Benchmark # 25
Screening for Domestic Violence

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• **Measure Type:** Process
• **What is measured:** Completion of Relationship Assessment Tool domestic violence screening
• **Schedule:** Intake (mother), Intake (child), 12 months, 24 months, 36 months, and 48 months
• **Improvement:** Increase in % of required screenings completed
Healthy Moms, Happy Babies: A Train the Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed

Presenter: Patrick Lemmon, MA
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 is...

Pattern of coercive and controlling behaviors perpetrated by an adult or teen against an intimate partner that is designed to intimidate and control the victim.

Controlling behaviors may include:

- Economic abuse
- Emotional abuse
- Intimidation and threats
- Isolation
Expanding the scope

Reproductive and Sexual Coercion involves behaviors that a partner uses to maintain power and control in a relationship that are related to reproductive health:

- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods
What We Know

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

(Sharps et al. 2008)
“Where Am I?”

Draw a “comfort meter”

On the left end of the meter is “not at all comfortable”

On the right end of the meter is “very comfortable”
Defining Success

What is the role of the home visitor with regard to addressing domestic violence with clients?
Assessment and Safety Planning for Domestic Violence in Home Visitation
Learning Objectives

1. Identify two barriers to home visitors doing domestic violence assessment with clients.

2. Demonstrate how to discuss limits of confidentiality prior to screening clients for domestic violence.

3. Describe how to use the safety card and the “Relationship Assessment Tool” to screen clients for domestic violence.

4. List action steps in a safety plan that a client can take if she feels unsafe.
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?”
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, Confidentiality & Mandatory Reporting

1. **Safety First**: Give the card only when you are alone with the client

2. **Review limits of confidentiality and mandatory reporting requirements**

3. **Learn about your state’s mandatory reporting laws**
Starting the Conversation: Discuss the Limits of Confidentiality and Other Client Fears First

Scripts can include normalizing language:

• “So many of our moms are struggling in their relationships we have started asking everyone about their partners and how they are being treated....”

• Scripts should also address clients’ fears about what may or may not fall into your state’s mandatory reporting requirements.
“Most of what you share with me is confidential. This means what you share with me is not reportable to child welfare, INS (now Homeland Security) or law enforcement. There are some 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.”
The Safety Card Approach

- Evidence-based strategy that combines universal education with embedded assessment
- In a large randomized, controlled trial:
  - 71% reduction in the odds of pregnancy coercion among intervention clients with a history of DV in past 3 months
  - Clients who received card were more likely to end a relationship because it felt unhealthy or they felt unsafe regardless of history of DV

Miller et al, 2010
Table Exercise: Exchange Card

- What did you see happen?
- How did you introduce the card? (“We started giving this card to all our Moms. It talks about healthy and safe relationships, it’s kind of like a magazine quiz.”)
- What’s different about this resource (size, appearance, etc.)?
How can the safety card support domestic violence screening during home visits?

Health Mom, Happy Babies: Creating Futures without Violence

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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.
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 force me to do sexual things I don’t want to?
- Does my partner threaten to hurt my children or my family?

If you answered YES to any of these questions, you don’t deserve to be hurt and your home visitor can support you and connect you to helpful programs.
Know Your Rights

What does your home visitor have to report to the authorities?

- Child abuse and neglect.
- A few states require that domestic violence must be reported to the police, others do not.
- A few states have laws that view domestic violence and/or substance abuse as child abuse and this can result in a report to child welfare.

You have the right to know what your home visitor is required to report. Ask your home visitor about what is reportable and to whom.
Can talking about abuse make a difference?

Your recognition and validation of her situation is important. You can help:

- Reduce her sense of isolation and shame
- Encourage her to believe a better future is possible
What Should You do When You Get a Positive Disclosure of Domestic Violence?

Validate:

• “I'm so sorry this is happening in your life, you don’t deserve this”
• “It’s not your fault”
• “I’m worried about the safety of you and your children”
Responding to Disclosures

1. Validate client’s experience.
2. Offer a safety card for client to review and keep if it is safe to do so.
3. Discuss where client can go to learn more about and obtain birth control options.
4. Ask client if she has immediate safety concerns and discuss options.
5. Refer to a domestic violence advocate for safety planning and additional support.
6. Follow up at next visit.
Where Should You Document Safety Plans and Referrals?

**Document:**

- On pages 2 and 3 of the Relationship Assessment Tool
- Safety planning is addressed both in the *Healthy Moms, Happy Babies* Safety Card and Appendix F of this curriculum
When Domestic Violence is Disclosed: Provide a ‘Warm’ Referral

- “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”

- Offer referral: “If you are comfortable with this idea I would like to call my colleague at the local program (fill in person's name) Jessica, 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...”
Safety Planning

If you are being hurt by a partner it is not your fault. You deserve to be safe and treated with respect.

If your safety is at risk:

1. Call 911 if you are in immediate danger.

2. Prepare an emergency kit in case you have to leave suddenly with: money, checkbook, keys, medicines, a change of clothes, and important documents.

3. Talk to your home visitor for help calling the local or national domestic violence hotline for additional information on safety planning.
Role of the Domestic Violence Advocate

• Domestic violence advocates provide safety planning and support

• Safety planning is designed to assist mothers and children who have experienced domestic violence to think and act in a way to increase personal safety

• Home visitors can help clients connect with an advocate to work on a safety plan and additional services like:
  • Housing
  • Legal advocacy
  • Support groups/counseling
Providing a ‘Warm’ Referral to The National Hotline

“On the back of this card there are national confidential hotline numbers and the people who work there really care and have helped thousands of women. They are there 24/7 and can help you find local referrals too—and often can connect you by phone...”
National hotlines can connect you to your local resources and provide support:

For free help 24 hours a day, call:

National Domestic Violence Hotline
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224

Teen Dating Abuse Hotline
1-866-331-9474

Rape, Abuse, Incest, National Networks (RAINN)
1-800-656-HOPE (1-800-656-4673)
"Your client, Stephanie, is a 24-year-old mother of four children. Using *Healthy Moms, Happy Babies* safety card, please review the first two panels of the card and follow the key steps you just learned to best help the client with safety planning and referral.

(Clients, please answer yes to at least one question from the ‘On Bad Days’ section of the *Healthy Moms, Happy Babies* safety card).
Relationship Assessment Tool

- 10 statements that allow a range of responses
- Measures how safe, physically and emotionally, a woman feels in her relationship
- Responses summed to create score
- Demonstrated to be more comprehensive and sensitive in identifying DV compared to other validated screening tools that focus on physical assault

Coker et al, 2001; Smith et al, 1995
Explaining the Tool to Clients

“Let’s go over this Relationship Assessment Tool together. Here is how the scoring for each question works. For question #1, looking at this scale (read entire scale to client and explain that 1 would be lowest level of agreement and 6 would be the highest level of agreement), what number best reflects how you feel?”
A good, evidence based tool to use with clients but consider:

Almost a quarter of all adult Americans read at or below a 5th grade level.
(review verbally if needed)
Amber Video Clip

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.
Taking Control Back

Referrals Can Help

Getting support for yourself and your children can help you move toward a healthier future—even the smallest step is something to celebrate.

While local and national domestic violence programs can help with safety planning and provide referrals to safe shelters, they also provide services for women who may not want or be ready to go to shelter. Many programs have:

- drop-in support groups for women and programs for children.
- classes to build confidence, plan for the future and support your parenting—call your local program to find out what is available.
How can the Safety Card be used to make connections between depression, substance abuse, and DV?
The following video clip demonstrates an approach to integrated assessment for postpartum depression, reproductive coercion and domestic violence in a home visitation setting.
Coping Strategies

How is your health, how are you coping? Ask yourself:

✓ Do I feel so sad I can’t get out of bed? Or take care of the baby?

✓ Am I smoking more to try and calm myself?

✓ Am I using alcohol, prescription medications, or other drugs to make the pain go away?

✓ Do I ever feel so sad that I have thoughts of suicide?

If you answered *YES* to any of these questions, it may be the result of chronic stress. Talk with your home visitor right away about how to get help.
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
• 20-question tool designed to assess for risk of severe injury and potentially lethal assault by a current or former partner
• Used by domestic violence advocates and other service providers
• On-line training and certification to use tool is available
• Can aid home visitors in recognizing indicators of high risk situations and facilitate safety planning

The absence of indicators on this tool does not mean that a woman is not at risk.
Success is measured by our efforts to reduce isolation and to improve options for safety.

Futures Without Violence
“Where Am I?”

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To Order More of These Free Cards:

www.futureswithoutviolence.org/health