# Domestic Violence Enhanced Home Visitation (DOVE): Evidenced based findings for Home Visiting Protocols

*Phyllis Sharps, PhD, RN, FAAN; *Jacquelyn Campbell, PhD, RN, FAAN, **Linda Bullock, PhD, RN, FAAN; *Jeanne Alhusen and **Shreya Bhandari, MSW, PhD and the DOVE research team

*Johns Hopkins School of Nursing site team

** University of Missouri School of Nursing site team

# Objectives for Discussion

- Review the definitions used to describe Intimate Partner Violence (IPV)
- Provide an overview of prevalence rates of IPV
- Discuss issues in prevalence measurements
- Discuss the health implications of IPV
- Review objectives of Home Visitation (HV)
- Provide an overview of the DOVE study
- Discuss implications for practice and research

# Definitions Specific to Abuse During Pregnancy (Saltzman et al., 2003)

- Abuse during pregnancy – abuse while woman is pregnant
- Abuse before pregnancy – 12 months prior to pregnancy
- Abuse *around the time of pregnancy* - includes woman abused before or during &/or both
- Abuse *during the year of pregnancy* – 12 month period during which pregnancy occurred
- Abuse after pregnancy – abuse during post partum period – within either 6 weeks or within year after pregnancy

# Enhancing Child and Family Development and Health/Safety Outcomes

- Home Visiting Policies and Programs must:
  - Integrate IPV identification, assessment and prevention
  - Connect children and mothers experiencing or at risk of IPV with community-based resources
  - Educate parents/care givers about harmful effects of IPV exposure
  - Engage fathers and other men, when safe to do so, in effective strategies to create healthy relationships

# How are we doing?

- Comprehensive literature review specific to HV interventions with a focus on:
  - IPV assessment
  - IPV protocol/content
- 8 studies identified that met criteria
- IPV Content in HV Protocols
  - None of the HV programs had specific content on IPV
  - IPV was addressed through screening and referrals – if IPV was obvious
  - Most home visitors, including nurses, expressed discomfort with screening for and discussing IPV

Sharps et al., 2008

# Goals of Home Visiting

- Child and Family Safety and Stability
  - Preventing child abuse and neglect and domestic violence
  - Connecting families to community-based resources
  - Educating on strategies for improved economic self-sufficiency
  - Identifying and reducing environmental hazards in the home

# Goals of Home Visiting

- Maternal and Child Health
  - Improving prenatal and infant health outcomes
  - Assisting parents in identifying and accessing appropriate health treatment
  - Promoting positive parenting techniques
  - Improving pregnancy outcomes and helping plan and space subsequent births
  - Helping mothers to recognize and treat maternal depression

# Goals of Home Visiting

- Early Childhood Development
  - Enhancing parental knowledge of childhood development milestones
  - Increasing early detection of developmental delays
  - Ensuring school readiness
  - Enhancing social and emotional development
  - Improving children's behavior in home and school settings

# Evidence Supporting IPV component in HV

- Kiely et al (2010)- RCT during prenatal care in reducing the recurrence of IPV during pregnancy and improving birth outcomes
- 6 community-based prenatal clinics in DC
- 1,044 women participated (336 reporting IPV)
- Intervention for IPV emphasized safety behaviors
  - Based on structured intervention developed by Parker
  - Dutton's Empowerment Theory

# Key Aspects to Intervention

- Information about types of abuse
- Cycle of violence (escalating, IPV, honeymoon)
- Danger assessment component
- Preventive options women might consider
- Development of a safety plan
- List of community resources
- Smoking component
- Depression intervention

# Results

- Significant difference in very preterm delivery (<33 weeks): 1.5% vs. 6.6%, p=.03
- Significant difference in mean gestational age at delivery: 38.2 wks vs. 36.9 wks, p=.016
- Women in intervention group significantly less likely to be victim at all follow-up points

# DOVE Intervention

## Pregnant Women & Intimate Partner Violence

**Structured IPV Nursing Intervention (Parker et. al, 1999)**

**Public Health Nurse Home Visitation (Hahn et. al, 2003)**

**Study Aims**

**1: To determine the effectiveness of the DOVE intervention using public health nurse prenatal/postpartum home visitation**

**2: To describe the patterns of IPV during and after pregnancy, the effects of exposure in pregnant and parenting women and upon infant/toddler growth & development and physical health outcomes over time**

**3: To examine the influence of setting (urban vs. rural) on the effectiveness of the DOVE intervention**

**Secondary: To determine the effectiveness of the NFP model enhanced with the DOVE intervention compared with the usual NFP model**

# Home Visitation Program: DOVE

- Rigorous test of structured IPV intervention – **DO**mestic **V**iolence **E**nhanced Home Visitation Program
  - 2 Sites
    - Urban – **Baltimore City HD ( women)**
    - Urban – **Missouri HD ( women)**
    - Rural – **Missouri HD ( women)**

# Study Design

- **RCT**
- **Mixed methods – quantitative & qualitative**
- **BCHD (women and infants)**
  - **Eligible women = R⟶ DOVE vs. UC**
- **MOHD (160 women and infants)**
  - **12 HDs = R⟶ 6 HD DOVE vs. 6 UC**

# Methodology

- Recruit women – up to 31 weeks gestation
- Intervention - DOVE = Structured IPV pamphlet
  - Nurse home visit intervention + DOVE
  - DOVE – 3 prenatal sessions
  - DOVE – 3 postpartum sessions (up to 12 weeks)
- Data Collections
  - Baseline (recruitment)
  - Delivery
  - Postpartum – 3, 6,12,18, 24 months

# Methods

**Quantitative Study**

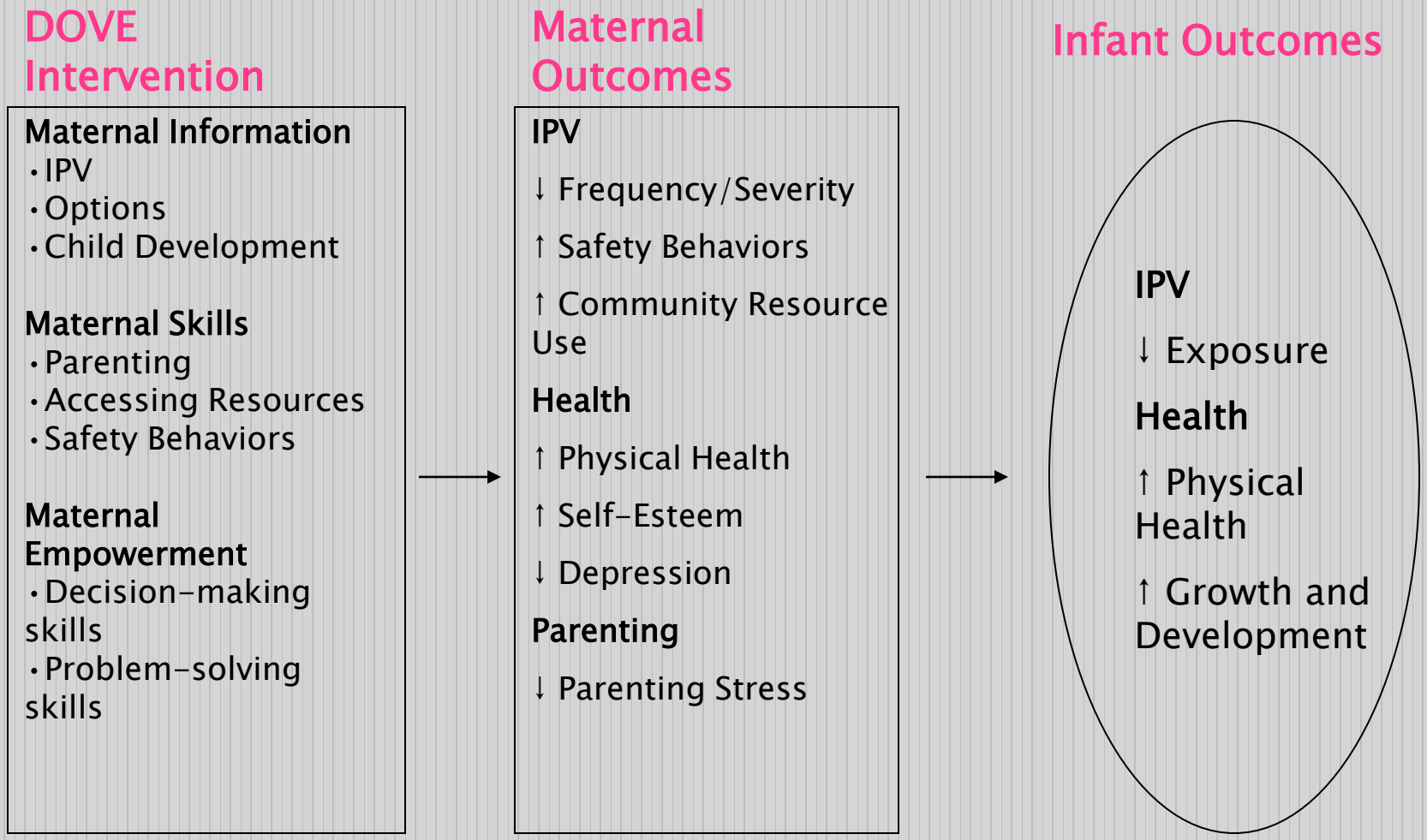
**Measures**

- **IPV (AAS, WEB, CTS, SVAWS)**
- **Maternal Mental Health ( Prenatal Psychosocial – stress; Edinburgh - depression; Davidson Trauma Scale - PTSD)**
- **Parenting (Parenting Stress Index; HOME - stimulation)**
- **Infant Growth & Development**
- **Use of Community Resources**

# Methods

- **Qualitative Study**
  - **Patterns of IPV**
  - **Urban/Rural influences on patterns of IPV**
  - **Identify factors influencing patterns**

# Model for the DOVE Intervention Home Visitation Program



# Preliminary Data

| Characteristic | Baseline | DOVE (n=106) 51% | Usual Care (n=100) 49% |
|---|---|---|---|
| Mean Woman Age | 24 | 25 | 23 |
| EDUCATION: | | | |
| Less Than High School | 41% | 20% | 21% |
| High School Graduate | 24% | 12% | 12% |
| Some College/Trade | 21% | 14% | 8% |
| Trade/Comm Coll Grad. | 12% | 5% | 7% |
| College Grad | 1% | | 1% |
| MARITAL STATUS: | | | |
| Single | 50% | 26% | 23% |
| Partnered but not married | 26% | 12% | 14% |
| Married | 13% | 8% | 4% |
| Divorced | 5% | 1% | 3% |
| Other | 7% | 4% | 3% |
| RACE: | | | |
| African American | 49% | 23% | 25% |
| White | 42% | 23% | 19% |
| Other | 9% | 5% | 4% |
| Latina | 4% | 3% | 1% |
| EMPLOYMENT | | | |
| Full time | 13% | 6% | 6% |
| Part time | 15% | 5% | 10% |
| Unemployed | 72% | 39% | 33% |
| N=206 | | | |

# Preliminary Data: IPV and Health Outcomes Mean Scores (Baseline)

| Health Indicator | DOVE (51%) | Usual Care (49%) |
|---|---|---|
| Conflict Tactics Scale (IPV; n= 257) | 85.3 | 82.9 |
| Severity of Violence Against Women Scales (SVAWS; n= 252) | 81.2 | 82.7 |
| Edinburgh Depression Scale (Depression; n= 227) | 13.3 | 13.6 |
| Self Esteem (n= 227) | 31 | 31.9 |

# Preliminary Data: Mental Health Mean Scores

| Violence Indicator | DOVE (51%) | | | Usual Care (49%) | | |
|---|---|---|---|---|---|---|
| | Baseline | DEL (n=80) | 18 M (n= 16) | Baseline | DEL (n=79) | 18 M (n= 37) |
| Conflict Tactics Scale (IPV; n= 257) | 85.3 | 22.7 | 13.5 | 82.9 | 30.3 | 29.0 |
| Severity of Violence Against Women Scales (n= 227) | 81.2 | 31.8 | 26.9 | 82.7 | 31.8 | 41.8 |

# Preliminary Data: IPV Mean Scores

| Mental Health Indicator | DOVE (51%) | | | Usual Care (49%) | | |
|---|---|---|---|---|---|---|
| | Baseline | DEL | 18 M (n=20) | Baseline | DEL | 18 M (n=34 |
| Edinburgh Depression Scale (Depression; n= 227) | 13.3 | ___ | 7.6 | 13.6 | ___ | 8.3 |
| Self Esteem (n= 227) | 31 | ___ | 36.0 | 31.9 | ___ | 35.3 |

# Implications: Practice

- **Perinatal HCP often have frequent and long-term contact with families – chance to build rapport and trust**
- **Routine screening at every health care encounter**
  - **Prenatal**
  - **Postpartum**
  - **Family Planning**
  - **Well child**

# Implications: Practice

- Screening in private places
- HCP act as advocates for abused women
- Establish a network of community providers and referrals
- Perinatal HV programs should include protocols for:
  - IPV screening and assessment
  - IPV content in HV curriculum/intervention
  - IPV referrals, safety planning and follow-up
  - Training home visitors to conduct IPV screening and implementing IPV intervention

# Implications: Research

- Rigorously designed RCT that test and implement specific IPV content in perinatal HV protocols
- Longitudinal studies to examine
  - Patterns of perinatal IPV
  - Long term maternal and infant outcomes related to HV interventions
- Studies that examine the cost-effectiveness of perinatal HV interventions that address IPV

# Domestic Violence Enhanced Home Visitation Program (DOVE)

- Preparation for the DOVE Study in Missouri: The Town (Home Visitors) and Gown (Research team) Partnership *
  - The Missouri Department of Health and Senior Services (MoDHSS) instrumental in their support of identifying IPV in home visiting programs and working with the research team on the DOVE study

*Findings published: PUBMED # 18674673

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# Town/Gown Partnership

- MO Research team training for DOVE study
  - During the first two years of the grant the research team conducted 5 MODHSS supported workshops regarding screening for IPV with home visitors who had home visiting contracts with MODHSS
  - Research team continues to make frequent visits to the DOVE sites and goes over the research protocol with trained HV and new staff

# ISSUES IN PARTNERSHIP:

- Challenges of partnering with rural health departments particularly those using the Missouri Community Based Home Visiting program
  - 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

- Our "Aha" moment – early in the study we realized there was a problem with recruitment - in the first 6 mos of the study only several referrals made at both sites (Baltimore and MO) despite 35% prevalence in other studies.
- In MO – we hypothesized one of the two following could be happening:
  - An issue with women disclosing because of the rural nature of the MO site?
  - The HVs not comfortable screening women for IPV?

# Addressing threat to integrity

- At one of the last training workshops sponsored by MODHSS, 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 (N= 23)

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

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# 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

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# 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" realtionships
  - Showing respect

# Results from Four Focus groups

- *How has <u>this</u> workshop today changed your practice*:
  - 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 may be hurting my client and outcomes trying to achieve if I do not address the violence

# Conclusions

- Home visitors have both personal and professional issues that need to be considered when addressing IPV
- IPV training for Home Visitors is essential, needs to be on-going, and needs to address the home visitors own history of violence
- Home visitors working with the DOVE study are frustrated at times with the lack of resources in rural areas but have realized that just letting the women in their caseload discuss the violence is a powerful intervention in itself

# Conclusions

- DOVE empowerment intervention for addressing IPV is flexible:
  - Can be implemented into a variety of home visiting programs including NFP
  - Can be used in less structured programs such as the MO Community Based HV program and the Baltimore City Health Dept home visiting program
  - Can be used with home visitors having a variety of different educational levels

# Other “ANNA” Stories

- Data analyses from the Qualitative Phase of the DOVE study are showing that women, whose violence was addressed early during the home visiting program, are telling us about many positive choices they are making in improving their lives and their children’s lives by 24 months post-delivery. Talking about the violence to the home visitor has been powerful!

# DOVE WEBSITE

- http://www.son.jhmi.edu/research/dove

psharps@son.jhmi.edu
- 410-614-5312

Thank you!!