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

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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

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

<table>
<thead>
<tr>
<th></th>
<th>Survey 1 %</th>
<th>N=49</th>
<th>Survey 2 %</th>
<th>N=33</th>
<th>Survey 3 %</th>
<th>N=26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If feel confident talking to participants about red flags I observed that may indicate an unhealthy relationship</td>
<td>59.2</td>
<td>29</td>
<td>81.8</td>
<td>27</td>
<td>92.3</td>
<td>24</td>
</tr>
<tr>
<td>If feel confident screening participants for IPV</td>
<td>57.1</td>
<td>28</td>
<td>84.8</td>
<td>28</td>
<td>92.3</td>
<td>24</td>
</tr>
<tr>
<td>When a participant tells me he/she has experienced IPV, I feel confident that I know what to say or do</td>
<td>55.1</td>
<td>27</td>
<td>87.9</td>
<td>29</td>
<td>92.3</td>
<td>24</td>
</tr>
<tr>
<td>If feel confident creating a safety plan with participants that disclose IPV</td>
<td>49.0</td>
<td>24</td>
<td>75.8</td>
<td>25</td>
<td>80.8</td>
<td>21</td>
</tr>
<tr>
<td>I feel prepared to serve families affected by IPV</td>
<td>42.9</td>
<td>21</td>
<td>84.8</td>
<td>28</td>
<td>84.0</td>
<td>21</td>
</tr>
<tr>
<td>System Awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know when to make a report to the child abuse hotline for IPV</td>
<td>73.5</td>
<td>36</td>
<td>84.8</td>
<td>28</td>
<td>96.2</td>
<td>25</td>
</tr>
<tr>
<td>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</td>
<td>38.8</td>
<td>19</td>
<td>81.8</td>
<td>27</td>
<td>96.0</td>
<td>24</td>
</tr>
<tr>
<td>I am familiar with the legal options (both criminal and civil) for survivors of IPV</td>
<td>20.4</td>
<td>10</td>
<td>33.3</td>
<td>11</td>
<td>69.2</td>
<td>18</td>
</tr>
<tr>
<td>Accurate Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All IPV includes physical violence [False]</td>
<td>79.6</td>
<td>39</td>
<td>87.9</td>
<td>29</td>
<td>92.3</td>
<td>24</td>
</tr>
<tr>
<td>I don’t understand why anyone would stay in an abusive relationship [False]</td>
<td>77.6</td>
<td>36</td>
<td>86.7</td>
<td>22</td>
<td>84.6</td>
<td>22</td>
</tr>
<tr>
<td>I only refer to the local DV center if the participant wants to leave the relationship [False]</td>
<td>67.3</td>
<td>33</td>
<td>81.8</td>
<td>27</td>
<td>76.0</td>
<td>19</td>
</tr>
<tr>
<td>If the participant chooses to stay in an abusive relationship, there is nothing I can do [False]</td>
<td>59.2</td>
<td>29</td>
<td>63.6</td>
<td>21</td>
<td>61.5</td>
<td>16</td>
</tr>
<tr>
<td>The primary cause of most IPV is alcohol or drug abuse [False]</td>
<td>46.9</td>
<td>23</td>
<td>54.5</td>
<td>18</td>
<td>56.0</td>
<td>14</td>
</tr>
<tr>
<td>If possible, I would always notify the IPV survivor prior to making a report to the child abuse hotline [True]</td>
<td>44.9</td>
<td>22</td>
<td>75.8</td>
<td>25</td>
<td>73.1</td>
<td>19</td>
</tr>
<tr>
<td>A problem with anger is the primary cause of IPV [False]</td>
<td>38.8</td>
<td>19</td>
<td>33.3</td>
<td>11</td>
<td>50.0</td>
<td>13</td>
</tr>
<tr>
<td>Couples counseling is an effective strategy for stopping IPV in families [False]</td>
<td>30.6</td>
<td>15</td>
<td>48.5</td>
<td>16</td>
<td>65.4</td>
<td>17</td>
</tr>
<tr>
<td>Anger management programs are effective in preventing the recurrence of IPV [False]</td>
<td>26.5</td>
<td>13</td>
<td>33.3</td>
<td>11</td>
<td>36.0</td>
<td>9</td>
</tr>
</tbody>
</table>

*Item was not answered by one home visitor*

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.

Fig 1. Change in levels of confidence
Fig 2. Change in system awareness

Themes from Learning Sessions

LEARNING SESSION 1

SUPERVISORS AND ADMINISTRATORS

Supporting HV with trauma

Reflective supervision

HOME VISITORS

Implications of LS for current work

Highlights knowledge gaps

Sensitive while screening for IPV

Agency and program factors

LEARNING SESSION 2

SUPERVISORS AND ADMINISTRATORS

Supporting HV with trauma

Reflective supervision

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 messages

Frequent sessions

Strategies for sustainability:

Put lessons into policy, training and collaborative efforts

Information sharing:

Team meetings, rotating staff in CQI efforts

“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 their family, that it’s not bringing something up for them, and that’s difficult for them to work through.”

This project is supported by:

University of South Florida College of Public Health

“our practice is our passion.”

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 jmarsha@health.usf.edu or visit website at miechv.health.usf.edu

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