Safe Homes, Safe Babies:

Creating Futures Without Violence

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Learning Objectives

As a result of 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. Identify two barriers to providers doing domestic violence assessment with clients.
4. Describe why universal education using universal education using a safety card is important for helping clients experiencing domestic violence.
5. Understand how safety card is an empowerment tool for clients and patients.

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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Curriculum Focus and Limitations

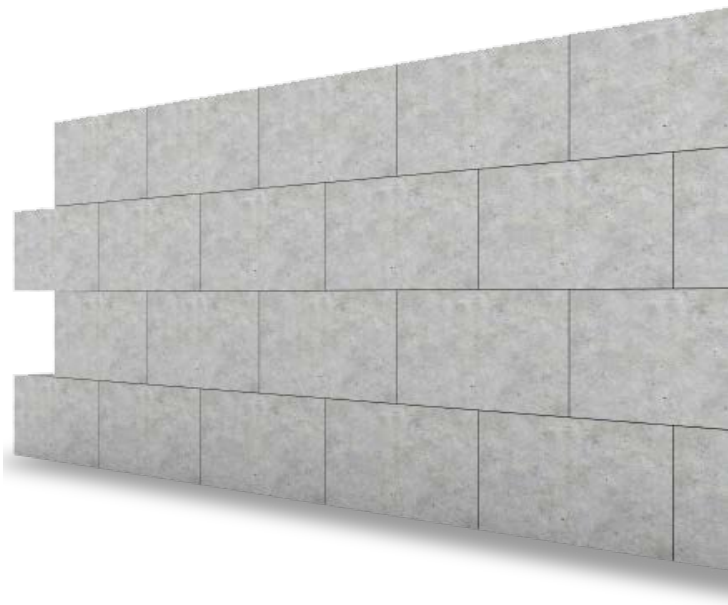
Curriculum Goal: Teach case managers how to screen mothers/women for domestic violence (DV) using the evidence-based Relationship Assessment Tool, provide safety planning, and make referrals.

Curriculum Limitations: Men can also be victims of DV—and teens can be victims of other family violence that put them at risk. We care about these issues. However, our focus here is narrowed to mothers and female caregivers– and the interventions and assessment tools we are recommending have only been tested on women and not men.

Breaking Down Institutional Barriers

Why is it difficult to do this work?

- 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



Addressing the Barriers

Simplify process of screening for and providing universal education about DV for staff.

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

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?

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?

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?

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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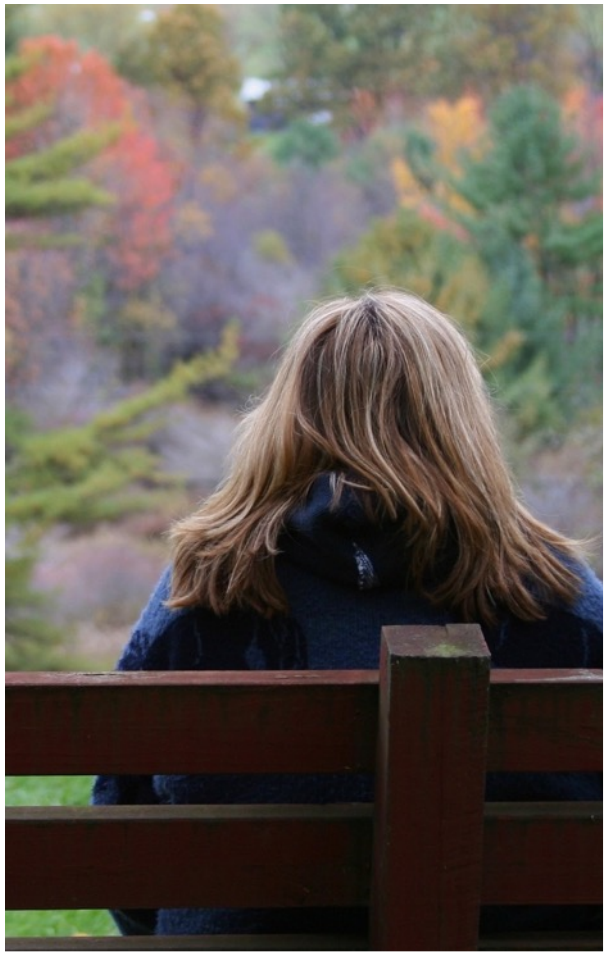
Module 1

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

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



What is Vicarious Trauma?

Vicarious trauma is a change in one's thinking [world view] due to exposure to other people's traumatic stories.

(Dr. David Berceli, 2005)

What are Common Reactions to Caring for Survivors of Trauma?

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

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

Laura Van Dernoot Lipsky, 2008
(quote from Trauma Stewardship)

Mindful Practices helps people to slow down, become self-aware, and present in the moment. We start 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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Module 2

Domestic Violence, Perinatal Health, and Reproductive Coercion: Definitions and Dynamics

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Getting Started: Small Group Discussion

Why is it important for case managers to know about domestic violence?

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)

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

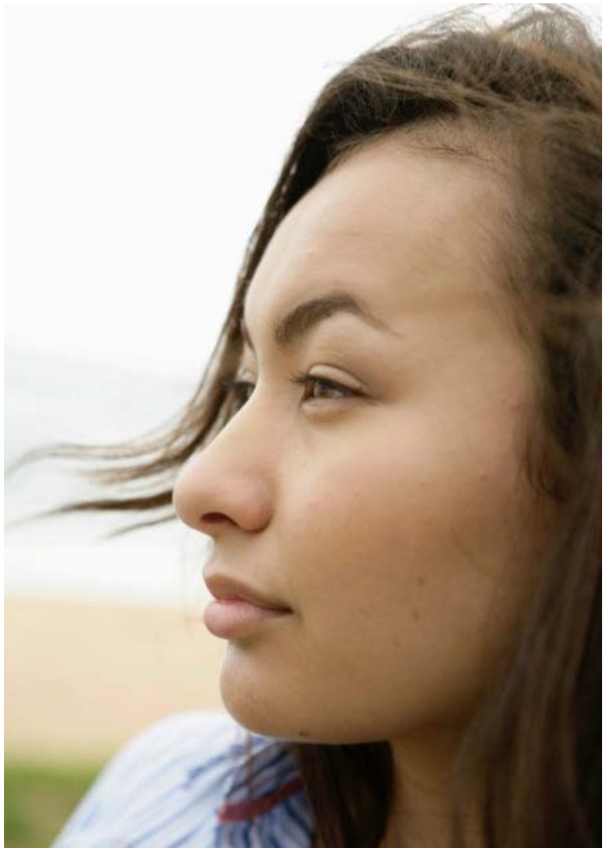
When differences in income, education and/or employment are considered, the differences attributable to race for DV decrease or disappear.

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

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)

Group Discussion

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

PERINATAL HEALTH

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Large Group Discussion

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

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

(Chang et al, 2005)

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)

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)

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)

REPRODUCTIVE COERCION: CONSIDERATIONS FOR INTERCONCEPTION CARE

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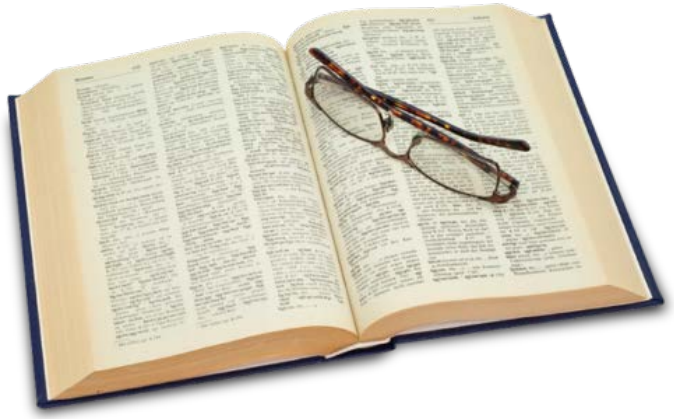
Show of Hands

What percentage of your clients' pregnancies have been unplanned?

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



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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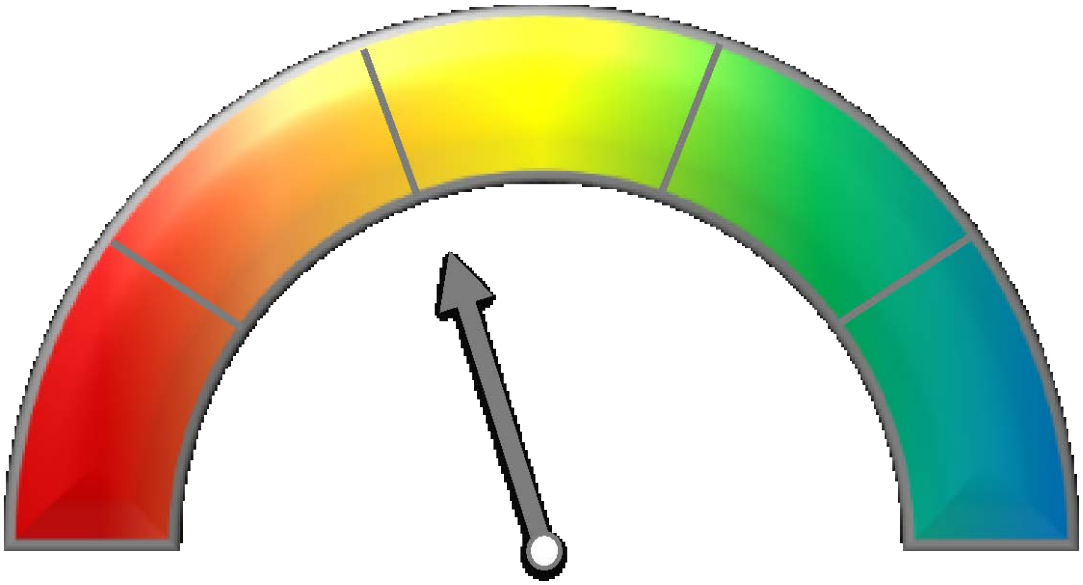
Module 3

Assessment and Safety Planning for Domestic Violence For Perinatal Case Management

Self Reflection: On a Scale of 1 to 5

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



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Barriers to Identifying and Addressing Domestic Violence

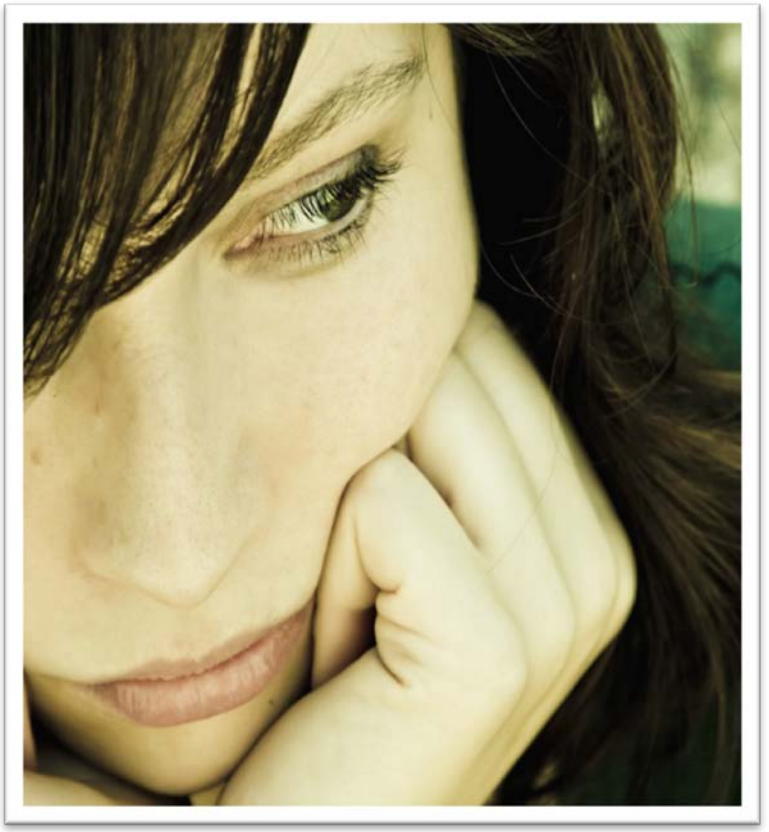
Staff identified the following barriers domestic violence (DV):

- 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)

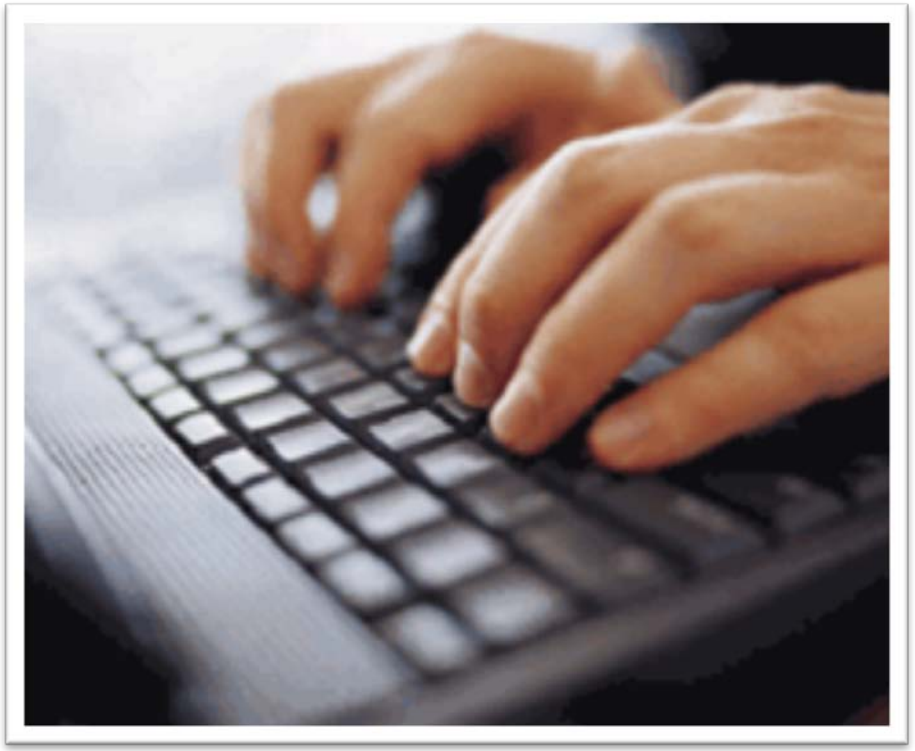
Group Discussion

- 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.

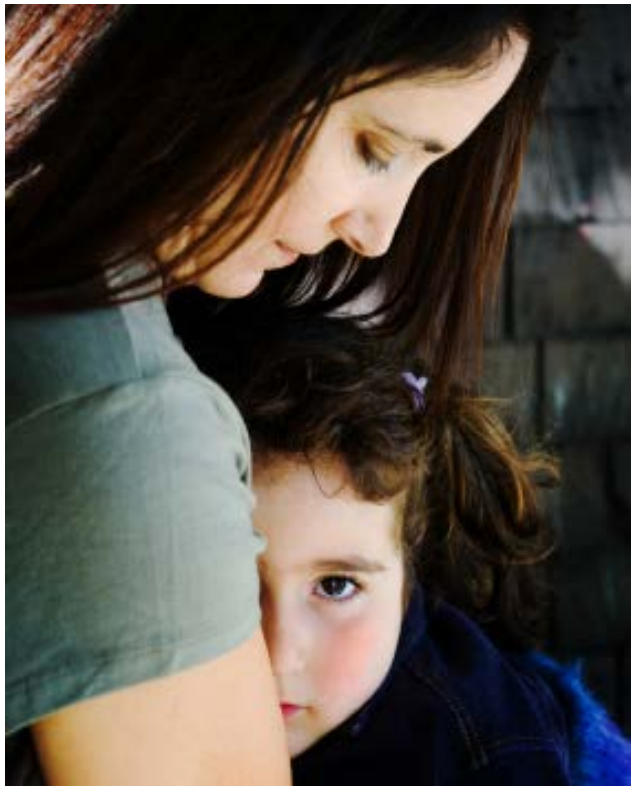


True Domestic Violence Screening Stories

- "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?



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)

Identification and Assessment of Intimate Partner Violence in Nurse Home Visitation

Results: The use of structured screening tools at enrolment does not promote disclosure or in-depth exploration of women's experiences of abuse. Women are more likely to discuss experiences of violence when nurses initiate non-structured discussions focused on parenting, safety or healthy relationships.

(Jack et al, 2016)

Show of Hands

- How many of you have or know someone who has ever left something out of a medical history
  or intentionally misreported information to their health care provider?
- Why? What were they worried about?

What if we challenge the limits of disclosure driven practice?

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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

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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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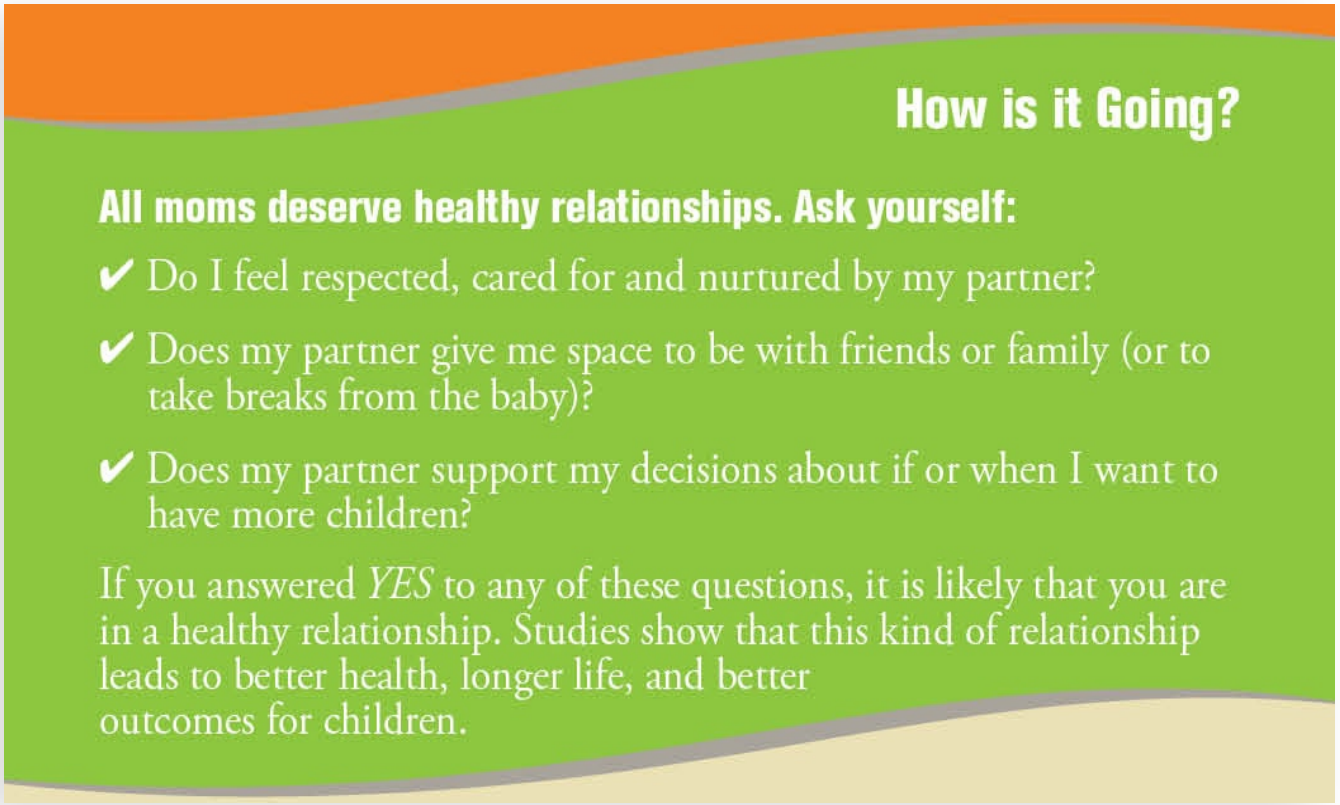
1. Universal Education

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



How is it Going?

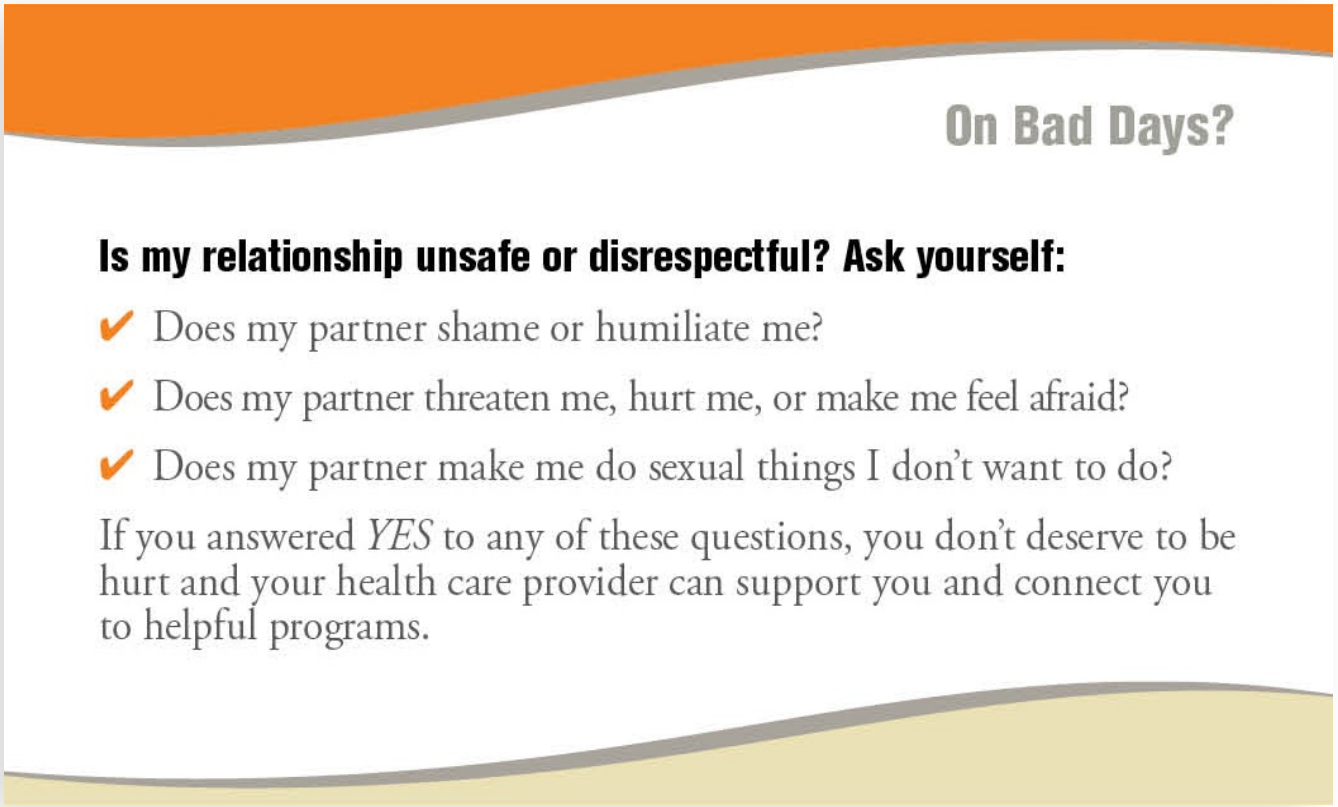
All moms deserve healthy relationships. Ask yourself:

- ✔ 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.



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Quick Activity

- Turn to the person next to you or behind you and give them your card and, in turn, they should give you theirs.
- What happens when you give the card to someone?

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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CUES Universal Education approach

C: Confidentiality: Disclose limits of confidentiality & see patient alone

UE: Universal Education + Empowerment:

Normalize activity:

"I've started giving two of these cards to all of my clients—so you have the info for you and so you can help a friend or family member if its an issue for them. It's kind of like a Buzz Feed or magazine quiz…."

Make the connection: Open the card and do a quick review:

"It talks about healthy and respectful relationships ones that aren't and how they can negatively affect your health."

S: Support: "On the back there is a safety plan and there are 24/7 confidential hotlines with super helpful folks on it to support you or anyone you know might need help. "

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Why Does This Matter?

"Most social support studies have emphasized one-way support, getting love, getting help. . . . The power of social support is more about mutuality than about getting for self. . . . That is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others" (Jordan, 2006).

Helping mothers connect to family and friends should include providing opportunities for mothers to give help as well as receive help, "which lessens feelings of indebtedness" (Gay, 2005)

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Client Interview

“[Getting the card] makes me actually feel like I have a lot of power to help somebody…”

- (currently under review for publication)

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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

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

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

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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 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."

Building Bridges Between Home Visitation and Domestic Violence Advocacy

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Case managers 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

Lessons Learned

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)

Cell Phone Advocate: Rethinking ‘Hotline’ Exercise

At your table:

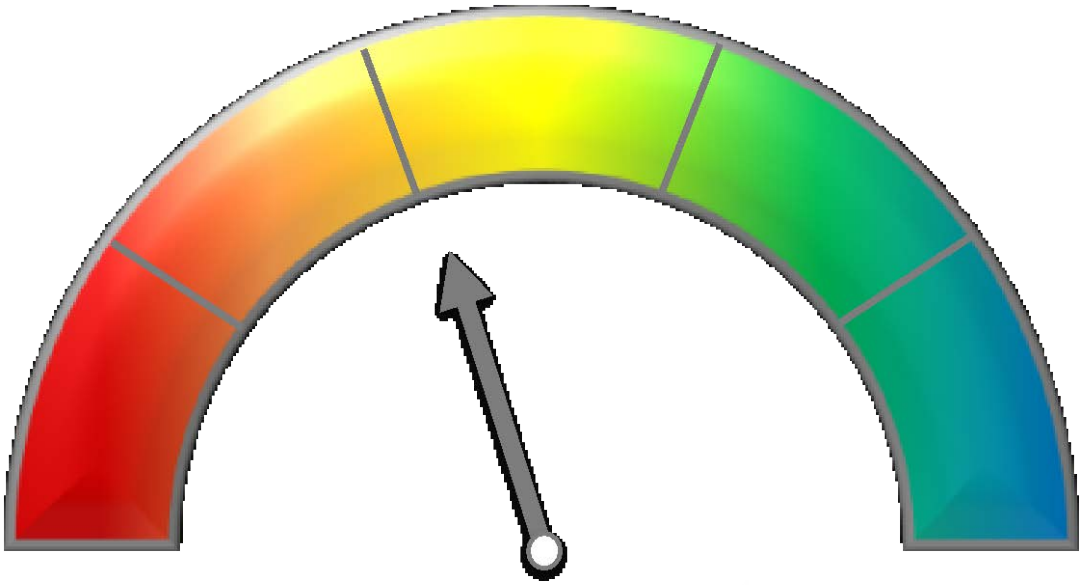
- One person in your group calls the national DV hotline (if you speak another language, please ask for information in that language) and tell them you are a case manager and you want to understand what would happen if you referred a client.
- What would they do if she asked for a local referral?

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

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?

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

Client Interview

"So there'll be times where I'll just read the card and remind myself not to go back. I'll use it so I don't step back. I'll pick up on subtle stuff, cause they'll trigger me. I remember what it was like. I remember feeling like this, I remember going through this. I'm not going to do it again. For me, it just helped me stay away from what I got out of. I carry it with me actually, I carry it in my wallet. It's with me every day."

Thank You

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National Health Resource Center on Domestic Violence

To order cards or other materials from FUTURES

please contact Melody Pagan:

mpagan@futureswithoutviolence.org

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