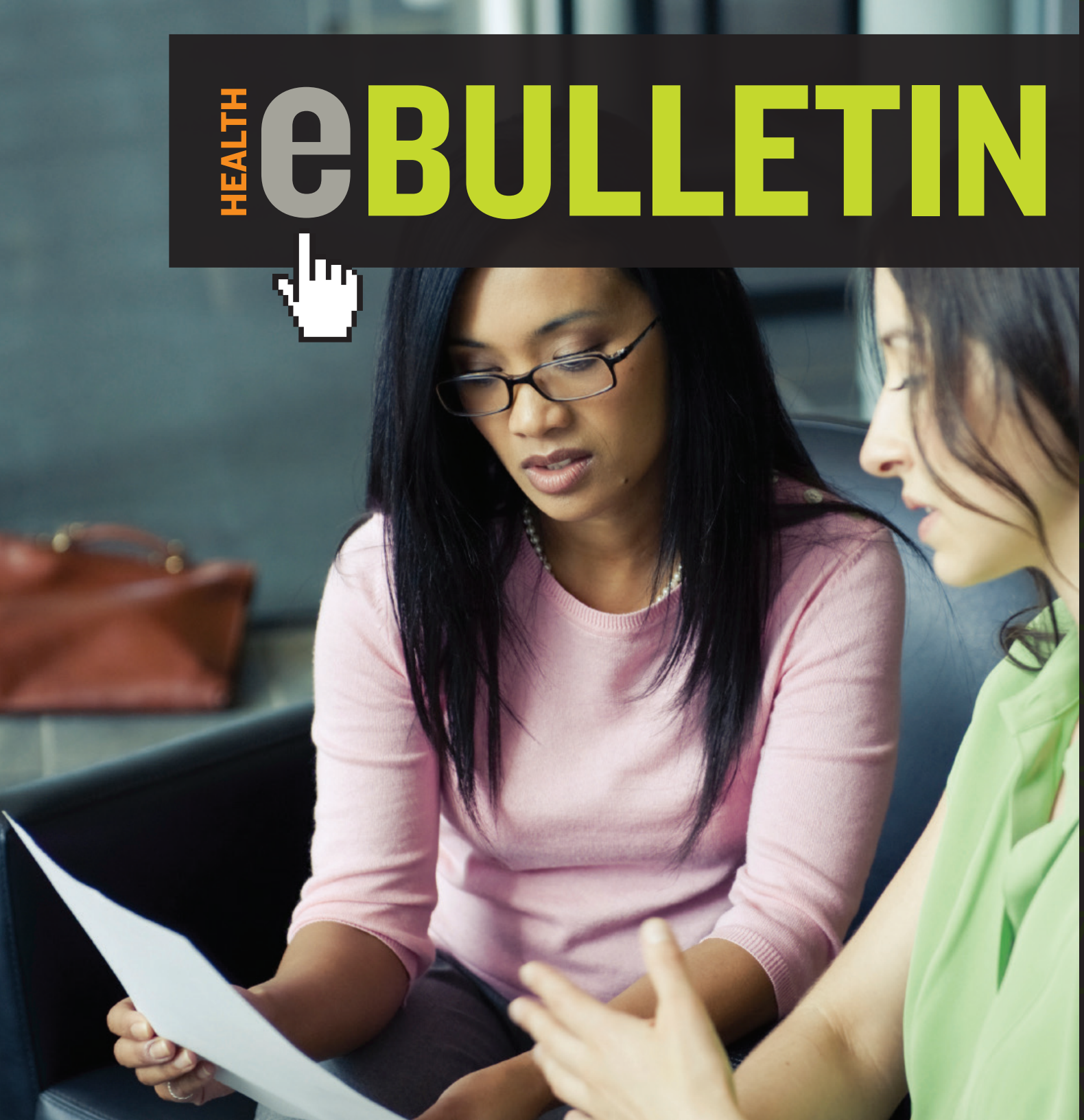


HEALTH eBULLETIN

SUMMER 2014

INSIDE:

Funded by the Administration for Children and Families, Administration on Children, Youth and Families, U.S. Department of Health and Human Services

FUTURES WITHOUT VIOLENCE®

EDITOR'S MESSAGE

We really have come a long way. It wasn't that long ago that Futures Without Violence hosted a Pre-Conference Institute at the 2012 **National Conference on Health and Domestic Violence** that brought domestic violence and home visitation experts together to brainstorm about common ground and strategies for collaboration. Rebecca Levenson and I had been traversing the United States from Maine to Hawaii to Alaska to provide training for home visitors while trying to gain a better understanding of both the unique needs and challenges of screening and addressing domestic violence during home visits. A series of publications had quantified what many domestic violence advocates and home visitors knew—they were working with the same families and working together as a team could greatly enhance safety and outcomes for these families.

Now fast forward to 2014. We have home visitation programs that specialize in serving families and children experiencing domestic violence such as Domestic Violence Enhanced Home Visitation (one of the articles in this issue is about DOVE) search for a profile of this program at **www.promisingfutureswithoutviolence.org** to learn more about this evidence-based intervention for mothers and children exposed to domestic violence. The Maternal, Infant and Early Childhood Home Visiting (MIECHV) federal grants are funding home visitation programs across the country. Programs receiving this funding are required to meet a federal benchmark for domestic violence that includes screening at home visits.

Yes, there are significant challenges to integrating domestic violence assessment and intervention into home visits and with that comes enormous opportunities. In this issue, we hear about lessons learned from the DOVE research study. There are reports from four different states (Maine, Oregon, Virginia and Washington) describing the innovative work being done to implement best practices for domestic violence within the context of home visitation programs. You will hear how the State of Virginia's participation in **Project Connect**, a Futures' Initiative to address reproductive and sexual coercion, has led to new partnerships and best practices for home visitation programs and domestic violence programs. The State of Maine, which received MIECHV funding and has a statewide domestic violence training initiative for home visitation programs, uses an integrated screening tool for substance abuse, perinatal depression and violence and provides additional supports to help home visitors overcome barriers to assessment.

In response to recognizing the unique needs of young parents, the **Defending Childhood Initiative** in Multnomah County, Oregon, has created a research team to examine how to adapt the Relationship Assessment Tool for teen clients. A brief report highlights how the Washington State Coalition Against Domestic Violence is working with home visitation programs to provide training and support. There is no one size fits all approach. Each state has created their own training model, implemented consultation models to support home visitors in this work, and discovered new opportunities to work with other partners, conduct research and strive towards best practices with the knowledge that it's a dynamic process as we learn along the way.

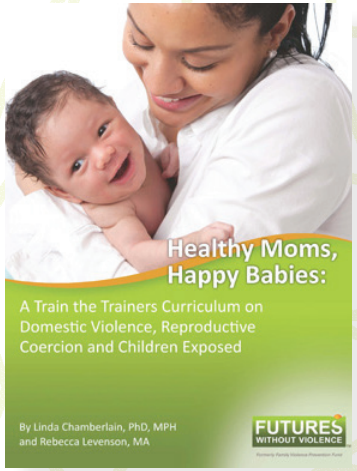
Linda Chamberlain, PhD, MPH

RESOURCES

Healthy Moms, Happy Babies: Safety Card is a safety card for women that home visitors can distribute. This tool provides safety resources for women, as well as functioning as a prompt for home visitors by providing phrases to improve discussions about the impact of domestic violence. Available in English and Spanish; as a PDF download or in hard copy.

Several Futures Without Violence tools are referenced throughout this Health e-Bulletin. To view a complete catalog of Futures materials, visit:

www.futureswithoutviolence.org/onlinestore



Healthy Moms, Happy Babies: Train the Trainers Curriculum was created to support states and their home visitation programs in developing a core competency strategy, ensuring that all home visitation programs are equipped to help women and children living in homes with domestic violence. The Relationship Assessment Tool (RAT) may be found in Appendix E.

Available in English; as a PDF download or in hard copy.

Health Moms, Happy Babies Poster is co-branded by the American College of Obstetricians and Gynecologists and accompanies a **parinatal safety card**. Available in three versions featuring a pregnant African American woman and daughter (English); a pregnant Caucasian woman and son (English) and a third with a pregnant Latina woman and son (Spanish). The poster is 11"x17". Available as a digital download and in hard copy.

NATIONAL CONFERENCE ON HEALTH AND DOMESTIC VIOLENCE

JOIN US IN WASHINGTON, DC MARCH 19-21, 2015 FOR OUR 7TH BIENNIAL CONFERENCE!

The Conference provides valuable professional education on the latest research and innovative health prevention, clinical and advocacy responses to domestic/sexual violence with continuing education units. The Conference is primarily sponsored by the Administration for Children and Families (U.S. DHHS) and is co-chaired by 35 organizations, including the American Medical Association, the American Academy of Nursing , American Public Health Association and the National Network to End Domestic Violence.

The Conference will be held at the Renaissance Washington, DC Downtown Hotel and features 3 days of activities:

Pre-Conference Institutes: March 19, 2015

Two-day Conference: March 20-21, 2015

At the last Conference in San Francisco, CA the agenda included 13 in-depth Pre-Conference Institutes and featured more than 400 speakers, 170 presentations, 100 posters and plenary and keynote sessions. The 2015 agenda will be announced this fall, 2014.

The call for abstracts is now closed (deadline was June 27, 2014). Futures is no longer accepting submissions for presentations. Registration opens online September 17, 2014.

For more information visit:
www.futureswithoutviolence.org/nchdv

WHY ACA-MANDATED SCREENING MATTERS

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The recent and historic passage of the Affordable Care Act[1] (ACA) established a new day for many in healthcare, and in particular for those on the real front lines of care. One component of the ACA – the section on women's preventative health services – focuses on improving outcomes for abused women and their children who are at major risk of depression, chronic health problems and serious injuries, including death [2-6]. Aiming to combat these negative effects, the federal government is funneling $1.5 billion over five years to support home visitation programs and, as part of that process, establishing benchmark requirements for states that received this funding to reduce rates of domestic violence. Organized, evidence-based methods that enable health care providers, home visitors and others to determine the presence of abuse, is a logical first step.

Screening for interpersonal and domestic violence really matters because it begins the journey toward improved health status for women and their children. Home visitors providing health care in the home are a natural and on-the-ground resource for women, and in particular, women in abusive relationships who are pregnant or have infants or young children. Home visitors see their clients in their natural home environment, an advantage which provides them with perspective on their clients' "truths" –particularly in cases of abuse, violence and neglect. Seeing, talking with, and knowing the reality of an abused woman's situation means that the home visiting nurse is uniquely positioned to help women discuss options and helpful resources within her community.

There is some degree of reluctance related to screening for abuse by home visitors, who indicate that they face immense challenges that can make it hard to discuss violence in intimate partner relationships[7]. Home visitors report that they fear that their clients who divulge abuse may suffer even more at the hand of their abuser in retaliation for divulging the secret. Home visitors have also shared concerns they have about their own personal safety, given that they're on the home turf of the abuser. Barriers to screening include that talking about domestic violence may cause shame and embarrassment for women experiencing abuse and worrying that they might lose the woman and her child's participation in the home visiting program that aims to help them. Given these issues, many home visitors actually avoid asking women abuse screening questions that are required by the ACA mandate, thereby missing a critical opportunity to offer support to women who may be at a pivotal moment in their lives as they determine how to keep themselves and children safe, and whether to

"Many home visitors actually avoid asking women abuse screening questions"

stay with an abuser – or to pack up and leave.

The Domestic Violence Enhanced (DOVE) Home Visitation research study (NR09093, HD071771, Drs. Sharps and Bullock, co-principal investigators) has provided home visitors with screening and intervention strategies that make it easier to start the conversation and to provide help. The study's findings have revealed the true importance of home visitation programs and the exceptional power of home visitors when given the appropriate training and strategies to help those who need help and support. We found that women are not more likely to drop out of social programs after disclosing abuse to their home visitors, and that despite often leading chaotic lives, abused women find real benefit and courage in revealing details about the violence they're experiencing. The vast majority of abused women who received or who are receiving the DOVE intervention said they were glad to have a way to open the door to this difficult conversation – and that is just what DOVE offers. Being asked about domestic violence during home visits, according to women who have experienced abuse, made all the difference.

Dr. Loraine Bacchus, an International Marie Curie Fellow from the United Kingdom (UK), has joined the research team led by Drs. Linda Bullock and Phyllis Sharps. The current focus of the DOVE Study is to compare women's and home visitors' experiences of discussing abuse with screening tools using paper and pencil assessments versus a computer tablet. This study is being conducted in both rural and urban settings. So far, the study results indicate that both methods of screening are acceptable to women and help to build relationships with their home visitors. Women said that feeling trust in their home visitors was a crucial factor that facilitated disclosure of abuse. Furthermore, women felt cared for when their home visitors asked them about possible abuse in their relationships and it opened up communication about lots of other issues such as fears for their children, where they could go for resources and help, how to keep themselves and their children safe, childhood experiences of sexual abuse and other health issues. Women said that it was a relief to finally tell someone who did not judge them about their abuse experiences. One woman reflecting on her experience of the DOVE intervention summarized "*I'm not scared anymore. I'm not wondering if I'm gonna wake up in the morning.*"

Dr. Bacchus also found that many women had never divulged abuse to anyone prior to the DOVE study. 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.

The take-home message from our findings is that it's asking that is important – no matter how vaguely uncomfortable those doing the asking about abuse might feel. That initial step and acknowledgement of violence in the home is the first step on a path to safety and empowerment – an effect that can literally change the course of people's lives for the better. One of the purposes of the home visiting component of the ACA is to identify and provide comprehensive services to improve outcomes for families – especially our most at-risk families. Home visiting programs will never be able to reach their full potential until they ask and talk to women about the violence they are experiencing.

"I'm not scared anymore. I'm not wondering if I'm gonna wake up in the morning."

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REPRODUCTIVE COERCION AS A VIOLENCE AGAINST WOMEN ISSUE

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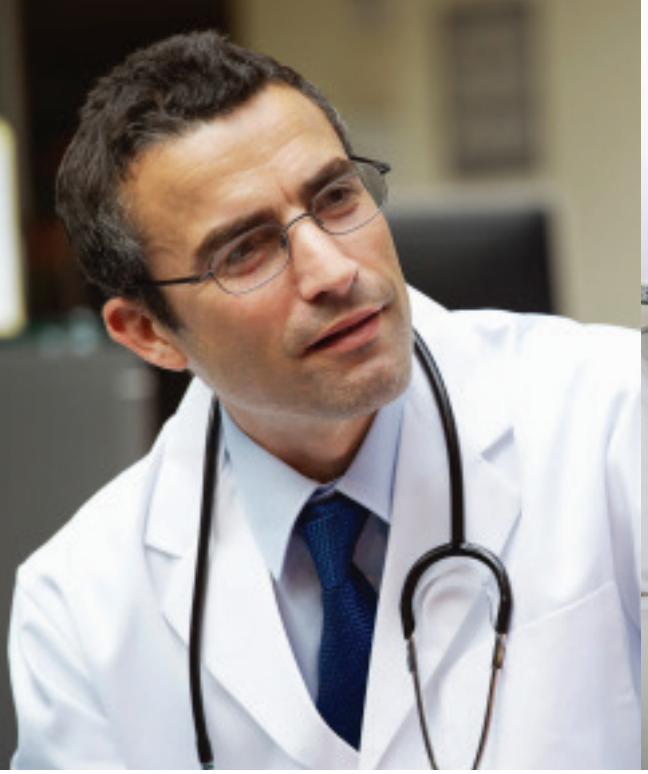
In 2010, the Virginia Department of Health (VDH) was selected by Futures Without Violence to act as one of nine pilot sites in the country to implement Project Connect, an Office on Women's Health initiative to improve the public health response to sexual and domestic violence through assessment and response. The target populations for the Project Connect initiative in Virginia are home visitors and reproductive health providers. These groups receive enhanced training on screening, referral/response and policy development around issues of family violence.

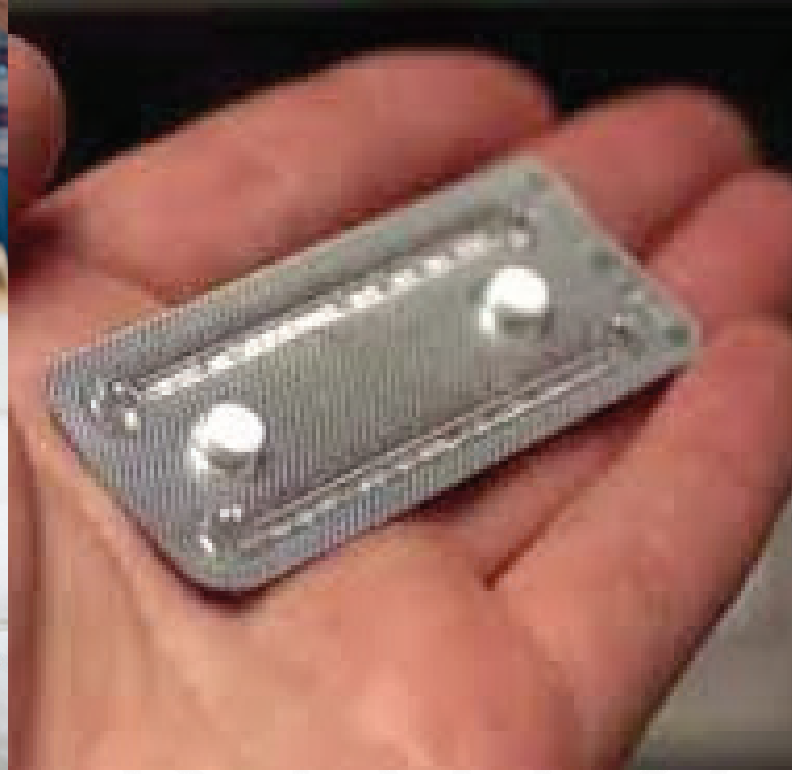
One of the unique aspects of the Project Connect initiative is that it expands the lens by which home visitors and other providers view sexual violence to include reproductive coercion. ***Reproductive coercion is defined as behaviors to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship. This behavior can range from subtle strategies such as refusing to transport a partner to a family planning clinic where she might access birth control to overt actions such as breaking condoms or throwing away birth control pills.***

Feedback from Home Visitors:

"We have refugee families who express the idea that they themselves are not interested in being pregnant again, however the issue is not up to them but instead is up to their husbands. Several of our women have had their contraceptive choices vetoed by their husbands, once they had a chance to talk privately as a couple. These experiences are rooted in deep cultural differences among many of the women we serve, regarding men's and women's roles within a relationship, the role of a woman as bearer of children in a family, and a man's role as head of the household."

"One of our staff also serves a woman on her caseload who has 4 children under the age of 5 and has a history of domestic violence with the father of her children who is also her husband. She has reported times of being repeatedly forced to have intercourse when she did not want to."





The Project Connect training and facilitated discussions with home visitors about reproductive coercion led to "light bulb moments" even for the most seasoned of professionals. Rather than questioning why a client was not taking her birth control or had a rapid, repeat and/or unplanned pregnancy, providers began having deeper discussions around whether a client felt able to use birth control, was pressured not to use birth control or had been threatened by her partner if she did. As a result, home visitors began offering different forms of safety planning such as discussing less detectible methods of birth control (IUDs, implants, etc.) with family planning providers. Providers reported more meaningful and trusting relationships as clients began disclosing past and/or current sexual assaults by a partner, other health care concerns and unmet health care needs. Most importantly, assessment for reproductive coercion has provided the opportunity for providers to discuss non-violent forms of power and control that abusers may use and better educate clients on healthy relationships.

VDH expanded best practices of assessing for reproductive coercion through its partnerships with residential domestic violence programs. Domestic violence advocates were asked to pilot screening questions at intake with their clients to observe whether they would report similar findings. Using Project Connect and Preventive Health and Health Services Block Grant sexual assault set-aside funding, VDH contracted with six residential domestic violence programs to:

- *Have all staff who conduct intake interviews with clients participate in Project Connect training on reproductive coercion, family planning services and assessment strategies*
- *Participate in monthly technical assistance calls with state domestic/sexual violence coalition and VDH staff*
- *Establish/expand relationships with local family planning providers to gather knowledge about available services, and formalize cross-referral strategies*

» Incorporate the following questions into all intake interviews:

- Are you pregnant or are you concerned about being pregnant?

- Has your partner ever destroyed or tampered with (messed with) your birth control, refused to use birth control or prevented you from using birth control?

- Has your partner ever forced you to become pregnant when you didn't want to or to terminate a pregnancy when you didn't want to?

- As a result of the violence, have you ever become pregnant when you didn't want to be?

- Do you have any current health care needs?

» *Offer clients information and referrals to family planning*

» *Collect qualitative and quantitative data*

Results demonstrated not only the need for the assessment of reproductive coercion at shelter intake but also the positive impact that implementing the assessment had on client/advocate relationships and access to reproductive and other health services:

Of the 257 clients assessed for reproductive coercion at shelter intake:

» 12.0% (31) indicated that their partner had destroyed or tampered with their birth control

» 8.0% (20) indicated that their partner had forced them to become pregnant when they didn't want to or to terminate a pregnancy when they didn't want to

» 31.5% (81) indicated that they had other health care needs

Feedback from Advocates:

"During her intake, she disclosed that she was a childhood survivor of incest. She also 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."

"The sexual coercion assessment allowed her to open up that she had recently had a miscarriage while living with the abuser. She had not gone to the doctor to receive medical services for the miscarriage. She was very concerned about her reproductive health from the miscarriage. She was immediately linked to the nurse at shelter who referred her to the hospital for emergency care due to the seriousness of her health condition."

"During her intake [the client] voiced concerns that she really didn't know if she was pregnant or not. Any attempts she made to practice birth control were sabotaged by her abusive husband. The counselor was able to provide a pregnancy test to her which came back negative. She was relieved. She voiced numerous health concerns and had not been to the doctor for many years. She was able to make an appointment at the Free Clinic near the Shelter. Staff transported her to appointments and she began receiving the medical attention she was deprived of for many years."

New Partnerships, Opportunities and Best Practices:

"An improvement to our program that was initiated as a result of this project was finding out from our local health department about the Plan First insurance program. We did not know about this program, and had assumed that women without children were not going to be eligible for Medicaid related services. Finding out that they could be eligible for selected family planning/ reproductive health insurance is proving to be very useful. We are now screening all of our clients to check on possible eligibility and assisting them with completing the applications when relevant. I believe that this will benefit a significant number of our clients."

"The sexual coercion pilot and Project Connect have brought about a different awareness for our staff. As a result of the pilot, [our domestic violence program] has a nurse at the shelter program. The program started with one nurse and now there are 2 nurses coming weekly to shelter. The health departments…have embraced our clients and assisting them with their reproductive health needs. Several community partnerships have been started which allow for education for our staff, clients, and the community at large. The shelter clients have reported that they feel cared about, affirmed, and respected as a result of the wonderful things coming from the pilot…The results for our clients have been beneficial for them and their health."

"In addition to the impact of sexual coercion/reproductive health screening with survivors, implementation of this pilot enabled [our domestic violence program] to create a formal working relationship with our local health department through a signed memorandum of understanding. We were able to purchase Plan B emergency contraceptives with pilot funds and store them at the [local health department] with access for [our] clients. We were also able to give those we serve expedited access to emergency contraceptives and or other family planning/ reproductive health services. The local health department has also agreed to allow [our] staff to offer training to their staff and provide an educational component on healthy sexuality/ relationships to participants of their teen family planning clinic."

The pilot project also resulted in several unintended benefits for the participating residential domestic violence programs. These programs became more aware of other programs and services from which their clients could benefit, they have established new community-based partnerships and they have expanded available resources that focus on supporting victims of intimate partner violence.

By identifying reproductive coercion and providing harm reduction strategies, home visitors, advocates and other providers can play a critical role in improving reproductive health outcomes among victims of intimate partner violence in Virginia. These efforts can lead to reduction in rates of unintended pregnancies, rapid repeat pregnancies, HIV, sexually transmitted infections and other public health issues for women.

INNOVATIONS IN HOME VISITATION TO SUPPORT SURVIVORS

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Multnomah County is one of eight communities participating in the Defending Childhood Initiative (DCI), with the goal of helping local systems and communities better recognize, respond to and prevent childhood exposure to violence and trauma. With funding from the U.S. Department of Justice, Multnomah County DCI is developing, implementing and evaluating comprehensive violence prevention and intervention strategies across multiple sectors. One core strategy is a considerable investment in work force development so that professionals engaging with children and families have the skills and confidence to recognize and respond to children's exposure to violence in a supportive, trauma-informed manner. Because home visitation is recognized as a best practice in promoting positive outcomes across multiple child and parent outcomes[1] , we have also invested in collaborations with local home visitation programs to enhance their responses to intimate partner violence and other forms of trauma that impact child well-being. Specific approaches are described in this article.

Addressing the Unique Needs of Young Parents

In 2012 and 2013, Multnomah County DCI partnered with a local organization, Insights Teen Parent Program, to provide work force development and technical assistance opportunities across their programs. Insights' mission is to "*to provide positive options for young parent families.*" The core value that underlies each of their programs is an unyielding belief that young parents can be great parents when they are supported and honored. Insights is the largest teen parent home visitation provider in the county and currently operates seven distinct programs, each offering strengths-based and evidence-informed services. Since its inception, Insights has worked with over 10,000 parenting adolescents and over 12,000 children in Multnomah County, helping them build concrete skills and

supports that lead to a better future for both young mothers and their babies. Insights will serve over 300 young families this year. Recognizing that their client population is at high risk for experiencing intimate partner violence (IPV)[2], Insights and DCI worked together to redesign the agency's approach to recognizing and responding to IPV with the families they serve. Through on-going training and consultation, all Insights staff gained basic competencies in recognizing the signs of IPV, while developing role appropriate, supportive responses that are integrated into home visitation and other services. Insights, with consultation from Futures Without Violence, DCI, and input from young parents receiving services, developed an IPV support group for teen moms called "Strong Moms" with plans to be evaluated for effectiveness as funding becomes available. Additionally, all Insights staff received a full day, agency specific training with the *Healthy Moms, Happy Babies curriculum*, funded by DCI.

Collaborative Research to Develop Teen Parent Resources

Through this year-long process of training, collaboration and consultation, our team uncovered a significant lack of evidence-based tools for teen parents impacted by IPV at the local and national level. Though there are several dynamic IPV intervention and prevention strategies for teens, there is an urgent need for resources that specifically address the needs of the young parent population. Teen parents face unique challenges to safety and support which necessitate targeted, tested and specialized approaches. Teens in unhealthy dating relationships may experience coerced sex or birth control sabotage[3], and young women in physically abusive relationships are three times more likely to become pregnant than non-abused young women[4]. Young families impacted by IPV deserve service provider and community responses that are well designed, effective and relevant to their life experiences.

One specific gap that concerned our team is the lack of a validated IPV assessment process and paired intervention approach designed for teen parents. DCI convened a research team to explore original research and to develop strategies for the creation of such a tool. Our team is comprised of key staff from Insights, a research partner from Portland State University's Regional Research Institute, and DCI Research and Evaluation staff. The research team is also gaining valuable consultation from Linda Chamberlain and Rebecca Levenson (authors of *Healthy Moms, Happy Babies*) and Paige Smith (creator of the *Relationship Assessment Tool*[5] , which is validated for use with adult females but not youth). Because Insights serves such a large and culturally diverse population of young women impacted by IPV, we believe this is a rich opportunity to test and develop a body of work that will benefit local and national organizations serving teen parents.

Collaborative Consultation Model and Capacity Building

In addition to our collaboration with Insights, DCI also invests in home visitation by funding dedicated staff positions that are designed to build capacity and enrich service delivery in early childhood systems. DCI currently funds one staff position through a local domestic violence intervention agency, Bradley Angle[6] , to serve as an Early Childhood Domestic Violence Specialist. This staff person has expertise in both early childhood systems and domestic violence, and is available to consult about IPV situations and provide tailored training opportunities to early childhood home visitation staff from a variety of local programs. DCI identified this consultation model as a need after the *Healthy Moms, Happy Babies* curriculum was delivered to parent-child development home visitors and their supervisors. Attendees reported that the training was helpful in building their core knowledge, but they needed on-going support and a liaison to help their organizations build better working relationships with our local victim services network.

The Early Childhood Domestic Violence Specialist serves as liaison between both systems to increase collaboration and promote better outcomes for families involved in early childhood services who are experiencing IPV. DCI also funds two FTE Mental Health Consultants, through LifeworksNW Children's Relief Nursery[7], who are also available to consult with various service providers about the mental health needs of parents and children impacted by IPV. We believe that by investing in consultation and capacity building, our local networks will enhance their own ability to recognize and respond to families impacted by violence – so that all children are supported to heal, recover and thrive.

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STRENGTHENING HOME VISITING'S APPROACH

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Blue lights were flashing up and down the street as the Maine Families home visitor arrived for her scheduled visit. As she made her way through the police cars toward the house, she was stopped and asked to identify herself and her purpose for being there. Inside the home, a father held his infant hostage. The officer took the home visitor to his cruiser where the baby's mom was waiting. She had managed to escape the house after being assaulted and held captive for hours but had not been able to bring her baby. The home visitor supported the mom until the officers eventually gained entrance and rescued the baby who was being used as a human shield by the father. She stayed with the mom the rest of the day and connected her to the local domestic violence project and other resources. After the mom and baby were safely resettled, the home visitor called her domestic violence (DV) colleague to debrief and process her own vicarious trauma.

How might this have played out differently before the home visitor and her domestic violence colleague were trained in the Healthy Moms, Happy Babies curriculum? A consistent theme throughout this curriculum is building partnerships between home visitation programs and domestic violence programs. Certainly, the home visitor would have sought domestic violence resources for the mom but having a relationship with a staff person there and the knowledge to better understand the dynamics of the situation allowed her to confidently support the mom in that time of crisis. Having an ongoing connection with her DV counterpart meant that it felt natural for this home visitor to reach out to the domestic violence advocate for her support in a way that most likely would not have happened before.

Maine Families is Maine's state-administered voluntary home visiting program for pregnant women, expectant fathers, and parents or primary caregivers of children from birth to age three years old. Offered in every county of the state through local agencies, *Maine Families* Home Visiting services are delivered by trained specialists to ensure safe home environments, promote healthy growth and development for babies and young children, and provide key connections to needed services. Home

visitors use a non-judgmental and compassionate approach that empowers parents with skills, tools, and confidence to nurture the healthy growth of their baby. Following the Parents as Teachers (PAT) evidence-based model and curriculum, the intensity and length of service is matched to family needs in response to an individualized needs assessment. This allows for careful optimization of resources, thereby ensuring that the highest-need families receive more frequent visits over a longer period of time. Priority for service is given to adolescent parents, families living in poverty, and families struggling with substance use, mental health or family violence issues.

Maine received a competitive four-year Maternal, Infant, and Early Childhood Home Visiting (MIECHV) federal grant to expand *Maine Families'* capacity to serve more vulnerable families statewide. The grant has a special focus on serving families living in remote rural areas and those living in tribal communities. A significant portion of the federal grant funding is allocated to supporting systems-wide improvements. One of those improvements has focused on building skills and expertise to address interpersonal violence in the families served. In the fall of 2012, through joint planning with the DHHS Director for the Prevention of Domestic Violence and Sexual Assault and Portland's Defending Childhood Prevention Coordinator, Maine partnered with Futures Without Violence to provide cross-disciplinary training with the Healthy Moms, Happy Babies Train-the-Trainer Curriculum to more than 75 individuals from different regions of our state. Every home visiting site sent staff to participate and almost all the domestic violence projects and sexual assault programs, as well as Public Health Nursing, sent staff as well.

Regional training teams were then formed and supported through our state's Defending Childhood Coordinator to help get local trainings underway. Every home visitor in the state was trained over the following year, along with many public health nurses, Early Head Start staff and Part C and other home-based staff by these cross-disciplinary teams. Each home visiting site was asked to work with their local domestic violence project to develop a memorandum of understanding (MOU) that would articulate their working relationships using the template provided by the curriculum as a starting place. As a result, stronger relationships

have been built. The domestic violence projects have begun to recognize the expertise of the *Maine Families* home visitors and are reaching out to refer families. Home visitors have connected quickly with their DV partners both for supportive information and to make referrals when there is a disclosure. The home visitors report feeling much more confident and competent to approach the topic with the moms that they visit. Our sites have committed to offering the training at least once a year to be sure that new staff will continue to benefit.

Screenings for substance use, perinatal depression and violence are expectations of the MIECHV grant. Anticipating both family and home visitor discomfort with the early use of multiple screening tools before a trusting relationship could be built, Maine opted to use one integrated screening tool – the Behavioral Health Risk Screening Tool. A consulting clinician provided training to all staff that addressed how to approach having sensitive and sometimes difficult conversations with clients to help home visitors administer the integrated assessment tool. Home visitors were provided with a scripted introduction to the tool to increase their comfort in describing it and to normalize the purpose of the screening for

participants. Staff feared that many mothers would refuse or become upset about being asked to complete the assessment but that did not prove to be true. Fiscal Year 2013 data showed only one participant declined. Above all, we stressed that the purpose of the screening was not to coerce disclosures but instead to open the door for families to share information when they did feel comfortable disclosing and were looking for support or assistance. Understanding that the intent was to let families know that the home visitor was someone who was safe to talk to about these issues relieved many of the concerns that the home visitors initially voiced. The topic of family violence is revisited during other visits as the home visitors share materials from the PAT curriculum focused on healthy relationships and the Healthy Moms, Happy Babies safety cards that have been developed for home visitors (**www.futureswithoutviolence.org**). The Relationship Assessment Tool, included in the Healthy Moms, Happy Babies curriculum, is used as an additional tool for screening and education about healthy relationships at the home visitor's discretion.

Supporting our home visitors to approach this challenging work through the Healthy Mom's, Happy Babies training and building community partnerships has increased skills and confidence among our staff. As described by one home visitor: "*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.*"

MAINE FAMILIES HOME VISITORS' EXPERIENCES USING THE SAFETY CARD

"Our Home Visitors are more comfortable with the conversation and less hesitant at asking difficult questions. They are talking about DV in different ways with the prompts of the cards and this is deepening the relationship that the home visitor has with the mom."

"Our Home Visitors have had some amazing experiences with the safety cards. There have been four instances where past or current domestic violence was shared when these cards were presented. In all four instances, never once had the past or current abuse been mentioned, even when the Home Visitor did the screening. Home Visitors love the cards because they delve into areas that they see a lot of- control and emotional abuse."

"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."

"The cards give us more ways to approach a family and provide greater opportunities for conversation. I also think just having them handy remind us, as home visitors, that this topic is always important and is not a training topic that is forgotten until next year's in-service. The concept of reproductive coercion shifted the way we think about families."

INCREASING WOMEN'S AUTONOMY AND SUPPORTING CHILDREN

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What happens when the Washington State Department of Early Learning (DEL), Thrive By Five Washington (Thrive) and the Washington State Coalition Against Domestic Violence (WSCADV) team up? A partnership that helps home visitors meet federal MIECHV (Maternal, Infant and Early Childhood Home Visiting) program requirements to screen enrolled families for domestic violence and link parents to domestic violence advocacy services. Through a collaboration with DEL and Thrive, WSCADV provided nine trainings across the state bringing together home visitors, domestic violence advocates and other community-based service providers. Using the *Futures Without Violence's Healthy Moms, Happy Babies Curriculum*, these trainings provided a forum for peer learning, resource sharing, and broadened community conversations on respect, autonomy and safety for survivors and their children.

Domestic violence advocates and home visitors share the same desire to look for ways to better align systems with family needs. For example, trainees were excited by a unique arrangement between a home visiting program and a local domestic violence emergency shelter. Through this partnership, home visitors provide services within the shelter. WSCADV, DEL and Thrive are exploring on-going opportunities to help develop and support state and local home visiting and domestic violence advocacy partnerships. Options include supporting local programs in continued networking, developing memorandums of understanding, and providing consultation and continued training.

Domestic violence is preventable. On the ground, advocates and home visitors offer voluntary services to families. They sit and talk with women and children in their homes or other safe places. They listen to, recognize and build on a woman's strengths when caring for her family. They work with women living with abuse to expand her options in transformative ways. When a woman's autonomy and safety are a central goal in building strong families, a lot of positive change happens. By working together in Washington, we can undo the harm caused by coercion and abuse, and build loving communities for our future.

THE HEALTH E-BULLETIN IS PRODUCED BY THE NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE.

For free technical assistance, and educational materials:
Visit: www.FuturesWithoutViolence.org/health
Call (Monday-Friday; 9am-5pm Pacific Time): 415-678-5500
E-mail: health@FuturesWithoutViolence.org

FUTURES WITHOUT VIOLENCE®

ABOUT THE NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE:

For more than two decades, the National Health Resource Center on Domestic Violence has supported health care practitioners, administrators and systems, domestic violence experts, survivors, and policy makers at all levels as they improve health care's response to domestic violence. A project of Futures Without Violence, and funded by the Administration for Children and Families, Administration on Children, Youth and Families, U.S. Department of Health and Human Services, the Center supports leaders in the field through groundbreaking model professional, education and response programs, cutting edge advocacy and sophisticated technical assistance. The Center offers a wealth of free culturally competent materials that are appropriate for a variety of public and private health professions, settings and departments.