanced Home Visitation Program (DOVE)

- Recruiting procedures for the Missouri site
 - ◆ Home visitors from the 12 Missouri Community Home Visitation Program screen all women per protocol with the Abuse Assessment Screen for IPV
 - ◆ Women positive for IPV in the past year referred to DOVE



Domestic Violence Enhanced Home Visitation Program (DOVE)

- Preparation for the DOVE Study: The Town (Home Visitors) and Gown (Research team) Partnership
 - ◆ The Missouri Department of Health and Senior Services (MoDHSS) extremely supportive in identifying IPV as a health issue and working with the research team to implement the DOVE study.



Developing the Town/Gown Partnership

- Examples of activities to develop partnership
 - ◆ We have conducted 5 different workshops regarding screening for IPV with the home visitors over a two-year period
 - ◆ Research team continues to make frequent visits to the DOVE sites and goes over the research protocol with trained HV and new staff
 - ◆ DOVE Nest newsletter sent monthly



ISSUES IN PARTNERSHIP:

- Challenges of partnering with rural health departments
 - ◆ Home Visitors lack of educational preparation regarding research protocol
 - ◆ Lack of understanding of the importance of screening for intimate partner violence
 - ◆ Distance that has to be traveled by the research team to maintain relationships with the staff



Threat to the integrity of the study

- After 4 months of recruitment – only consents were made from both sites (Baltimore and MO)
- MO PI interacting with both HV and the few participants in the study hypothesized that in MO:
 - ◆ There may be an issue with women disclosing because of the rural nature of the MO site
 - ◆ The HVs are not comfortable screening women for IPV



Domestic Violence Enhanced Home Visitation Program (DOVE)

- July 2007 – MoDHSS held a training workshop with the home visitors and the research team took the opportunity to investigate the HVs comfort level with screening
 - ◆ Surveyed the home visitors about Attitude, Knowledge, and Beliefs when working with women experiencing IPV
 - ◆ Held focus groups with the home visitors regarding screening for IPV in the home



Results from the Survey

	Abused <i>n</i> = 9	Non-Abused <i>n</i> = 14
Demographics		
Age	45	47
Yrs Educ	17	15
Yrs in Health Care	9	13
Yrs Wkg with IPV	5	3
# of trainings	5	2



Results from the Survey

	Physical Abuse	Sexual Abuse	Emotional Abuse	Total
Child-hood	4 (16%)	5 (21%)	5(20%)	6 (24%)
Witness in Childhood	7 (28%)	2(9%)	8(32%)	8(32%)
Adult	6(24%)	3 (13%)	6(24%)	7(28%)
# of individual women per category	8 (32%)	6 (26%)	9 (36%)	9 (36%)

Results from Four Focus groups (n = 26)

- *What is it like to work with women experiencing IPV:*
 - ◆ Helpless to find solutions and/or resources
 - ◆ Responsible for the woman
 - ◆ Felt fearful for their own safety
 - ◆ Anxious and stressful
 - ◆ Difficulty in holding a balance between caring and professionalism



Results from Four Focus groups (n = 26)

- *What are your fears of initiating the screening:*
 - ◆ Making a fool of myself – not knowing how or what to say
 - ◆ Fear of “stirring the pot”
 - ◆ Judgment call of best time to initiate
 - ◆ Being careful not to be judgmental
 - ◆ Fear of how to handle the abuser if he walks in



Results from Four Focus groups (n = 26)

- *What do you feel would be the repercussions of screening and intervening:*
 - ◆ Lack of resources
 - ◆ Not knowing what to do next
 - ◆ Repercussions of hot lining – may tear down our relationship
 - ◆ Fear of increasing her harm
 - ◆ How to handle the abuser if he walks in or if I see him in the area



Results from Four Focus groups (n = 26)

- *What are some of the successful strategies you have used to intervene:*
 - ◆ Building relationship, rapport and trust
 - ◆ Bringing up IPV casually in the conversation
 - ◆ Using non-judgmental body language
 - ◆ Educating her on “normal” relationships
 - ◆ Showing respect



Results from Four Focus groups (n = 26)

- *How has this workshop today changed your practice:*
 - ◆ Understanding and applying the concept of normal behavior and valuing breaking the cycle
 - ◆ Re-thinking “stirring the pot” – decreasing my own fear
 - ◆ Safety measures that can be used if the abuser walks in
 - ◆ Increased self-realization that I am victimizing my client by not asking



New Directions for the Town and Gown Partnership

- Since the workshop there has been changes made to the MO recruitment process
 - ◆ HVs ask all women to sign the permission slip for their name to be given to study
 - ◆ Research team screen the woman for IPV and recruitment numbers are no reaching what was originally proposed



Early Findings from Our Town and Gown Partnership

- Home visitors have both personal and professional issues addressing the IPV with their clients – especially in rural areas.
- Town and Gown partnerships can be effective in bringing evidence based interventions to the practice arena
- Both town and gown must actively participate in the recruiting process to be successful

