



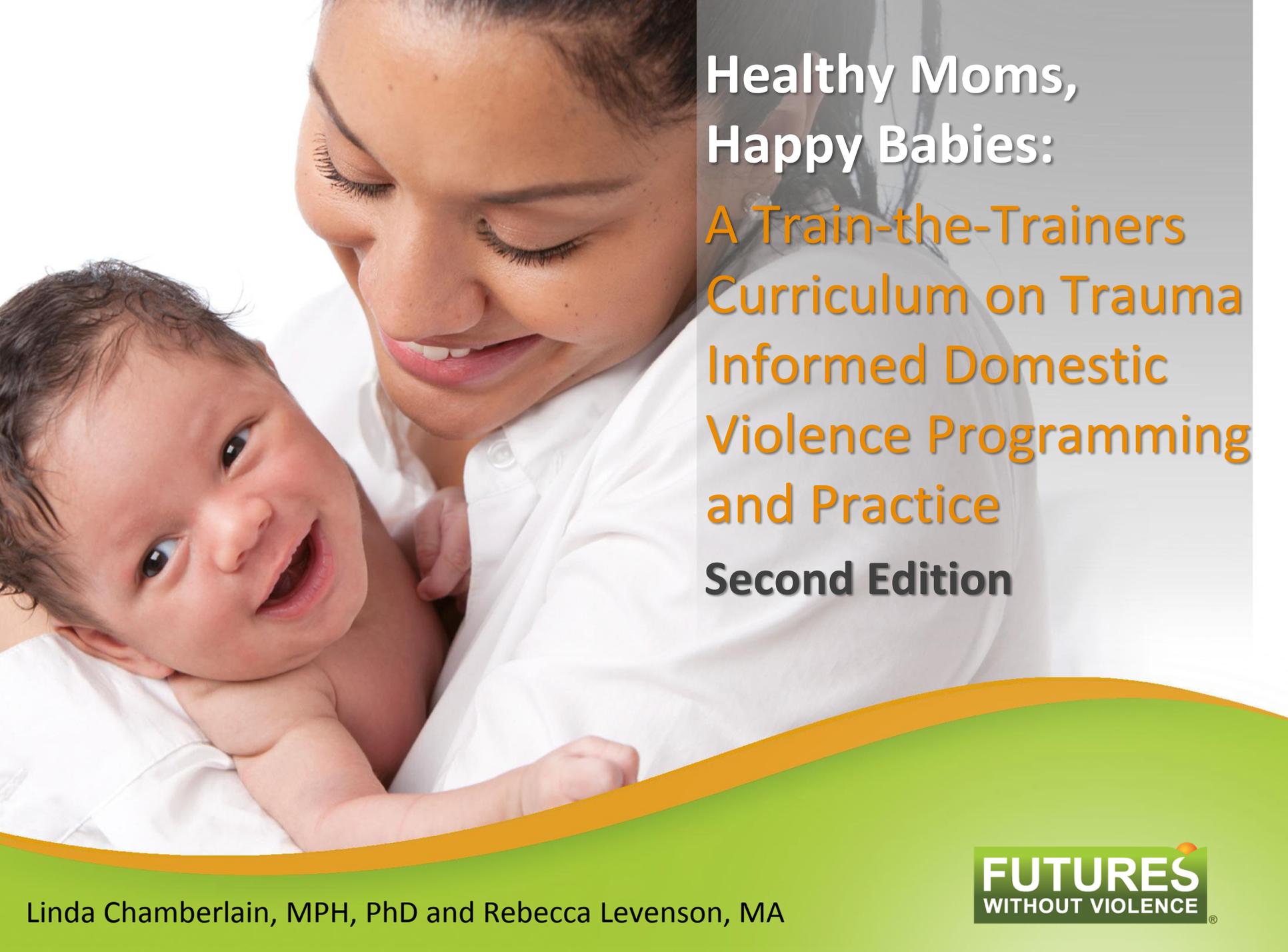
THIS WEBINAR WILL BEGIN AT
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A close-up photograph of a woman with dark hair, wearing a white shirt, smiling warmly as she holds a baby. The baby is looking towards the camera with a joyful expression. The background is a soft, out-of-focus white.

**Healthy Moms,
Happy Babies:**

**A Train-the-Trainers
Curriculum on Trauma
Informed Domestic
Violence Programming
and Practice
Second Edition**

Linda Chamberlain, MPH, PhD and Rebecca Levenson, MA



Poll Question

Healthy Moms Happy Babies Webinar

Who is joining us today? Please mark which best describes your work:

- *Home Visitor*
- *Program Supervisor/Manager*
- *Program Officer or Department of Public Health Staff*
- *Domestic Violence Staff*
- *Therapist/Mental Health Staff*

National Health Resource Center on Domestic Violence

Provides free technical assistance and tools including:



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

Learning Objectives

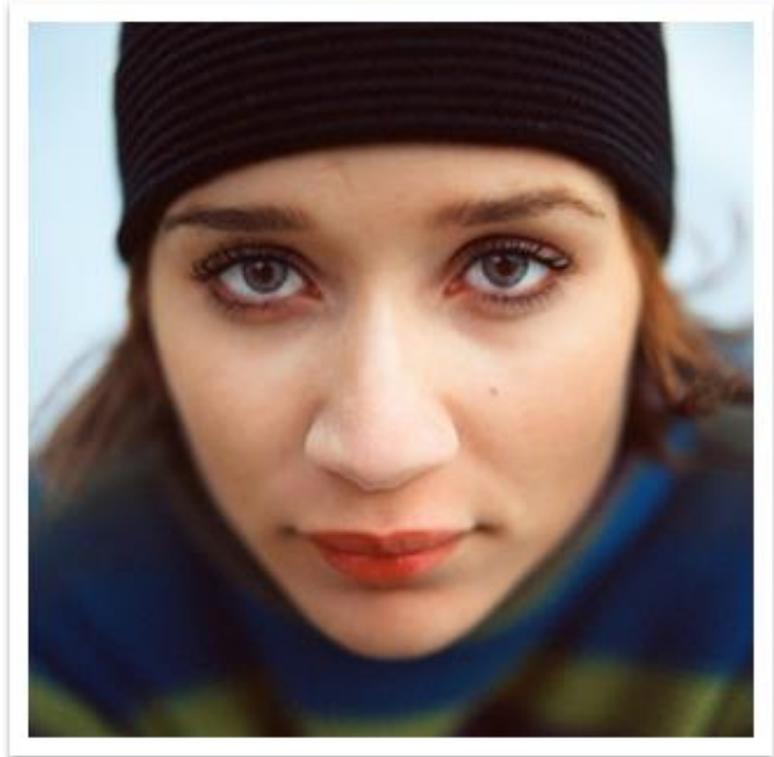
After this training, participants will be better able to:

1. Identify two barriers to screening for providers, home visitors and other professionals who conduct domestic violence assessment with clients.
2. Describe why universal education and using our evidenced-based safety card is important for helping clients who experience domestic violence.
3. Understand how the safety card can be used as an empowerment tool for clients.

Barriers to Identifying and Addressing Domestic Violence

Providers identified the following barriers during the implementation phase of a perinatal home visitation program to reduce domestic violence (DV):

- Comfort levels with initiating conversations with clients about DV
- Feelings of frustration and stress when working with clients experiencing DV.
- Concerns about personal safety when working in homes where DV may escalate.

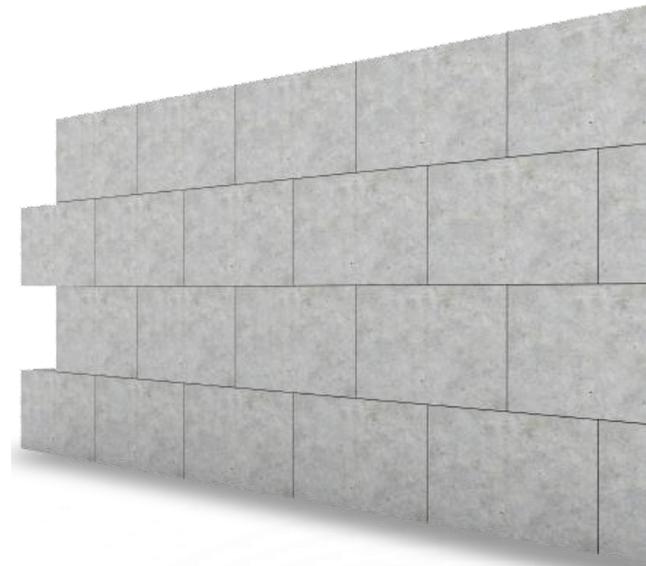


(Eddy et al, 2008)

Breaking Down Institutional Barriers

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

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



Breaking Bad (Poll Question)

What happens when screening allows staff to miss the point?

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

Think about **EXACTLY** what happened.

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



FUTURES
WITHOUT VIOLENCE[®]

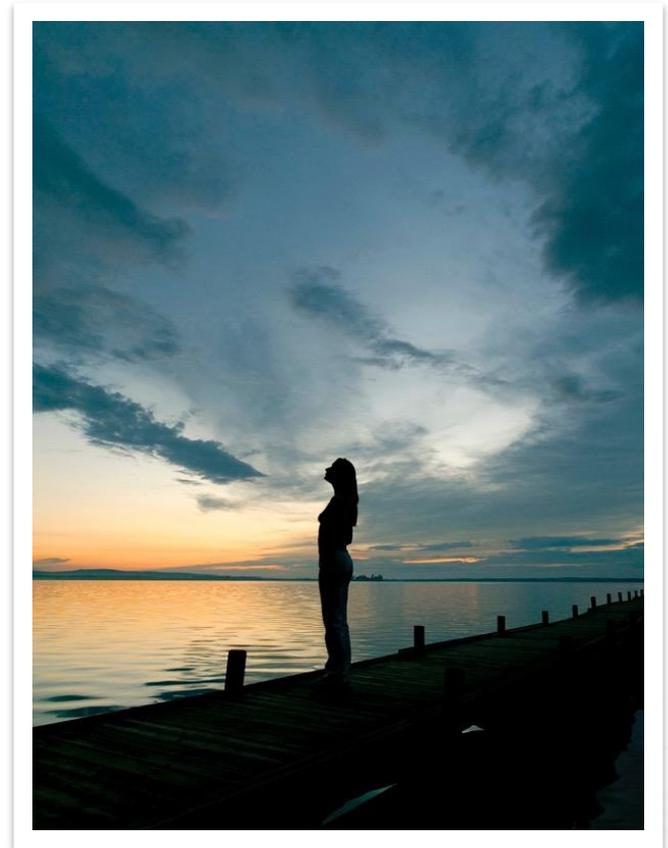
Module 1

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

What is Vicarious Trauma?

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

(Dr. David Berceci, 2005)



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

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

Personal Exposures to Violence and Secondary Traumatic Stress are Connected

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



It's About All of Us

“Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”

Pema Chödrön



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Module 2

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

Getting Started: Small Group Discussion



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

Domestic violence negatively impacts home visitation program outcomes including:

- Maternal health
- Pregnancy outcomes
- Children's cognitive and emotional development and physical health
- Parenting skills
- Family safety
- Social support

Lessons Learned from Nurse Family Partnership

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



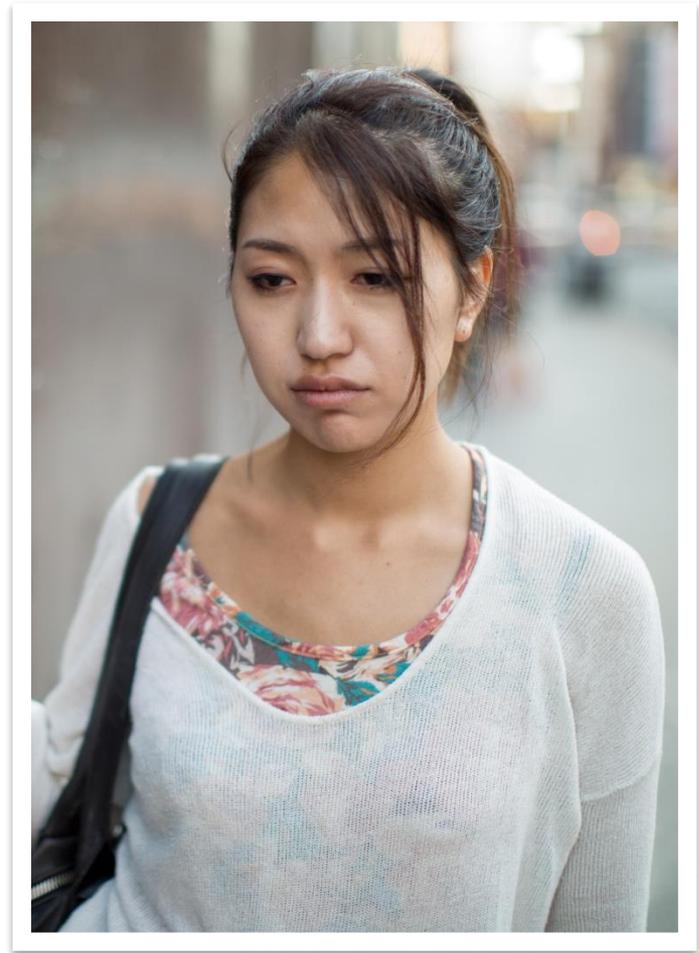
(Eckenrode, et al. 2000)

Prevalence of Domestic Violence

1 in 4 (25%)

U.S. women report having experienced physical and/or sexual violence by a partner.

(Black et al, 2011)





Reproductive
Coercion:
Considerations
for
Interconception
Care

Show of Hands

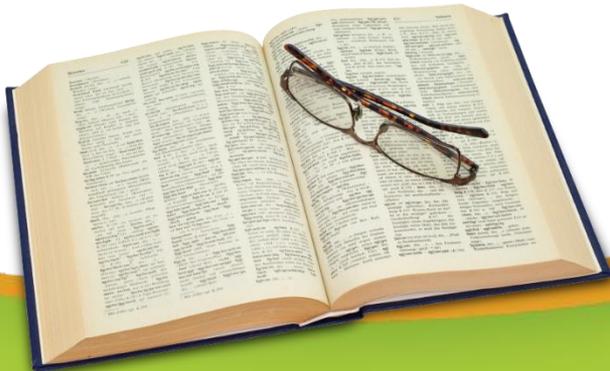
What percentage
of your clients'
pregnancies have
been unplanned?



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

These behaviors may include:

- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods





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WITHOUT VIOLENCE[®]

Module 3

Assessment and Safety Planning for Domestic Violence
in Home Visitation

Self Reflection: On a Scale of 1 to 5

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



SAFETY First

- Never screen for domestic violence in front of a partner, a friend or family member
- Never use a family member to interpret domestic violence education or screening tools
- Never leave domestic violence information around or in a packet of materials without first finding out if it is safe to do so

Relationship Assessment Tool

1. Read the cover sheet about scoring
2. Discussion of scoring
3. Discuss how to change language for same sex partners

Exercise: Think about the most difficult home visitation case you have and answer questions for that client.

- a. Score your tool.
- b. How many of you scored 20 or higher?
- c. How do these questions differ from a question like: "Have you been hit, kicked, slapped by a current/former partner?"

The image shows a screenshot of the 'RELATIONSHIP ASSESSMENT TOOL' form. The form is titled 'RELATIONSHIP ASSESSMENT TOOL' in green. It includes a 'Date:' field, a section for 'Other reason for not using tool today:', and a note for home visitors. The form contains 10 questions, each with a scale from 1 to 6. The scale is defined as follows: 1 Disagree Strongly, 2 Disagree Somewhat, 3 Disagree a Little, 4 Agree a Little, 5 Agree Somewhat, 6 Agree Strongly. The questions are: 1) He makes me feel unsafe even in my own home, 2) I feel ashamed of the things he does to me, 3) I try not to rock the boat because I am afraid of what he might do, 4) I feel like I am programmed to react a certain way to him, 5) I feel like he keeps me prisoner, 6) He makes me feel like I have no control over my life, no power, no protection, 7) I hide the truth from others because I am afraid not to, 8) I feel owned and controlled by him, 9) He can scare me without laying a hand on me, 10) He has a look that goes straight through me and terrifies me. The form also includes a thank you message and a reference to the source: Smith, P.H., Earp, J.A., and DeVellis, R. (1995). Measuring battering: development of the Women's Experience with Battering (WEB) Scale. Women's Health: Research on Gender, Behavior, and Policy, 1(4), 273-286.

(Note to home visitor: Please modify this script based on your state laws. This is just a sample script.)

“Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, INS (Homeland Security) or law enforcement. There are just two things that I would have to report- if you are suicidal, or your children are being harmed. The rest stays between us and helps me better understand how I can help you and the baby.”

We ask all our clients to complete this form. For every question below, please look at the scale and select the number (1-6) that best reflects how you feel.

1	2	3	4	5	6
Disagree Strongly	Disagree Somewhat	Disagree a Little	Agree a Little	Agree Somewhat	Agree Strongly

- 1) My partner makes me feel unsafe even in my own home..... _____
- 2) I feel ashamed of the things my partner does to me..... _____
- 3) I try not to rock the boat because I am afraid of what my partner might do..... _____
- 4) I feel like I am programmed to react a certain way to my partner..... _____
- 5) I feel like my partner keeps me prisoner..... _____



6) My partner makes me feel like I have no control over my life, no power, no protection _____

7) I hide the truth from others because I am afraid not to _____

8) I feel owned and controlled by my partner _____

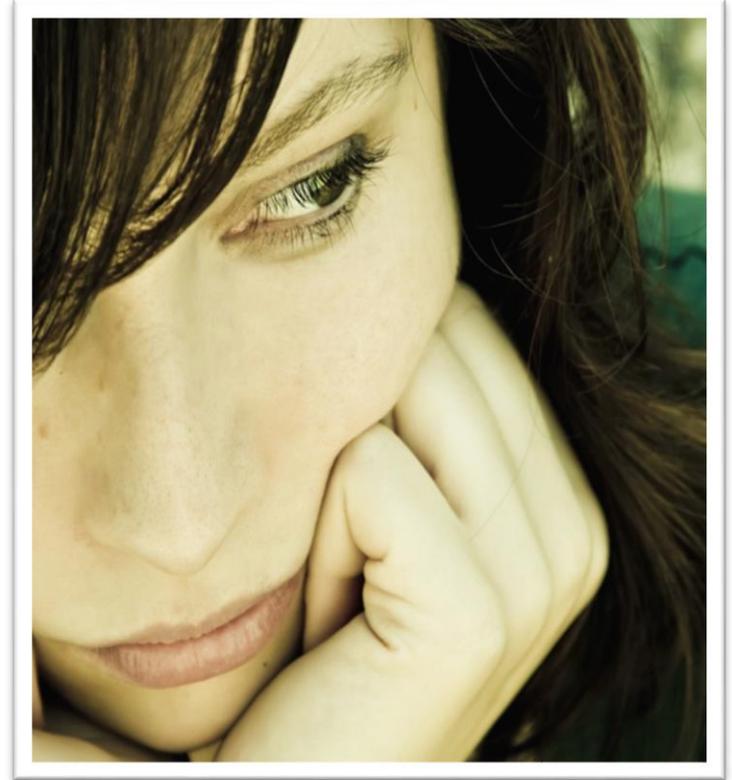
9) My partner can scare me without laying a hand on me _____

10) My partner has a look that goes straight through me and terrifies me _____



True or False

- Starting and ending conversations about difficult or stigmatizing issues like domestic violence can be challenging during home visits.
- We take care of ourselves by presenting questions and educational messages in a way that feels most comfortable to us.



True Domestic Violence Screening Stories

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



MIECHV Story

- All home visited moms screened routinely for domestic violence
- Prevalence of DV 14-52% among HV moms
- State average positive disclosure rate? 4-5%
- Why were moms not telling us what was happening to them?

What Is a Mother's Greatest Fear?



“If mandatory reporting was not an issue, she would tell nurse everything about the abuse...”

- “I say no [when my home visitor asks about abuse] because that’s how you play the game... People are afraid of social services. That’s my biggest fear....”
- “Like I was saying about my friend, the reason she don’t [disclose] is because she thinks the nurse is going to call children’s services...she avoids the nurse a lot”

(Davidov et al, 2012)

Identification and Assessment of Intimate Partner Violence in Nurse Home Visitation

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

(Jack et al, 2016)



Universal Education and Screening for DV

- To overcome barriers created by mandatory reporting we need to combine universal education with screening for DV
- Starting with universal education followed by face-to-face screening can facilitate conversation



Group Activity

Take a couple of minutes and read the card carefully.

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



1. Universal Education

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

How is it Going?

All moms deserve healthy relationships. Ask yourself:

- ✓ Do I feel respected, cared for and nurtured by my partner?
- ✓ Does my partner give me space to be with friends or family (or to take breaks from the baby)?
- ✓ Does my partner support my decisions about if or when I want to have more children?

If you answered *YES* to any of these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better health, longer life, and better outcomes for children.

2. Have a Conversation about DV

You might be the first one to talk with her about what she doesn't deserve in her relationship.

On Bad Days?

Is my relationship unsafe or disrespectful? Ask yourself:

- ✓ Does my partner shame or humiliate me?
- ✓ Does my partner threaten me, hurt me, or make me feel afraid?
- ✓ Does my partner make me do sexual things I don't want to do?

If you answered *YES* to any of these questions, you don't deserve to be hurt and your health care provider can support you and connect you to helpful programs.

Empower them

Helping Another Mom

Everyone feels helpless at times—like nothing they do is right.

This might be true for you or your friends and family. Connecting with young Moms about what's hard, and where you find strength, might help you feel less alone.

You can make a difference by telling another Mom she's not alone: 'Hey, I've been there too. Someone gave this card to me, and it helped give me ideas on places you can go to get support and be safer.'

And for you? Studies show that when we help others we see the good in ourselves, too.

Why Does This Matter?

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

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



Client Interview



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

(currently under review for publication)

Quick Activity

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



Review Card and Debrief

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



Maine Families Home Visitors' Experiences Using the Safety Card

“ The Home Visitors at our site have always done a great job at talking to families about violence in the home. However, they now feel they have a tool (the cards) that actually enhances these conversations and elicits more information than the standard questions being asked about hitting, punching, choking... We have found that many women say “no” to this, however when they read some of the questions on the HMHB (Healthy Moms, Happy Babies) cards, it has brought out some pretty significant disclosures of powerlessness, emotional abuse, and control by their partner. ”

(Health e-bulletin summer, 2014)

CUES Universal Education Approach

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

UE: Universal Education + Empowerment:

Normalize activity:

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

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

"It talks about healthy and respectful relationships ones that aren't and how they can negatively affect your health." It also checks in about who is supporting you and how you can support other moms who may be struggling.

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

Provider Interview



“(The safety card) made me feel empowered because... you can really help somebody,... somebody that might have been afraid to say anything or didn’t know how to approach the topic, this is a door for them to open so they can feel... more relaxed about talking about it.”

(currently under review for publication)

Client Interview



“They would bring out a card, basically walk in with it and she would open it and ask me had I ever seen it before. ... It was awesome. She would touch on having, no matter what the situation you’re in, there’s some thing or some place that can help you. I don’t have to be alone in it. That was really huge for me because I was alone most of the time for the worst part.”

(currently under review for publication)

Framing the Card for Friends and Family

What we have learned about our intervention:

- Always give two cards
- Use a framework about helping others—this allows clients to learn about risk and support without disclosure
- Having the information on the card is empowering for them—and for the women they connect with



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



When Domestic Violence is Disclosed: Provide a 'Warm' Referral and Safety Planning

- “If you are comfortable with this idea I would like to call my colleague at the local program (fill in person's or program's name), she is really an expert in what to do next and she can talk with you about supports for you and your children from her program.”
- “I want to go over this section of the safety card I gave you before, if you ever need to get out of the house quickly it is so helpful to have planned out what you will do and this can help remind you about your next steps.”

A photograph of the Golden Gate Bridge in San Francisco, California, viewed from a high angle. The bridge's iconic orange-red towers and suspension cables are prominent. The bridge spans across the blue water of the Golden Gate Strait, with the city of San Francisco visible in the background under a clear sky. A semi-transparent white box is overlaid on the right side of the image, containing the title text.

Building Bridges Between Health Programs and Domestic Violence Advocacy

Providers do not have to be DV experts to recognize and help clients experiencing domestic violence.

- You have a unique opportunity for education, early identification and intervention.



- And to partner with DV agencies to support your work.

The Role of the Domestic Violence Agencies and Advocates

- So much more than just shelter services
- They provide training and community supports
- Beyond safety planning, advocates can help clients connect to additional services like:
 - Housing
 - Legal advocacy
 - Support groups/counseling



Lessons Learned from the DV Benchmark

Surprisingly, many women told her that they did not know about local or national resources from which they could get help. They said the only people they were likely to tell about a violent relationship were their friends or family members, who were not always supportive.

(Health e-bulletin, 2014)



Self Reflection: On a Scale of 1 to 5

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



Poll Questions: Care, Share and “Ah Ha”!

- Think about today’s training
- What stands out for you?
- What do you need more of?
- What changed in your thinking?



Mindful Movement

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



Client Interview



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

Thank You

Rebecca Levenson: rebecca@rebeccalevenson.com



Health Cares About DV Day

October 12, 2016

- October is DV Awareness Month
- Organize activities to engage with colleagues and your community
- We offer resources to support your event: our [Action Kit](#), [flyer](#), etc.
- Social media: [#HCADV](#) and [#DVAM](#)

To [access materials](#) go to www.futureswithoutviolence.org
→ *Resources and Events* → *Order Material*

For questions about materials contact
mpagan@futureswithoutviolence.org



October is Domestic Violence Awareness Month!

Join us and get involved in Health Cares About Domestic Violence Day

Wednesday, October 12, 2016

Health Cares About Domestic Violence (HCADV) is a nationally-recognized day that takes place annually on the second Wednesday of October. This year it will take place on Wednesday, October 12, 2016. Sponsored by Futures Without Violence (FWV), this awareness-raising day aims to reach members of the healthcare and advocacy communities to offer education about the critical importance of universal education to promote healthy relationships, address the health impact of abuse and offer warm referrals to domestic violence advocates.

Medical studies link the long-term effects of domestic violence and abuse with a myriad of health problems, such as smoking, diabetes, obesity, eating disorders, and substance abuse. While doctors and nurses routinely ask about high blood pressure and high cholesterol, too few assess for domestic violence and its impact on health. Universal education provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors. Through a brochure-based universal education approach clients seeking services in health care facilities or domestic violence programs can receive information about healthy relationships and where to get help for abuse.

There are many ways you can provide leadership in your community on HCADV Day, such as:

- Writing a newsletter article or an op-ed for a local paper, or your workplace newsletter
- Committing to try universal education for one week
- Inviting a speaker to conduct a lunchtime presentation for staff
- Hanging posters in waiting rooms that advertise local resource numbers, such as these:



To access free materials through our National Health Resource Center on Domestic Violence visit our website at www.futureswithoutviolence.org, go to Resources and Events and click Order Materials. For questions about our materials, organizing local events, or to talk through your ideas contact *Unleash Your Voice* 415-678-5508 or email mpagan@futureswithoutviolence.org. We encourage you to be creative!

We offer a number of resources to help you organize your own HCADV Day events and activities, including an archive of webinars with organizing tips, an *Unleash Your Voice*, a sample blog post, examples of what participants have done to spread the word in the past, and other tools for outreach. Learn more by visiting our HCADV Day webpage: www.futureswithoutviolence.org/health-cares-about-domestic-violence-a-day

SAVE THE DATE!

NATIONAL CONFERENCE ON

HEALTH AND DOMESTIC VIOLENCE

September 26-28, 2017 | San Francisco

Every two years, this Conference brings together people from across the fields of gender based violence and advocacy, health care practice and policy to share promising practices and research that are supporting

the healing of communities and preventing violence. The conference joins the nation's leading medical, public health and gender based violence experts, including students from across the U.S. and internationally.

Look out for the Conference Call for Abstracts later this fall to feature your work in the Conference program!

Visit www.nchdv.org for more information.

We hope to see you next year in San Francisco September 26-28, 2017!