

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

IPV Mean Scores

Violence Indicator	DOVE			Usual Care		
	Baseline (n=124)	12M (n= 89)	24M (n= 52)	Baseline (n=115)	12M (n= 81)	24M (n= 55)
Conflict Tactics Scale (IPV)	48.5	10.1	2.6***	44.7	10.3	9.7

*** 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
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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

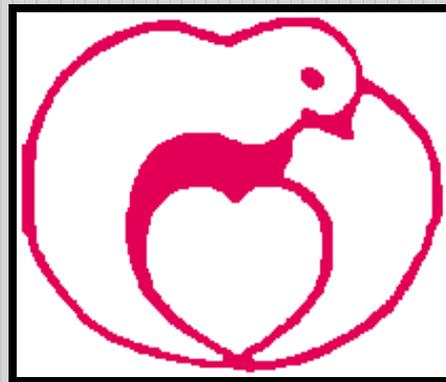


Clinical Significance

- **DOVE** combines evidenced based protocols
- **DOVE** can 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 vs.
- HV deliver nurse assisted vs. Tablet assisted
- Spanish translation

DOVE WEBSITE



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

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Thank You !!!