RESEARCH ALERT:
Primary prevention of intimate partner violence (IPV) in the context of nurse home visits: Overview of the Nurse-Family Partnership (NFP)-IPV Intervention

Purpose of the Alert:

In Research Alert 1 of this series, we described the development of an intervention to prevent IPV in the context of the Nurse-Family Partnership (NFP) home visiting program. This was based on emerging evidence for primary prevention of IPV, and is being tested in a randomized controlled trial (see Research Alerts 2 and 3). The present Alert briefly describes the core components of the NFP-IPV Intervention developed by Dr. Susan Jack and colleagues.

The NFP-IPV Intervention

The complex intervention includes five interconnecting components:

✓ Education to increase knowledge, skills and confidence among nurse home visitors and supervisors to identify and respond to IPV;
✓ A manualized intervention that includes an intervention manual, a clinical pathway, and home visit facilitators with accompanying nurse instructions;
✓ Supervisor guidelines for reflective supervision;
✓ A site readiness checklist and;
✓ Ongoing coaching to support adoption and uptake of the intervention into home visiting practice.

Clinical Pathway and SASS Intervention Model (see diagrams on the next page)

Nurses first conduct both universal and targeted IPV assessments to determine exposure and risks, and understand the nature, pattern and severity of any abuse experienced by the woman, and her immediate safety. In most cases, a positive response to any of the questions on either assessment means the woman is experiencing abuse in her current relationship (or the past 12 months) and should receive all elements of the IPV intervention.

Based on the initial IPV risk and safety assessments, and on the woman’s readiness to address IPV, the nurse tailors subsequent intervention elements in four areas, which we refer to as SASS:

➢ Safety: How can I protect my baby and myself?
➢ Awareness about IPV: What if someone is hurting me?
➢ Self-efficacy: Goal-setting
➢ Support: How can I find support?

Interactive facilitators help the nurse structure and guide the interaction, and are used based on the client’s level of readiness to address safety in her relationship, along with the nurse’s judgment. The nurse uses non-judgmental, active listening to validate the woman’s experiences and while acknowledging the difficulty of living with abuse, respecting the client’s autonomy in decision-making and ensuring confidentiality.
This Research Alert is part of a series available at [www.PreVAiLResearch.ca](http://www.PreVAiLResearch.ca). This project has received funding from the Centers for Disease Control and Prevention, the Annie E. Casey Foundation, and the Canadian Institutes of Health Research-funded PreVAiL Research Network. Production of these documents has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.