Examining a Comprehensive Approach to Intimate Partner Violence in the Florida Maternal, Infant, & Early Childhood Home Visiting Program

Ngozichukwuka Agu,[1] Pamela Birriel,[1] Paige Alitz,[2] Rema Ramakrishnan,[2] Esther Jean-Baptiste,[1&2] Abimbola Michael-Asalu,[2] Ruth Sanon,[3] Allison Parish,[4] Omotola Balogun,[1] Kimberly Hailey[1] & Jennifer Marshall[1]

[1]Department of Community & Family Health, [2]Department of Epidemiology & Biostatistics, [3]Department of Global Health, [4]Florida Maternal, Infant, & Early Childhood Home Visiting Initiative

Introduction

- Intimate partner violence (IPV) is a significant public health issue associated with several adverse mental, physical, and emotional health problems in women.
- Children exposed to IPV experience negative physical, emotional, behavioral, social, and cognitive outcomes. Early identification and intervention for IPV improves outcomes for mothers and children.
- To improve IPV screening and appropriate support for families using continuous quality improvement (CQI) methods, the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Initiative implemented a Learning Collaborative using the Breakthrough Series model.
- Learning Collaborative
  - Three learning sessions (LS) - August 2015, November 2015 and March 2016
  - Monthly webinars on specific IPV topics
  - Implementation of the Model for Improvement (plan, do, study, act cycles)
- The MIECHV evaluation assessed impacts of IPV trainings and staff perceptions of learning collaborative participation and CQI efforts to improve service delivery.

Methods

- Quantitative data were collected through an online Qualtrics survey distributed in August 2015, March 2016, and May 2016 to assess home visitors' (HVs) knowledge, confidence, and system awareness regarding IPV service delivery. Descriptive quantitative analysis was conducted using SPSS v.22.
- Semi-structured group interviews were conducted with home visitors and supervisors/administrators during each learning session. All interviews were audio recorded, transcribed, and thematic analysis was performed.

Results

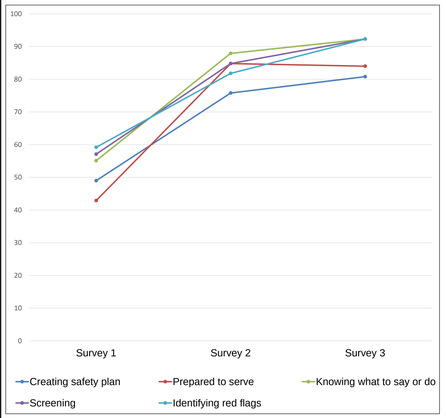

Fig 1. Change in levels of confidence

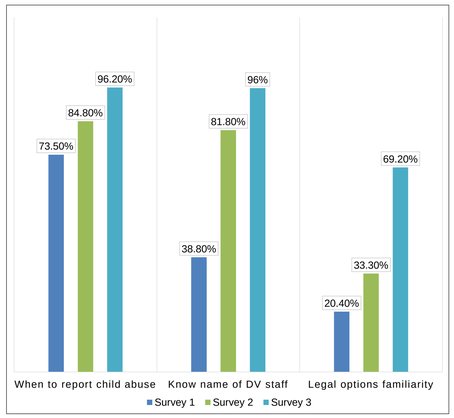

Fig 2. Change in system awareness

So I think the tool is not to get her to disclose. The tool is to give her reasons to rethink what's happening in the violent relationship and plant the seed, right? You plant the seed. It doesn't matter is you ever see it grow. You use the empathy and the kindness and the listening and the caring and you plant the seed and you give the information and, to me, that's the goal of all of this. It is too bad you don't see the plant but it will be there. We have to have faith that it'll be there."

Table 1. Levels of confidence, system awareness and accurate knowledge of IPV service delivery among home visitors

	Survey 1		Survey 2		Survey 3	
	%	N=49	%	N=33	%	N=26
Confidence						
I feel confident talking to participants about red flags I observed that may indicate an unhealthy relationship	59.2	29	81.8	27	92.3	24
I feel confident screening participants for IPV	57.1	28	84.8	28	92.3	24
When a participant tells me he/she has experienced IPV, I feel confident that I know what to say or do	55.1	27	87.9	29	92.3	24
I feel confident creating a safety plan with participants that disclose IPV	49.0	24	75.8	25	80.8	21
I feel prepared to serve families affected by IPV	42.9	21	84.8	28	84.0	21
System Awareness						
I know when to make a report to the child abuse hotline for IPV	73.5	36	84.8	28	96.2	25
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	38.8	19	81.8	27	96.0	24
I am familiar with the legal options (both criminal and civil) for survivors of IPV	20.4	10	33.3	11	69.2	18
Accurate Knowledge	**Questions answered correctly**					
All IPV includes physical violence [*False]*	79.6	39	87.9	29	92.3	24
I don't understand why anyone would stay in an abusive relationship [*False]*	77.6	38	66.7	22	84.6	22
I only refer to the local DV center if the participant wants to leave the relationship[#] [*False]*	67.3	33	81.8	27	76.0	19
If the participant chooses to stay in an abusive relationship, there is nothing I can do [*False]*	59.2	29	63.6	21	61.5	16
The primary cause of most IPV is alcohol or drug abuse[#] [*False]*	46.9	23	54.5	18	56.0	14
If possible, I would always notify the IPV survivor prior to making a report to the child abuse hotline [*True]*	44.9	22	75.8	25	73.1	19
A problem with anger is the primary cause of IPV [*False]*	38.8	19	33.3	11	50.0	13
Couples counseling is an effective strategy for stopping IPV in families [*False]*	30.6	15	48.5	16	65.4	17
Anger management programs are effective in preventing the recurrence of IPV[#] [*False]*	26.5	13	33.3	11	36.0	9

[#] Item was not answered by one home visitor

Themes from Learning Sessions

LEARNING SESSION 1

SUPERVISORS AND ADMINISTRATORS

Participant success requires:
- Self-care
- Reflective supervision
- Different definition of success

HOME VISITORS

Implications of LS for current work
- Highlights knowledge gaps
- Sensitivity while screening for IPV
- Agency and program factors

LEARNING SESSION 2

SUPERVISORS AND ADMINISTRATORS

Supporting HV with trauma
- Reflective supervision
- Address workplace violence

HOME VISITORS

Coping: IPV-related job stress
- Self-care strategies
- Ability to identify triggers related to IPV
- Specific coping mechanisms

LEARNING SESSION 3

SUPERVISORS, ADMINISTRATORS AND HOME VISITORS

Successes
- Personal stories shared
- Information received
- Utilization of visual tools

Challenges
- Non-customized message(s)
- Frequent sessions

Strategies for-
- Sustainability: Put lessons into policy, training and collaborative effort
- Information sharing: Team meetings, rotating staff in CQI efforts

"It is personal, I mean we're not trying to make them dredge up their trauma, but it really does – it does give you insight. You get to ask them questions and you get to remember why you do this kind of work, why you're getting all up in the trauma."

"We're just doing a lot of constant checking with that person just to make sure that they're okay with what's – with working with this family, that it's not bringing something up for them, and that's difficult for them to work through."

Discussion

- Results indicate a multisite learning collaborative can focus efforts to improve services statewide.
- Rates of screening, referral, and safety planning for IPV increased to over 90% from 69%, 79% and 0%, respectively.
- Confidence and system awareness increased substantially. Both webinars and in-person trainings should address specific gaps in IPV knowledge to improve IPV services.
- Programs will use the knowledge and skills gained from the learning collaborative to continue to develop and implement policies, procedures, and strategies to improve IPV screening and referral.

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This project is supported by:

Florida Maternal Infant & Early Childhood Home Visiting Initiative

The Lawton and Rhea Chiles Center for Healthy Mothers and Babies

USF HEALTH

This presentation is supported by the Student Honorary Award for Research and Practice (SHARP)

For more information about the Florida MIECHV Evaluation, contact: Dr. Jennifer Marshall at jmarshal@health.usf.edu or visit website at miechv.health.usf.edu