Correction – David Olds

I need to correct a statement I made in response to a question regarding our assessment of intimate partner violence in the three trials of Nurse Family Partnership.

We examined intervention-control differences in the rates of IPV at the 15-year follow-up of the Elmira trial and found that there were no intervention-control differences.[1] We found, however, that the presence of IPV in the household moderated the impact of the program on rates of state verified reports of child abuse and neglect from birth through child age 15.[2]

We also examined rates of IPV in the Memphis trial at the year 6, 9, 12-year follow-ups, and also found no intervention-control differences in reported rates.[3-5]

Finally, we examined intervention control differences in mothers reports of IPV in the Denver trial at child ages 2 and 4, and found no differences at child age 2, but a trend for intervention-control differences (p=.05) at child age 4.[6]

In general, I am concerned about the self-report of behaviors and conditions such as IPV in trials of interventions designed to help women reflect on the quality of their relationships with partners. It is entirely possible, even likely, that nurse-visited women become both more comfortable in revealing challenges in their relationships and attuned to behaviors that may be considered controlling or violent. Those in the control group may not reveal IPV to the same degree because of the social stigma associated with being involved in a violent relationship, or because they may not even fully recognize it.

This is an illustration of the kinds of measurement challenges we have in testing preventive interventions that are grounded in therapeutic relationships and that build participants' awareness of their behavior, their children's behavior, or conditions in their lives.

References

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Additional Questions/Comments not addressed in the presentation

What further research is required to assess the cost-effectiveness or economic value of the programme?

David Olds: Well. Let me count the ways. Here are some fundamental questions that we would like to see answered:

1. What are the long-term effects on families' economic wellbeing? What are the benefits to families and to society? I would examine intergenerational effects.
2. What are the long-term effects of the program on mothers' and children's involvement in the criminal-justice system and their corresponding costs to government and society? Again, are there additional intergenerational effects (say among mother's grandchildren)?
3. We need to know more about the range of health effects of this program and to understand the savings to government and society from these improvements in health. Note that we have a future seminar devoted to this topic.
4. What is it worth to society to have lower levels of poverty, crime, and health problems in communities?

Comment rather than question for both IPV and ACES... Trauma plays out in behaviour and people need respectful relationships to help them to move forward and not feel the power of Shame for things that happened to them in the past.... i am aware of those dads i have worked with who hold significant trauma can be very difficult to be in the life of their infant... IPV as behaviour that demonstrates trauma held and loss of their attachment relationship and the mum gets held responsible for his trauma and behaviour. We rarely have a chance to hold him to account in the same way we are able to with our client.

David Olds: Just a reflection here. Sometimes it is possible to engage fathers in conversations about their life histories and to help them reflect on those experiences. Sometimes, fathers will reveal that they do not want to continue this cycle of intergenerational maltreatment of their children – and sometimes they see the connection between their own early life and the quality of their relationship with their partner.