Co-occurring Intimate Partner Violence and Substance Use: Care Providers' Perceptions of Systems-Level Barriers to Integrated Services

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Background

- Intimate partner violence (IPV) victimization and opioid use disorder (OUD), are linked
  - Including in pregnant women
- Coordination often limited by bureaucratic policies and practices
- Prior studies have not focused on pregnant and postpartum women

Study Aims

To describe health and service providers' perspectives on the systemic factors that influence effective coordination of IPV and OUD services for pregnant and postpartum women.

Sample/Recruitment

- Between August 2018 – July 2019, stakeholders (n = 49) were recruited for larger study
  - Many fields represented: Behavioral health, medicine, legal, law enforcement, IPV advocacy
- Snowball sampling utilized
- Analysis focused on subset of stakeholders (n = 10) with experience in Substance Use Disorders/Addiction Medicine

Data Collection

- In-depth, semi-structured qualitative interviews
  - 30-60 minutes in length
- Transcribed verbatim

Interviews focused on:

- Participant experience working with pregnant and postpartum women experiencing IPV and OUD
- Barriers and facilitators to coordinating care for this population
- Suggestions for practices to better serve these women

Data Coding

- Codebook developed using an inductive coding approach
- Two researchers independently coded transcripts
- Researchers met after each transcript to identify coding discrepancies, refine and update the codebook, and merge coded transcripts

Thematic Analysis

Review codes for categories and patterns

Identify relationships among categories and emergent themes

Discuss themes with research team for triangulation and feedback

Participant Characteristics

Characteristic	Sample (N)
N	10
Female	9
Stakeholder Category	
Peer Support Specialist	3
Social Worker	2
Behavioral Therapist/Counselor	2
Physician	1
Nurse	1
Overdose Prevention Specialist	1

Theme 1: Need for co-location of services

"You're talking about, 'Hey, come here. Hey, go there. Hey, no go over there. Hey, go over here.' So what are we talking about? **We're not talking about pulling these services close to the patient, we're talking about referring them to more.** How can we bring that to our patients without expecting them to have more time outside of their home, away from their children, taking their children around, which […] **makes them vulnerable**."

Nurse

"I also think that if you're going to get care for domestic violence and all of that, **it should be done right in a women's healthcare center, in a women's hospital.** Then your whole health issues can be dealt with right there. So you don't have to go anyplace else for drug and alcohol care."

Social Worker

Theme 2: Support for interdisciplinary collaboration

Physician

"[…] The services have to also be very friendly, but also – provide personalized, **individualized treatment based on the person-centered, empathic, collaborative approach,** you know. And also in that, in addition to that, providing a lot of the ancillary services."

"[…] We do try to meet with behavioral health providers, and **that doesn't usually work [chuckles] out very well just because of timeframes and, you know, in theory, we're all on the same page**, like even if I can jump in for five minutes with them with their therapist and just see where we're at… we do try, we are encouraged to do that and we try to do that."

Peer Mentor

Theme 3: Inadequate dual-diagnosis capacity – Patient-specific factors

Social Worker

"Many – most rehab facilities don't take women when they're pregnant. So, and so **we only have a couple that we can refer to that have dual diagnosis that are willing to even consider a woman who is pregnant.**"

"We need more treatment programs, outpatient treatment programs that would integrate care for the substance use as well as the psychiatric disorders and other psychosocial issues. **Particularly intimate partner violence, you know, and traumas. We need more of these programs.**"

Physician

Theme 3: Inadequate dual-diagnosis capacity – Geographic factors

"Well, one of the things I have had that's challenging is a lot of people – it takes a skillset, a hearty skillset to deal with dual-diagnosis and **there's only a couple places in Pittsburgh for people to go.** So, and that's (hard) you know"

Social Worker

Peer Mentor

"So a lot of times they will be recommended for dual diagnosis programs. So the ones that we have available here are [behavioral health center] and [community health services provider]. So we could use some more programs that would then, like over in the Coraopolis area (neighborhood in Pittsburgh), there's nothing."

Theme 4: Perceived funding limitations

"I always feel like **the big struggle is financial.** I have to be honest. I feel like that's always an issue with anything that gets implemented. So… time, money, and the actual manpower…"

Nurse

Challenges identified:

- Political will/priorities
- Limited grant support
- Bureaucratic barriers

Study Limitations

- Small sample size
- Geographically limited study
- Data coding performed primarily by 2 researchers

Conclusions and Implications

- Stakeholders support co-location of services and interdisciplinary collaboration to optimize care and safety for pregnant and post-partum women experiencing IPV and OUD
- Lack of dual-diagnosis capacity and funding are perceived as barriers to integration
- Policies are needed to promote ease of collaboration among providers and to address resource and funding gaps

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