

# Intimate Partner Violence Service Delivery in the Florida Maternal, Infant, & Early Childhood Home Visiting (MIECHV) Program

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Background

- Home visitors in the Florida Maternal, Infant, & Early Childhood Home Visiting (MIECHV) program offer support to over 1,500 families, including those who are experiencing intimate partner violence (IPV) and those that are at-risk.
- The Florida MIECHV Continuous Quality Improvement (CQI) team determined that a more comprehensive approach to addressing IPV was needed.
- To improve IPV screening, client support, & referral in the Florida MIECHV program, a learning collaborative of 8 program sites launched an 18-month statewide CQI effort.

Objectives

- To evaluate the baseline knowledge, system awareness, & confidence level of home visitors with regards to addressing IPV in MIECHV clients
- To describe the first of three two-day learning collaborative sessions, including IPV service delivery challenges faced by home visitors in the MIECHV program

Methods

- A mixed-methods approach was utilized for data collection.
- Quantitative data was collected through an email link to a Qualtrics online survey distributed to all Florida MIECHV home visitors to assess their baseline knowledge, system awareness, & confidence in relation to IPV service delivery.
- Survey data was downloaded to SPSS v.22 & descriptive analysis was conducted to determine confidence levels, knowledge, & system awareness of home visitors.
- Simultaneous, semi-structured group discussions that took place during the learning collaborative session generated qualitative data for the two groups in attendance:
  - Home visitors (HV) group
  - Supervisors & administrators group
- These discussions were audio recorded, transcribed, & thematic analysis was performed.

Items Measuring Knowledge	Correct Responses (%)		
	Total (N=49)	HV with prior training (N=23)	HV without prior training (N=26)
All IPV includes physical violence	39 (79.6)	20 (51.3)	19 (48.7)
I don't understand why anyone would stay in an abusive relationship	38 (77.6)	18 (47.4)	20 (52.6)
I only refer to the local DV center if the participant wants to leave the relationship	33 (67.3)	18 (54.5)	15 (45.5)
If the participant chooses to stay in an abusive relationship, there is nothing I can do	29 (59.2)	14 (48.3)	15 (51.7)
The primary cause of most IPV is alcohol or drug abuse	23 (46.9)	13 (56.5)	10 (43.5)
If possible, I would always notify the IPV survivor prior to making a report to the child abuse hotline	22 (44.9)	11 (50.0)	11 (50.0)
A problem with anger is the primary cause of IPV	19 (38.8)	11 (57.9)	8 (42.1)
Couples counseling is an effective strategy for stopping IPV in families	15 (30.6)	8 (53.3)	7 (46.7)
Anger management programs are effective in preventing the recurrence of IPV	13 (26.5)	7 (53.8)	6 (46.2)

\*All p-values were >0.05

Table 1. Knowledge of IPV Service Delivery among HV, Stratified by Prior Training

"We need curriculum that we can address these issues before that [IPV] even happens... None of our curriculum addressed that. I could simply go back & talk about, 'How does arguing affect your children? What if this happened?' If we have some curriculum to go by, to start doing this before we even do the heart, because we're already talking about it."

- Home Visitor

"We need to increase the sensitivity of the tools that we use, so that we can actually recognize the women who have experienced it first."

- Supervisor/Administrator

"Mostly with domestic violence, they focus so much on the mom that they forget that their children have to live with it long-term because as they grow into adulthood... The trauma is still in you. It never goes away."

- Home Visitor

Results

- Almost half (46.9%) of the home visitors (N=49) surveyed had received prior IPV training.
- At baseline, more than half of these participants reported high levels of confidence in:
  - Screening for IPV (57.1%)
  - Knowing what to say & do following disclosure (55.1%)
  - Identifying red flags (59.2%)
- About three-quarters (73.5%) of participants agreed that they knew when to make a report to the child abuse hotline for IPV.
- Lower levels were reported for measures of system awareness, such as:
  - Knowing staff at the local domestic violence center (38.8%)
  - Having familiarity with criminal & civil legal options for IPV survivors (20.4%)
- Emergent themes from the group discussions included:
  - Strategies for interacting with IPV survivors
  - Issues around protecting client information
  - Best practices for IPV screening
  - Identification of IPV
  - Safety planning
  - Service coordination

Items Measuring System Awareness	High Confidence Strongly Agree/Agree (%)		
	Total (N=49)	HV with prior training (N=23)	HV without prior training (N=26)
I know when to make a report to the child abuse hotline for IPV	36 (73.5)	19 (52.8)	17 (47.2)
I know the name of a staff person at our local domestic violence center that I could call if I had a question or needed assistance for a participant	19 (38.8)	11 (57.9)	8 (42.1)
I am familiar with the legal options (both criminal & civil) for survivors of IPV	10 (20.4)	8 (80.0)	2 (20.0)

\*All p-values were >0.05

Table 2. System Awareness of IPV Service Delivery among HV, Stratified by Prior Training

Items Measuring Confidence Level	High Confidence Strongly Agree/Agree (%)		
	Total (N=49)	HV with prior training (N=23)	HV without prior training (N=26)
I feel confident talking to participants about red flags I have observed that may indicate an unhealthy relationship	29 (59.2)	16 (55.2)	13 (44.8)
I feel confident screening participants for IPV	28 (57.1)	18 (64.3)	10 (35.7)
When a participant tell me he/she has experienced IPV, I feel confident that I know what to say or do	27 (55.1)	16 (59.3)	11 (40.7)
I feel confident creating a safety plan with participants that disclose IPV	24 (49.0)	16 (66.7)	8 (33.3)
I feel prepared to serve families affected by IPV	21 (42.9)	15 (71.4)	6 (28.6)

\*All p-values were >0.05

Table 3. Confidence of IPV Service Delivery among HV, Stratified by Prior Training

Conclusions & Next Steps

- There were varying levels of knowledge, system awareness, & confidence levels among the home visitors surveyed.
- These differences & themes from the discussion group highlights the need for a more focused approach towards IPV service delivery.
- The evaluation team will continue to conduct data collection & analysis to measure changes in IPV knowledge, system awareness, & confidence levels of home visitors throughout the CQI project.

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