

Training on Domestic Violence and Reproductive Coercion for Home Visitation Programs



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Getting Started: Small Group Discussion

Why is it important for home visitors to know about domestic and sexual violence?

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

BRIEF OVERVIEW OF DOMESTIC AND SEXUAL VIOLENCE

Learning Objectives

1. Describe the prevalence of domestic violence
2. Define sexual violence
3. List two reasons why a woman may stay in an abuse relationship after violence has occurred
4. Demonstrate two supportive messages that you can say to a client who discloses domestic violence

What We Know



1 in 4 (25%) U.S. women
and

1 in 5 (20%) U.S. teen
girls report ever
experiencing physical
and/or sexual dating
violence

CDC Morbidity and Mortality Weekly Report, February 2008;
Silverman et al, 2001

Definition 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
 - Threats
 - Reproductive coercion

Power and Control Wheel



Domestic and dating violence are **NOT** just physical or sexual assault!

Definition of Sexual Violence

- Sexual violence is any type of sexual activity committed by one person without the consent of the other. It involves the use of threats, force, or any other form of coercion or intimidation.
- Sexual contact with a person who is unable to give consent is also considered sexual violence.

Example of Sexual Assault/Abuse

- Forcing her to perform sexual acts against her will
- Pursuing sexual activity when she is not fully conscious
- Hurting her physically during sex/assaulting her genitals
- Forcing her to have unprotected sex



**Making the Connection: Domestic and Sexual Violence,
Birth Control Sabotage, Pregnancy Pressure, and
Unintended Pregnancies**

Definition: Reproductive Coercion

Reproductive 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

Birth Control Sabotage

Tactics Include:

- Destroying or disposing of contraceptives
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Not allowing her to obtain or preventing her from using birth control
- Threatening physical harm if she uses contraceptives



Assessing for Reproductive Coercion

- Before you ask – always discuss limits of confidentiality
- Example (check with requirements in your region/state)

“Everything you share with me today is confidential, unless you were to tell me that you are going to hurt yourself, someone has hurt you with a weapon, or your children are being harmed.”

Assessment

Reproductive Coercion

- *“Does your partner make you have sex when you don’t want to?”*
- *“Has your partner ever tried to get you pregnant when you didn’t want to be?”*
- *“Does your partner support your decisions about if or when you want to have more children?”*
- *“Does he refuse to use condoms when you ask?”*

Follow-up to Disclosure of Birth Control Sabotage

“What you’ve told me also makes me worried about your safety in other ways. Some women we see whose partners are messing with their birth control also have partners who may force them to have sex or hurt them in other ways.

Does this happen in your relationship?”

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

Why Do Men Use Violence in Intimate Partner Relationships?

- To establish control and to control
- Acting out culturally designated roles
- Mirroring violence in society
- Because they can get away with it
- It is learned behavior

Remember: not every act of violence between two intimate partners is domestic violence. Domestic violence is not an isolated incident; it is a **pattern of coercive and controlling behaviors.**

Why Might a Woman Stay in a Relationship when Domestic Violence Has Occurred?

- Women do leave, but leaving is a process
- Reasons why women stay:
 - Escalation of abuse
 - Lack of safe option for themselves and their children
 - Lack of family or community support
 - Lack of money or loss of status

Making a Difference

- You do not have to be a domestic violence expert to recognize and help families experiencing domestic violence
- Contact with women during home visits provides a unique opportunity for education, early identification, and intervention

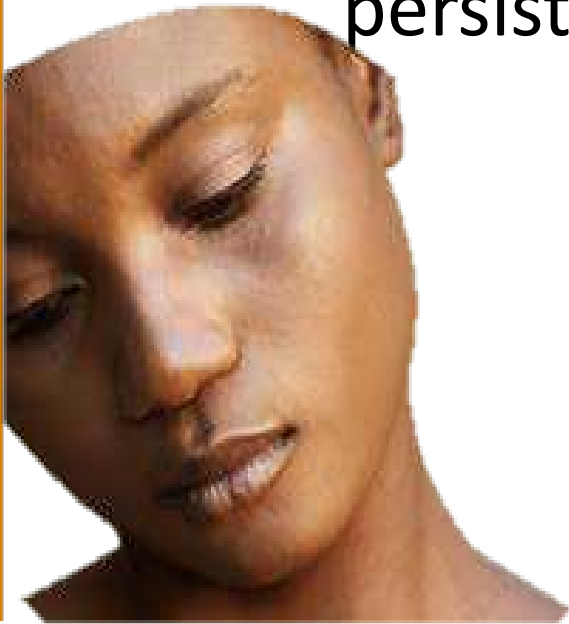


Integrated Assessment for Domestic Violence, Substance Abuse, and Depression

Postpartum Maternal Depression

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

Blabey et al, 2009



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



Introducing Integrated Assessment for Depression, Substance Abuse, and Violence

“Depression and substance abuse are very common in our community. We find that many of our clients who are experiencing symptoms of depression or are using drugs and/or alcohol to cope with their situation are in abuse relationships where they are being put down, controlled, hurt, or threatened by their partner.”

“Point of Care Guide” Integrated Screening Tool

Domestic Violence:

- Have you been hit, kicked, punched, or otherwise hurt by someone in the past year?
- Do you feel safe in your current relationship?
- Is there a partner from a previous relationship who is making you feel unsafe now?

Alcohol Use:

- When was the last time you had more than X (4 for women, 5 for men) drinks in one day?

Depression:

- Have you been bothered by feeling down, depressed, or hopeless?
- Have you often been bothered by little interest or pleasure in doing things?



The Effects of Domestic Violence on Children

Childhood Exposure to Violence

- Childhood exposure to violence increases the likelihood of children experiencing:



- Failure to thrive
- Bed wetting
- Speech disorders
- Vomiting and diarrhea
- Asthma
- Allergies
- Gastrointestinal problems
- Headaches

Campbell and Lewandowski, 197; Graham-Bermann & Seng, 2005

Children Exposed to Intimate Partner Violence are at Significantly Higher Risk For:



- Posttraumatic Stress Disorder
- Depression
- Anxiety
- Developmental delays
- Aggressiveness

Edieson J, 1999; Graham-Bermann & Levendosky, 1998; Hurt et al, 2001; Lehmann, 2000; McCloskey & Walker, 2000; Pfouts et al 1982; Spaccarelli et al 1994; Wilden et al, 1991; Wolfe et al, 2003

School Health & Performance

Childhood exposure to IPV increases the likelihood of:

- More school nurse visits
- Referral to a school speech pathologist
- Frequent school absences
- Lower grade point averages
- School suspension

Hurt et al, 2001; Kemic et al, 2002

Most Consistent Protective Factor for Children Exposed to Domestic Violence

- Children's resilience to trauma is linked to their presence of a healthy parent or adult in their lives (Margolin, 1998)
- Children's emotional recovery from exposure to DV depends more on the quality of their relationship with the nonbattering parent than any other single factor (Bancroft & Silverman, 2002)

Promising Practice: DOVE

- DOVE: Domestic Violence Enhanced Home Visitation Program
- Brochure-based intervention delivered by public health nurses to reduce domestic violence among pregnant and post-partum women
- Randomized controlled trial in urban and rural settings



Eddy et al, 2008

DOVE – Structured IPV Home Visit Intervention

Times to deliver DOVE:

- Pregnancy – each trimester
- Post-pregnancy –
Every other month for
at least 3 months



DOVE

Home Visitation Screening

- Challenge:
 - Privacy for assessment
 - “We have to do some private stuff now”
 - Be aware who is around – children, partner, other family members
- Recommended Assessment:
 - First Visit
 - Third Visit - as needed e.g. depression, STD’s
 - Post Partum - 1wk, 2 wks, 6 wks. & 3 months
- Baby Indicators:
 - Sleeping problems
 - Colic
 - Non-biological father
 - Breastfeeding barriers
 - Concerns about “spoiling”

Abuse Assessment Screen

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
2. Within the last year, have you been hit, slapped, kicked, pushed or shoved, or otherwise physically hurt by your partner or ex-partner?
 1. If YES, by whom
 2. Number of times
3. Does your partner ever force you into sex?
4. Are you afraid of your partner or ex-partner?
5. Mark the area of any injury on body map.

(Helton & McFarlane, 1986)



Assess and Educate about Danger and Risks

PARENT handout

Abuse and pregnancy

- Abuse can happen during pregnancy
- Abuse may start for the first time during pregnancy
- One in 10 women are abused (hit, kicked, and so on) during pregnancy
- Most women don't know that abuse during pregnancy happens to other women

Outcomes

What can happen to your baby:

- Your baby may be born too early
- Your baby may not weigh enough at birth

What can happen to you:

- You may feel sad and blue (depressed)
- You may feel anxious and afraid (worried)
- You may feel alone and lonely (isolated)
- You may feel worthless (low self-worth/low self-esteem)
- You may smoke more, drink more, or use drugs

Facts

- Be sure someone is on hand
- Children who witness violence may develop physical or emotional problems or have trouble at school
- Children may be hurt if they accidentally get in the way or try to protect their mother. This problem goes away as the child gets older

Abuse of women in institutions

If you have experienced abuse, you need to know that one of the following means your situation is becoming more dangerous:

- Abuse happens more often or is getting tougher
- Abuse starts a gun
- You left together with the abuser during past year
- Abuser is unemployed
- Abuser has used a weapon or threatened you with a weapon
- Abuser threatens to hit you
- Abuser has been arrested for domestic violence
- There is a child in the home who is your child that was hit
- Abuser drinks too much
- Abuser tries to choke you
- Abuser uses drugs such as crack, speed, or meth
- Abuser is an alcoholic or drinks too much
- Abuser controls most of all of your activities
- Abuser is extremely jealous, suspicious, or possessive
- Abuser hits you while you are pregnant
- Abuser threatens to hit yourself
- Abuser threatens to harm the children
- You believe he might kill you
- Abuser spies on you, follows you, threatens your property or information (like e-mail)

Source: © National Perinatal Center
Family Well-being: Physical and Emotional Health - Domestic Violence | 2011

- Abuse during pregnancy
- Outcomes from abuse
- Facts about abuse
- Increase Danger Assessment

All Women Have Options

PARENT Resource

Are You in a Cycle of Abuse? *Continued*

Options: Every woman has choices.

Options: Stay with the abuser

- Make a safety plan.
- Call the police if you are abused.
- Attend a national women's support group/transition group.
- Talk to a domestic violence advocate.
- Get the abuser into drug or alcohol treatment.

Options: File criminal charges

- Call the police. They send a message to the abuser that abuse will no longer be tolerated.
- Police may arrest the abuser in the area or after you file a warrant with your magistrate.
- After arrest, the abuser may be jailed but even likely will be released on bond.
- Retreat on bond is contingent on the abuser's good behavior.

Options: Seek protective orders

- You may petition for a restraining order to keep the abuser from your home.
- You will also file with a Juvenile and Domestic Violence Court under orders.
- If the order is violated, you must contact the court.
- Your local abuser can help you with this process.
- If the abuser is arrested, change all door locks.
- Make a safety plan.

Options: Leave the abuser

- Go to a battered women's shelter.
- Go to another safe place (school, relatives, or friends).

Safety plan

Try to do the following:

- Make copies.
- Make an extra set of keys and the lock.
- Establish a code with family and friends.
- Ask a neighbor to call the police if neighbors begin.
- Remove weapons.

Items available:

- Domestic violence resources (law, police, children's)
- Neat and sturdy suitcase
- Birth certificates (yours and children's)
- Bank account numbers
- Insurance policies and numbers
- Marriage license
- Vacation itinerary
- Important telephone numbers

Make a bag with extra clothes

- Take to the children.

© 2004 National Center for Women & Child Abuse

Partners of Teachers' Professional Committee

Family Well-Being: Physical and Emotional Health, December/January 2004

Options:

- Stay with abuser
- File criminal charges
- Seek protective order
- Leave abuser

Safety Planning



- Ways to keep her and children safe
- Codes
- Items if she leaves
- How to discuss with children

What is Safety Planning?

- 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
- Domestic violence advocates are experts in safety planning
- Home visitors can help clients to connect with an advocate to work on a safety plan

Principles of Safety Planning

Strengths-based approach

- Acknowledges that the client is an expert on their own life
- Begins with helping her to recognize things she is already doing to keep herself and her children safe
- Builds on her knowledge base by identifying warning signs and where and when she and the children might be in the most danger

Secondary Traumatic Stress

Secondary Traumatic Stress (also referred to as vicarious trauma, burnout, and compassion fatigue) describes how caring for trauma survivors can have a negative impact on service providers

Exposure to Violence and Secondary Traumatic Stress

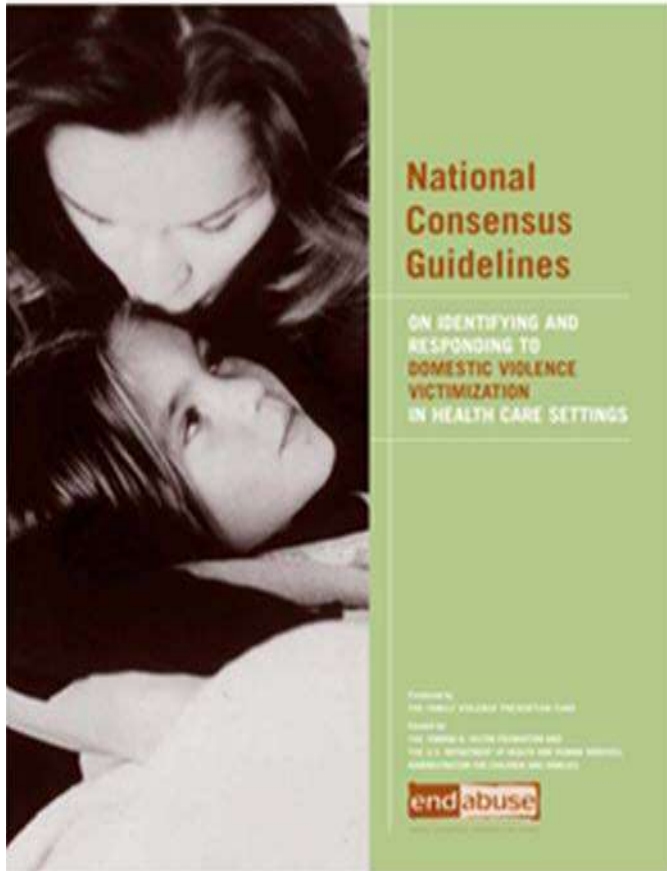
- Lifetime exposure to violence is common among home visitors
- Working with clients who are experiencing domestic violence can trigger painful memories and trauma for staff
- A personal history of exposure to violence increases the risk of experiencing secondary traumatic stress

Personal Safety Strategies for Home Visitors

- Meet with the client at the office if the situation does not feel safe
- Establish check-in times with the home office
- Park with the front of your vehicle pointed towards exit
- Observe and listen before entering a household
- Do not enter the household until 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



Resource: Consensus Guidelines



Thank you!

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Questions?



Wrap Up and Reminders

- Upcoming Webinars:
 - Quality Improvement 101 for Healthy Start Grantees: June 4 from 3:00-4:00 PM ET
 - Fatherhood/Male Inclusion: Engagement Strategies, Marketing for Males: June 11 from 3:00-4:30 PM ET
 - Behavioral Health Screening: Caring for Pregnant and Postpartum Women Struggling with Addiction: June 25 from 3:00-4:00
- EPIC Center website:
 - <http://www.healthystartepic.org>
 - Includes all recorded webinars, transcripts, and slide presentations