Identifying Barriers and Interagency Solutions to Meeting the Needs of Families Experiencing Intimate Partner Violence: Home Visiting and IPV Agency Perspectives

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Background: Addressing intimate partner violence (IPV) among expectant families and caregivers with young children requires that multi-professional systems work collaboratively towards a common goal. IPV services and maternal and infant home visiting programs are two important perspectives to consider in designing interagency strategies. The purpose of this study was to identify shared priorities among home visiting and IPV professionals on IPV-related challenges and interagency solutions to support families with young children.

Methods: Home visiting and IPV service providers (n=22) separately completed a structured brainstorming activity during four virtual focus groups using nominal group technique (NGT) to generate, rank, and reach consensus on prioritized barriers and solutions for the service population. The multi-professional study team (including home visiting and IPV partners) grouped and organized the top three prioritized barriers and solutions identified across groups using a pile sort activity. As a reliance measure, NGT discussion transcripts were coded to the final pile sort categories to ensure our presentation of the data was contextualized and supported by original participant responses.

Results: Twenty-four items were sorted into seven piles (three barriers and four solutions). The need to address families' concrete needs was consistently prioritized across groups and matched with solutions that provide families with immediate financial support. Participants prioritized barriers resulting from client involvement in multiple, complex systems and named interagency process solutions (e.g., cross-systems training, enhanced referral processes) as the corresponding solution. The impact of individual and collective trauma was discussed as a barrier and matched with community-facing development (e.g., healthy relationship education). Policy, advocacy, and funding-oriented solutions were discussed as cross-cutting across all barriers.

Conclusion: Effective cross-system efforts are warranted to meet the interrelated needs of families impacted by IPV. The study highlights a shared view on prioritized challenges and actionable solutions to inform interagency collaboration among IPV agencies and early childhood home visiting programs. Our findings shed light on the importance of an organized public health approach to target IPV prevention and response.

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