

Innovative Prevention Interventions

Addressing IPV and potential child abuse at prenatal care

Case studies presented at the Institute of Medicine Workshop on Preventing Violence against Women and Children

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In this presentation...

- Two interventions are presented
- **Intervention I** shows how IPV against pregnant women can be reduced through an empowerment intervention
- **Intervention II** shows how engaging fathers in prenatal education can promote couple relationship and reduce maternal depressive symptoms



Deep Bay

Shaung Shui

Victoria Bay

Yuen Long

Tai Po

New Territories

Tuen Mun

Sha Tin

Sai Kong

Airport

Kowloon

Tung Chung

Mui Wo

Hong Kong Island

Tai O

Lantau Island

Lamma Island





Intervention I:

An empowerment intervention in a prenatal setting for Chinese women experiencing IPV

*Based on an empowerment protocol developed by
Parker and colleagues (1999)*

Modified to ensure cultural congruence

Aimed to reduce intimate partner violence and
lower the risk of postnatal depression

An empowerment intervention for abused pregnant Chinese women

- ***Promoting safety:***
 - Signs of increased danger
 - Safety plan
- ***Enhancing choice-making and problem-solving:***
 - Cycle of violence in IPV
 - Facts and options
 - Community resources for abused women and their children



An empowerment intervention for abused pregnant Chinese women



- *Empathic understanding:*
 - Tell their IPV experience without the fear of being ridiculed or ignored
 - Validate their experience and feelings
 - Address shame and/or self-blame

Implementing the intervention

- Targets abused women attending prenatal clinics
- Administered once
- Takes about 30 minutes
- Through an individual, face-to-face interview
- In a private room

Implementing the intervention

- Need to provide written information (e.g. a pamphlet) to reinforce learning
- Can be provided by a nurse or midwife who has undergone training (0.5 – 1 day) to administer the intervention
- Collaboration with staff in the prenatal setting is an advantage

Efficacy of the intervention

Main findings of a randomized controlled trial (Tiwari et al., 2005):

- Compared to abused women who received standard care (an information card with community resources), abused women who received the intervention reported:
 - ***Less psychological abuse and minor physical violence*** (as measured by the Conflict Tactic Scale)
 - ***Lower postnatal depressive symptoms*** (as measured by the Edinburgh Postnatal Depression Scale)
- No reports of adverse events

The value of a one-off, 30-minute intervention

- Provides abused pregnant women a chance to:
 - tell someone about their IPV
 - be listened to
 - have their experience of IPV validated
 - reflect on their feelings
 - have their feelings acknowledged
- Is empowering as it facilitates the women to have:
 - a better understanding of IPV (including that they did not cause the IPV)
 - an increased knowledge of their options and how to seek help
 - an opportunity to assess their situations and make choices
- Low cost:
 - At about US\$ 10 per woman

Since completion of the project...

1. Has passed high evidentiary standards in a Cochrane Review (Ramsay et al., 2009)
2. Further tested in a community setting (Tiwari et al., 2010)
3. Next project: immigrant women and their children from China

Intervention II:

A Positive Fathering Program for Chinese expectant couples in a prenatal setting

*Based on the theoretical framework of self-efficacy
(Bandura, 1982)*

Modified to ensure cultural congruence

Aimed to engage expectant fathers in prenatal education in order to promote couple relationship and facilitate transition to new parenthood

Parenting self-efficacy

1. Caring for the new baby provides something concrete and substantial for engaging expectant fathers
2. Learning to care for their new baby provides a common goal for the couple
3. Discussing baby care issues provides the opportunity for the couple to listen and respond to each other.

To cater for a Chinese audience

- Educational rather than therapeutic
- Chinese health concepts and traditional stories are interwoven into the learning materials to help engage and persuade the participants

Content

1. Engaging fathers:

- Using reality boosters to bring them closer to the unborn infant (e.g., life-size dolls with the weight and texture of a new born, listen to their baby's heartbeat)
- Expressing their aspirations as a supportive partner and responsible father
- Exploring and meeting their needs as expectant and/or new fathers

Content

2. Promoting parenting self-efficacy:

- Identifying baby's needs and appropriate baby care responses
- Learning and reinforcing parenting practices
- Making use of social support network

Content

3. Enhancing couple relationship:

- Active listening and responding
- Talking through their needs and how to seek help
- Bringing them closer to each other through massaging

Content

4. Managing traditional cultural beliefs in a contemporary world:

- Understanding Chinese beliefs and practices about postpartum care
- Anticipating and responding to changes brought about by cultural practices
- Learning to accommodate the involvement of in-laws in postpartum and baby care

Implementing the intervention

- In addition to the standard prenatal education
- Targets couples attending prenatal clinics
- 3 consecutive sessions over a 14-week period
- 2 hours per session
- Small group format (6-7 per group)
- In a large meeting room

Implementing the intervention

- Need to provide written information (e.g. a pamphlet) to reinforce learning as well as materials for skills learning
- Each group to be led by a nurse or midwife (preferably the same person for all 3 sessions) , assisted by 1-2 research assistants
- All facilitators need to undergo training lasting 2-3 days
- Collaboration with staff in the prenatal setting is a must

Comparing...

Standard prenatal education

- Large classes (> 100)
- Couple attendance = 50%
- Top-down
- Didactic approach
- Passive learning
- Minimum couple partnership in learning

Positive Fathering Program

- Small group (6-8 couples)
- Couple attendance = 100%
- Based on identified needs
- Couple-centered, interactive approach
- Active learning
- Couple partnership in learning is maximized

Efficacy of the intervention

- 150 couples completed
- At about US\$ 60 per couple
- Significant improvement reported post-intervention:
 - ***Couple relationship*** (as measured by the *Dyadic Adjustment Scale*)
 - ***Postnatal depressive symptoms*** (as measured by the *Edinburgh Postnatal Depression Scale*)
- No reports of adverse events
- Positive evaluation of the program

Since completion of the program...

- Has been modified to incorporate a hospital-community partnership model
- Potential for involving volunteers to provide low cost home visits in the first three months post-delivery
- To be tested using a randomized controlled trial

