Domestic Violence Enhanced Home Visitation Program (DOVE)

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Background for DOVE

- IPV violence during pregnancy linked with adverse outcomes for:
  - Mothers
  - Infants
- More than 3 million children witness IPV of mother each year
- More than 50% of these children are under 6 years old
Background for DOVE

- Little evidence of appropriate interventions to reduce IPV among mothers and exposure for neonates and infants
- **DOVE** addresses this gap
Design

- RCT
- Mixed methods – quantitative & qualitative
- Urban HD (women and infants)
  - Eligible women = R→ DOVE vs. UC
- Rural HDs (women and infants)
  - 12 HDs = R→ 6 HD DOVE vs. 6 UC
- NFP (Olds HV model; mothers and infants)
  - DOVE vs. Olds database
- **DOVE is a HV** intervention for abused pregnant women
- DOVE protocol is screening + brochure based brief counseling intervention
<table>
<thead>
<tr>
<th>Violence Indicator</th>
<th>DOVE</th>
<th>Usual Care</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Baseline (n=124)</td>
<td>12M (n=89)</td>
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<tr>
<td>Conflict Tactics Scale (IPV)</td>
<td>48.5</td>
<td>10.1</td>
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</table>

*** p<.001
Other Findings

- IPV screening in HV program for pregnant women is safe and feasible
- DOVE can be integrated into HD HV programs
- Good retention (80%) in HV programs – even when asking about IPV
- DOVE reduced self reported IPV
  - DOVE group still less IPV at 24 M PP
- UC reduced IPV too
  - asking frequently/screening – without specific counseling may be important
Town/Gown Partnership

- Research team training for DOVE study
  - During the first two years of the grant the research team conducted more than 6 training workshops regarding screening for IPV with home visitors who had home visiting contracts with HDs or HD HV programs
  - Research team continues to make frequent visits to the DOVE rural and urban sites and review the research protocol with trained HV and new 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 6M of the study only several referrals made at both sites (Baltimore and MO) despite 35% prevalence in other studies.

- We hypothesized one of the two following could be happening:
  - An issue with women disclosing because of the rural nature of the MO site? Or urban setting?
  - The HVs not comfortable screening women for IPV?
Home Visitors Expressed Concerns

- **Fears**
  - Making a fool of myself – not knowing how or what to say
  - Fear of “stirring the pot”
  - Fear of how to handle the abuser if he walks in

- **Concerns – if she is IPV+**
  - Lack of resources
  - Not knowing what to do next
  - Fear of increasing her harm
Home Visitors Strengths

- **Successful strategies used by HV**
  - Building relationship, rapport and trust
  - Bringing up IPV casually in the conversation
  - Using non-judgmental body language
  - Educating her on “normal” relationships
  - Showing respect

- **How did the training workshops change 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

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

- **DOVE** combines evidenced based protocols
- **DOVE** an be integrated into existing culturally based approaches
- **DOVE** intervention is low cost
- **DOVE** intervention requires training and “buy-in”
- Women had many positive comments about **DOVE**
Perinatal Nurse Home Visitation Home Visitation Enhanced with mHealth (DOVE 2)

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DOVE 2

Intervention

- Nurse HV
- Same DOVE intervention

Design

- RCT
- Paper & Pencil screening + DOVE intervention vs.
  - Tablets for screening + DOVE intervention
  - HV deliver nurse assisted vs. Tablet assisted
  - Spanish translation
DOVE WEBSITE

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

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Thank You !!!