Category: Nursing issues

Study type: Qualitative- other

Declarative title: Children's healthcare nurses should receive education in discussing intimate partner violence with new mothers

Commentary on: Anderzen-Carlsson, A. Gillå, C. Lind, M, et al. Child healthcare nurses' experiences of asking new mother about intimate partner violence. 2018 Jul;27(13-14):2752-2762.

Implications for practice and research

- Timely identification of women experiencing intimate partner violence can lead to early intervention and support to reduce the adverse impact of exposure on maternal and infant health.
- For health care professionals to feel confident and prepared for routine enquiry for intimate partner violence, they must have access to robust training, including referral pathways that are specific to the community they serve.
- Further research is required to assess the long-term outcomes of routine enquiry for domestic violence and abuse.

Context

Intimate partner violence (IPV) is any behaviour within an intimate relationship that causes physical, psychological or sexual harm. Globally, 1 in 3 women experience physical and/or sexual violence from a partner[1]. We now also know about the harmful short and long-term effects to children include, but are not limited to, emotional and psychological trauma from the impact of living in a household that is dominated by tension and fear.

Methods

A quasi-experimental design was employed at 12 child healthcare centres in Sweden in 2015.[2] The project was a small-scale intervention using a two-step approach for talking about intimate partner violence with mothers. The study utilised the Violence in Families (ViF) questionnaire and a short version of the Revised Conflict Tactics

Scales (CTS-B). All mothers were asked to complete the ViF which consisted of four short questions. If the mother indicated a positive response to the ViF instrument, then she was then asked to complete the CTS-B.

Child healthcare nurses (CHCNs) were followed-up to test the feasibility and acceptance of the intervention. 13 CHCNs were interviewed, and transcripts were thematically analysed.

Findings

Five main categories emerged from the data, including the importance of asking about IPV, using the two-step questionnaire method, being comfortable in the professional role, the importance of time and place in asking about IPV, and spill over effects (including increased professional awareness of IPV). All the CHCNs thought asking about IPV was important, although they found a low prevalence of reported ongoing violence during the project. CHCNs reported that asking about IPV denoted the clinic as a safe place that mothers could talk about IPV. The CHCNs valued the use of structured tools to help them introduce the topic of IPV, believing that using an instrument may result in more honest answers from the women. While the ViF was considered a useful tool for initiating a non-confrontational discussion about IPV with women, the CTS-B tool was not favoured so positively, with the instrument considered very complicated to use.

Commentary

Not only does domestic violence damage a woman's health and wellbeing: it also influences her capacity to parent effectively. A meta-analysis of 188 empirical studies published between 1978 and 2000 established that 67% of children exposed to family violence were at risk of experiencing a range of developmental and adjustment problems and poorer academic outcomes.[3]. In addition, it is now widely accepted that health care professionals play a vital role in identifying and responding to family violence.[4] The findings from this study substantiate earlier work which identifies training and education as a key enabler in both initiating and sustaining family violence enquiry. [5] The short questionnaire ViF used in this study[2] was found to be a valuable tool to engage the mothers in a conversation about IPV. However, it is important to ensure that using a prescribed short tool does not then turn into a

mere tick-box exercise. There also has to be a recognition that not every woman will be ready to disclose at the time of asking, or that disclosure may result in a mother feeling that her parenting skills are being judged. In particular, if a relationship of trust has not yet been established between the health professional and woman, the woman may not be honest in her response, regardless of what tool is used to elicit a response. This may go some way to explaining the low positive response rate reported in the study. There must also be a commitment to a whole system approach at every level of the organisation. At the very least, this should include risk assessment and safety planning, and the development of referral pathways to specialist community services.

References

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Commentator details:
Name: Kathleen Baird
Affiliation: Griffith University - School of Nursing and Midwifery

University Drive Meadowbrook Queensland 4131
Australia
Email: k.baird@griffith.edu.au

Competing interests: None