Improving the Quality of Home Visitors’ Screening and Support for Mothers Experiencing Intimate Partner Violence in the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Jennifer Marshall1, Pamela Birrie1, Ngozichukwu Agu1, Jud Vitucci2, Allison Parish2, and Carol Brady2

1University of South Florida, College of Public Health, Chiles Center for Healthy Mothers and Babies; 2Florida Association of Healthy Start Coalitions, MIECHV Program

Background

- Intimate partner violence (IPV) is a silent epidemic.
- Nearly 1 in 3 women and 1 in 4 men have been physically harmed by an intimate partner; unfortunately, children are often witnesses to the violence.2
- According to the National Survey of Children’s Exposure to Violence4.

Significance

- Evidence suggests that incorporating comprehensive IPV prevention, screening, and intervention (connections with appropriate supports) into home visiting programs can help improve the trajectory for families experiencing IPV.
- Few programs provide the training and professional development necessary for home visitors to feel confident and knowledgeable in the services they provide for women experiencing IPV.

Purpose

- Home visitors in the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program offer support to over 1,500 families, including those who are experiencing 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, and referral in the Florida MIECHV program, a Learning Collaborative of 8 program sites launched a 10-month statewide CQI effort.

Methodology

- The mission of this 10-month Learning Collaborative (August, 2015 through May, 2016) was for local implementing agencies (Likus) to test best practices from a change package that will lead to a significant improvement in:
  - IPV screening for women.
  - Staff having the knowledge and confidence to effectively support families that are experiencing IPV through appropriate referrals and safety planning.
  - The UAs participated in 3 in-person Learning Sessions and monthly webinars, as well as conducted audits.
  - POSA (Plan, Do, Study, Act) testing.
  - Data on screening, referrals, and safety planning.

Evaluation Component

- An anonymous pre- and post- survey was disseminated to assess overall home visitor knowledge of IPV, confidence in addressing IPV in their clients, and knowledge of IPV-related systems and resources.
- Quantitative data was collected through an email link to the Qualtrics online survey distributed to all Florida MIECHV home visitors.
- Survey data was downloaded to SPSS v.22 and descriptive analysis was conducted to determine knowledge, confidence levels, and system awareness of home visitors.
- Simultaneous, semi-structured group discussions that took place during the 3 Learning Collaborative sessions generated qualitative data.

Results

- POSA results from the first quarter of the CQI effort show that from September through December 2015, 91% (138/151) of newly enrolled families received IPV screening within 6 months; 91% (21/23) of families identified IPV received referral services; and 95% (20/21) of identified families received safety planning within 30 days.
- There was a general increase in confidence, system awareness, and knowledge regarding IPV service delivery.
- All survey items for confidence levels and system awareness received higher results in the post-survey; however, there was an increase in the percent of accurate responses for two of the items testing for knowledge.

- Highest differences were noted for home visitors in:
  - Knowing the name of a staff person at the local domestic violence center who they could reach out to for help (91% vs. 43%)
  - Level of preparedness to serve families affected by IPV (95% vs. 41%)
  - Confidence in knowing what to say or do when a participant discloses that she/he has experienced IPV (94% vs. 26%)
  - If possible, would always notify the IPV survivor prior to making a report to the child abuse hotline (95% vs. 30%)
  - Confidence in screening participants for IPV (5% vs. 27.7)

Conclusions

- Overall, this CQI project was a success. Rates of screening, safety planning, and referrals increased; home visitor knowledge, confidence, and system knowledge increased; and participants gained CQI skills and successfully implemented several POSA cycles.
- Programs will continue to develop and implement policies, procedures, and strategies to improve IPV screening, support, and referral services using the knowledge and skills gained through this project.
- Additional trainings will be offered through the state MIECHV initiative, including those to address items on the questionnaire, training on legal aspects of IPV, and IPV screening, assessment, and support tools.

References