

Healthy Moms,  
Happy Babies  
Creating Futures  
Without Violence

Trainer's Name  
Trainer's Email

www.earlyimpactva.org

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Healthy Moms,  
Happy Babies:  
A Curriculum on  
Domestic Violence,  
Reproductive  
Coercion and  
Adverse Childhood  
Experiences  
Second Edition

Linda Chamberlain, MPH, PhD and Rebecca Levenson, MA




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National Health Resource Center on Domestic Violence

**Provides free technical assistance and tools including:**

- Clinical guidelines
- Documentation tools
- Posters
- Pregnancy wheels
- Safety cards
- State reporting laws
- Training curricula





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### Why was this Curriculum Developed?

- 2010 Affordable Care Act/America’s Healthy Futures Act
- \$1.5 billion, five year national initiative to support maternal, infant, and early childhood home visitation programs
- New benchmarks for home visitation were included in this program, including one to measure a reduction in “crime or domestic violence”



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### Curriculum Focus and Limitations

- **Curriculum Goal:** Teach family support professionals how to screen women for domestic violence (DV) using the evidence-based Relationship Assessment Tool, provide safety planning, and make referrals that meet the federal benchmark requirements.
- **Curriculum Limitations:** Men can also be victims of DV and teens can be victims of other family violence. We care about these issues. However, assessment for these issues are not included that meet the benchmarks so our data, tools, and focus are restricted to mothers and female caregivers.



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### Adult Learning Principles

Adults bring life experiences and knowledge to learning, and like to be respected.

**Adults are:**

- Internally motivated and self-directed
- Goal-oriented
- Relevancy-oriented
- Practical



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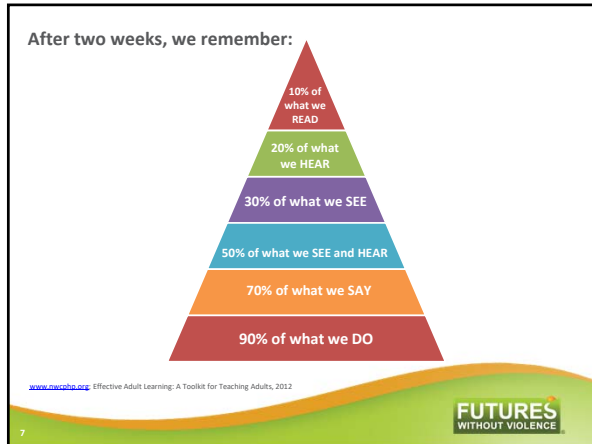
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Four Minute Exercise

**Why did you become a family support professional?**

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Breaking Down Institutional Barriers

**Why has it been difficult for many states to meet their goals with the DV benchmark?**

- Persistent systematic and personal barriers to screening
- Child protection services (CPS) reporting fears
- Staff's own personal and/or vicarious trauma
- Limitations of screening tools in this context

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### Wellness Lens

- It's about building resiliency skills and resilient organizations
- Paradigm shift from what is wrong to where we want to go



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### Addressing the Barriers

**Simplify process of screening for and providing universal education about DV for family support professionals**



- Connect DV to self, health, and parenting
- Safety card intervention
- Strategies for warm referral & support
- Video case studies

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### Definition of Cultural Humility

“...not a discreet endpoint, but a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with clients, communities, colleagues, and with themselves.”



- Leland Brown, 1994

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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?



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Lessons Learned: Granular Level

**True or False**



- Does it matter how DV screening tools are introduced?
- Does your body language and/or the way you frame questions affect the outcomes of an interaction?
- Does the kind of supervision you receive affect your ability to do this work?



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Breaking Bad

**What happens when screening allows staff to miss the point?**

- How many of you have ever been screened for domestic violence?

**Think about EXACTLY what happened.**

- Was it a good experience?
- Was it a bad one?



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**DO NO HARM**

- What is *your* goal for DV screening?
  - Data collection?
  - Education?
  - Support?
- How do *you* define success?
- How does *your* program define success?



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**“We are what we repeatedly do. Excellence, then, is not an act, but a habit.”**

- Aristotle

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**Module 1**  
What About Me?: Moving Toward a Trauma-Informed Understanding of How Our Work Can Affect Us

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Learning Objectives

**After this training, participants will be better able to:**

1. Describe trauma-informed programming.
2. Name two common reactions when caring for survivors of trauma.
3. Name two strategies for promoting self-care related to trauma-informed workplace practice.

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Being Trauma-Informed Starts With Us

- Trauma is prevalent
- Assume that there are survivors among us
- Be aware of your reactions and take care of yourself first
- Respect confidentiality

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**“To put the world in order, we must first put the nation in order; to put the nation in order, we must first put the family in order; to put the family in order, we must first cultivate our personal life; we must first set our hearts right.”**

- Confucius



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### What is Trauma?

- An experience that is overwhelming for that person.
- Trauma might look different for you or me, but we've all experienced it.



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### Reflecting on Trauma

#### Historical, Cultural and Intergenerational

- **Cultural trauma:** an attack on the fabric of a society, affecting the essence of the community and its members
- **Historical trauma:** cumulative exposure of traumatic events that affect an individual and continue to affect subsequent generations
- **Intergenerational trauma:** when trauma is not resolved, it is internalized and passed from one generation to the next



(D.S. BigFoot, 2007 ©)

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**Close your eyes. Think of a time when you felt helpless. What was going on in your body at that time?**

- Body temp changes
- Smells heightened
- Feel unpleasant sensations (nauseated, dizzy, lightheaded, lack of air in the room, "I got to get out of here.")



Example: Car Accident

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### Grounding Exercise to Promote Resiliency

#### Bring yourself back into your body

- Stand with your back against the wall. This helps you stay connected to your body
- Rub your hands under cold water in the bathroom. This reconnects you with your surroundings and external sensations.



(Levine & Mate, 2010; Levine 1997)

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**“If we are to do our work with suffering people and environments in a sustainable way, we must understand how our work affects us.”**

-Van Dernoot Lipsky, 2008  
(quote from *Trauma Stewardship*)

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### What is Vicarious Trauma?

Vicarious trauma is a change in one’s thinking [worldview] due to exposure to other people’s traumatic stories.



(Dr. David Berzell, 2005)

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### Vicarious Resilience

#### Strengths can be built through working with clients who have experienced trauma

- witnessing others overcome adversity
- recognizing people's capacity to heal
- reaffirming the value of the work you do
- gift of hope

Vicarious resilience can buffer the effects of stress associated with vicarious trauma, strengthen our motivation, and give us new, meaningful perspectives.



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### Personal Exposures to Violence and Secondary Traumatic Stress are Connected

- Lifetime exposure to violence is common
- Working with clients who are experiencing or have experienced violence can trigger painful memories and trauma
- Personal history of exposure to violence increases risk for experiencing secondary traumatic stress



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### What are Common Reactions to Caring for Survivors of Trauma?



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### Common Reactions to Caring for Survivors of Trauma

- Fear
- Helplessness
- Sleep disruptions
- Depressive symptoms
- Feeling ineffective with clients
- Recurrent thoughts of threatening situations
- Reacting negatively to clients
- Thinking of quitting clinical (contact with clients) work
- Chronic suspicion of others

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### Examples of Work-Related Vicarious Trauma

- Someone you've supervised for years has developed a new habit of checking in with you before making any decisions, and questioning if his/her actions have any value for clients.
- Outreach worker has nightmares about traumatic experiences of her clients.



("What About You?" 2008)

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### How many of you actively take extra care of yourselves when it comes to this work?

On a scale of 1 (Not at all) to 5 (Routinely)



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### What Works for You?



**This is what works for me, don't judge.**

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### Self-Care and Relationship Checklist

**activity 2.3 Self-Care and Relationships Checklist**

It may be helpful to take an inventory of how often you engage in specific relationship-building practices. Use the checklist below to assess what you already do to stay connected as well as think about what you might do for creating and sustaining relationships.

Using the scale below (1=never, 5=always), identify how frequently you currently do the following things to stay connected to others.

**1=Never 4=Often 3=Sometimes 2=Hardly 1=Never**

<p><b>Health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cook a meal with family/friends.</li> <li><input type="checkbox"/> Eat a meal with family/friends.</li> <li><input type="checkbox"/> Attend events that are important to your family/friends (e.g., weddings, team games, etc.).</li> <li><input type="checkbox"/> Take time to rest and reenergize yourself.</li> <li><input type="checkbox"/> Participate in worthwhile/joyous rituals in community.</li> <li><input type="checkbox"/> Celebrate life through rituals and traditions with family/friends (special things you do every day).</li> <li><input type="checkbox"/> Celebrate life through rituals and traditions with family/friends (special things you do every day).</li> <li><input type="checkbox"/> Celebrate life through rituals and traditions with family/friends (special things you do every day).</li> </ul> <p><b>Reflection and Balance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prioritize relationships over work.</li> <li><input type="checkbox"/> Evaluate the quality of your current relationships.</li> <li><input type="checkbox"/> Let go of those connections that are unhealthy and serve as a barrier to well-being.</li> <li><input type="checkbox"/> Laugh with others, whether at work or at home.</li> <li><input type="checkbox"/> Be vulnerable to others.</li> <li><input type="checkbox"/> Apologize frequently for past actions.</li> <li><input type="checkbox"/> Listen to those who have been hurt by family/friends.</li> <li><input type="checkbox"/> Take great care of yourself and your family/friends.</li> </ul>	<p><b>Activities</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Spend time relaxing with family/friends (e.g., play games, watch movies, other fun activities).</li> <li><input type="checkbox"/> Attend reunions with friends, family, or other fun activities.</li> <li><input type="checkbox"/> Read fun material/books with your family.</li> <li><input type="checkbox"/> Have a family game.</li> <li><input type="checkbox"/> Participate in volunteer activities with family/friends.</li> <li><input type="checkbox"/> Take a vacation with family/friends (like this, like vacation, and long weekends).</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Make time to check in with loved ones to let them know how much you treasure them (e.g., phone calls, notes, emails, etc.).</li> <li><input type="checkbox"/> Give hugs, kisses, and/or other signs of affection.</li> <li><input type="checkbox"/> Discuss why relationships with family/friends matter.</li> <li><input type="checkbox"/> Ask family/friends things when needed.</li> <li><input type="checkbox"/> Ask for help from a family/friend member when needed.</li> <li><input type="checkbox"/> Communicate openly and effectively to those who are important to you.</li> <li><input type="checkbox"/> Express concerns constructively.</li> <li><input type="checkbox"/> Have a "phone date" with a family/friend member you haven't spoken with in awhile.</li> </ul>
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(["What About You?," 2008)]

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### A Trauma-Informed Workplace is Essential

**Good supervision:**

- Is safe, non-judgmental, and supports staff growth and self awareness
- Provides positive regard and caring
- Is regular and reliable
- Uses a strength-based approach
- Provides space for reflection



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### Reflective Supervision

Reflection means stepping back from the immediate, intense experience of hands-on work and taking the time to ponder what the experience really means.

#### *What does it tell us about the family? About ourselves?*

Through reflection, we can examine our thoughts and feelings about the experience and identify the interventions that best meet the family's goals for self-sufficiency, growth and development.

(Parlakian R, 2001)

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### Supervision



In this video, the Home Visitor's client has just disclosed abuse on a screening tool. We will describe what to do in depth later... for now, focus on the supervisor.

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### Small Table Discussion: 2 Minute Exercise

- What did you think about the situation shown between the two family support professionals?
- Did the family support professional get cut off by the supervisor?
- How many of you have an opportunity to debrief with colleagues about difficult situations with your clients?
- Any final thoughts about what you saw?

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### Thoughts from Michigan Home Visitation

- In the same way family support professionals are assessing clients—clients are assessing family support professionals
- Clients don't need "fixing," they want coaching
- Good supervision includes highlighting this point: family support professionals are coaches
- Coaching concept also takes the burden off the family support professional
- Rather than 'carrying' or 'fixing' the client it holds a value around the client helping themselves. This helps clients feel empowered.

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### Low-Impact Debriefs: Preventing Re-traumatization

- There's a contagion factor to sharing gory details
- May see talking about trauma as normal part of work—become "desensitized" to it but research shows otherwise
  - Negative impact of cumulative exposure whether we are aware of it or not
- Two types of debriefing
  - informal (ad hoc, talk to colleagues)
  - formal (structured, scheduled) debriefing

(Mathieu F, 2008)

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### 4 Steps for Low-Impact Debriefing

- Increased self-awareness
- Give fair warning
- Ask consent
- Limited disclosure

(Mathieu F, 2013)

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### Organizational Self-Care Check List

**Activity 3.3 The Organizational Self-Care Checklist**

**Introduction:** Check off everything your organization currently does to support self-care.

**Training and Education**

- The organization provides education to all employees about stress and its impact on health and well-being.
- The organization provides all employees with education on the signs of burnout, compassion fatigue and/or secondary traumatization.
- The organization provides all employees with stress management training.
- The organization provides all employees with training related to their job skills.
- Staff are given opportunities to attend technical trainings and workshops on new topics related to their role.
- Staff meetings are in place to support learning.
- The organization provides education on the steps necessary to advance in whatever role you are in.

**Support and Supervision**

- The organization offers an employee assistance program (EAP).

**Like the self-resiliency exercise, this organizational exercise helps supervisors and programs measure how well they are doing helping serve their clients.**

(“What About You?” 2008)

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### Building Resiliency With Co-Workers

**Name it and write it down:**

- Three good things about a co-worker
- Three good things about your most recent client
- Three good things about yourself
- One positive thing you can do this week to take care of yourself



(Adapted from Linda Graham, 2013)

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### Simple Steps to Organizational Self Care

- Home visits completed by 3:30 pm on Friday every week
- No client appointments past 3:30 on Friday (phone call or in person)
- Staff check in that begins with ALL staff writing down three positive things about clients and colleagues
- Share a few positives before low-impact debrief of difficult cases
- Share a few more positives after the difficult cases
- It’s all about how it ends!



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### Yerkes-Dodson Law

As stress increases, heart rate, blood pressure and muscle tension go up. This can initially enhance performance but once past a certain point, performance drops off dramatically.

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### Stress Management Tool: Relaxation Response

Focusing on your breathing (mindful breathing) helps to calm your brain → Relaxation Response

- Creates state of deep rest/relaxation that is opposite of “fight, flight or freeze”
- Increases brain activity in areas associated with attention focus and decision-making
- Releases chemical messengers in brain that are calming and give sense of well-being

(Benson H, 2000)

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### 4-Step Breakout Principle to Manage Stress and Enhance Problem-Solving

- Really focus on a challenging problem by giving it all of your attention
- Take a break from the problem and do a relaxing activity, such as a walk or mindful breathing
- “Breakout” comes with new insights about the problem when you relax, due to the Relaxation Response
- Return to work on problem with new insights

(Benson H, 2000)

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**Mindful Practices helps people to slow down, become self-aware, and be present in the moment. It starts with you so you can help clients.**

- Stand
- Lift arms toward the ceiling while taking deep breath in and then reach higher
- Exhale while you bring your arms down
- Repeat sequence four times
- “Does anything feel different now?”
- We will do this at the end of every module



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**“What we say and what we do ultimately comes back to us, so let us own our responsibility, place it in our own hands and carry it with dignity and strength.”**



- Gloria Anzaldua

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**Module 2**  
Domestic Violence, Perinatal Health, and Reproductive Coercion: Definitions and Dynamics

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Learning Objectives

After this training, participants will be better able to:

1. Describe the prevalence of domestic violence.
2. List two ways domestic violence affects perinatal health.
3. Give two examples of reproductive coercion.
4. Describe a tool developed to educate clients about reproductive coercion.



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Getting Started: Small Group Discussion



Why is it important for family support professionals to know about domestic violence?



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**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

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**Lessons Learned from Nurse Family Partnership**

**The effectiveness of home visitation services in preventing child abuse is diminished and may even disappear when mothers are being victimized by an intimate partner.**



(Eckenrode, et al. 2000)

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**Before we learn about the dynamics of DV, let’s talk about your personal safety.**

- Does your program have a protocol to promote staff safety on home visits?
- What kinds of things are included in your protocol?
- What other things do you do to keep yourself safer?



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### 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

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### Sticker Exercise

#### What is domestic violence? What does it include?

At your table, write down five examples for one category. Personalize it with examples you have seen in home visitation.



1. Physical
2. Sexual
3. Emotional
4. Economic

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### Definitions of Domestic Violence

- Legal definitions are often more narrowly defined 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**

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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)



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What We Know

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

(Sharps et al, 2008)



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Intimate Partner Sexual Assault

**1 in 5 (20%)** women in the U.S. have been raped at some time in their lives and half of them reported being raped by an intimate partner.

(Black et al, 2011)



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Health Disparities Issue

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

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



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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)

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**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)

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**Impact of Psychological Abuse**

**Psychological abuse by an intimate partner was a stronger predictor than physical abuse for the following health outcomes for female and male victims:**

- Depressive symptoms
- Substance use
- Developing a chronic mental illness



(Coker et al, 2002)

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**Group Discussion**



**Why might a woman stay in a relationship when domestic violence has occurred?**

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**Perinatal Health**

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Large Group Discussion



How does domestic violence impact women's perinatal health and their birth outcomes?

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**Homicide** is the second leading cause of injury-related deaths among pregnant women.



(Chang et al, 2005)

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Complications During Pregnancy: Teens

Pregnant teens who experienced abuse were **more likely** to miscarry than their non-abused peers.

(Jacoby et al, 1999)

Prenatal violence was a **significant risk** factor for pre-term birth among pregnant adolescents.

(Covington et al, 2001)



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**Physical DV in the 12 Months Prior to Pregnancy Increases the Risk of:**

- High blood pressure or edema
- Vaginal bleeding
- Severe nausea, vomiting, or dehydration
- Kidney infection or urinary tract infection
- Placental abruption
- Preterm birth

(Silverman et al, 2006)



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**Women who experience abuse around the time of pregnancy are more likely to:**

- Smoke tobacco
- Drink during pregnancy
- Use drugs
- Experience depression, higher stress, and lower self-esteem
- Attempt suicide
- Receive less emotional support from partners



(Bailey & Daugherty, 2007; Martin et al, 2006; Martin et al, 2003; Curry, 1998; Martin et al, 1998; Perham-Hester & Gessner, 1997; McFarlane et al, 1996; Berenson et al, 1994; Campbell et al, 1992; Amaro, 1990)



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**Tobacco Cessation and DV: Redding Story**



**42%** of women experiencing some form of IPV could not stop smoking during pregnancy compared to **15%** of non-abused women.

(Bullock et al, 2001)



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**DV during pregnancy is associated with:**



- Lower gestational weight gain during pregnancy  
(Morales et al, 2006)
- Low and very low birth weight  
(Uipsky et al, 2003)
- Pre-term births  
(Silverman et al, 2006; Valladares et al, 2003)

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**Breastfeeding In Alaska: Linda's Story**



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**DV and Breastfeeding**



Women experiencing physical abuse around the time of pregnancy are:

- **35%-52%** less likely to breastfeed their infants
- **41%-71%** more likely to cease breastfeeding by 4 weeks postpartum

(Lau & Chan, 2007; Silverman et al, 2006)

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Postpartum Maternal Depression



Women with a controlling or threatening partner are **5 times** more likely to experience persistent symptoms of postpartum maternal depression.

(Blabey et al, 2009)

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Group Discussion



Take a moment to consider the slides you just reviewed, did any of them give you an “aha” moment?

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Reproductive Coercion: Considerations for Interconception Care

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Show of Hands



What percentage of your clients' pregnancies have been unplanned?

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**Reproductive Coercion (RC)** involves behaviors aimed to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent. More specifically, RC is related to behaviors that interfere with contraception use and/or pregnancy.

These behaviors may include:

- 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



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DV increases women's risk for **UNINTENDED PREGNANCIES**

(Sarkar, 2008; Goodwin et al, 2000; Hathaway et al, 2000)

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### Adolescent Pregnancy and IPV



Adolescent girls in physically abusive relationships were **3.5 times** more likely to become pregnant than non-abused girls.

(Roberts et al, 2005)

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### Domestic violence increases women's risk for:

- Unintended pregnancies
- Rapid repeat pregnancy
- HIV
- Sexually transmitted infections



(Sarkar, 2008; Raneri & Wiemann, 2007; Decker, 2005; Wu et al, 2005)

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Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a repeat pregnancy within 24 months.



(Raneri, et al, 2007)

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Pregnancy Pressure and Condom Manipulation

“ Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first 6 times the condom broke. Six condoms, that's kind of rare. I could understand 1, but 6 times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid.”

-17 yr. old female who started Depo-Provera without partner's knowledge

(Miller et al, 2007)

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Stop and Consider

**What other ways can a partner interfere with a female client's birth control?**



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Can Men Experience Reproductive Coercion?

**Yes, and there are gendered differences about the impact of this on men's and women's lives.**

- A female partner could lie about contraceptive use and he could become a father as a result.

**Question to consider: Were there threats or harm?**

- To date there have been no studies indicating men have become fathers when they didn't want to be because she threatened to kill him if he didn't get her pregnant.

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### How many of you think about domestic violence when you hear about teen pregnancy?

Among teen mothers on public assistance who experienced recent domestic violence,

**66%** experienced birth control sabotage by a dating partner



(Raphael, 2005)



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### Stories From Home Visitors

“During her intake, she disclosed that she ...had been in 3 prior abusive intimate relationships. She shared that her previous partner had destroyed or tampered with her birth control and that he tried to force pregnancy while they were in a relationship.”

(Health e-bulletin, 2014)



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### Emergency Contraception and IPV



Abused women are more likely to have used emergency contraception when compared to non-abused women.

(Gee et al, 2009)



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**Emergency Contraception Education**

The following video clip explains how emergency contraception works.



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"I thought emergency contraception (EC) was the abortion pill..."



- EC is available over the counter without a prescription in every state.
- EC pills prevent pregnancy by delaying or inhibiting ovulation and inhibiting fertilization.
- Emergency contraceptive pills work before pregnancy begins.

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**Additional Information About EC**

- This medication does **not cause miscarriage.**
- It will **not hurt a pregnancy** if you are already pregnant.
- It only helps to prevent pregnancy if you have had **recent unprotected sex.**



Visit <http://ec.princeton.edu> for additional information and resources.

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How might this safety card enhance client care?



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What Can Education Do for Moms in Your Programs?

**“We started giving these cards to all of our moms. We know sometimes pregnancies aren’t planned and a partner may use pregnancy as a way to control you. In case this is an issue for you or you know someone who needs help, this safety card has information on birth control that you can control and he can’t.”**



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Native Specific Tools



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**Develop partnerships with local family planning organizations**

**Taking Control:**  
*Your partner may see pregnancy as a way to keep you in his life and stay connected to you through a child—even if that isn't what you want.*

**If your partner makes you have sex, messes or tampers with your birth control or refuses to use condoms:**

- ✓ Talk to your health care provider about birth control you can control.
- ✓ The IUD is a safe device that is put into the uterus. The strings can be cut off so your partner can't feel them and prevents pregnancy up to 10 years. The IUD can be removed at anytime when you want to become pregnant.
- ✓ Emergency contraception (some call it the morning after pill) can be taken up to five days after unprotected sex to prevent pregnancy. It can be taken out of its packaging and slipped into an envelope or empty pill bottle so your partner won't know.

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**Make sure pregnancy is the Mom's decision**

**Who controls PREGNANCY decisions?**

**Ask yourself. Has my partner ever:**

- ✓ Tried to pressure or make me get pregnant?
- ✓ Hurt or threatened me because I didn't agree to get pregnant?

**If I've ever been pregnant:**

- ✓ Has my partner told me he would hurt me if I didn't do what he wanted with the pregnancy (in either direction—continuing the pregnancy or abortion)?

If you answered YES to any of these questions, you are not alone and you deserve to make your own decisions without being afraid.

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Question:



**How does an intervention for reproductive coercion differ from an intervention for DV?**

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### The Answer:

- When it comes to reproductive coercion, the health care provider is now key to intervention.
- This is done by offering harm reduction strategies for reproductive coercion and providing discreet methods of contraception.



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### Among women who received the safety card intervention and experienced recent partner violence:

- 71% reduction in the odds of pregnancy pressure and coercion compared to control group
- 60% more likely to end an unhealthy abusive relationship compared to control



(Miller et al, 2011)



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### Mindful Movement

- Stand up
- Breathe in, palms up, arms out stretched
- Breathe out, touch your shoulders with your fingertips
- Breathe in, open and extend your arms out to the sides
- Breathe out as you bring fingertips back to your shoulders



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**Module 3**  
Assessment and Safety Planning for Domestic Violence  
in Home Visitation

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Learning Objectives

**After this training, participants will be better able to:**

1. Identify two barriers to family support professionals doing domestic violence assessment with clients.
2. Describe why universal education using the HMHB safety card is important for helping clients experiencing domestic violence.
3. Describe why the "Relationship Assessment Tool" is a good screening tool for domestic violence.
4. List action steps in a safety plan that a client can take if she feels unsafe.
5. Explain how developing a Memorandum of Understanding (MOU) with your domestic violence agency can enhance home visitation services.



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Self Reflection: On a Scale of 1 to 5

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



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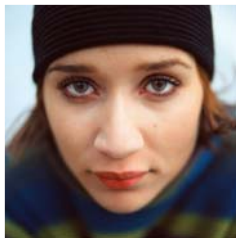
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### Barriers to Identifying and Addressing Domestic Violence

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)

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### Barriers Continued:

Home visitors report being afraid 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:

- talking about DV may cause shame and embarrassment for women experiencing abuse
- family support professionals worried they might lose the woman's and child's participation in the home visiting program that aims to help them



(Eddy et al, 2008)

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### 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.



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True Domestic Violence Screening Stories

- **“No one is hurting you at home, right?”**  
(Partner seated next to client as this is asked.) How do you think that felt to the client?
- **“Within the last year has he ever hurt you or hit you?”** (Nurse with back to you at her computer screen.) Tell me about that interaction.
- **“I’m really sorry I have to ask you these questions, it’s a requirement of the program.”** (Screening tool in hand) What was the staff communicating to the client?



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“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?**



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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

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### Relationship Assessment 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?
- c. How do these questions differ from a question like: "Have you been hit, kicked, slapped by a current/former partner?"



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### 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?

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### What is a Mother's Greatest Fear?



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**“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)



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**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.**



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**Universal Education and Screening for DV**

- To overcome barriers created by mandatory reporting we must combine universal education with screening for DV.
- Starting with universal education followed by face-to-face screening can open a conversation.



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### Group Activity

Take a couple of minutes and read the card carefully.

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



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### Quick Activity

- Turn to the person next to you or behind you and give them your card and take theirs.
- What happens when you give the card to someone?



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### Review Card and Debrief

- What did you notice about the first panel of the card?
- And the second panel?
- What about the size of the card?
- Do you think it matters that it unfolds?
- Why might this card be useful to a survivor of domestic violence?



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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)



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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)



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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.”



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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.

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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.

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Small Group Activity:

- Get into groups of three:  
An observer, client and family support professional
- 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



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Safety card adaptations for Indian country and Alaska natives



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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**

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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

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**Amber**



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.

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**Using the Safety Card as a Segue to Introduce Screening Tools**

- Pair up: client & family support professional
- Practice using the safety card to transition into assessment



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**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.



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**What Should Be Done if Domestic Violence is Identified or Suspected?**

Your initial response 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 you can help with
- Let her know you will support her unconditionally without judgment



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**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 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 because if you ever need to get out of the house quickly, it helps to have planned what you will do. This can help remind you about your next steps.”

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**Small Group Exercise: 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 family support professional or other advocate?

**SAFETY PLAN AND INSTRUCTIONS**

**SAFETY PLAN**

**Step 1**  
 Safety during a violent incident. Use as many or all of the following strategies:  
 A) If needed, call 911. Be sure to state you are in a domestic violence situation.  
 B) If you can, call the DV advocate for support and request they call the police. They may be able to come to your home.  
 C) Do not make any phone calls or use the internet to contact the police.  
 D) If you are in a car, do not get out of the car until you are safe.  
 E) Do not take any valuables with you if you must leave.  
 F) Do not take any children with you if you must leave.  
 G) Do not take any pets with you if you must leave.  
 H) Do not take any pets with you if you must leave.

**Step 2**  
 Safety when preparing to leave. Use as many or all of the following safety strategies:  
 A) Make copies of important documents, keys, clothes and money.  
 B) Make a plan to go to a safe place.  
 C) Make a plan to go to a safe place.

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Building Bridges  
Between Home  
Visitation and  
Domestic  
Violence  
Advocacy

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**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.



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**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



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**MOU: Partnering with Local Domestic Violence Agencies**

The following video clip demonstrates the importance of developing an MOU between home visitation and domestic violence programs.




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**Small Group Discussion**

- What did you think of the video?
- Does your program currently have an MOU with a local DV agency?
- If no, what do you think the barriers are?
- If yes, how is it working ?

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**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)



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Cell Phone Advocate: Rethinking 'Hotline' Exercise:

**At your table:**

- One person in your group calls the national DV hotline. (If you speak another language, please ask for information in that language.) Tell them you are a family support professional and want to understand what would happen if you referred a client.
- What would they do if she asked for a local referral?

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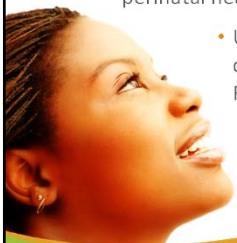
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Training Recap

- Self care, mindful movement, 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



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Self Reflection: On a Scale of 1 to 5

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



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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?



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Mindful Movement

- Wrap your arms around yourself—left hand over right arm and rub your arm
- Switch arms
- Stretch arms in the air, wiggle fingers, shake hands
- Come back to center



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Thank you



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**Thank You!**

Please watch your email for the online evaluation and  
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[www.earlyimpactva.org](http://www.earlyimpactva.org)

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FOR MORE INFORMATION ABOUT THE  
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PROGRAM:

[info@earlyimpactva.org](mailto:info@earlyimpactva.org)  
(804) 359-6166, ext. 204

[www.earlyimpactva.org](http://www.earlyimpactva.org)

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