



Healthy Moms, Happy Babies:

A Train-the-Trainers
Curriculum on Domestic
Violence, Reproductive
Coercion and Adverse
Childhood Experiences

Second Edition

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Domestic Violence

FUTURES
WITHOUT VIOLENCE®

Workshop Guidelines

Because family violence is so prevalent, assume that there are survivors among us.

- Be aware of your reactions and take care of yourself first
- Respect confidentiality



Domestic violence negatively impacts home visitation program outcomes including:

- Maternal health
- Pregnancy outcomes
- Children's cognitive and emotional development and physical health
- Parenting skills
- Family safety
- Social support

Definitions of Domestic Violence

- Legal definitions are often more narrowly framed with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors that impact health including:

Emotional abuse, social isolation, stalking, intimidation and threats

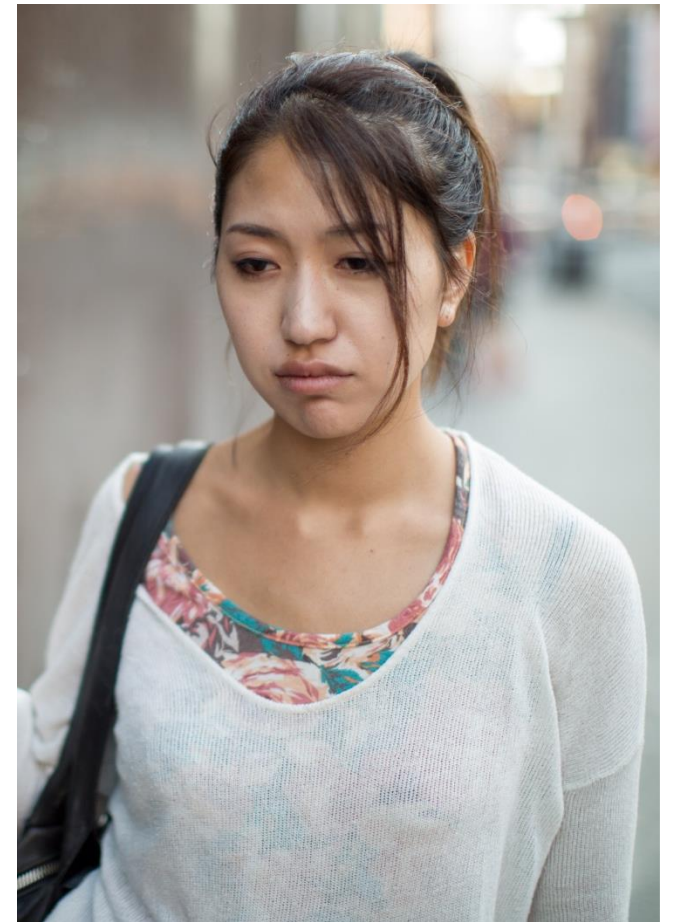


Prevalence of Domestic Violence

1 in 4 (25%)

U.S. women report
having experienced
physical and/or sexual
violence by a partner.

(Black et al, 2011)



What We Know

14% - 52% of home
visited perinatal clients
experienced domestic
violence in the past year.



(Sharps et al, 2008)

African American, Native American, and Hispanic women are at significantly greater risk for domestic violence.

(Silverman et al, 2006; Field & Caetano, 2005)



Health Disparities Issue



When differences in income, education and/or employment are considered, the differences attributable to race for DV decrease or disappear.

(Jones et al, 1999; Tjaden & Thoennes, 2000; Walton-Moss et al, 2005)

Domestic Violence cuts across all races, cultures, ethnicities, religions, sexual orientations, age groups, and socioeconomic levels.



Every culture has elements that **condone** domestic violence and elements that **resist** it

(Mitchell et al, 2007; Tjaden and Thoennes, 2000)

Personal Safety Strategies for Home Visitors

- Trust your instincts
- Meet with the client at the office if the situation does not feel safe at their home
- Establish up to date check-in times with the home office/Google calendar
- Park vehicle pointed toward exit
- Observe and listen before entering a household
- Enter household ONLY if you see the client at the door
- Position yourself near the door/exit in the household
- Have emergency numbers programmed into your cell phone and set on auto-dial



Assessment and Safety Planning for Domestic Violence in Home Visitation

Learning Objectives

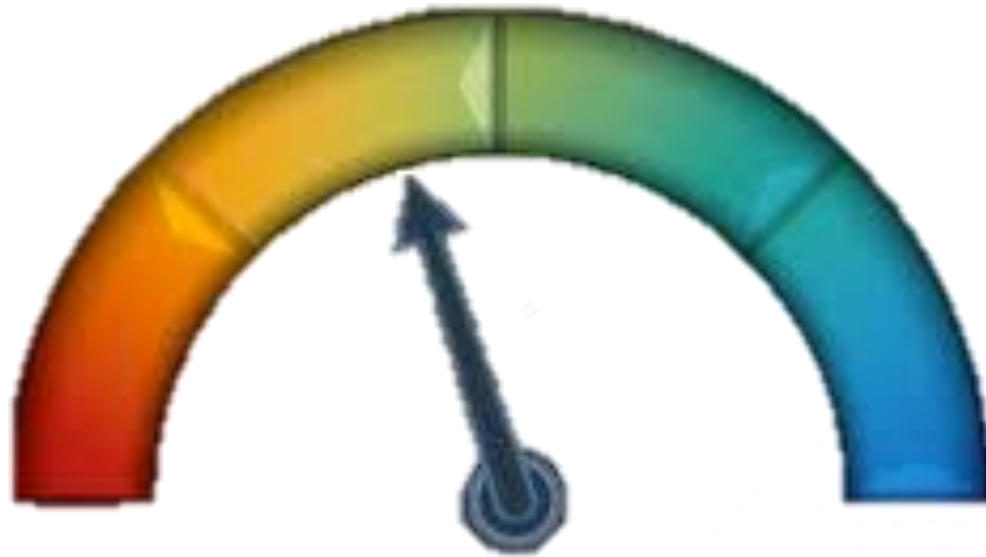
In this training, participants will:

1. Examine the prevalence and impact of domestic violence.
2. Identify tools and strategies for screening and referral to use with clients.
3. Practice using these tools in talking about domestic violence with clients.



Self Reflection: On a Scale of 1 to 5

How comfortable are you with a positive disclosure of domestic violence?



Barriers to Identifying and Addressing Domestic Violence

Home visitors identified the following barriers during the implementation phase of a perinatal home visitation program to reduce domestic violence (DV):

- Comfort levels with initiating conversations with clients about DV
- Feelings of frustration and stress when working with clients experiencing DV.
- Concerns about personal safety when working in homes where DV may escalate.

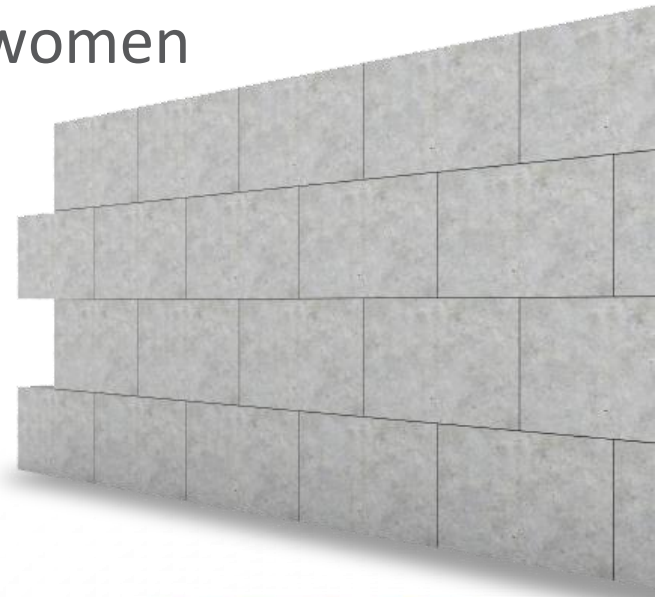
(Eddy et al, 2008)



Barriers Continued:

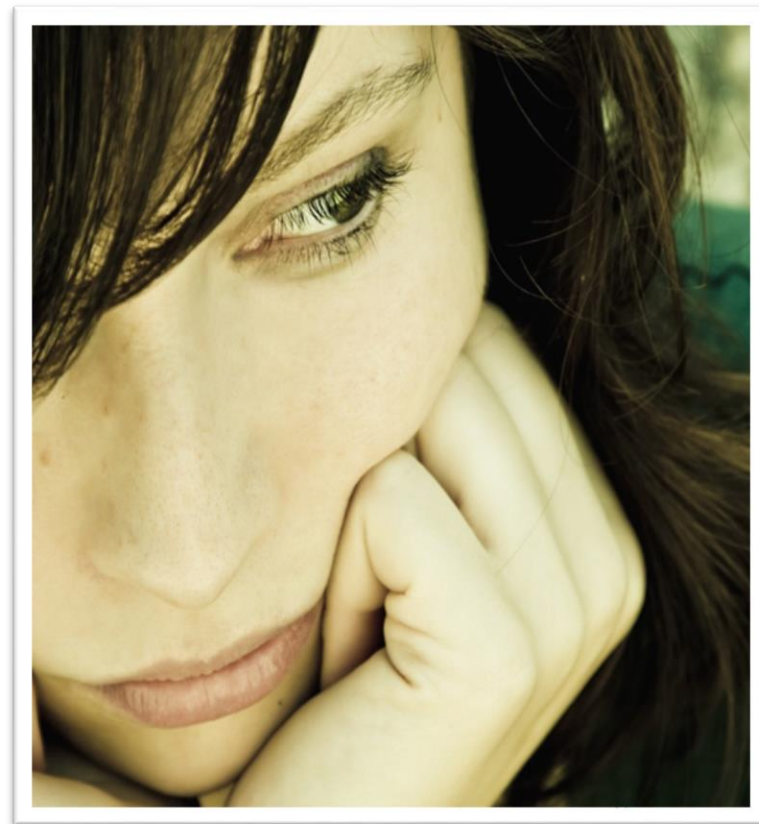
- Home visitors report that they fear that their clients who divulge DV may suffer even more abuse at the hand of their abuser in retaliation for divulging the secret
- Barriers to screening include that talking about DV may cause shame and embarrassment for women experiencing abuse and home visitors worrying that they might lose the woman's and child's participation in the home visiting program that aims to help them.

(Eddy et al, 2008)



Group Discussion

- Starting and ending conversations about difficult or stigmatizing issues like domestic violence can be challenging during home visits.
- We take care of ourselves by presenting questions and educational messages in a way that feels most comfortable to us.



Consider These Quotes from Home Visitation Staff

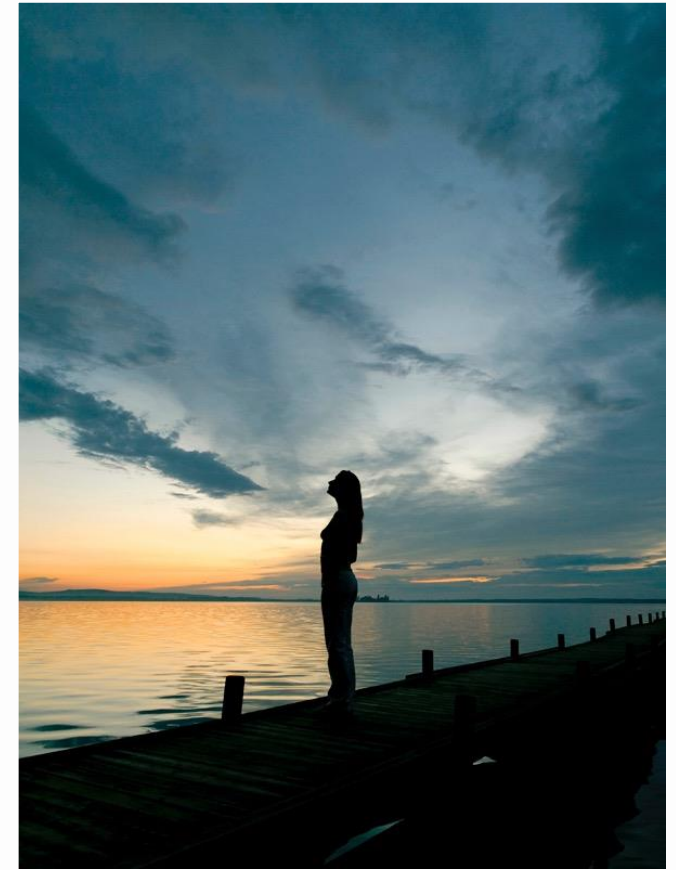
- 1** “No one is hurting you, right?”
- 2** “You aren't being abused, are you?”
- 3** “Have you been experiencing any domestic violence?”
- 4** “Are you being abused by your partner?”
- 5** “Are you safe in your home?”



“She assumed I wasn’t one of those people...”

**Who do you find most
difficult to ask about
domestic violence?**

**How do your
assumptions get in the
way of this work?**



What we know does NOT work:

- **Doubt**

(e.g., “are you sure?”)

- **Judge**

(e.g., “Why didn’t you tell someone sooner?” or “Why did you stay?”)

- **Blame**

(e.g., “What did you do to upset her?”)

- **Minimize**

(e.g., “Well at least he’s not hitting you”)

- **Interrogate**

(Only ask questions that are relevant to the kind of support you can provide.)

- **Should**

(e.g., “You need to get out of there.”)

SAFETY First

- Never screen for domestic violence in front of a partner, a friend or family member
- Never use a family member to interpret domestic violence education or screening tools
- Never leave domestic violence information around or in a packet of materials without first finding out if it is safe to do so

Intimate Partner Violence (IPV) Screening Tool

1. Read the cover sheet about scoring
2. Discussion of scoring
3. Discuss how to change language for same sex partners

Exercise: Think about the most difficult home visitation case you have and answer questions for that client.

- a. Score your tool.
- b. How many of you scored 20 or higher?

RELATIONSHIP ASSESSMENT TOOL

Date: _____

This is a self-administered tool for clients to fill out. If the client was unable to complete this tool today, was it because other people were present in the home? Circle one: Yes/No

Other reason for not using tool today: _____

(Note to home visitor: Please modify this script based on your state laws. This is just a sample script.)

"Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, DHS (Domestic Security) or law enforcement. There are just two things that I would have to report: if you are suicidal, or your children are being harmed. The rest stays between us and helps me better understand how I can help you and the baby."

We ask all our clients to complete this form. For every question below, please look at the scale and select the number (1-6) that best reflects how you feel.

1	2	3	4	5	6
Disagree Strongly	Disagree Somewhat	Disagree a Little	Agree a Little	Agree Somewhat	Agree Strongly

1) He makes me feel unsafe even in my own home.....

2) I feel ashamed of the things he does to me.....

3) I try not to rock the boat because I am afraid of what he might do.....

4) I feel like I am programmed to react a certain way to him.....

5) I feel like he keeps me prisoner.....

6) He makes me feel like I have no control over my life, no power, no protection.....

7) I hide the truth from others because I am afraid not to.....

8) I feel owned and controlled by him.....

9) He can scare me without laying a hand on me.....

10) He has a look that goes straight through me and terrifies me.....

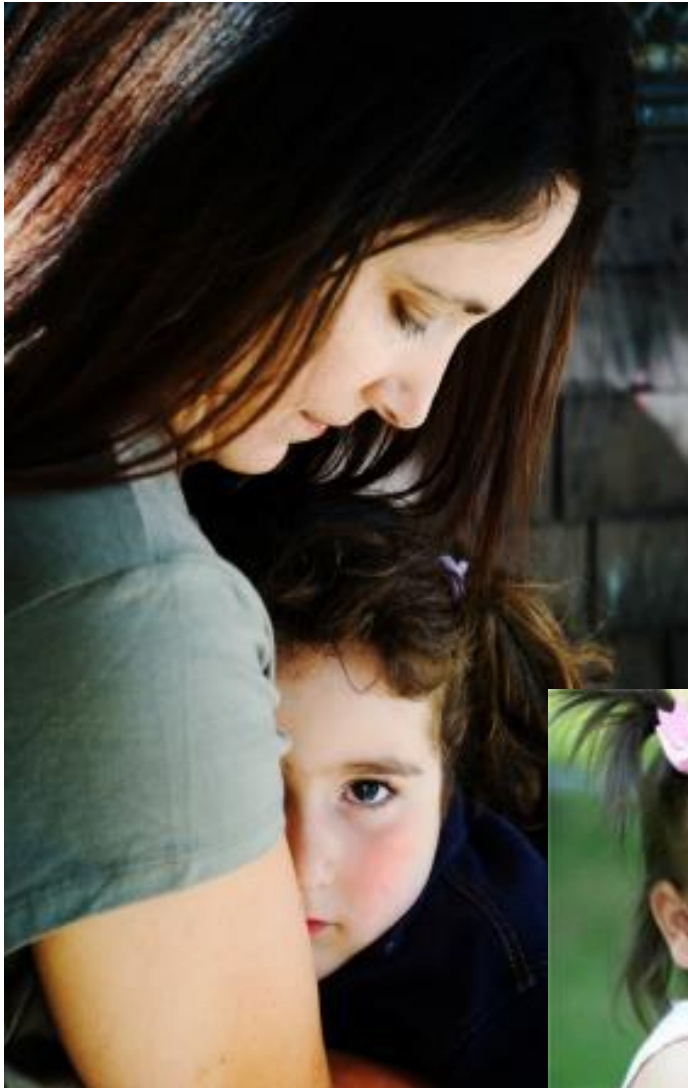
Thank you for completing this survey. Please give it back to your home visitor so they can complete the second page.

Adapted from: Smith, P.H., Earg, J.A., and DeVellis, R. (1995). Measuring battering: development of the Women's Experience with Battering (WEB) Scale. *Women's Health: Research on Gender, Behavior, and Policy*, 1(4), 273-288.

Which Screening Tool is your Program Using?

- Thoughts about the Relationship Assessment Tool and questions asked?
- Could you use this in combination with a screening tool that looked at physical violence only?

What Is a Mother's Greatest Fear?



“If mandatory reporting was not an issue, she would tell nurse everything about the abuse...”

- “I say no [when my home visitor asks about abuse] because that’s how you play the game... People are afraid of social services. That’s my biggest fear....”
- “Like I was saying about my friend, the reason she don’t [disclose] is because she thinks the nurse is going to call children’s services...she avoids the nurse a lot”

(Davidov et al, 2012)

No matter what your state law actually says about whether or not childhood exposure (no direct physical abuse or neglect to child) to domestic violence is reportable, clearly it is an issue either way for moms and maybe even for you.



Trauma-Informed Mandated Reporting

- Acknowledge patient's feelings about the report
- Inform them about the process of reporting
- Help them understand what to expect
- Involve them in making the report
- Include their safety concerns in the report

Universal Education and Screening for DV

- To overcome barriers created by mandatory reporting we need to combine universal education with screening for DV
- Starting with universal education followed by face-to-face screening can facilitate conversation



Safety Cards

Take a moment and read the card carefully.

- How does using the safety card support both staff and clients?
- Pay attention to what stands out for you



Maine Families Home Visitors' Experiences Using the Safety Card

“ I think it normalized the conversation and opened up our definition of DV and unhealthy behaviors within relationships. Practice makes it easier to have the conversation and this training bridged our collaboration with our DV partners and encouraged us to know our colleagues. ”

(Health e-bulletin summer, 2014)

Maine Families Home Visitors' Experiences using the safety card

“ The Home Visitors at our site have always done a great job at talking to families about violence in the home. However, they now feel they have a tool (the cards) that actually enhances these conversations and elicits more information than the standard questions being asked about hitting, punching, choking... We have found that many women say “no” to this, however when they read some of the questions on the HMHB (Healthy Moms, Happy Babies) cards, it has brought out some pretty significant disclosures of powerlessness, emotional abuse, and control by their partner. ”

(Health e-bulletin summer, 2014)

Sample Script: Safety Card Segue into Screening Tool

- “We have started giving two cards to all our clients for two reasons—in case it might ever be useful for you and so you know how to help a friend or family member if it is an issue for them.”
- “It’s kind of like a magazine quiz—it talks about safe and healthy relationships and what to do for ones that aren’t. It has hotlines on the back and gives simple steps to take to be safer.” (Go over panels generally)
- “We also go over this screening tool with our moms—just so we can get a better sense of how it is going in their relationships.”

1. Universal Education

You might be the first person who ever talked with her about what she deserves in a relationship.

How is it Going?

All moms deserve healthy relationships. Ask yourself:

- ✓ Do I feel respected, cared for and nurtured by my partner?
- ✓ Does my partner give me space to be with friends or family (or to take breaks from the baby)?
- ✓ Does my partner support my decisions about if or when I want to have more children?

If you answered *YES* to any of these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better health, longer life, and better outcomes for children.

2. Have a Conversation about DV

You might be the first one to talk with her about what she doesn't deserve in her relationship.

On Bad Days?

Is my relationship unsafe or disrespectful? Ask yourself:

- ✓ Does my partner shame or humiliate me?
- ✓ Does my partner threaten me, hurt me, or make me feel afraid?
- ✓ Does my partner make me do sexual things I don't want to do?

If you answered *YES* to any of these questions, you don't deserve to be hurt and your health care provider can support you and connect you to helpful programs.

Small Group Activity:

- Get into groups of three:
An observer, client and home visitor
- Home visitors:
Introduce and hand the card to the client.
Practice using the script and your own words.
- Client/Observer: Make Notes of what you liked and how the card helped.



Steps to Safety Card Intervention

- 1. Universal Education** - *Normalize activity: "I've started giving this card to all of my clients"*
- 2. Educate about DV** - *Open the card and do a quick review: "It talks about healthy and safe relationships...and how relationships affect your health"*
- 3. Make the Connection** - *Create a sense of empowerment: "We give this to everyone so they know how to get help for themselves if they were to need it and so they can help a friend or family member..."*
- 4. Safety Planning**
- 5. Hotline Referral**

Thoughts on this next video:

- It is idealized
- Ignore the lack of chaos
- Please listen to the words and think about how you might do these things in sequence if things are busy in a family
- Or what activity you could do with a child while a mother does the Relationship Assessment Tool



The following video clip demonstrates how to screen for domestic violence and educate about safety planning and referrals even when the client isn't open to accepting referrals for domestic violence.

Framing the Card for Friends and Family

What we have learned about our intervention:

- Always give two cards
- Use a framework about helping others—this allows clients to learn about risk and support without disclosure
- Having the information on the card is empowering for them—and for the women they connect with



What Do We Do if We Suspect or Identify Domestic Violence?

The initial response by you is important.

- Thank client for sharing
- Convey empathy for the client who has experienced fear, anxiety, and shame. “No one deserves this...”
- Validate that DV is a health issue that you can help with
- And let her know you will support her unconditionally without judgment



When Domestic Violence is Disclosed: Provide a 'Warm' Referral and Safety Planning

- “If you are comfortable with this idea I would like to call my colleague at the local program (fill in person's or program's name), she is really an expert in what to do next and she can talk with you about supports for you and your children from her program.”
- “I want to go over this section of the safety card I gave you before, if you ever need to get out of the house quickly it is so helpful to have planned out what you will do and this can help remind you about your next steps.”

Discussion: Safety Planning

- We want every client to do safety planning with a DV advocate, however we know this is not always possible (too rural, etc.)
- Therefore it is important for you to be familiar with the more comprehensive safety plan advocates use
- Please read/review Sample safety plan
- Why might something this detailed be helpful?
- Why would it be useful to do with a home visitor or other advocate?

SAFETY PLAN AND INSTRUCTIONS

SAFETY PLAN

Step 1:

Safety during a violent incident. I can use some or all of the following strategies:

- A) If I have/decide to leave my home, I will go _____.
- B) I can tell _____ (neighbors) about the violence and request they call the police if they hear suspicious noises coming from my house.
- C) I can teach my children how to use the telephone to contact the police.
- D) I will use _____ as my code word so someone can call for help.
- E) I can keep my purse/car keys ready at (place) _____, in order to leave quickly.
- F) I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2:

Safety when preparing to leave. I can use some or all of the following safety strategies:

- A) I will keep copies of important documents, keys, clothes and money at _____.
- B) I will open a savings account by _____, to increase my independence.

A photograph of the Golden Gate Bridge in San Francisco, viewed from a low angle looking up at the tower and across the water. The bridge's orange-red structure is prominent against a blue sky with light clouds. The water is a deep blue, and the city skyline is visible in the distance.

Building Bridges Between Home Visitation and Domestic Violence Advocacy

Home Visitors do not have to be DV experts to recognize and help clients experiencing domestic violence.

- You have a unique opportunity for education, early identification and intervention.
- And to partner with DV agencies to support your work.



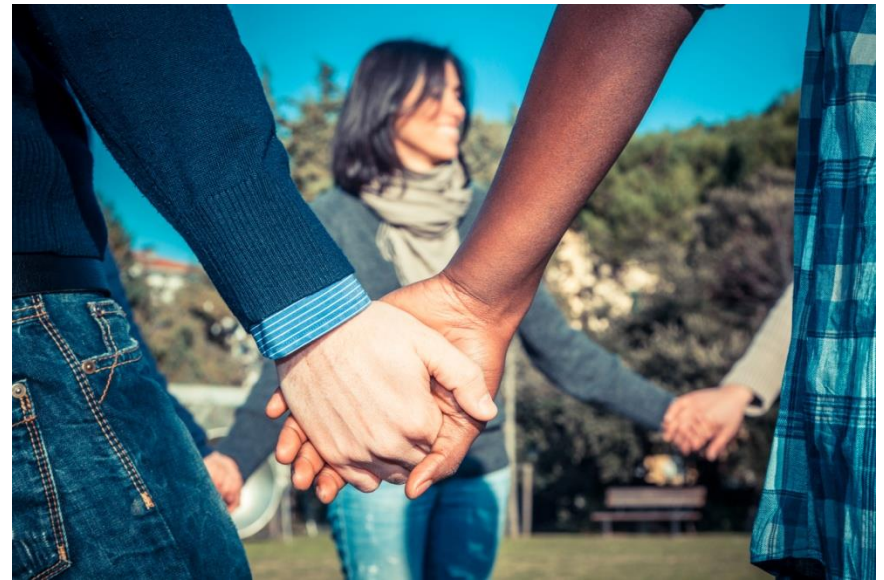
The Role of the Domestic Violence Agencies and Advocates

- So much more than just shelter services
- They provide training and community supports
- Beyond safety planning, advocates can help clients connect to additional services like:
 - Housing
 - Legal advocacy
 - Support groups/counseling



Building Alliances: Purpose of Warm Referrals

- **WHO** are the other programs and partners serving these same families?
- How do we build stronger training alliances, warm referrals and common understanding?
- How do we build a common language and conversation between partners as we serve families?



Lessons Learned from the DV Benchmark

Surprisingly, many women told her that they did not know about local or national resources from which they could get help. They said the only people they were likely to tell about a violent relationship were their friends or family members, who were not always supportive.

(Health e-bulletin, 2014)



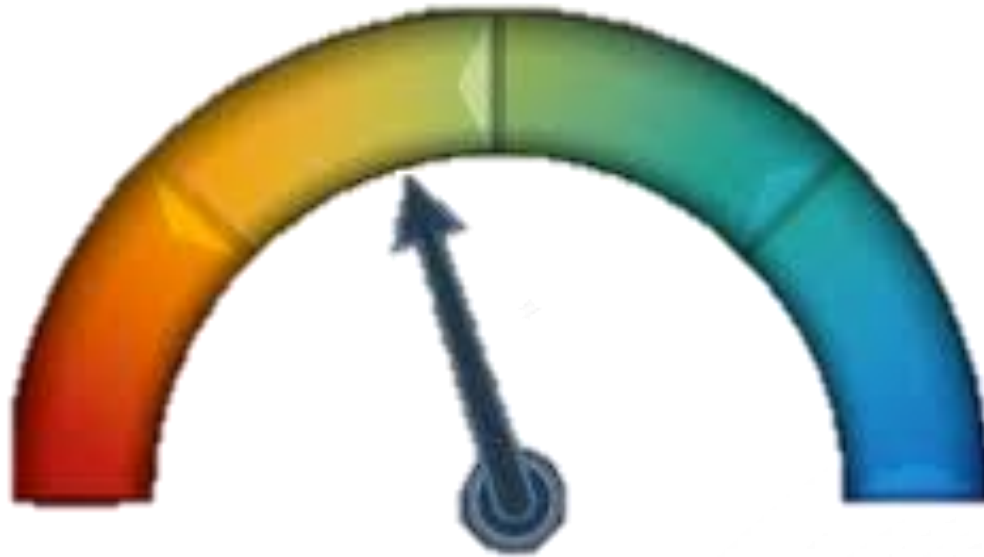
Training Recap

- Self care, trauma informed programming, reflective supervision
 - Domestic violence dynamics and its impact on perinatal health and repro coercion
 - Universal education using safety card, consider using the Relationship Assessment tool
 - Safety planning tools and warm referrals to hotlines



Self Reflection: On a Scale of 1 to 5

How comfortable are you with a positive disclosure of domestic violence?



Two Person Debrief: Care, Share and “Ah Ha”!

- Think about today's training
- What stands out for you?
- What do you need more of?
- What changed in your thinking?



Thank you



Workshop Evaluation



- Please complete an index card with the evaluation questions:



1. What is one key thing that you learned from this session?
2. What is one key action that you can apply to your work as a Home Visitor/Supervisor?
3. Any other comments, observations or suggestions you would like us to know?