Addition of an Intimate Partner Violence Intervention to a Nurse Home Visitation Program

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Intimate partner violence (IPV) is ubiquitous and its health consequences are well known, but there is limited evidence from randomized trials to support effective interventions to interrupt violence within intimate relationships. In this issue of JAMA, Jack and colleagues1 report no additional improvement in quality of life after adding an intensive intervention to address IPV to an already existing nurse home visitation program for pregnant women expecting their first child. The standard program group and the intervention group both demonstrated improvement in the primary outcome, interview-assessed quality of life at baseline and every 6 months until 24 months after delivery, so no benefit could be attributed to the intervention. Although IPV training was not a component of the standard nurse home visitation program, expectant mothers were routinely assessed for abuse and referred for services as needed, and this level of assessment and support may have been sufficient to improve the participants’ quality of life without the enhancement of the IPV intervention. That is, nurses in both the standard program group and the intervention group were knowledgeable and ready to assist women who had been abused.

So what can be learned from this trial? Both study groups reported improvements in quality of life and reductions in violence, without evidence of harm. This suggests that recognizing possible abuse, asking about it, and empathically listening to an abused patient’s story can help her along the road to self-efficacy, empowerment, and healing, especially when an IPV diagnosis results in appropriate referrals to health, social, and legal services. However, additional services and extensive clinician training, as provided in this trial, may not be necessary. Clinicians should be vigilant for the signs and symptoms of abuse and should be encouraged to assess their patients safely and refer them for appropriate services. Evidence from this and other trials suggests that even in the absence of a complex IPV intervention, diagnosis and referral of abused women can make a difference.

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