



RESEARCH ALERT:

What is known about primary prevention of intimate partner violence (IPV): Evidence to date and the possible role of the Nurse-Family Partnership

Intimate partner violence (IPV) is a major public health problem associated with significant morbidity and mortality, particularly among women. As we await the results of the trial evaluating the effectiveness of the Nurse-Family Partnership (NFP)-IPV intervention, it is important to be aware of new evidence about preventing IPV. This Alert summarizes what is known about stopping IPV before it happens.

What is known to date about primary prevention of IPV:

Efforts aimed at primary prevention of IPV have focused on educational programs to prevent dating violence, often considered a precursor to IPV. The emphasis has been mainly on changes in attitude, knowledge and skills with fewer studies evaluating self-reports of dating (relationship) violence. No studies to date have measured physical or emotional health outcomes. There have been two systematic reviews on this topic; both included predominantly school- and community-based programs administered to middle- and/or high-school aged students^{1,2}. The earlier review, which included 11 studies, singled out two programs evaluated in randomized controlled trials (RCTs) (Safe Dates³ and the Youth Relationships Project⁴) that reported a positive intervention effect on changes in behaviour. Safe Dates, a universal program that included classroom sessions and community activities for 11th grade students, found reductions in perpetration of physical, serious physical and sexual violence, but not psychological violence, in the intervention group, compared with controls. The Youth Relationships Project was a targeted program of classroom and community activities for 14 to 16 year-olds with a history of child maltreatment; there was less physical violence perpetration reported by intervention participants compared to controls. The review authors evaluated both these studies as of high quality, but referred to the evidence as promising because more research is needed.

Fellmeth and colleagues² included 38 studies in their systematic review and conducted a meta-analysis of a subset of 33, with eight studies assessing episodes of relationship violence and four studies of behaviour related to relationship violence. The meta-analysis showed no evidence of a statistically significant effect of the interventions on the outcomes of changes in episodes of relationship violence or violence-related behaviour. They concluded that there is no evidence of an effect for educational and skills-based interventions for preventing relationship and dating violence. What we have from these two reviews is promising, but conflicting, results.

Many authorities recommend collaboration of health, education, social and legal services to advocate for IPV prevention programs and policies, including raising public awareness. However, the scientific evidence for such approaches is lacking and they need to be evaluated.

Described in a related Research Alert, the NFP-IPV trial will measure whether our intervention reduces the first occurrence of IPV as well as subsequent exposure to IPV. Another important question is whether reducing children's exposure to IPV leads to less exposure to IPV in adulthood; following the children of this trial over the long-term could provide such information.

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2. Fellmeth GLT, Heffernan C, Nurse J, Habibula S, Sethi D. Educational and skills-based interventions for preventing relationship and dating violence in adolescents and young adults. *Cochrane Database Syst Rev* 2013;6:CD004534.
3. Foshee VA, Bauman KE, Arriaga XB, Helms RW, Koch GG, Linder GF. An evaluation of Safe Dates, an adolescent violence prevention program. *Am J Public Health* 1998; 88:45-50.
4. Wolfe DA, Wekerle C, Scott K, Straatman AL, Grasley C, Reitzel-Jaffe D. Dating violence prevention with at-risk youth: a controlled outcome evaluation. *J Consult Clin Psychol* 2003;71:279-291.