Addressing Intimate Partner Violence in Virtual Home Visits

Introduction

Violence between current or former romantic partners, known as intimate partner violence (IPV), is a serious public health problem (Centers for Disease Control and Prevention [CDC], 2020a). It may involve sexual violence, stalking, physical violence, and/or psychological aggression. Approximately 1 in 4 women and 1 in 10 men experience IPV[i] in their lifetime, usually before age 25 (Smith et al., 2018). Some women experience IPV leading up to and even during pregnancy.[ii]

Almost 12 percent of children under age 6 have been exposed to IPV (Hamby et al., 2011), either by witnessing acts of violence, observing caregivers' physical injuries, or seeing damage to their home or property (Child Welfare Information Gateway, 2016). IPV exposure can adversely affect child mental health and social, physical, and cognitive development (Howell et al., 2016).

Home visitors engage with families during the early stages of parenthood, a period often marked by caregiver stress and vulnerability. By observing families in the home, home visitors are uniquely positioned to identify and support families experiencing violence and to improve IPV outcomes. The recent transition to virtual home visiting brought on by the COVID-19 pandemic, however, has introduced new challenges.

This brief synthesizes the research evidence to address the following questions:

- ✅ How does IPV affect families?

- ✅ What is home visiting's role in addressing IPV?

- ✅ What are the challenges and opportunities of virtual home visiting?

- ✅ How can home visitors safely screen for IPV during virtual visits?

- ✅ How can home visitors support families experiencing IPV?

What Factors Increase the Risk of IPV?

The strongest predictors of IPV include previous experiences with relationship violence (Spencer et al., 2019) and characteristics of the perpetrator. Risk factors for perpetrating IPV span several factors (CDC, 2020b), as noted in the examples below.

- **Individual:** Characteristics such as young age, low income, or unemployment; psychosocial factors such as depression, substance use, isolation, or anger; experiences with maltreatment as a child

- **Relationship:** Conflict, jealously, or power dynamics; economic stress; divorce and separation

- **Community:** Poverty and associated risks, such as overcrowded households; high unemployment rates; limited social capital and poor neighborhood cohesion

- **Societal:** Cultural norms for aggression; traditional gender norms; gender inequality

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How Does IPV Affect Families?

The effects of IPV depend on its severity, frequency, and duration (CDC, 2020a). Research shows that IPV can lead to adverse physical and mental health outcomes (Coker et al., 2002), especially among expectant mothers and parents of young children. In a study of nurse home visiting, first-time mothers experiencing IPV had high rates of unprotected sex and rapid repeat pregnancy (Scribano et al., 2013). IPV can also contribute to poor mother-child attachment (McIntosh et al., 2019) and negative parenting practices, such as physical aggression and neglect (Chiesa et al., 2018).

Witnessing IPV can harm children's psychological, social, physical, and cognitive development. Babies exposed to IPV in utero may be born early or with low birth weight, factors that can impair healthy attachment relationships and lead to long-term health and developmental

challenges. Among preschoolers—the group most likely to witness IPV—exposure can harm social development and cause health problems such as obesity, asthma, and gastrointestinal issues (Howell et al., 2016). Children may also display internalizing behaviors, such as becoming withdrawn or crying, and externalizing behaviors, such as acting out (Vu et al., 2016; Wolfe et al., 2003). Childhood exposure to IPV even boosts the risk of experiencing or perpetrating IPV as an adult (Whitfield et al., 2003; see sidebar).

Children's exposure to IPV is recognized as a form of child maltreatment and addressed by some states' laws (Child Welfare Information Gateway, 2016). Witnessing IPV is also considered an adverse childhood experience, or ACE (Felitti et al., 1998). Children who experience IPV are more likely to experience other ACEs, such as child abuse or neglect (Dube et al., 2002). The co-occurrence of multiple forms of violence may be especially harmful to children's developmental outcomes (Wolfe et al., 2003) and can have long-lasting effects on their health and well-being (Felitti et al., 1998; Monnat & Chandler, 2015).

The Costs of IPV

IPV costs the U.S. economy $3.6 trillion in medical services, lost productivity, criminal justice involvement, and other downstream effects across the lifetimes of the estimated 43 million adults affected. This estimate includes $103,767 per woman and $23,414 per man (Peterson et al., 2018).

What Is Home Visiting's Role in Addressing IPV?

Because of the increased risk of IPV faced by pregnant women and new mothers, home visits during pregnancy and shortly after birth offer a valuable opportunity to deliver services designed to improve IPV outcomes (Niland et al., 2020). Several home visiting models place a high priority on addressing IPV, but historically, not all models have had an explicit IPV focus (Michalopoulos et al., 2019). In 2010, the Health Resources and Services Administration included IPV—broadly referred to as "domestic violence" in the legislation—as a benchmark area for grantees of the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Home visitors can support families experiencing IPV or improve IPV outcomes by—

- ✔ Identifying signs of IPV during home visits, conducting routine screenings, and offering referrals and/or resources

- ✔ Using tailored curricula that target risk factors for IPV (e.g., depression, isolation, anger) and providing strategies to strengthen caregivers' communication skills and relationships

- ✔ Supporting positive parent-child interactions and promoting healthy bonds between parents and children

- ✔ Helping families heal from IPV and cope with related trauma

In 2019, the Mother and Infant Home Visiting Program Evaluation (MIHOPE) found that 45 percent of participating programs increased their emphasis on IPV. Home visitors were more likely to discuss IPV when families expressed needs and concerns. Exploratory findings also

showed that home visiting reduced the prevalence of IPV reports and receipt of IPV services by 30–45 percent (Michalopoulos et al., 2019).[iii] Two models, Healthy Families America and Nurse-Family Partnership, have shown favorable impacts on reducing IPV (Niland et al., 2020). Long-term research is needed to better understand potential sustained effects.

What Are the Challenges and Opportunities of Virtual Home Visiting?

Natural disasters and crises disrupt family dynamics and increase their risk of IPV. During the COVID-19 pandemic, restrictions such as stay-at-home orders, social distancing requirements, and community closures have exacerbated isolation, raising safety concerns for people living with abusive partners. Families have also experienced fewer social connections and social service opportunities (Campbell, 2020), touchpoints that previously helped serve as protective factors against IPV (CDC, 2020b).

To adhere to public health guidelines stemming from COVID-19, home visiting programs quickly shifted to virtual visits using telehealth technology. The transition spurred rapid learning opportunities and early assessments of telehealth-based home visiting. For example, SafeCare and Child First found that virtual visits offered such benefits as ease of scheduling and reduced travel time (Child First, n.d.). Self-Brown et al. (2020) found that virtual visits are feasible for providers and families when meeting in the home is restricted.

The literature has also identified the following challenges when conducting virtual visits (Child First, n.d.; Morrison & Meisch, 2021; O'Neill et al., 2020; Self-Brown et al., 2020):

- ✅ Families' access to technology

- ✅ Confidentiality issues

- ✅ Distractions in the environment

- ✅ Families' emotional capacity to engage in visits

- ✅ Fidelity to the program

- ✅ Distribution of materials to families

Despite these challenges, home visiting services with telehealth options will likely remain common practice after the pandemic subsides. Even before COVID-19, the home visiting field was experimenting with virtual visits to engage harder-to-reach families, especially in rural locations.

How Can Home Visitors Safely Screen for IPV During Virtual Visits?

Home visiting programs conduct screenings to help identify families experiencing IPV. MIECHV-funded programs must screen all primary caregivers within 6 months of enrollment using a validated screening tool.[iv] Although IPV assessments vary in length and question type (e.g., yes/no questions, agreement scale), they are typically designed for private, in-person settings where home visitors can quickly determine if it is safe to screen.

Less is known about how home visitors can assess safety and conduct screenings during virtual home visits. While researchers have begun to explore home visiting's use of technology-infused screenings, such as self-guided screenings using a tablet (Bacchus, 2016), most IPV screening tools were not developed with telehealth in mind.

Initial findings from the COVID-19 pandemic reveal obstacles to creating a therapeutic environment for private assessment, especially when no one else is home to engage the child (Child First, n.d.; Morrison & Meisch, 2021). Virtually assessing caregivers' and children's affects and emotions can also prove challenging. For example, home visitors find it harder to identify dissociation—i.e., a person's disconnect from their thoughts, feelings, memories, and surroundings—among participants discussing traumatic experiences virtually (Racine et al., 2020). Some programs have reported fewer screenings completed during the pandemic that focus on sensitive topics like IPV (Lanier et al., 2021).

Home visiting programs should consider several factors, including participants' comfort levels and preferences, before shifting to virtual screening. The Tribal Evaluation Institute has developed a flow chart that guides home visitors through the decision-making process and poses key questions to consider. Those that move forward with virtual IPV screening should consider the following strategies:

- ✅ **Be flexible and creative.** Identify times when a potential perpetrator will not be home and give participants the option to reschedule screenings as needed (Jarneke & Flanagan, 2020).

- ✅ **Consider the number and age of children in the home.** Work with caregivers to create privacy and time away from children, such as naptime or outside play time with a trusted adult (Child First, n.d.).

- ✅ **Identify private spaces for sensitive conversations.** These considerations are particularly important for families living in overcrowded homes with restricted space (Racine et al., 2020). Participants may find it easier to talk, for example, while alone in the car or bathroom (Home Visiting Collaborative Improvement and Innovation Network [Home Visiting CoIIN] 2.0 Education Development Center, 2020).

- ✅ **Ensure physical environments are safe and secure.** Verify caregivers' locations and contact information at the beginning of each visit and start with yes or no questions that allow them to respond discretely and directly (Rossi et al., 2020). Establish code words to

signal when a situation is not safe for sensitive conversations or if they need help (Home Visiting CoIIN 2.0 Education Development Center, 2020).

- ✅ **Encourage headphone use to ensure confidentiality.** Both caregivers and home visitors can use headphones to restrict others from hearing their conversations (Gerber et al., 2020).

How Can Home Visitors Support Families Experiencing IPV?

Beyond facilitating screening and prevention, some home visiting programs connect affected caregivers and children to community-based resources. Home visitors may also engage partners to foster healthy relationships (Family Violence Prevention Fund, 2010) and to ensure all caregivers are accountable for violent actions (National Center on Parent, Family and Community Engagement [NCPFCE], 2020b).

Home visitors can offer support to families experiencing IPV by (NCPFCE, 2020a)—

- ✅ Checking in or sending messages of encouragement regularly

- ✅ Providing necessities like food and diapers

- ✅ Helping them identify and contact members of their social networks

Caregivers experiencing IPV may not follow through on offered services or support, especially if they do not want perpetrators to know they are seeking help (Jarnecke & Flanagan, 2020). The MIHOPE study found little overlap between mothers who reported IPV and mothers who reported receiving services (Michalopoulos et al., 2019). This finding could suggest that mothers who needed IPV services may not have received them. Home visitors should consider several items when working with families who report experiencing IPV (see sidebar).

To build supportive relationships with families and facilitate conversations about violence, home visitors can (NCPFCE, 2020a; NCPFCE 2020b)—

- ✅ Offer universal messages about IPV

- ✅ Emphasize caregiver strengths

- ✅ Pose questions that help participants think of their children in positive ways (e.g., dreams about their futures)

Before offering support to a family, home visitors should (NCPFCE, 2020a)—

- Reflect on their relationship with the family

- Identify family strengths to draw upon during interactions

- Consider the need to involve a supervisor

- Form a plan for exercising caution when sending resources or materials through email, text messages, or applications (in case perpetrators monitor devices)

✓ Be accessible for caregivers to contact them when help is needed and it is safe to do so

✓ Connect with community-based organizations to understand available services and provide families with personalized referrals

Summary and Implications

The widespread transition to virtual home visiting during the COVID-19 pandemic presents an opportunity for researchers to examine the safety of virtual IPV screening and to identify ways to support families during a national crisis. The home visiting workforce must be adequately trained, however, to screen and implement safety protocols to address IPV virtually (Family Violence Prevention Fund, 2010; Michalopoulos et al., 2019). It is also important to include screenings not solely designed for women experiencing IPV. Although much research explores IPV's impacts on women, home visitors and researchers should consider its effects on men and use appropriate screening tools to capture this information. Programs should also be prepared to support home visitors as they juggle additional demands at a time of heightened stress (Sandstrom et al., 2020). For example, home visitors may need more time for reflective supervision and support for linking families to community service providers (Home Visiting CoIIN 2.0 Education Development Center, 2020; Michalopoulos et al., 2019).

Many organizations and groups have developed resources with an IPV focus, especially during the COVID-19 pandemic. Additional resources can be found via the following:

- The National Child Traumatic Stress Network: Intimate Partner Violence

- The National Resource Center on Domestic Violence: How Can Domestic Violence Programs Partner With Home Visiting Programs to Better Support Survivors and Their Children?

- Start Early: Resources for Remote Home Visitors During COVID-19

- Washington State Coalition Against Domestic Violence: Remotely Supporting Survivors During COVID-19

- ZERO TO THREE: Supporting Families Affected by Domestic Violence

Conclusion

IPV is a public health concern that affects not only those directly involved, but also the children who witness the violence, the communities they live in, and society more broadly. Home visiting programs can play an important role in identifying IPV, supporting families experiencing violence, and improving IPV outcomes. Though COVID-19 has increased the risk for IPV and heightened

the challenges of virtually screening and supporting caregivers, it has also highlighted key areas for research and training. The home visiting field will benefit from increased research on virtual screening tools and protocols to support families experiencing violence. It is also critical for home visitors to practice self-care (NCPFCE, 2020a) and to receive support to reduce stress and anxiety from virtual and in-person visits involving IPV.

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Notes

[i] IPV differs conceptually from domestic violence. Domestic violence is defined as the physical, sexual, and emotional maltreatment of one family member by another in the same household. Domestic violence typically includes all types of family violence, including elder abuse, child abuse, and marital rape. IPV is limited to acts of aggression between intimate partners (Patra et al., 2018).

[ii] Around 3 percent of all pregnant women report IPV during the 12 months before pregnancy, and approximately 2 percent report IPV during pregnancy (Pregnancy Risk Assessment Monitoring System, 2016–17). In 2019, the federal Mother and Infant Home Visiting Program Evaluation (MIHOPE) found the rate of IPV among home visiting participants is higher, with about 5 percent of pregnant women and 6 percent of nonpregnant women reporting experiences with battering (Michalopoulos et al., 2019).

[iii] Due to the recent focus on IPV, limited evidence is available on the effects of home visiting on IPV outcomes.

[iv] Fifteen IPV screening tools have been approved as of September 2018.

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