



## Module 3 (Young Moms' Version)

Assessment and Safety Planning for  
Domestic Violence in Home Visitation

**DEFENDING  
CHILDHOOD**  
PROTECT HEALTH THRIVE

**FUTURES**  
WITHOUT VIOLENCE®

# Learning Objectives

After the training, participants will be better able to:

1. Identify two barriers to home visitors doing domestic violence (DV) assessment with clients.
2. Describe why universal education using the Young Mom Strong Kids safety card is important for helping clients experiencing DV.
3. List action steps in a safety plan that a client can take if she feels unsafe.
4. Explain how developing a Memorandum of Understanding (MOU) with your domestic violence agency can enhance home visitation services.



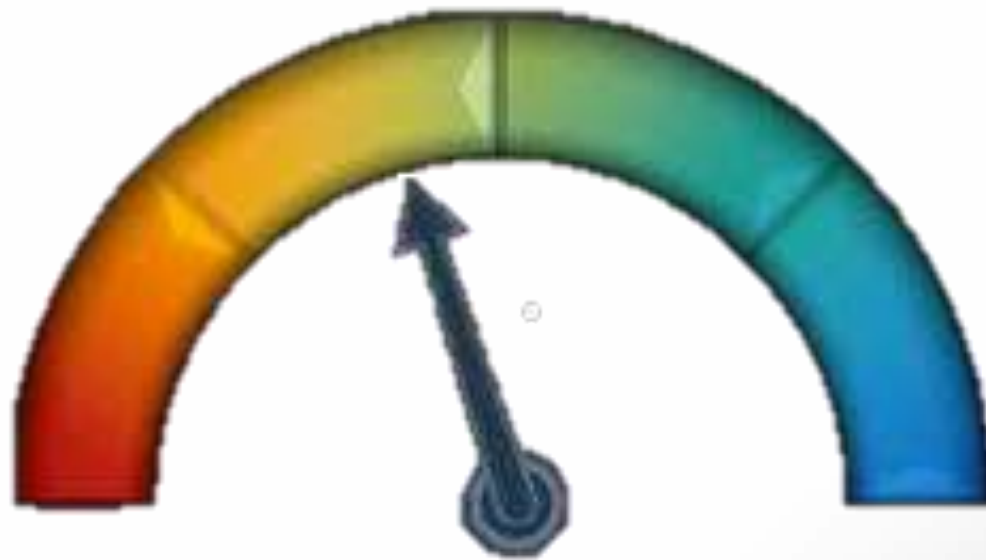
# Group Think

**How are teens  
different from  
adults?**



# Self Reflection: On a Scale of 1 to 5

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

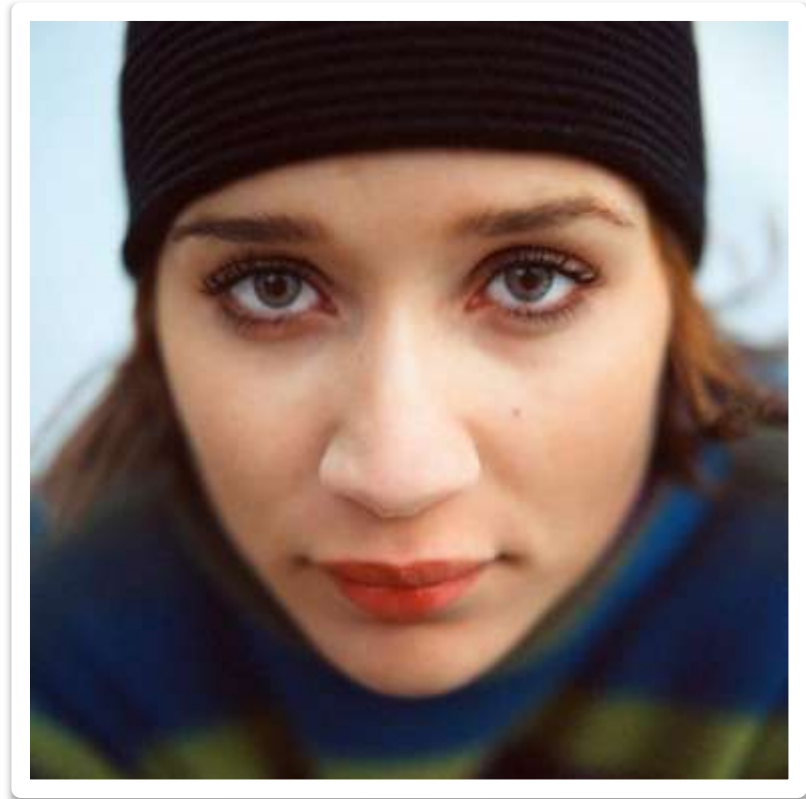


# Barriers to Identifying and Addressing Domestic Violence

Home visitors 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.

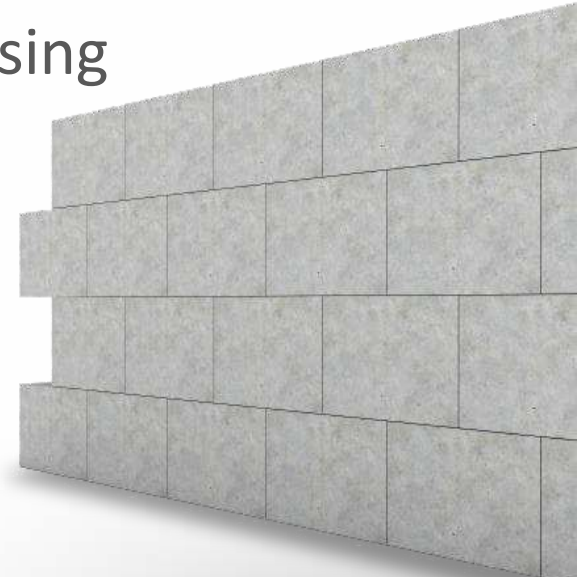
(Eddy et al, 2008)



# Barriers Continued

- Home visitors report fearing that clients who divulge DV may suffer greater abuse at the hand of their abuser in retaliation for divulging the secret.
- Barriers to screening include:
  - ⇒ Shame and embarrassment for discussing DV perceived by home visitors and women who experience abuse
  - ⇒ Fear of losing the woman's and child's participation in the home visiting program that aims to help them

(Eddy et al, 2008)



# 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?”

**RELATIONSHIP ASSESSMENT TOOL**

Date: \_\_\_\_\_

This is a self-administered tool for clients to fill out. If the client was unable to complete this tool today, use it because other people were present in the home? Circle one: **Yes/No**

Other reason for not using tool today: \_\_\_\_\_

*(Check a home address. Please provide the correct street address. This is just a sample form.)*

"Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, DHS (Domestic 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 will ask our clients to complete this form. For every question below, please look at the scale and select the number (1-5) that best reflects how you feel.

1	2	3	4	5
Disagree	Disagree	Disagree	Agree	Agree
Strongly	Somewhat	A Little	A Little	Strongly

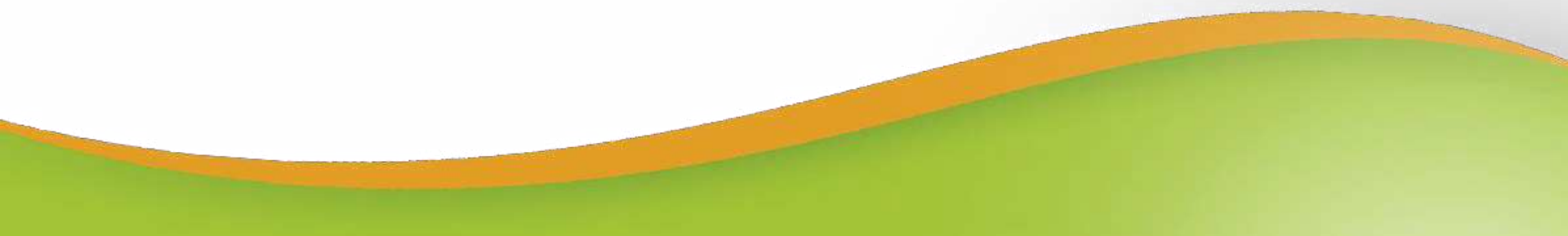
1. We make our best efforts every day to care for our baby.
2. I feel ashamed of the things he does to me.
3. I try not to rock the boat because I am afraid of what he might do.
4. I feel like I am programmed to react a certain way to him.
5. I feel like he keeps me prisoner.
6. He makes me feel like I have no control over my life, no power, no production.
7. I hide the truth from others because I am afraid not to.
8. I feel loved 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.

Thank you for completing this survey. Please give it back to your home visitor so that we can complete the second page.

Adapted from: Smith, P.H., Egan, J.A., and DeVellis, R. (1995). Measuring battering: Development of the Woman's Experience with Battering (WEB) Scale. *Women's Health: Research on Gender, Behavior, and Policy*, 1(4), 275-286.

# Which Screening Tool Is Your Program Using?

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- Thoughts about the Relationship Assessment Tool and questions asked?
  - Could you use this in combination with a screening tool that looks at physical violence only?
- 



# Group Discussion

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



# True Domestic Violence Screening Stories

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



“She assumed I wasn’t one of those people...”

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Who do you find most difficult to ask about domestic violence?

How do your assumptions get in the way of this work?



# MIECHV Story

- Under the Affordable Care Act all home visited moms are to be screened routinely for DV
- Prevalence of DV is 14-52% among HV moms

(Sharps, et al 2008)

- 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 the nurse everything about the abuse...”

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- “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)



No matter what your state law actually says about whether or not childhood exposure (no direct physical abuse or neglect to the child) to domestic violence is reportable, clearly it is an issue either way for moms and maybe even for you.



# Identification and Assessment of Intimate Partner Violence in Nurse Home Visitation

## Results:

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



(Jack et al, 2016)



# Show of Hands

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



# Unpacking: What About Cultural, Religious or Other Barriers?

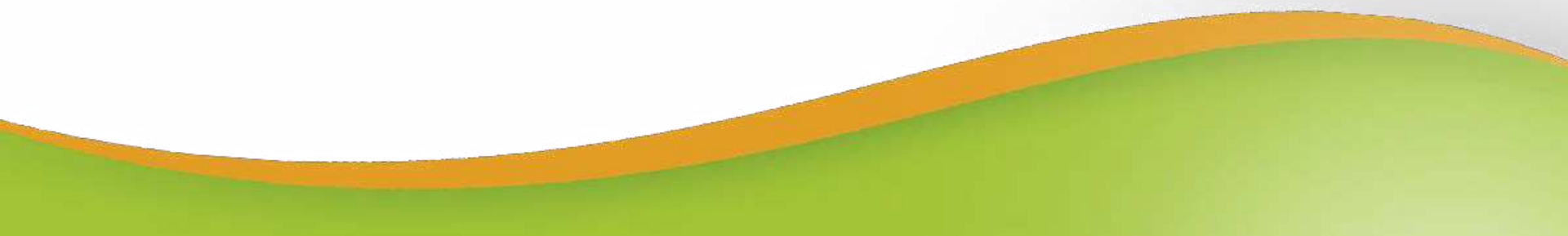
- What is getting in the way for you with your clients?
- Is their mother-in-law or other relative always with them?
- Partner won't leave her side?
- Deportation concerns?
- Barriers and solutions: was there something that was hard that you figured out?



# Being Trauma-Informed = Understanding Fear

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## Group Check In:

- What other things are your clients worried about? Why else might they not want to share information with you?
  - How do you make it more comfortable for them?
  - What other issues or concerns specific to your population might be important to address that are not reviewed in the slides?
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# Universal Education and Screening for DV

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



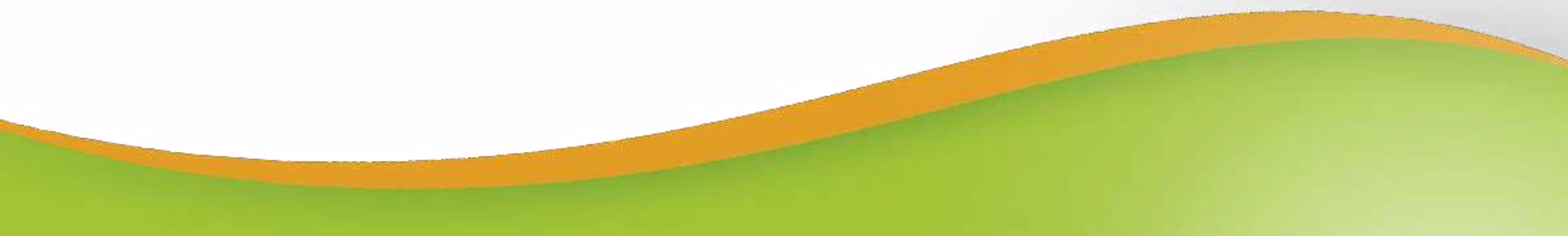
# Group Activity

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



# 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.
- 

# 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?





Everyone  
deserves to be  
treated with  
respect.

## How's It Going?

### What's True in Your Relationships? (True or False)

I feel:

- Treated with respect and kindness
- People listen to me and what I say I need for my kids
- Safe and supported
- People important to me are helping me be the Mom I want to be

Everyone deserves to be cared for, respected, and empowered in their relationships. It's good for Moms and really good for kids too.

Which relationships  
does this card panel  
address?



Is there power  
in the phrase  
'You Matter  
A Lot'?

How do you  
think teens  
reacted or felt  
when they read  
this?

## You Matter A Lot

*Sometimes people forget that Moms are as important as their kids.*

**How are you doing? Who is supporting you?  
Where do you find strength?**

Being a young Mom can be lonely—like you are on the outside of friends and family.

If this is true for you, talk with your home visitor about ways to connect with other Moms who are also feeling like you do. The more support you have, the better for you and your kids. Also, check out [www.zerotothree.org](http://www.zerotothree.org).

Why did we develop this panel? What do you think teens thought about it?



Normalize it.

## Bad Days

### **We've all had them. Do yours ever look like this?**

- Called names, shamed, or hurt by someone I am seeing or hooking up with?
- Afraid for myself or my kids because of what is done or said by someone I'm seeing or hooking up with?
- Kept from people who would support me by someone I'm seeing or hooking up with?

If you answered *YES* to any of these questions, you don't deserve to be hurt. Your home visitor or health care provider can support you and connect you to programs that help.

Drug and alcohol misuse are highly correlated with abuse.

## Coping With Pain

### Ask yourself:

- Do I feel so sad I can't get out of bed or take care of my kids the way I want to?
- Am I smoking more to calm myself?
- Am I drinking more, using prescription drugs or other drugs to make the pain go away?
- Am I having thoughts of hurting myself or suicide?

If you answered yes to any of these questions, the reason might be connected to your relationships. There are people who care and want to help—please talk to someone safe in your life or call one of the hotlines on this card to figure out next steps right away.



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)








When you are upset it is hard to think about next steps.

## Safety Planning

If you are being hurt by a partner, it's not your fault. You and your children deserve to be safe—sometimes this means putting your baby in a crib or car seat so they aren't accidentally hurt during a fight.

### **If your safety is at risk:**

-  Call 911 if you are in immediate danger.
-  Prepare an emergency kit in case you have to leave in a hurry with: money, phone charger, keys, medicines, a change of clothes, and important documents—birth certificates and immunization records.
-  Talk to your home visitor or health care provider for help, or call/text the Love Is Respect line for additional information on safety planning.

How might  
this safety  
card enhance  
client care?

**DEFENDING  
CHILDHOOD**  
PROTECT HEALTH THRIVE

[www.DefendingChildhood.org](http://www.DefendingChildhood.org)



[FuturesWithoutViolence.org](http://FuturesWithoutViolence.org)

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*Every parent needs support at some point.  
There are confidential, helpful, and  
nonjudgmental numbers to call 24/7.*

**Teen Dating Abuse Resources:**

[www.loveisrespect.org](http://www.loveisrespect.org)

Text LOVEIS to 22522

1-866-331-9474

**National Suicide Prevention Lifeline:**

1-800-273-8255

**If you are feeling frustrated or angry with  
your child, or just need to talk, call:**

**Childhelp: 1-800-4A-CHILD (422-4453)**

**Treatment Referral:**

**1-800-662-HELP (4357) Referral service for  
substance abuse or mental health issues**

Safety Card  
Adaptations  
for Indian  
Country and  
Alaska Natives



# Maine Families Home Visitors' Experiences Using the 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 brought out some pretty significant disclosures of powerlessness, emotional abuse, and control by their partner. ”

*(Futures Without Violence's  
Health e-Bulletin summer, 2014)*

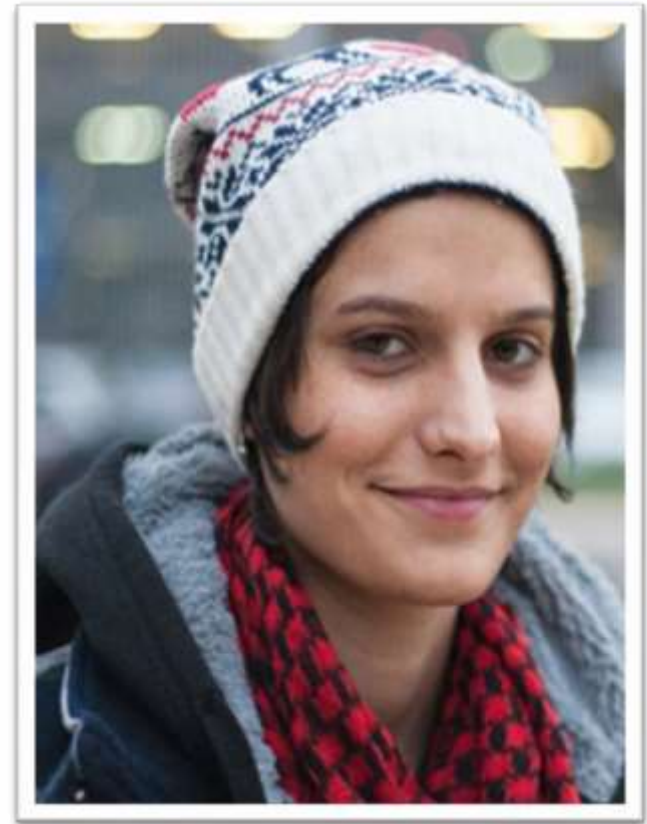
# Provider Interview

“(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.”



# 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.”



“Demonstrating resilience increases parents’ self efficacy—that is, their belief that they can perform a task competently and effectively—because they are able to see evidence of their ability to face challenges, to make wise choices about addressing challenges, and feel more in control of what happens to them.” (Raikes & Thompson, 2005)



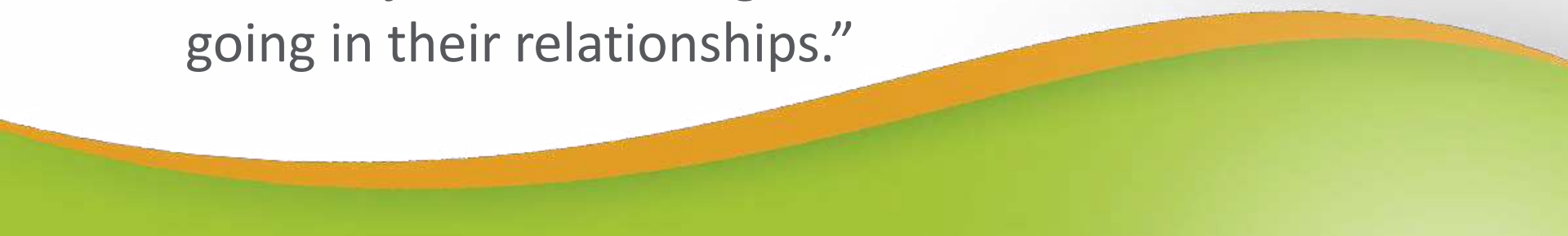
# Small Group Activity:

- Get into groups of three:  
An observer, client and home visitor.
- *Home visitors:*  
Introduce and hand the card to the client.  
Practice using the script and your own words.
- *Client/Observer:* Take notes of what you liked and how the card helped.





# Sample Script: Safety Card Segue Into Screening Tool

- “We have started giving two cards to all our clients for two reasons—in case it might ever be useful for you and so you know how to help a friend or family member if it is an issue for them.”
  - “It’s kind of like a magazine quiz—it talks about safe and healthy relationships and what to do for ones that aren’t. It has hotlines on the back and gives simple steps to take to be safer.” (Go over panels generally)
  - “We also go over this screening tool with our moms—just so we can get a better sense of how it is going in their relationships.”
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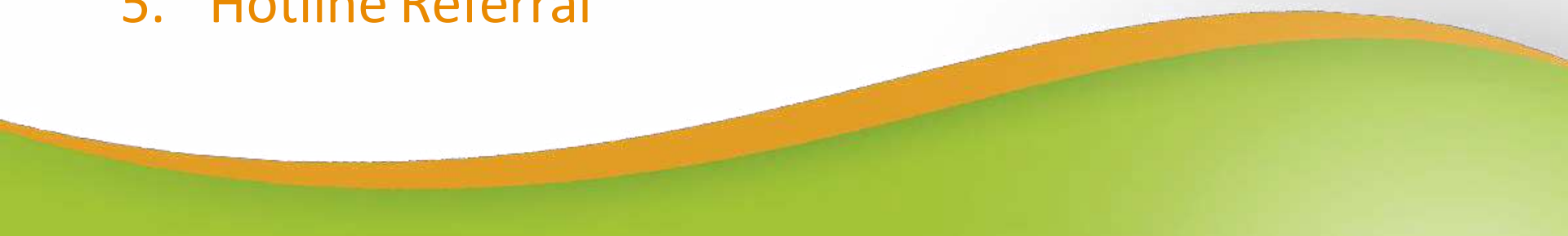
# Framing the Card for Friends and Family

## What we have learned about our intervention:

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



# Steps to Safety Card Intervention

1. **Universal Education** - Normalize activity: *"I've started giving this card to all of my clients"*
  2. **Educate About DV** - Open the card and do a quick review: *"It talks about healthy and safe relationships...and how relationships affect your health."*
  3. **Make the Connection** - Create a sense of empowerment: *"We give this to everyone so they know how to get help for themselves if they were to need it and so they can help a friend or family member..."*
  4. **Safety Planning**
  5. **Hotline Referral**
- 

## Support:

What should be done when a client discloses they have had hard things happen to them?



Your initial response is important.

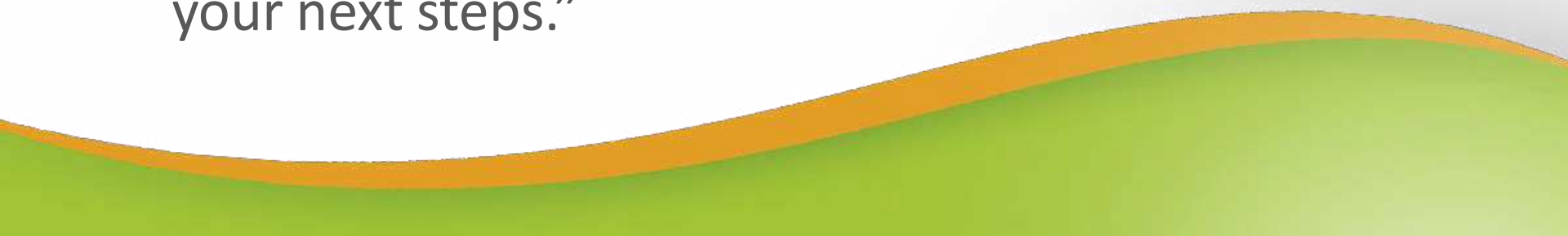
# Positive Disclosure: One Line Scripts



- “I’m glad you told me about this. I’m so sorry this happened to you.”
- “No one deserves to be treated that way.”
- “Thank you for sharing your story with me— I would love to understand how I can best help you.”

Your recognition and validation of the situation are invaluable.

# 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 - this can help remind you about your next steps.”
- 

# Small Group Exercise: Safety Planning

- We want every client to do safety planning with a DV advocate. However, we know this is not always possible (too rural, etc.)
- Therefore it is important for you to be familiar with the more comprehensive safety plan advocates use.
- Please read/review the sample safety plan.
- Why might something this detailed be helpful?
- Why would it be useful to do with a home visitor or other advocate?

**SAFETY PLAN AND INSTRUCTIONS**

**SAFETY PLAN**

**Step 1:**

Safety during a violent incident. I can use some or all of the following strategies:

- A) If I have/decide to leave my home, I will go \_\_\_\_\_.
- B) I can tell \_\_\_\_\_ (neighbors) about the violence and request they call the police if they hear suspicious noises coming from my house.
- C) I can teach my children how to use the telephone to contact the police.
- D) I will use \_\_\_\_\_ as my code word so someone can call for help.
- E) I can keep my purse/car keys ready at (place) \_\_\_\_\_, in order to leave quickly.
- F) I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

**Step 2:**

Safety when preparing to leave. I can use some or all of the following safety strategies:

- A) I will keep copies of important documents, keys, clothes and money at \_\_\_\_\_.
- B) I will open a savings account by \_\_\_\_\_, to increase my independence.

A photograph of the Golden Gate Bridge in San Francisco, California, taken from a high vantage point. 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 distance under a soft, hazy sky. The bottom of the image features a decorative wavy graphic in shades of green and yellow.

# Building Bridges Between Home Visitation and Domestic Violence Advocacy



Home Visitors 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 DV 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



## MOU: Partnering with Local Domestic Violence Agencies



The following video clip demonstrates the importance of developing an MOU between home visitation and domestic violence programs.

# Small Group Discussion

- What did you think of the video?
- Does your program currently have an MOU with a local DV agency?
- If no, what do you think the barriers are?
- If yes, how is it working ?



# 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.

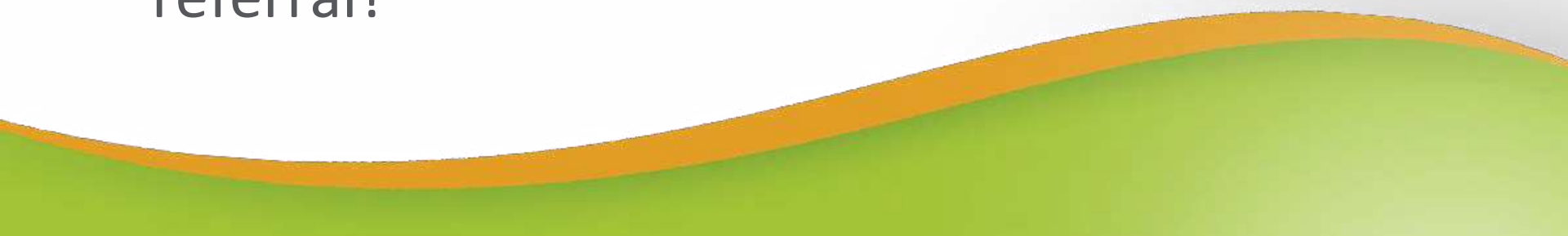
(Futures Without Violence's  
Health e-bulletin, 2014)



# Cell Phone Advocate: Rethinking 'Hotline' Exercise

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## At your table:

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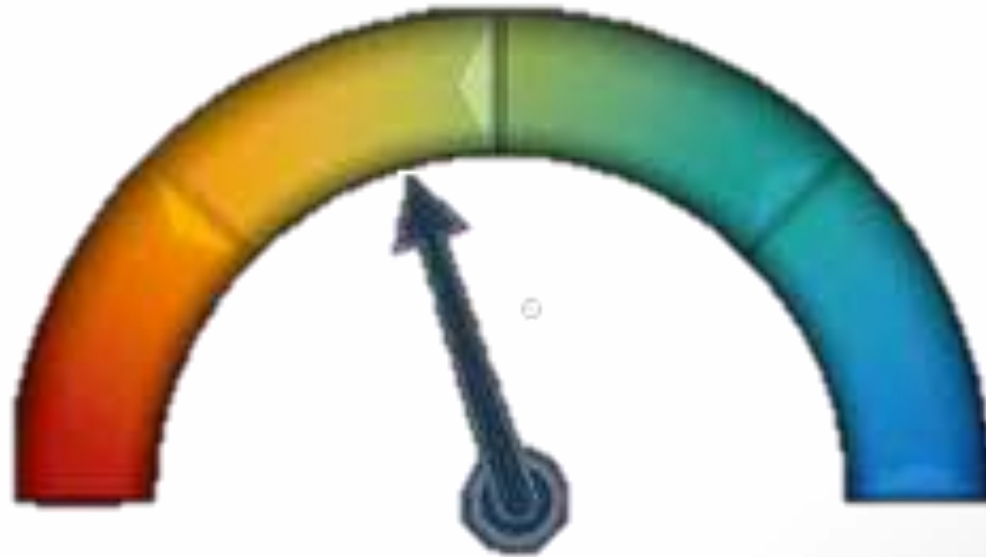
# Training Recap

- Self care, mindful movement, trauma-informed programming, reflective supervision
  - Domestic violence dynamics and its impact on perinatal health and repro coercion
    - Universal education using safety card, consider using the Relationship Assessment tool
      - Safety planning tools and warm referrals to hotlines



# Self Reflection: On a Scale of 1 to 5

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





# Two Person Debrief: Care, Share and “Ah Ha”!

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



# Mindful Movement

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



# Client Interview

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

# Thank You

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# Please complete the Post-Training Survey

**DEFENDING  
CHILDHOOD**  
PROTECT HEALTHRIVE

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