

BC Healthy Connections Project

PROCESS EVALUATION

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BCHCP Process Evaluation Communique #6 | September 14, 2015 Nurse-Family Partnership Intimate Partner Violence Intervention – Clinical Impact

1. Background to the Nurse-Family Partnership (NFP) Intimate-Partner Violence (IPV) Education & Intervention

Please refer to Communique #5 which describes the:

- Three IPV education goals
- Five components of the IPV education for NFP PHNs and supervisors

2. Impact of IPV Education on PHN Clinical Practice With Women Exposed to Abuse

In the interviews and focus groups, PHNs were asked to reflect on the usefulness of the IPV education and to discuss how this education influenced their nursing care with NFP clients. In the interviews, PHNs described that the NFP IPV intervention was client-centered and met the needs of their clients, that it was informed by the nursing process, that it complemented other components of the NFP intervention (e.g. stages of change, goal setting, self-efficacy) and that it promotes and encourages PHNs to use clinical knowledge and expertise to make practice decisions.

Overall, NFP PHNs expressed that completion of the NFP IPV Education:

- Increased their understanding of the complexity of abusive relationships and decreased their level of judgment about women who stay with their partners.
- Increased their awareness of the role of the PHN in responding to IPV.
- Increased knowledge about the characteristics and nature of IPV – as well as the different types of IPV.
- Promoted awareness that for abused women, leaving a partner is not always a desired outcome.
- Increased confidence in asking about IPV.
- Decreased their anxiety related to not knowing how to respond to an IPV disclosure.

“Every public health nurse should have this [IPV intervention] because it is such an integral part of our practice, and we didn't have it. I thought it [the IPV education & intervention] was really practical, gives us tools on what to do. I feel really confident every time I have a situation and 90% of my girls are dealing with a lot of really severe IPV.” (NFP PHN)

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BC Healthy Connections Project
BCHCP Process Evaluation Communiqué #6 | Clinical Impact of NFP IPV Education

In the table below, results are categorized according to varied steps from the NFP IPV Clinical Pathway. Recommendations are noted with a “❖”

NFP IPV Intervention Component	PHN Reflections of Value or Use of Component in Practice
Universal Assessment of Safety Life History Calendar Power & Control Wheel Equality Wheel My Supports	<ul style="list-style-type: none"> • Life History Calendar allows PHN to get to know client, collect rich background information and promotes engagement with client early in the program. • Identified as a novel approach to assessment. Uses a conversational style and language that facilitates the discussion of a sensitive topic; provides PHNs with tools, permission and increased confidence on how to initiate the discussion of IPV exposure. • Value the focus on healthy relationships- this focus engages clients and they are motivated to answer questions. • Power & Control Wheel and Equality Wheel were consistently identified as valuable facilitators for use in clinical practice as they were concrete, tangible and easy to use with clients. Wheels helped PHNs and clients to explore a range of perpetrator behaviours that may be defined as abusive or controlling- expands the focus beyond just the identification of physical abuse. • Use of wheels was triggering for some PHNs when a review of the tool allowed them to identify and label their personal past experiences as abusive. • Difficult to initiate Universal Assessment of Safety when partner is in the home. • Provides PHNs with strategies for working with women who indicate no exposure to abuse. ❖ Instructions for Universal Assessment of Safety need to include more direction around timing of assessment and flexibility for completing assessment when partners are present.
Indicator-Based Assessment	<ul style="list-style-type: none"> • IPV education increased PHN knowledge about IPV risk indicators, as well as behavioural and social cues to assess for during a home visit that may be indicative of a client’s exposure to IPV. • Increased awareness of risk indicators of IPV exposure beyond evidence of physical injuries or client disclosure as sole means of identification.
Risk Assessment Danger Assessment My Safety Options My Personal Safety Plan	<ul style="list-style-type: none"> • Completion of the Danger Assessment validates PHNs’ observations & concerns. • The Danger Assessment score is perceived to make the situation or danger “real” to PHNs and clients. The quantification of the danger is valued as it provides a more accurate interpretation of the client’s level of danger. • Completion of the Danger Assessment promotes the initiation of safety planning with clients.
Tailored Assessment Mothers’ Stories Making Changes in My Life	<ul style="list-style-type: none"> • Some PHNs identified that the purpose of the “stories” were unclear in the education process; but their use in practice has been beneficial with clients. • Stories frame the issue of IPV, its consequences and strategies for addressing it, in a manner that is accessible to NFP clients. ❖ PHNs need more support & additional orientation on how to use the stories and the facilitators in this component. ❖ PHNS need more information and support on how to work with women who decide to stay in an abusive relationship. • Tools allow PHNS to continually re-assess where the client is at in terms of her readiness to address safety and to be able to provide support and care based on where “the client is at.”
Tailored Intervention Safety Awareness of IPV Self-efficacy	<ul style="list-style-type: none"> • Value facilitators related to impact of violence on infant’s developing brain. ❖ Recommend using the Lasting Impressions video in the IPV education –followed by a debriefing session on how a PHN would respond to similar clinical situations.

BC Healthy Connections Project
BCHCP Process Evaluation Communiqué #6 | Clinical Impact of NFP IPV Education

Social Support (System Navigation)	<ul style="list-style-type: none">• PHNs feel valued as professionals to have an intervention that moves beyond assessment and includes interventions with tools and facilitators to promote behavioral change.• Challenging for some PHNs to remember to integrate the tailored intervention into their home visits.
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3. Supervisor Reflections on Being Prepared to Supervise PHNs Home Visiting Women Exposed to Abuse

Among supervisors there was consensus that it is essential for supervisors to jointly complete the IPV education with PHNs. The additional education and resources provided to supervisors was also identified as helpful for supporting them in providing clinical and reflective supervision to NFP PHNs. Several supervisors identified that they have an ongoing need to engage in reflective supervision themselves – some supervisors informally arrange to “reflect” or “debrief” with their peers.

Supervisors summarized that with respect to IPV, completion of the education and access to the IPV resources has prepared them to:

- Refer to the IPV tools and support PHNs in implementing the IPV clinical pathway or to “coach nurses through the process” during reflective supervision sessions.
- Provide guidance on how to use the facilitators and tools from the IPV clinical pathway.
- Support PHNs in the decision-making process by referring to the clinical pathway and reflecting on possible options and sources of support for the clients.
- Understand the impact that working with abused women has on the health and well-being of PHNs.
- Be more aware of the need to identify and support PHNs who have personally experienced IPV or who may be experiencing compassion fatigue.

“It [IPV education] was just all amazing. And the toolkit, amazing and the nurses are using it and it’s practical and it’s working. The nurses as they’re developing the relationship to the clients, they’re pulling out those [IPV] materials and they have something to work with and its just awesome.”
Supervisor

“It gave me solid knowledge about IPV and about ways we can support women, ways we can assess it and help women move through the cycle of change. I don’t think I could have supported the nurses without joining them in the education... that part of NFP was done very well and I would suspect that all of the nurses on our team would say the same thing.” Supervisor

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