

Study reduces violence against pregnant women

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Results of a Johns Hopkins School of Nursing-led study on intimate partner violence show that pregnant victims saw a significant reduction in exposure to such acts after participating in the Domestic Violence Enhanced Home Visitation Program (DOVE). The brochure-based empowerment intervention was developed by Phyllis Sharps, PhD, RN, FAAN, associate dean for community programs and initiatives at the Johns Hopkins School of Nursing (JHSON), with researchers from the University of Virginia.

The study was conducted among 239 [pregnant women](#) 14 or older, at less than 32 weeks gestation, and enrolled in a perinatal home visitation program. During the trial, all women received the standard

protocol—4-6 visits with a nurse or community health worker during pregnancy and 6-12 visits up to two years postpartum—and about half of the women also received the DOVE intervention.

Through DOVE, women work with a nurse or community health worker to discuss the cycle of violence, take the Danger Assessment, which helps weigh their risk of domestic homicide, and review safety planning information.

As a result, women in the DOVE intervention group experienced an average of 20-30 fewer instances of violence compared to non-participants. Some of the women felt empowered to leave their abusers, and those who stayed in their relationships noted experiencing significantly less violence and better ability to cope.

In the US, about four percent of women experience IPV during pregnancy, but that number significantly increases to nearly 30 percent among low-income, single women.

Sharps says the intervention, one of few studies to have shown a reduction in violence against pregnant women, is key to helping this demographic. "Domestic violence screening among pregnant women is not routine, and yet the adverse effects on mother and baby tell us more needs to be done. Babies of mothers who experience violence are more likely to be born premature, small in gestational size, and suffer cognitively and emotionally as they grow. This is not something we can overlook."

With funding from the National Institutes of Health, the study was first tested in Missouri, Virginia, and Baltimore City, and has already been adopted in various Missouri health departments. The Maryland Domestic Violence Fatality Review Committee is recommending implementation with the Department of Health and Mental Hygiene, and DOVE has

been integrated nationally into the Parents As Teachers curriculum. Sharps and Linda Bullock, the study's co-investigator, are making trips to Capitol Hill to advocate for its continued expansion. DOVE was administered between 2006 and 2012; data was analyzed between 2012 and 2016.

"Women cited improvement in quality of life up to two years postpartum, so the prolonged reduction in violence is especially important to this study," says Sharps. "The focus of DOVE is on empowering women and giving them the resources they need to make their own decisions regarding safety. Once they have those tools, they can continue to use them and find ways to better their situation."

The next phase of the study will look at using touchscreen devices to examine for [violence](#) and determine whether that provides an even more effective method for [women](#) to open up about their experiences.

The research results are published in the *Journal of Women's Health*.

More information: Phyllis W. Sharps et al. Domestic Violence Enhanced Perinatal Home Visits: The DOVE Randomized Clinical Trial, *Journal of Women's Health* (2016). [DOI: 10.1089/jwh.2015.5547](https://doi.org/10.1089/jwh.2015.5547)

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