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International Nurse-Family Partnership® (NFP)

Guidance Document - Intimate Partner Violence Assessment & Data Collection | Updated April 2021.

Introduction

This guidance document provides Clinical Leads with guidance for addressing Intimate Partner Violence (IPV) assessment and data collection within NFP. It has been developed taking the following into account:

- Assessment of IPV is a complex area
- No single tool exists that has high clinical efficacy as well as providing high quality data about patterns and trends of IPV
- Nurses' ability to assess IPV and respond sensitively and safely to disclosures varies between, and within, countries
- The policy context and specialist services and facilities for IPV also vary

The International NFP team is grateful to Dr. Susan Jack for her assistance in the development of this guidance document, which draws on content from the NFP IPV intervention. (For more information please see the NFP Innovations page of the international NFP website at: http://nfpinternational.ucdenver.edu/nfp-innovation

Background

IPV is a widespread problem with significant adverse physical and psychological consequences for women and children. IPV is typically characterized by power and control, and can include the perpetration of the following behaviours:

1) Physical violence
2) Sexual violence
3) Threats of physical or sexual violence to communicate the intent to cause harm
4) Emotional abuse
5) Coercive control

Note: Some women may experience multiple types of IPV, and the abuse may vary in frequency and severity.

Families at risk for IPV share many characteristics with families at risk for poor child health outcomes. The self-reported prevalence of moderate to severe IPV in families served by NFP is higher than IPV in the general population (Jack et al.,2019). In the first US trial of NFP, program effects on preventing child abuse and neglect were attenuated (Eckenrode et al., 2000)

In 2009, Drs. Susan Jack, Harriet MacMillan, Jeffrey Coben, and David Olds led a study to develop a specific nursing intervention to support NFP nurses to systematically: 1) identify women exposed to current or past

IPV; 2) ascertain the type of IPV a woman was experiencing; 3) develop a tailored plan of care; and 4) provide nursing interventions focused on safety, increasing awareness about IPV, self-efficacy and social support (Jack et al., 2012; Jack et al., 2017). This intervention is being evaluated in two randomized controlled trials (RCTs), one in the US (Jack et al, 2019) and the other in Canada (findings to be available in 2021).

Many of the women who enroll in the NFP program have experienced trauma during their lives, including exposure to IPV during childhood. This childhood exposure increases the chance of a woman entering into relationships characterized by abuse herself. Exposure to violence is a form of trauma and for this reason the intervention incorporates a trauma and violence-informed care approach. Within this approach a nursing practice environment is created where all clients are treated as if they might have been exposed to a past or current trauma, including IPV (Ford-Gilboe, 2011). Consequently, the intervention has a strong focus on supporting nurses to gain both understanding and specific skills in relation to eliciting and responding to client disclosures of IPV.

Experts in the field have carefully developed the NFP IPV intervention for the program, and research has been undertaken for feasibility and impact in USA and Canada. It is guided by the nursing process, reflects nursing competencies, and includes both educational packages and implementation guidance for NFP nurses and supervisors. It is recommended that the intervention is adapted and adopted by all NFP countries over time. It is recognized that the intervention will need adapting by each country to take account of the cultural context, legal frameworks, professional expectations, system requirements, and services impacting on responses to IPV.

Assessment of IPV

Assessment of IPV is a complex area, and one that is dependent both on the skills of the NFP nurse and the security of her relationship with her client. The most current, evidence-based clinical guidelines from the World Health Organization (2013) recommend that:

- A process of universal screening <u>is not</u> undertaken, rather clinicians focus on routine enquiry with women at risk of experience of IPV
- Clinicians initiate indicator-based assessments (case finding) as appropriate

It is expected that all NFP clients will be at risk of experiencing IPV, and therefore routine enquiry is a core element of NFP nurses' practice.

It is essential that NFP nurses create safe environments to ask about IPV exposure, one where clients are able to disclose their experiences of abuse and trauma should they choose. At all times, NFP nurses must ensure that discussions centered on the identification, assessment or response to IPV be conducted in private with the client. It is not safe to discuss any content related to IPV with the partner present, or any other individual over the age of 18 months. This includes the client's child, friends, and family members.

It is important for Clinical Leads to assure themselves there are systems in place to ensure that nurses are skillful in use of any utilized NFP Visit-to-Visit guideline materials that relate to this issue, in particular the Equality & Power and Control wheels.

If a client discloses IPV at any point within the program, nurses should make an empathic response that validates her experience, identifies her strengths, challenges any inaccurate assumptions she might have, acknowledges the complexity of her situation, offers support, and respects her decisions and autonomy. NFP nurses learn these skills as part of the IPV intervention education. In addition, each country should ensure that NFP nurses have a good understanding of the mandated or expected activities that should follow client disclosure in each country/site.

Where clients have disclosed IPV, NFP nurses should assess the nature and strength of current risks and dangers to the client and her child. Following this, the NFP nurse should assist the client to make appropriate safety plans for herself and her child. Local tools and resources should be used to assist this process and NFP nurses should be competent in this area of practice. If there are specialist agencies for IPV in the community, the client should also be introduced to these as necessary. The NFP IPV intervention also provides guidance for additional nursing interventions that can be provided to the client.

Data Collection and use

It is recognized that many countries wish to routinely collect data on IPV disclosures and nurse activities in order to identify:

- Prevalence within the NFP client community
- Trends and patterns between different client demographics (age, ethnicity, income, education etc.)
- Trends and patterns over time
- Outcomes of NFP nurse interventions for IPV (e.g. safety planning and actions)

As Clinical Leads will be aware, even where data on IPV are collected, there are numerous challenges in analyzing it to identify any of the above. This could be due to issues such as small numbers, identification of IPV type, and the time it is known to take for women to disclose IPV. Nevertheless, the aspiration to systematically collect and analyze IPV data remains strong, not only to support quality improvement but also for a variety of political, systemic, and sustainability reasons. This guidance document provides Clinical Leads with a framework and suggested tools for undertaking this within their context.

Unfortunately, it has not been possible to identify a high-quality nursing assessment tool that also provides data that can be used for the above purposes. The qualitative research undertaken to inform the NFP IPV intervention identified a preference among clients, and some NFP nurses, to explore experiences of violence and abuse within the context of facilitated discussions between the client and NFP nurse. These discussions ideally focus on understanding the client's social supports, healthy/unhealthy relationships, and sense of personal safety within her community, family, and personal relationships.

Consequently, **it is recommended that data completion is undertaken separately to this exploration and assessment process.**

There are a number of assessment and exploratory documents that support the implementation of the IPV intervention, including:

- Facilitators and other program materials designed to support clients to understand healthy and unhealthy relationships, IPV, and safety (these are contained within the Visit-to-Visit guidelines)
- Clinical assessment tools to enable disclosures, including the facilitator "My Experiences"
- Additional assessments to identify level of risk (e.g., lethality risk) where clients have disclosed IPV (e.g., Danger Assessment, DASH-9)

In addition, there will be a number of professional documents that NFP nurses will need to complete:

- Clinical record keeping by the nurse in line with country expectations (for client and child)
- Reporting documentation expected within each country (e.g. to inform other agencies, for mandated child protection reporting etc.)
- NFP data collection documentation

The NFP IPV intervention is built around a clinical pathway that enables the nurse to identify next steps in relation to assessment and safety planning for clients. Where countries are not yet implementing the intervention, Clinical Leads should assure themselves that NFP nurses understand expectations in relation to disclosures of IPV and that their NFP education program is adequate to ensure nurses are competent to manage this area of practice.

Recommendations

It is recommended that Clinical Leads within each country undertake the following actions:

1. **Withdraw use of the Relationship Assessment form**
   This data form has already been withdrawn in a number of countries. It is known to be challenging to use in clinical practice, with many countries experiencing high quantities of missing data as a consequence. More importantly, the detailed questions place a high burden on the client and may act as triggers for re-traumatization in clients who have experienced IPV.

2. **Adapt and adopt the clinical assessment tool that has been developed for the IPV intervention[A].**
   The facilitator "My Experiences" is designed for use with the client. It is important for NFP nurses to review the instructions that accompany this facilitator.
   - The facilitator should be used with all clients between the 5th and 7th pregnancy visits, alongside use of program materials that explore the client's social supports (number, type, quality of support), healthy and unhealthy relationships (e.g. Power & Control Wheel, used on conjunction with the Equality Wheel) and safety.

[A] For countries implementing the IPV intervention, please note that the full IPV Clinical Pathway should be followed.

- If the client does not disclose IPV, the assessment should be undertaken again at infancy visit 6 and when the child reaches 16 months.
- All assessments and their outcomes should be recorded using the "Intimate Partner Violence (IPV) Record of Assessment and Disclosure Data Form"
- Where clients disclose IPV, the NFP nurse should conduct a risk assessment to identify the level of risk to the client (and child) and take necessary actions to develop a safety plan in collaboration with the client that is tailored to her level of danger or risk.
- In line with trauma and violence informed care principles, future assessments of client experiences of IPV should be elicited informally, without repeated use of the clinical assessment tool.

3. **Adapt and utilize the two new NFP IPV data collection forms** to record the results of the nurse's IPV activity with the client. (**These forms are not completed with the client**)

i) **Intimate Partner Violence: Record of Assessment and Disclosure Form:**
   - This form is used to record activities regarding identification of IPV experiences, as well as nurse responses and actions.
   - This form is used to record the results of the NFP nurse's clinical IPV assessment, undertaken with all women in pregnancy (around visit 5-7 in pregnancy)
   - For women who do not disclose IPV, the IPV Clinical Assessment is repeated during Infancy (8-12 weeks postpartum) and the form completed again to record the outcomes
   - If there continues to be no disclosure, the IPV Clinical assessment is repeated and the form completed again by the nurse when the child is 16 months of age
   - Following the initial assessment in pregnancy, if current or past (within the last 12 months) IPV experiences are disclosed by a client at any time outside this routine schedule, this form should be completed

ii) **Intimate Partner Violence: Previous Disclosure Form**
   - This form is completed by the NFP nurse at the designated time points (visit 5-7 in pregnancy, 8-12 weeks and 16 months postpartum) for all clients who have previously disclosed Intimate Partner Violence (IPV). It is also records activities regarding ongoing client experiences of IPV, as well as nurse responses and actions.
   - Where clients have previously disclosed IPV, it is expected that the NFP nurse will follow up on this issue to enable the client to share the results of any safety planning activities she has taken, as well as any further experiences of IPV.
   - Using this form will enable the NFP nurse to submit data at points subsequent to the initial assessment without a requirement for additional direct, nursing assessments in line with the principles of TVIC.

➢ Both forms are designed to collect data on IPV so collated information can be analyzed to identify patterns, trends and impacts of the NFP program in relation to IPV over time.

- Countries may remove client-identifying information if necessary to adhere to local data management requirements

4. **Assure that their NFP workforce is competent to:**
    - Establish therapeutic, trusting nurse-client relationships
    - Identify risk indicators, health effects, and client/partner behaviours that are indicative of IPV
    - Elicit client disclosures of IPV, ensuring this is done in conditions of privacy
    - Provide empathic responses to disclosures of IPV
    - Undertake risk assessments following IPV disclosure
    - Follow appropriate pathways to ensure client (and child) safety
    - Develop an individualized nursing plan of care that takes the client's mental health status/substance use, level of readiness to address safety, type of IPV, and level of risk (danger) into consideration.
    - Provide nursing interventions that; use motivational interviewing approaches, follow NFP program client-centered principles, focus on safety, increase awareness about the health effects of IPV, and increase self-efficacy and social support.

5. **Ensure that the 'Referrals and Service Utilization Form' for their country is updated** as necessary to include all services that clients may be supported to access by NFP nurses following IPV disclosure.

6. **Develop any additional Clinical Guidance** or pathways needed within their context to support best practice, enable nurses to act in accordance with local expectations and systems, and ensure that NFP nurses are clear regarding the data collection expectations. (NB countries using the NFP intervention may wish to include data reporting points within their adapted IPV Clinical Pathway)

- If you have any concerns or questions in relation to this guidance, please do not hesitate to contact your International NFP Consultant

References

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