

Realizing the Promise of Home Visitation:

Addressing Domestic Violence and Child Maltreatment

A GUIDE FOR POLICY MAKERS



**Family Violence
Prevention Fund**



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Foundation
for Women

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Realizing the Promise of Home Visitation: Addressing Domestic Violence and Child Maltreatment

A GUIDE FOR POLICY MAKERS

Executive Summary

This issue brief will help policy makers and advocates build a strong national policy framework to maximize the effectiveness and reach of early childhood home visiting programs. More specifically, it is intended to ensure that federal home visiting policies directly address: the needs of mothers and children who are experiencing or at risk of experiencing domestic violence, the link between domestic violence and child abuse and neglect, and the impact of domestic violence on the health and well-being of children and families.

In order to meet their primary goals of enhancing child and family development, as well as health and safety outcomes, home visiting policies and programs must appropriately:

1. Integrate domestic violence identification, assessment and prevention into all aspects of home visitation training and service delivery;
2. Connect mothers and children who experience or are at risk of experiencing domestic violence with available community-based resources;
3. Educate parents about the potentially harmful effects of exposure to domestic violence on children and how parents' own exposure to

violence can influence their parenting both positively and negatively;

4. Engage fathers and other men, when safe to do so, in effective strategies to create healthy relationships with their partners and children while continuing to hold them accountable when they use violence.

As Congress considers a substantial investment in home visitation initiatives, the inclusion of these key principles will help to guarantee the ongoing success of home visiting programs as they are taken to a national scale. Current evaluations of home visitation models have found that, while up to 48 percent of the women surveyed who receive home visiting services have reported incidents of domestic violence,¹ few programs have developed, implemented and tested interventions specifically designed to address the trauma these families experience.

Without domestic violence training for home visitors and the policies and program structure to support it, the full benefits of home visitation programs will remain unrealized and many hundreds of thousands of families will lose the opportunity to break the intergenerational cycle of violence and poverty.

Home Visitation: A Brief Overview

Early childhood home visitation programs began in earnest almost 30 years ago, though examples of specialized home visiting services date back to the Progressive Era. Currently, there are several different early childhood home visiting models, all of which provide services designed to improve results across one or more of the following domains: maternal and child health, early cognitive and emotional development, and family safety and stability, including family violence prevention. While these program models have unique target populations, methodologies, staff qualification requirements and training approaches, they all share the belief that appropriate, early intervention is critical in preventing health, social, and economic problems before they become a family or societal crisis.²

Most home visiting programs provide regular one-on-one or team visits over a period of time and have an established process for sharing information and resources with families. In addition, they usually target families with key risk factors for poor child health and well-being outcomes, including young, first-time parents, low-income households, parents with less educational attainment, and families that live in isolated geographic areas or otherwise lack access to other sources of social support.³ Importantly, they all recognize the need to support mothers and families as a means of helping children be safe and healthy.

By supporting mothers, home visitation programs have demonstrated success in improving child and family outcomes in one or more of the following areas:

Child and Family Safety and Stability:

- » Preventing child abuse and neglect and domestic violence
- » Connecting families to community-based resources, including appropriate domestic violence services
- » Sharing strategies for improved economic self-sufficiency
- » Identifying and reducing environmental hazards in the home

Maternal and Child Health:

- » Improving prenatal and infant health outcomes
- » Helping parents to identify and access appropriate health treatment for their children and themselves
- » Promoting positive parenting techniques and building stronger parent-child relationships
- » Improving pregnancy outcomes and helping women know how to plan and space their children
- » Helping mothers to recognize and treat maternal depression

Early Childhood Development:

- » Enhancing parental knowledge of childhood development milestones
- » Increasing early detection of developmental delays
- » Ensuring children's school readiness by increasing language, verbal skills and literacy
- » Enhancing social and emotional development
- » Improving children's behavior in home and school settings

Six National Home Visiting Models

With hundreds of individual sites across the country, the following programs are the most widely-used and well-evaluated home visiting approaches:

Healthy Families America (HFA): is a national program model designed to help expectant and new parents get their children off to a healthy start by preventing child abuse and neglect, enhancing child health and development outcomes, and promoting positive parenting. By providing voluntary services to families with pre-school age children and pregnant women at risk for poor outcomes, the program helps to ensure that families have reliable medical services, receive accurate information on child development, and help parents recognize their children's needs and connect them to community resources. Currently, 90 percent of all the families invited to participate in the program accept services in over 400 communities. www.healthyfamiliesamerica.org

Nurse-Family Partnership® (NFP): helps change the lives of low-income, first-time mothers and their families through ongoing home visits from specially-trained, registered nurses that begin early in pregnancy and extend through the child's second birthday. This evidence-based community health program has been tested through multiple randomized controlled trials and proven to improve pregnancy outcomes, child health and development, education and family economic self-sufficiency, while reducing child maltreatment and injuries, juvenile delinquency, crime and welfare dependency. Prior to the birth of the child, home visitors seek to improve pregnancy outcomes by helping expectant mothers access prenatal and other necessary care and resources, improve their health practices, and make necessary preparations to care for their child. After a child's birth, nurse home visitors focus on improving children's health and development by providing guidance on nutrition, health and development, environmental safety, positive parent-child interactions and by empowering mothers to reach educational, economic, and other life course goals that help them and their families to succeed. An independent study conducted by the Rand Corporation found that for every dollar spent on Nurse-Family Partnership services, society saves \$5.70 in reduced health care, educational, social and criminal justice expenditures. www.nursefamilypartnership.org

Parents as Teachers (PAT): is a national program that provides parents with child development knowledge and parenting support through the Parents as Teachers National Center which promotes home visitation as one of its primary service components. The four-part intervention model known as Born to Learn delivers its mission-based program through parent educators to lower-income parents with young children and professional development opportunities for service providers. Meld is a facilitated group model that draws on peer support. Advocates work through both public and private sectors to promote positive policies for young families. Although several vehicles are used to implement these mission-based programs, the network is an organized affiliation of many organizations and family service providers across the country. www.parentsasteachers.org

Home Instruction for Parents of Preschool Youngsters (HIPPY): is a parent involvement, school readiness program that helps parents prepare their three-, four-, and five-year-old children for success in school and beyond by providing a curriculum of books and materials designed to strengthen their children's cognitive development, early literacy skills, social/emotional and physical development. By empowering parents as primary educators of their children at home and fostering parental involvement in school and community life, HIPPY is designed to maximize the chances of successful early experiences, literacy and school readiness. To accomplish these goals, the program brings families, organizations and communities together and removes any barriers to family participation, such as the lack of financial resources. www.hippyusa.org

The Parent-Child Home Program (PCHP): is a research-based early childhood literacy and school readiness program that successfully strengthens families and prepares children for academic success through intensive home visiting. The program emphasizes the importance of quality parent-child interaction to promote the cognitive and social-emotional development that children need in order to enter school prepared to be successful students. During the twice-weekly visits with parents and children, home visitors model reading, play, and conversation activities to demonstrate how to build language and literacy skills. The curricular materials, quality children's books and educational toys are given to the families on a weekly basis, providing children with the materials they will encounter in school and creating an ongoing culture of literacy in the home. www.parent-child.org

SafeCare®: is a national evidence-based model for the treatment and prevention of child abuse and neglect. By targeting families at-risk for abuse and neglect, the training curriculum helps parents to recognize illness and injuries and seek the appropriate treatment, identify and reduce safety hazards in the home, engage in positive parent-child interactions and prevent child-behavior problems. To accomplish these goals, SafeCare® uses three sequential modules to impart a series of skill-based criteria. Most recently, the National SafeCare® Training and Research Center (NSTRC) was established to assist with a nationwide implementation of the SafeCare model, including supporting research to improve training and implementation and cultivate collaboration with communities, child welfare administrators, and policy makers. <http://chhs.gsu.edu/safecare/index.asp>

Home Visitation: Frequently Asked Questions

How many families receive home visitation services? It is estimated that at any given time in the United States, between 400,000 and 500,000 families are receiving home visitation services.⁴ This includes three percent of all families with children under the age of six and more than seven percent of those same families with incomes under 200 percent of the poverty line.⁵

What is the estimated cost of home visiting programs? While the number of programs and variety of funding sources makes it difficult to calculate, estimates suggest that between \$250 million and \$1 billion is spent annually on home visitation at the federal, state and local levels.⁶

How many states have home visiting programs? A February 2009 survey by the National Center for Children in Poverty found that 40 states support a total of 70 distinct home visiting programs.⁷ Most states reported one or two different state-based home visiting programs. Five states reported three or more state-based home visiting programs.⁸

Who provides home visiting services? Home visiting services are offered by a variety of providers, including trained nurses, other trained health professionals, social workers, paraprofessionals and peer advocates.

When does home visiting usually begin? Depending on the model, home visits usually begin during a woman's pregnancy or shortly after a child is born. The visits may continue until a child turns two or enters school. Some programs only serve first-time parents.⁹

How often do home visits occur? Visits may occur weekly, bi-weekly or monthly, depending on the program. In some cases, the number of visits decreases over time. Some programs also include group meetings with other families as well as additional activities outside the home.

Home Visiting and Domestic Violence

Home visiting programs provide young and vulnerable parents and parents-to-be with a range of information and skills to help keep their children and families healthy, safe, and ready to learn. As a prevention tool, home visitation is one of the few, widely-evaluated interventions that has been proven effective in reducing child abuse and neglect. This voluntary, strengths-based approach is especially important for those mothers who are currently experiencing or at risk of experiencing domestic violence. These young mothers are often isolated and afraid and in need of the support, information and resources provided by home visitation programs.

Yet, much of the potential of these programs to serve these women remains unrealized because few programs fully integrate domestic violence assessment and training into their programs. In addition, research published in 2000 found that the positive effects of home visitation were reduced when a mother was experiencing domestic violence, and for those experiencing high rates of domestic violence the beneficial effects in terms of preventing child abuse disappeared completely.¹⁰ If home visiting programs are to reach their full potential as a prevention and early intervention strategy it is essential that they address domestic violence.

The Link Between Domestic Violence and Child Abuse and Neglect

Domestic violence is a significant threat to women and children's safety and well-being. Nationally, one in four women has experienced violence in an intimate relationship.¹¹ In addition, 15.5 million children live in homes where domestic violence has occurred in the past year.¹² Indeed, in a recent large national survey, more than one-third of all 14-17 year-olds reported that they had seen a parent assaulted.¹³

Beyond the trauma children experience when they are exposed to violence against one of their parents, evidence suggests that violence against women often leads directly to violence against children. Studies

show that in cases where victims experience severe forms of domestic violence, their children are also in danger of suffering serious physical harm.¹⁴ In a national survey of more than 6,000 American families, 50 percent of men who frequently assaulted their wives were also found to have frequently assaulted their children.¹⁵ In fact, studies from domestic violence shelters, child protection data, and other sources show that both child maltreatment and violence against women co-occur in 30 to 60 percent of families where either form of abuse is identified.¹⁶ Even more troubling, the occurrence of domestic violence in the home is the single most common precursor to child deaths in the United States.¹⁷



Facts-at-a-Glance: The Impact of Domestic Violence on Children

Each year, millions of children are abused and neglected, exposed to domestic violence or witness other forms of violence in their communities. While violence impacts each child differently based on the frequency of the violence, the child's coping skills and other protective factors,¹⁸ children who are exposed to domestic violence and other forms of violence:

- May experience lasting physical, mental and emotional harm that may include difficulties with attachment, regressive behavior, anxiety and depression, poor school performance, developmental delays, aggression and other conduct problems.¹⁹
- Are less likely to be completely immunized and to have optimal well-child care, and are more likely to have asthma, visit the emergency department, and cost health plans more money.²⁰
- May be more prone to dating violence, delinquency, further victimization, and involvement with the child welfare and juvenile justice systems.²¹
- May experience impairments in their capacity to partner and parent later in life, thus continuing the cycle of violence into the next generation.²²
- Have a higher likelihood of being involved in a teen pregnancy. Boys exposed to domestic abuse are more likely than their peers to be involved in teen pregnancy.²³ Adolescent girls who experience physical and sexual violence by a dating partner are six times more likely to become pregnant than their non-abused peers.²⁴
- Are more likely to abuse drugs and alcohol. In particular, adolescent girls who witnessed domestic violence were two to three times more likely to report tobacco and marijuana use, drinking alcohol or using drugs before having sex, and having sex with multiple partners.²⁵

Mitigating the impact of exposure to violence:

- Children exposed to domestic violence are impacted differently based both on a range of environmental characteristics (e.g., the extent and frequency of the violence) and protective factors (e.g., a strong relationship with a parent or other caring adult).²⁶
- Early identification of domestic violence followed by intervention can help decrease the impact on children exposed to violence. Model programs exist for both children and mothers.²⁷
- Family members, service providers including home visitors, and others are in a unique position to prevent and decrease the harms associated with domestic violence exposure.²⁸

Improving Outcomes for Children by Addressing Domestic Violence

With the support of appropriate training, interventions and policies, home visiting programs can play a vital role both in preventing family violence and improving the well-being of vulnerable, low-income children and families. In addition to improving the lives of families affected by domestic violence, efforts to better address domestic violence can also help save resources, both by reducing health costs and by preventing the need for more costly services and system-involvement down the road.

When home visiting programs fail to address domestic violence or use inappropriate interventions, they also run the risk of undermining their overall effectiveness. They may exacerbate already fragile and dangerous situations for mothers and their children through well-intentioned but ill-informed efforts, or they may simply ignore it, even when it's obvious, and further a woman's isolation and fear of discussing it.

Specifically, integrating domestic violence prevention, assessment and intervention into home visitation programs can help improve the outcomes of the following program goals:

1. Reduce Child Maltreatment

Research consistently shows that children living in homes where domestic violence occurs are at greater risk of child maltreatment. In one review of child protective services cases, for example, two states identified domestic violence as a factor in approximately 41 to 43 percent of cases resulting in critical injury to or the death of a child.²⁹ In addition, a 2008 review of 13 child fatality cases in Colorado found that domestic violence was identified as a family stressor in 69.2 percent, or at least nine of the cases.³⁰

Domestic violence can co-exist with child maltreatment in many forms, including physical abuse, abduction, emotional abuse, sexual abuse and chronic neglect. In some cases, both mothers and children are abused by the perpetrator, while in other situations, the impact on the mothers health and parenting can negatively affect the children. In reaction to the violence and the trauma it causes,

many women who experience domestic violence become depressed or may attempt to self-medicate by using drugs and alcohol. Other mothers may find themselves demonstrating harsher parenting styles during periods of abuse, although these harsher behaviors are likely to stop once they are no longer under the control of the perpetrator.³¹

Perpetrators of domestic violence are more likely to be rigid and authoritative in their parenting styles and also are more likely to undermine the mothers parenting of the children. In some extreme cases, perpetrators of domestic violence will force a child to witness the abuse and/or force children to participate in the abuse of their mother.

Given these scenarios, addressing and preventing domestic violence can undoubtedly prevent future child abuse and neglect. The safety and well-being of the victim of domestic violence is inextricably linked to the safety and well-being of the child. In addition to addressing current abuse, an increased focus on preventing domestic violence combined with providing information about child development and building healthy relationships may also help to prevent future child abuse and neglect. In some cases, there also may be opportunity to help perpetrators of domestic violence increase their empathy for their children's experience and thereby offering more motivation to stop their use of violence and seek help. Some parents are able to recognize their own patterns of harmful behavior and understand how their own past exposure to violence might impact their parenting and intimate relationships. These parents can learn concrete strategies to overcome legacies of child abuse and domestic violence. Home visitation programs can promote strategies that instill a sense of mutual respect between partners and build healthy and nurturing adult relationships that can greatly contribute to a safer environment for the child.

2. Improve Maternal and Child Health Outcomes

Mothers who experience domestic violence may experience a range of poor maternal health outcomes for themselves and their children that could be improved by the one-on-one support and services

that home visitation programs provide. Physical abuse during pregnancy can have devastating effects on both mothers and their children. Most significantly, homicide is the *second* leading cause of injury-related deaths among pregnant women.³² In addition to the risk of death, women who experience physical abuse during pregnancy are more likely to miscarry, experience pregnancy related hospitalization, pre-term labor, preterm birth and other poor birth outcomes, including neo-natal death.³³ Women who are abused during pregnancy are 4.5 times more likely to use illicit drugs, smoke, and use alcohol during pregnancy³⁴ and are 2.7 *times* more likely to have a pregnancy-related hospitalization.³⁵

The impact of domestic violence has economic costs as well. In one study, health care costs were 24 percent higher for children whose mothers' abuse was reported to have stopped before the child was born compared to children of mothers who did not experience domestic violence.³⁶ Finally, women with a controlling or threatening partner are *five* times more likely to experience persistent symptoms of postpartum maternal depression which can directly affect their parenting (*see text box*).³⁷

In addition, men who batter often engage in rape and other forms of sexual and reproductive coercion, including pressuring their partners to become pregnant and directly interfering with their use of birth control. One study of women seeking care in family planning settings, for example, found that 53 percent of the women had experienced domestic or sexual violence in their lifetime. Nineteen percent had experienced pregnancy coercion and an additional 15 percent had experienced direct birth control sabotage³⁸ (*see page 20 for additional information about sexual, reproductive and pregnancy coercion*).

Research shows that women who participate in home visitation may also be empowered to make decisions that positively impact reproductive health outcomes. This includes access to information about the impact of "rapid repeat pregnancies" that are strongly correlated with poor birth outcomes and maternal depression, which can negatively affect mothers' educational and workforce achievements. Women participating in home visitation are also more likely

to engage in healthy behaviors that lead to better pregnancy outcomes, including a decrease in the rate of low-birth weight babies, one of the leading causes of childhood illnesses, disabilities and infant death,³⁹ and health disparities.

Given what is known about the prevalence of sexual violence and reproductive coercion, it is essential that home visitors be trained to understand these dimensions of domestic violence and have the information to respond.

Domestic Violence, Maternal Depression and Child Abuse

Studies have shown that intimate partner violence has a negative and lasting impact on the mental health of mothers. In general, maternal depression is significantly higher for abused women than non-abused women. In fact, women with a threatening or controlling partner are five times more likely to experience persistent symptoms of postpartum maternal depression than other women⁴⁰. Women who have experienced domestic violence are also more likely to be diagnosed with a wide range of mental health problems, including depression, traumatic and post-traumatic stress disorder, panic attacks, anxiety, sleep issues and other issues that directly affect their health, well-being and ability to parent. For these reasons, depressed mothers have greater difficulty caring for their children and may use harsher parenting techniques, which may also be associated with children's behavioral problems.⁴¹

3. Improve School Readiness

Home visitation programs seeking to improve child development and school readiness outcomes are more likely to succeed if they can reach the millions of children whose exposure to violence may compromise their emotional and academic development. Research

shows that children’s academic success depends significantly on mastering emotional and behavioral skills before they enter school. These fundamental skills include the ability to understand and respect their own feelings and those of others, cooperate with peers and adults, resolve conflicts successfully, and to appropriately control their behavior in a range of settings.⁴²

While each child is different, exposure to family violence can compromise some children’s ability to attain the skills needed for school readiness and future achievement. In particular, exposure to domestic violence can lead to a variety of behavioral, social, and emotional problems, including higher levels of aggression, withdrawal and depression, poor peer relationships and low self-esteem. Domestic violence exposure can lead to other problems as well, including lower cognitive functioning, limited problem-solving skills, greater acceptance of violent behaviors and attitudes, risky sexual behavior and a greater likelihood of substance abuse. In addition, children exposed to domestic violence may also negatively impact the learning experiences of their

peers. One recent study, for example, found that children exposed to domestic violence significantly decrease the reading and math scores of *their peers*, and also significantly increase misbehavior *by others* in the classroom.⁴³

By helping parents create a safe environment conducive to successful early learning and strengthening their role as key protective factors in the lives of their children, home visitation programs are better able to achieve school readiness and other key child development outcomes.

4. Reduce Intergenerational Cycles of Violence

Integrated approaches to child maltreatment and domestic violence also have the potential to help break the intergenerational cycle of intimate partner violence. In addition to higher levels of adult depression and trauma, prolonged exposure to violence can lead to the increased tolerance for and use of violence in adult relationships.⁴⁴ In addition, adolescents who have been exposed to domestic violence are at a higher risk for either perpetrating or becoming victims of domestic violence.⁴⁵

The Difference Home Visitors Can Make

Over the last ten years, there has been increased emphasis on partnerships between child protection agencies and domestic violence advocates to improve the service and supports for women and children impacted by domestic violence. Through their collaborations, these service providers have made an enormous difference in helping women keep children and families safe. These critical partnerships have demonstrated that simple steps to raise awareness and provide basic training on the dynamics of domestic violence can result in increased health, safety and well-being for children and their mothers. Partnerships between child maltreatment, domestic violence and home visiting programs hold the same promise. The case study below illustrates the benefits families experience when home visitors are trained to help victims of domestic violence:

Anna is a 31-year-old mother of a sixteen-year-old teenager and an infant who just turned one. While she has experienced a series of abusive relationships, Anna had never received help from any family members, formal system or community-based agency to help her with her difficult circumstances. Instead, she faced the violence in her life alone, fearing her family’s judgment and feeling ashamed about what was happening to her. In the sixth month of her pregnancy with her second daughter, her boyfriend—the father of her unborn baby—beat Anna unconscious on the streets of Baltimore. She awoke in the emergency room with serious multiple injuries. When she was released from the hospital, a social worker asked Anna if she would like a home visitor to help her with the birth of her baby. She agreed.

During one of those early home visits, the nurse asked Anna about the father of her baby and whether she felt safe in their relationship. This critical question and her growing relationship of trust with the nurse convinced Anna to tell her story. Over time, the nurse provided care to Anna and her children, specifically linking them to community-based domestic violence resources. Anna's relationship with the nurse home visitor helped Anna to get the support she needed, and protected Anna and her children from continued harm at the hands of her violent boyfriend.

This real-life example raises a series of “what-ifs”—questions that directly support the need for domestic violence awareness and training in the home visiting context. *What if the social worker hadn't referred Anna to a home visitation program? What if the home visitor wasn't equipped to appropriately identify and address the safety concerns for Anna and her children? What if the home visitor hadn't given Anna a specific opportunity to talk about whether she felt safe in her relationship? What if the home visitor had not connected Anna to appropriate domestic violence resources in her community?*

Without these domestic violence interventions, where would Anna and her children be today?

Promising Programs Exist to Address Domestic Violence within Home Visitation

Despite this link between current abuse and future victimization and perpetration as well as the other outcomes addressed, few home visitation programs systematically address domestic violence. Fortunately, this is beginning to change. The desire to more intentionally address the dynamics of domestic violence in the home visiting context has led to the development of several programs that focus more holistically on domestic violence approaches. These programs educate their workers about the impact of domestic violence on children and their mothers, teach them to recognize and identify the signs of violence in the home, provide training on safe interventions and other community-based domestic violence resources. In some cases, home visiting programs may also train their providers to effectively engage with men while maintaining basic accountability for their violent behaviors.

The following home visiting programs have implemented promising interventions specifically designed to improve outcomes for women and children experiencing domestic violence:

Domestic Violence Enhanced Visitation Intervention (DOVE) provides a range of

supports designed to prevent and reduce intimate partner violence against pregnant and postpartum women and their infants. Provided by perinatal public health nurses especially trained in the dynamics of and appropriate interventions for domestic violence at two pilot sites in Baltimore and rural Missouri, the DOVE intervention is delivered to pregnant and new mothers over the course of three prenatal and three postpartum visits. During the interactive visit, the visiting nurse uses a straight-forward brochure that helps women describe their experiences and choose service options that work best for them. The DOVE sites are currently being evaluated by Johns Hopkins University in partnership with the University of Missouri's School of Nursing using an experimental design and funded through a grant from the National Institute for Nursing Research. *Contact:* Dr. Phyllis Sharps, Johns Hopkins University School of Nursing, at Psharps@son.jhmi.edu or 410.614.5312; Dr. Linda Bullock, University of Missouri Sinclair School of Nursing at lbullock@missouri.edu or 573.882.0234.

Project Support is a comprehensive home-based intervention designed to reduce conduct problems



among children exposed to intimate partner violence. Currently used in several urban and suburban domestic violence programs in Dallas, Texas, the intervention provides home visiting services to mothers—after their departure from shelter—who have at least one child who is exhibiting clinical levels of conduct problems (e.g., defiant or oppositional behavior). The intervention has two specific focuses: (1) working with mothers to help them improve their child management skills; and (2) providing critical emotional support to mothers. A randomized clinical trial of the intervention showed that, compared with the control group, mothers receiving Project Support services demonstrated less inconsistent and

harsh parenting, all of which had helped to improve children’s conduct. *Contact:* Dr. Ernest Jouriles, Southern Methodist University, at ejourile@smu.edu or 214.768.2360 or Dr. Renee McDonald, Southern Methodist University, at rmdonal@smu.edu or 214.768.1128.

Visión y Compromiso (VyC) sponsors the Promotoras/Community Health Workers Network, a statewide group of primarily immigrant Latina women who provide health information and education and facilitate access to health care in low-income Latino communities throughout California. The network plays a critical role in reversing health disparities by addressing the practical and cultural realities that increase health risks for Latinos and the health system barriers that limit access to preventive services. They use personal contacts, trust and respect to address sensitive topics, counter misinformation, and advocate for quality care. Among its many programs, VyC provides its network with leadership, capacity-building and advocacy training. More specifically, VyC assists in meeting the emotional, health and service needs of women and children experiencing or at risk of experiencing domestic violence by providing trainings and support services, linking to additional resources and building community capacity to serve those in need. These training efforts include helping Promotoras identify the signs of domestic violence, providing women with appropriate community services, including shelter referrals where available, and supplying vital information to help access resources to protect them and their children. *Contact:* Maria Lemus, Executive Director at mholl67174@aol.com or 510.303.3444.

Artemis Center is a full-service domestic violence resource agency in Dayton, Ohio, that provides comprehensive home visiting services to young mothers of children from birth to age six who have been exposed to or who are at risk of exposure to domestic violence. With the support of a grant from the Office of Justice Program’s Safe Start Promising Approaches for Children Exposed to Violence Program, the Center works with Brighter Futures (nurses who provide in-home care) to better identify, assess, and respond to the needs of young parents as they confront the impact of domestic violence in their lives. During home visits, the therapist focuses

on reducing the impact the domestic violence has had on the parent and the child in efforts to strengthen the bond between mother and child. In addition to intensive case management by a personal family advocate, the advocate helps mothers maintain safety by accessing key services, including domestic violence resources. *Contact:* Jane Keiffer, Artemis Center at jane@artemiscenter.org or 937.461.5091.

Enhanced Nurse Family Partnership Study

is a clinical intervention designed to improve the effectiveness of David Olds' Nurse Family Partnership (NFP). NFP targets high-risk first time mothers-to-be and provides them with a community nurse starting in their second trimester and lasting until the child is two years of age. The Enhanced Nurse Family Partnership Study (or ENFPS) builds intimate partner violence prevention into NFP. Piloted in Portland, Oregon, NFP nurses in the study are trained in prevention of intimate partner violence and intervention using an empowerment model in which women can choose among a range of strategies designed to meet their relationship goals and maintain their safety as well as the safety of their children. This experimental intervention is being evaluated using a randomized clinical trial whereby women are randomly assigned to either control (NFP as usual) or experimental (ENFPS) conditions.

Contact: Dr. Lynette Feder, Portland State University at lfeder@pdx.edu or 503.725.5142.

The Pompano Safe Start Program sponsored by the Institute for Family Centered Services, Inc. utilizes a Family-centered Treatment (FCT®) approach for children who are exposed to all types of violence, with a specific focus on exposure to intimate partner violence. FCT® allows clinicians the opportunity to assess all families for the potential of violence and then tailor a specific plan of treatment to intervene. If the batterer is not present for treatment, many of the key interventions focus on empowering the woman. This entails enhancing her sense of power to make decisions, providing her with access to information and resources, presenting meaningful options and developing the skills to implement her choices. If the batterer is present, safety is assessed by examining danger to mother and child, life background, motivation to change and parenting skills. When indicated, the treatment includes the batterer at the appropriate level. Interventions last an average of six months and referrals come from mental health, protective services, domestic violence programs, law enforcement and juvenile justice. *Contact:* Bob Smith, Institute for Family Centered Services at Bob.Smith@thementornetwork.com or 919.367.9990.

Research and Evaluation: The Impact of Home Visiting Programs on Domestic Violence

Several research projects are currently underway or recently completed that look at the effectiveness of home visitation programs that work to address domestic violence.

A randomized controlled trial of Hawaii's **Healthy Start** that specifically focuses on domestic violence impact finds that women in the intervention group reported lower rates of maternal victimization and significantly lower rates of female perpetration of domestic violence than those in the control group. The effects of the intervention lasted during three years of program implementation. The long-term impact of the intervention was not as significant and found a smaller decrease in maternal victimization and perpetration, as well as an increase in verbal abuse, although this was not statistically significant. Nevertheless, the significant decreases in the first three years of implementation demonstrate the potential of home visiting as a strategy to reduce domestic violence. These findings also suggest the need to examine which strategies can help to sustain those early gains.⁴⁶

A randomized controlled trial of **Project SUPPORT**, which provides home visits to abused women who had at least one child and had recently stayed at a shelter, found promising results for children. Two years after treatment, only fifteen percent of the children in the intervention group had serious conduct problems compared to fifty-three percent of children in the control group. Home-visited mothers were also less likely to return to their abusive partners and to use aggressive parenting strategies compared to mothers in the control group.⁴⁷

Comprehensive evaluations of home visiting programs that are currently testing domestic violence interventions are still in progress, but early results are promising. An evaluation of the **DOVE program**, which is still underway, has applied qualitative research during the implementation phase to understand barriers to assessing and intervening for domestic violence, including the discomfort home visitors feel addressing violence in the home.⁴⁸

National Policy Landscape: A Key Opportunity for Integrating Domestic Violence into Federal Home Visitation Initiatives

Given increased attention to the benefits of home visitation and new investments in these programs, policy makers have a critical opportunity to create national policies that achieve positive outcomes for all children and families, including those experiencing domestic violence. Recently, the Obama Administration proposed a new initiative to create the first large dedicated federal funding stream solely for the establishment and expansion of evidence-based voluntary home visitation programs for low-income parents with young children. As proposed, the program will invest \$8.6 billion in mandatory funding over ten years. Administered through the federal Administration for Children and Families (ACF), it would also provide formula-based grants to states for implementing voluntary, evidence-based home visiting programs, including a set-aside for training, technical assistance and evaluation.⁴⁹

This proposal substantially expands ACF's current Home Visitation Initiative. Beginning in FY 2008, pursuant to a request by the Bush Administration, Congress appropriated \$10 million to support a new national program based on "competitive grants to states to encourage investment of existing funding streams into evidence-based home visiting models." As a condition of the appropriation, Congress required states use the funds to support models that have been shown, in randomized and

controlled trials, to "produce sizeable, sustained effects on important outcomes such as abuse and neglect." In September 2008, ACF awarded cooperative agreements to 17 grantees in 15 states to further this effort.⁵⁰ (Unfortunately, as of January 2010, Congress had largely defunded this initiative, possibly expecting that the program would be merged with the larger initiative being addressed in health care reform.)

Federal, state, and local governments are also financing additional home visiting efforts through a number of government programs and funding sources. The primary program sources for federal funding are spread across several different agencies, with the majority of funds concentrated in the Department of Health and Human Services and the Department of Education (*see text box, next page*). In addition to federal funding, home visiting programs also rely on a mixture of state funding, including general state revenues, maintenance of effort (MOE) funds, and state funds allocated to match federal grant programs.⁵¹ In addition, 13 state legislatures have enacted bills that direct tobacco settlement funds to be used for a variety of children's services, which advocates are considering as a potential resource to expand home visiting efforts. In fact, it is estimated that up to 44 percent of home visiting dollars currently come from state revenue sources.⁵²

Federal Funding Sources for Home Visiting Programs⁵³

Department of Education

- **Early Intervention Program for Infant and Toddlers with Disabilities**
<http://www2.ed.gov/programs/osepeip/index.html>
- **Even Start**
<http://www2.ed.gov/programs/evenstartformula/index.html>
- **Education for the Disadvantaged**
<http://www2.ed.gov/programs/titleiparta/index.html>
- **Parental Information and Resource Centers**
<http://www2.ed.gov/programs/pirc/index.html>

Department of Health and Human Services

- **ACF Home Visitation Initiative**
<http://www.acf.hhs.gov/programs/cb/>
- **Adolescent Family Life Care Demonstration Grants**
<http://www.hhs.gov/opa/familylife/>
- **Early Head Start**
<http://www.ehsnrc.org/>
- **Maternal and Child Health Block Grant**
<http://mchb.hrsa.gov/programs/blockgrant/overview.htm>
- **Community-based Child Abuse Prevention**
http://www.acf.hhs.gov/programs/cb/programs_fund/discretionary/community.htm
- **Promoting Safe and Stable Families**
http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/ss_act2.htm
- **Healthy Start**
<http://www.healthystartassoc.org/>

Department of Justice

- **Safe Start**
<http://www.safestartcenter.org/>

Corporation for National and Community Service

- **Americorps**
<http://www.americorps.gov/>

Department of Defense

- **New Parenting Support Program**

<http://www.militaryhomefront.dod.mil>

In addition to the programs above that explicitly permit or require home visiting to achieve program goals, these additional federal programs authorize the support of home visiting activities under their general programs goals:

- **Temporary Assistance to Needy Families (TANF)**
- **Child Welfare Services**
- **Social Services Block Grant**
- **State Child Abuse Prevention and Treatment (CAPTA) grants**
- **Community Service Block Grant**
- **Child Care and Development Fund**
- **Medicaid and Children’s Health Insurance Program (CHIP)**

Congress has also introduced two legislative proposals specifically designed to expand early child home visiting opportunities.

Early Support for Families Act (H.R. 2667):

Introduced in June 2009 by Representatives Jim McDermott (D-WA), Danny Davis (D-IL), and Todd Platts (R-PA), this bi-partisan effort combines the original components of the Education Begins at Home Act with the Obama Administration’s home visitation proposal. More specifically, the legislation establishes a new state grant program under Title IV-B of the Social Security Act to provide mandatory funding to create and expand early childhood home visitation programs. The grant award is based on the number of families in each state that live below the poverty line, with emphasis on communities with high numbers of low-income families or high incidents of maltreatment (Proposed funding level: \$2 billion over 5 years).⁵⁴

Evidence-based Home Visitation Act (S. 1267):

Introduced in June 2009 by Senators

Robert Casey (D-PA) and Robert Menendez (D-NJ), this legislation amends Title V of the Social Security Act to provide grants to local agencies to establish or expand home visitation for low-income pregnant women or families with children. Grant eligibility will be based on local agency’s ability to offer an approved home visiting model, specifically defined as one that has “demonstrated significant positive effects on parent and child outcomes”, such as reducing abuse and neglect, improving prenatal health, improving school readiness, reducing juvenile delinquency, and improving family economic self-sufficiency (Proposed funding level: \$2 billion over 5 years).⁵⁵

These helped guide the programs that were included in Health Care Reform legislation drafted in 2009. Both the House of Representatives and the Senate versions of health care reform legislation included home visitation programs, though the final versions were administered by different agencies and funded at different levels. At the time of this publication, health care reform remains uncertain.

Domestic Violence and Home Visiting: Federal Policy Recommendations

As home visitation programs are expanded, there is an unprecedented opportunity to prevent domestic violence in at-risk families and to effectively intervene when domestic violence is already occurring. By integrating domestic violence in all aspects of these programs, the investment of federal dollars can go even further in achieving home visitation's intended outcomes for millions of American families. To accomplish this, we recommend policy makers:

1. Ensure that any home visitation program funded by the federal government include comprehensive training for home visitors with specific strategies for:
 - a. Preventing domestic violence in families at-risk;
 - b. Identifying and responding safely to domestic violence where it already exists;
 - c. Understanding the impacts of domestic

violence on children's health and well-being and strategies for working with mothers to reduce its impact;

- d. Working with men and fathers, when it is safe to do so, by linking them with community resources and helping them understand the importance of being non-violent parents and partners.
2. Fund ongoing research on the most effective methods for integrating domestic violence awareness, prevention and interventions into the multiple home visitation programs, including community- and culturally-based programs.
 3. Collect additional, improved data as home visitation programs are expanded nationally to measure the ways in which violence impacts the families served. More specifically, expand the Pregnancy Risk Assessment Monitoring System (PRAMS) to cover more states and study the link between violence and pregnancy outcomes.

Integrating Domestic Violence and Home Visiting: Practice Recommendations

In addition to federal policy support, home visiting programs can proactively address domestic violence by focusing on three critical practice elements: training and supervision, self-care and values clarification, and father and men engagement. By understanding the basics of what works and what doesn't to promote safety for mothers and their children, home visitors can make a world of difference for the families they serve. Home visitors working with large populations of young parents can also learn specific strategies for identifying and engaging those who have been exposed to violence in their childhood or adolescence. In addition, more targeted attention to young parents and men can help home visitors understand the opportunity to break the cycle of intergenerational abuse and leave healthier legacies for their families.

1. **Training and Supervisory Support for Home Visitors:** Home visitors need basic training to attain the core set of competencies for assessing and intervening with families experiencing domestic violence. Home Visitors cannot be expected to have the in-depth skills and knowledge needed to work with victims of domestic violence and sexual assault. At a minimum, however, they should have the training and guidelines needed to intervene when domestic violence situations have been identified, including:
 - Identification of domestic violence, including verbal and no-verbal cues from mothers, partners and children.

- Strategies to approach victims, assess their safety and the safety of their children, and provide them with concrete strategies for keeping themselves and their children safe.
- Basic understanding about how to recognize and assess harm in children across development stages.
- Assessment for reproductive coercion, including the role in reproductive coercion in unplanned pregnancy, rapid repeat pregnancies and sexually transmitted infections.
- Strategies to promote healthy pre-conception and inter-conception.
- Techniques to talk to parents about the effects of domestic violence on children so they can thoroughly understand its negative impact on development.
- Strategies to ensure home visitor safety in prevention and intervention efforts.

2. Self-Care and Values Clarification:

Home visitors also need to understand how their own life experiences influence their work with families. Research finds that some home visitors have their own histories of family violence and prior victimization. While this can lead to a degree of empathy for families experiencing domestic violence, it also calls for attention to how this experience impacts effectiveness with families. It is also critically important for home visitors to clarify their own values about women and children living with domestic violence. This is particularly important as it relates to working with low-income families and families of color. Because children of color are more likely to be removed from their parents after reports of abuse and neglect, and because of the disparities in service outcomes for these families, attention to individual bias and institutional racism is important for all home visiting programs.

- ## 3. Engaging Men and Fathers:
- Whenever safe and possible, home visitation should

attempt to involve fathers in helping to create a supportive and nurturing environment for their children. Domestic violence prevention strategies within home visitation can ensure that mothers and fathers have the information needed to be effective parents, understand the foundation for healthy relationships, and recognize how their own patterns of communication and interaction impact the emotional development of their children. When home visitors enter the lives of families where domestic violence is already occurring, however, father and partner engagement can be complex. At a minimum, home visitors must first talk to mothers first about their safety and the safety of their children before attempting to involve a father or boyfriend. Home visitors need to understand when engaging fathers in discussions about domestic violence and reproductive health can result in reactions that further men's resolve to exert control and further violence. Providing a safe space for mothers who might be experiencing domestic violence to talk about her challenges—away from the physical presence of potential abusers—can be an effective strategy to prevent these unintended consequences.



Realizing the Promise of Home Visitation: Additional Considerations

In addition to addressing the dynamics of domestic violence within families, policy makers must also identify and eliminate a range of other barriers that challenge the effectiveness of home visitation. More specifically, they should:

1. Balance the Need to Prevent Child Abuse and Neglect with Ensuring Child Safety

Home visitors well-trained in the dynamics of domestic violence can play a pivotal role in identifying children who have been exposed to domestic violence, linking mothers to appropriate community resources, and helping the non-abusing parent improve her safety and the safety and stability of her children. In the absence of a comprehensive understanding of domestic violence and its link to child abuse and neglect, however, home visitors may cause further harm to domestic violence victims by angering the men who batter or by making an inappropriate report of child abuse or neglect that results in the needless separation of a non-offending mother and child. Too often, this is the default response for providers without adequate domestic violence training.

2. Address Coercion and Abuse Experienced by Pregnant Women and New Mothers

In an effort to improve the ongoing health of children and families, many home visiting programs provide young parents and parents-to-be with information about how to space their children, prevent future unintended pregnancies and improve their sexual and reproductive health. This information is particularly important in homes where domestic and sexual violence exist. To support this point, forty years of published research addressing domestic violence and sexual health found that domestic violence was consistently associated with poor reproductive health outcomes including: unplanned

pregnancy, induced abortion, increased risks for STI/HIV, and inconsistent condom use.⁵⁶

Additional recent research on partner control and coercion that targets pregnancy, STI/HIV risks, sexual health, and ability to control reproductive choices has helped to shape the following definitions:

- **Reproductive coercion** includes active interference by an intimate partner with contraceptive methods (destroying birth control pills; removing vaginal rings, or contraceptive patches, poking holes in condoms; refusing to wear condoms, and threats of harm if the partner uses contraception).
- **Pregnancy coercion** includes threats or acts of violence if the partner does not comply with the perpetrator's wishes regarding the decision whether to terminate or continue a pregnancy.
- **Sexual coercion** includes *intentionally* exposing a partner to sexually transmitted infections (STI), forcing them not to use condoms, threats or acts of violence related to STI partner notification, and threats or acts of violence if a woman doesn't agree to have sex when her partner wants it.

While sexual coercion does not only occur in abusive relationships, women experiencing domestic violence experience higher rates of reproductive coercion which puts them at higher risk for unintended pregnancy and sexually transmitted infections. To reduce their reproductive risks, women who are struggling with these issues in their relationships must be provided access to accurate information about contraceptives with lower risk for partner interference (such as IUDs, DEPO, Implanon, emergency contraception as well as support around condom negotiation and safety). It is also critical that these resources be shared in a manner that respects the values and choices of individual clients regarding reproductive, parenting and other critical decisions.

3. Address Health Disparities and Institutional Racism

As with all government and community systems, institutional racism threatens to diminish the effectiveness of home visiting programs in many communities. Given the disproportionate representation of families of color in many of the communities home visiting programs serve, federal policies must make certain that families of color have a strong voice in the design and implementation of local home visiting programs, that home visitors reflect the ethnic/racial and socio-economic diversity of their clients, and that both program structure and training are responsive and culturally competent.

4. Avoid a “One Size Fits All” Approach

While some home visiting models have been more successful and widely-evaluated than others, federal policies must recognize that there are many effective models for improving child outcomes—from community-based programs staffed by well-trained peer advocates to national programs like The Nurse Family Partnership that utilizes registered nurses in their family outreach efforts. While all home visiting programs should be required to meet common program

assessment, training, and evaluation standards, policy makers must recognize and support the potential for multiple strategies that can be tailored to meet the specific needs of diverse populations and communities.

5. Recognize the Impact of Home Visiting on Immigrant Families

Many home visiting programs are already serving low-income immigrant populations. In fact, some models, such as those that utilize *promotoras* (or bi-lingual community health workers) are specifically designed to meet the unique needs of underserved immigrant communities. As with other government benefits and services, undocumented families are sometimes excluded from home visiting programs. Even legal immigrants who are eligible for home visiting programs may fear that accepting these services will bring unwanted government scrutiny to their families and communities. As home visiting programs are taken to scale, policy makers must ensure federally-funded programs are appropriately structured to improve outcomes for immigrant families, including undocumented children and their parents, and equipped to meet the diverse needs of English-language learners.

Conclusion

Home visitation has rightly generated enthusiasm and optimism among policy makers and advocates for children and vulnerable families. It is one of the few rigorously evaluated interventions that has demonstrated its effectiveness at improving the health and well-being of children, and as such the federal government is poised to seriously increase its investment in these

programs. Given this large commitment, it is imperative that these programs be rolled out and scaled up in the most effective ways. By addressing domestic violence thoughtfully and thoroughly, home visitation programs will increase their opportunity for success and most importantly help the women and children who they serve reach their full potential.

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