



Healthy Moms Happy Babies 3rd Edition: An Evidence-Based Approach to Addressing Domestic Violence In Home Visitation and Perinatal Case Management Programs

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Domestic Violence Definitions and Prevalence

Recognizes how trauma affects all individuals involved with the program, organization, or system, including its own workforce.

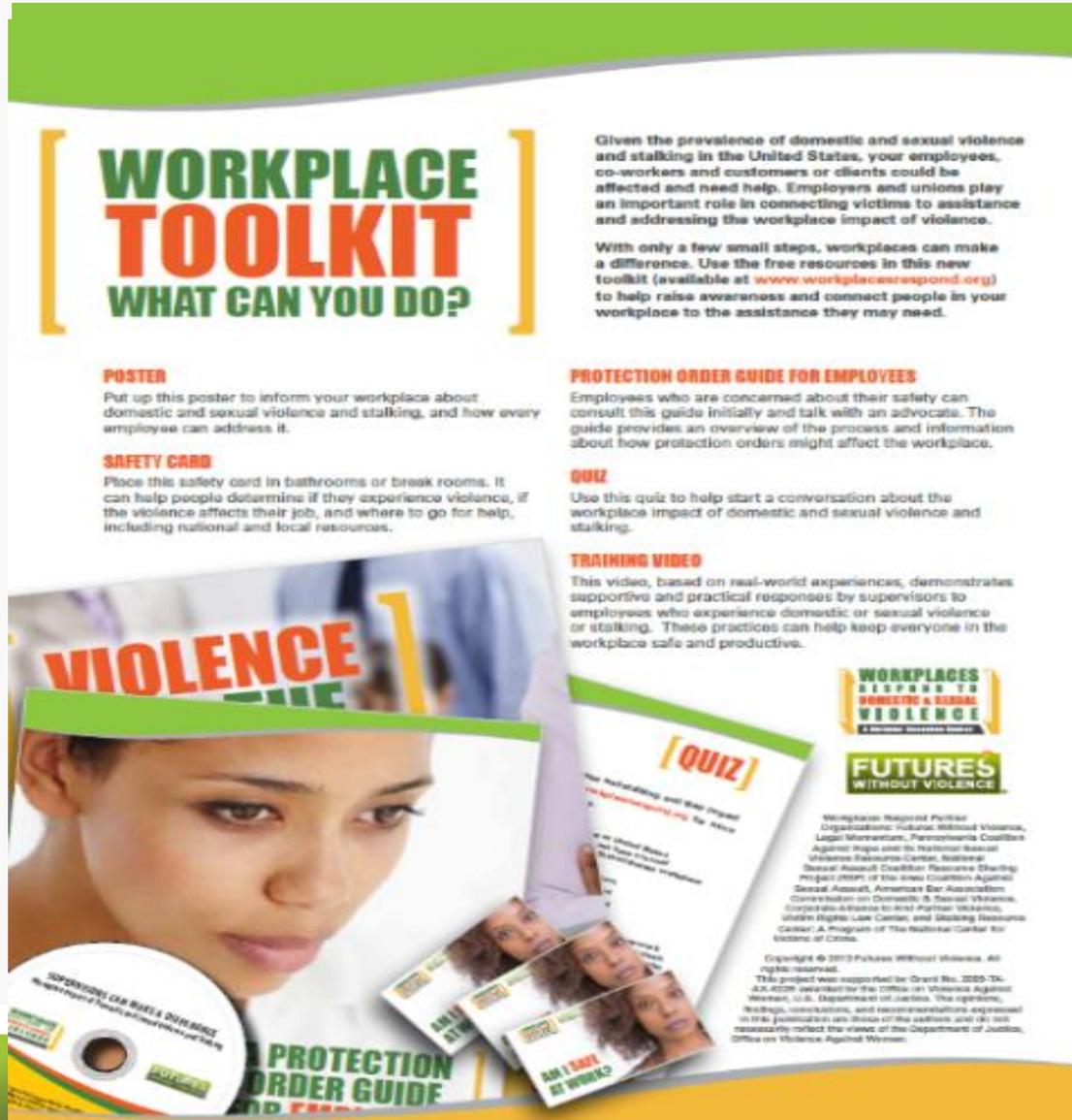
See handout and visit:

<https://www.samhsa.gov/trauma-violence>



Workplace Toolkit/Model Protocol for IPV: How Strong is your EAP program?

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FUTURES' Workplaces Respond Toolkit

- Poster for the workplace
- Safety Card for Employees
- Protection Order Guide For Employees
- Supervisor Training Video
- Quiz

www.workplacesrespond.org

Vicarious Trauma

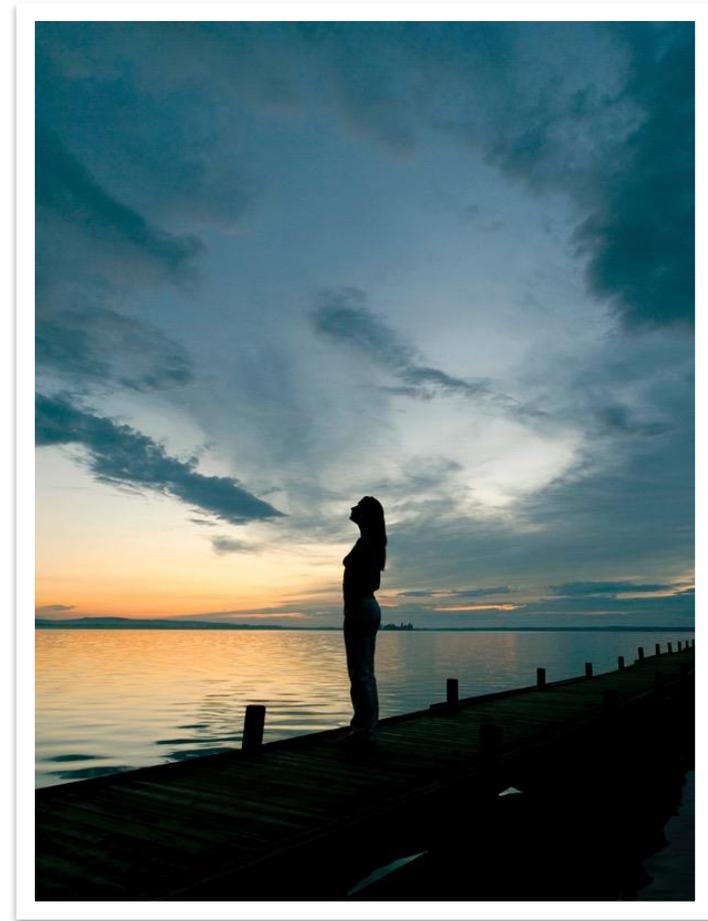
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Vicarious trauma is a change in one's thinking [world view] due to exposure to other people's traumatic stories.

(David Berceci, 2007)

May include:

- Images
- Sounds
- Details we've heard which then come to inform our worldview.



Call and Response

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What are some common reactions to caring for survivors of trauma?



Common Reactions to Caring for Survivors of Trauma

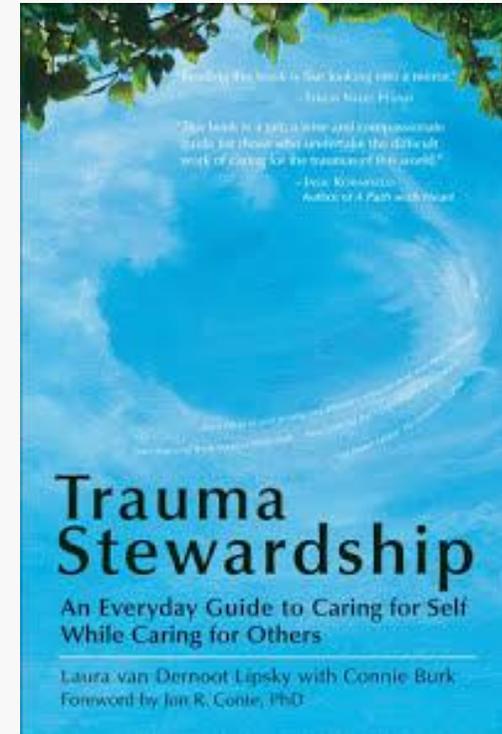
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- Fear
- Helplessness
- Sleep disruptions
- Depressive symptoms
- Feeling ineffective with clients
- Chronic suspicion of others
- Recurrent thoughts of threatening situations
- Reacting negatively to clients
- Thinking of quitting clinical [contact with clients] work



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

- Laura Van Dernoot Lipsky, 2007
(quote from *Trauma Stewardship:
An Everyday Guide to Caring for Self
While Caring for Others*)

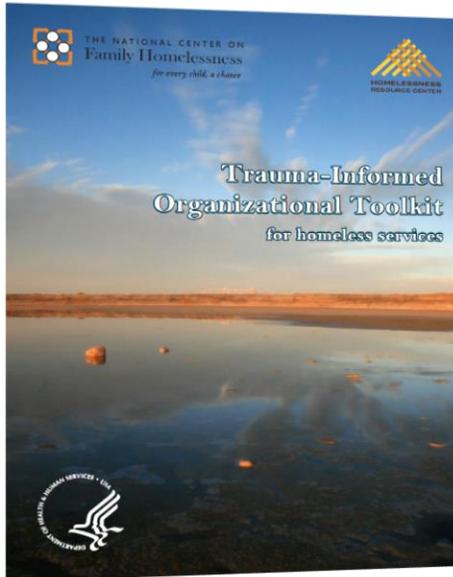


Resource: Trauma-Informed Organizational Self-Assessment

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Instrument designed to help agencies create trauma-informed, supportive work environments

Checklist format for organizations to evaluate:



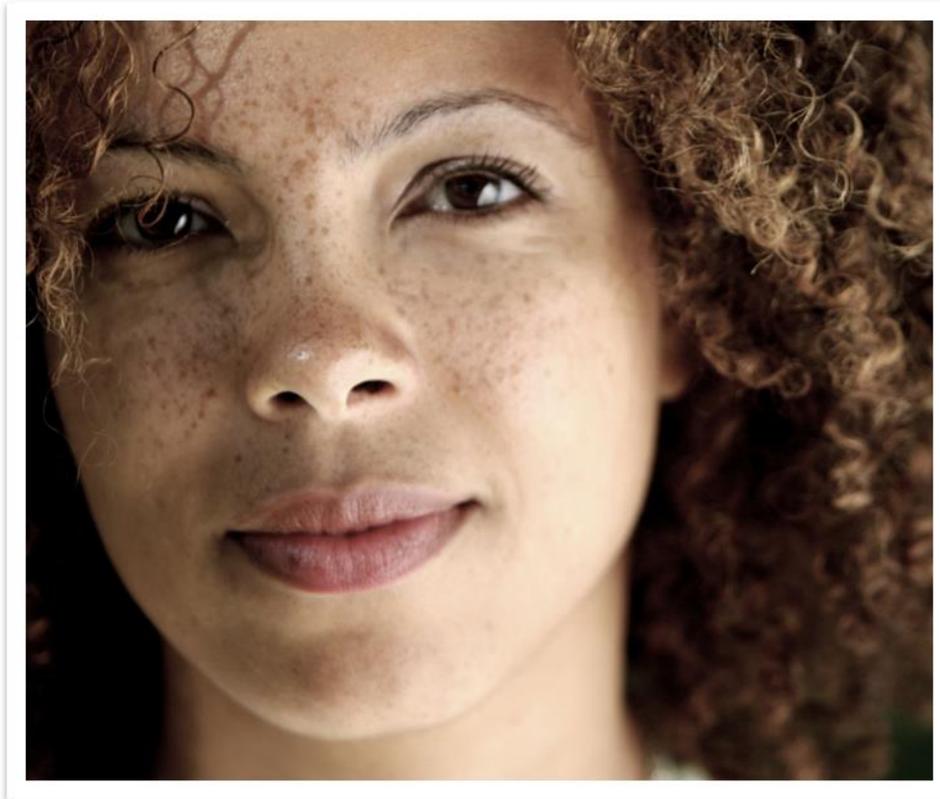
- Training and education
- Support and supervision
- Communication
- Employee control and input

https://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf



Getting Started: Small Group Discussion

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



Domestic violence negatively impacts home visitation program outcomes including:

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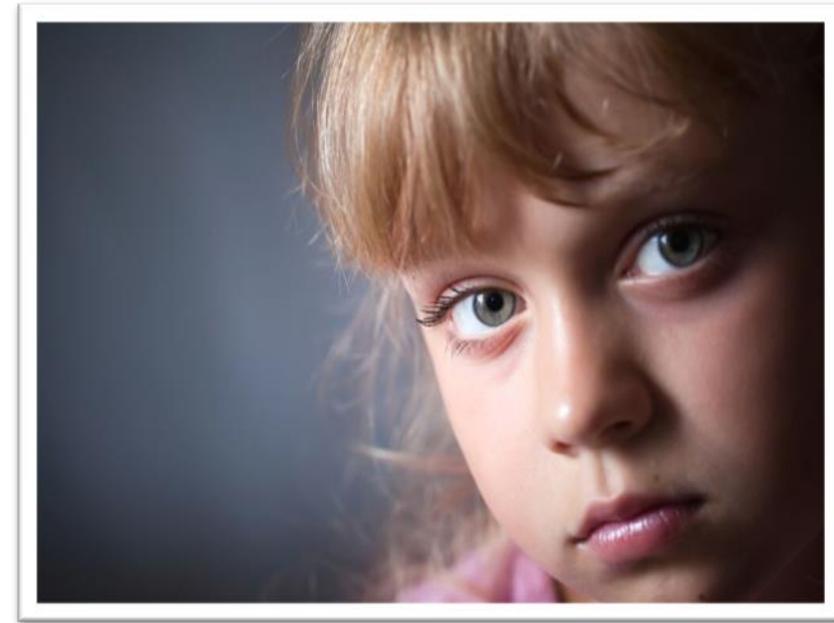
- Maternal health
- Pregnancy outcomes
- Children's cognitive and emotional development and physical health
- Parenting skills
- Family safety
- Social support
- Economic readiness



Lessons Learned from Nurse Family Partnership

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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)



Before we learn about the dynamics of DV, let's talk about your personal safety

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- Does your program currently have a protocol to promote staff safety on home visits?
- What kinds of things are included in your protocol?
- What other things do you do to keep yourself safer?



What is Intimate Partner Violence?

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One person in a relationship is using a **pattern** of methods and tactics to gain and maintain **power and control** over the other person.



- It is often a cycle that gets worse over time – not a one time ‘incident’
- Abusers use jealousy, social status, mental health, money, and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest, or most realistic option for survivors

Home Visitation DV Data

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- 17% reported past-year physical or psychological IPV (Michalopoulos et al., 2015)
- Studies conducted among samples of low-income predominantly single women have noted that up to 30% of women experienced IPV during the perinatal period (Alhusen, 2013; Alhusen, 2014)
- In rural settings, the incidence of IPV may be as high as 50% during the perinatal period (Bailey, 2007)



Domestic Violence 2017/2018 Data

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Illinois Data

Year	% of participants screened for IPV within 6 months of enrolling	% of those participants with a positive screen who were referred	Disclosure
2018	198/213 = 93%	6/8 – 75%	8/198 = 4%
2017	226/287 = 78.8%	2/5 = 40%	5/226 = 2%



Health Disparities Issue

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African American, Native American, and Hispanic women are at significantly greater risk for domestic violence.

(Jones,1999;Tajaden, 2000; Walton-Moss, 2005)



Health Disparities Issue

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When differences in income, education, and/or employment are considered, the differences attributable to race for DV decrease or disappear.

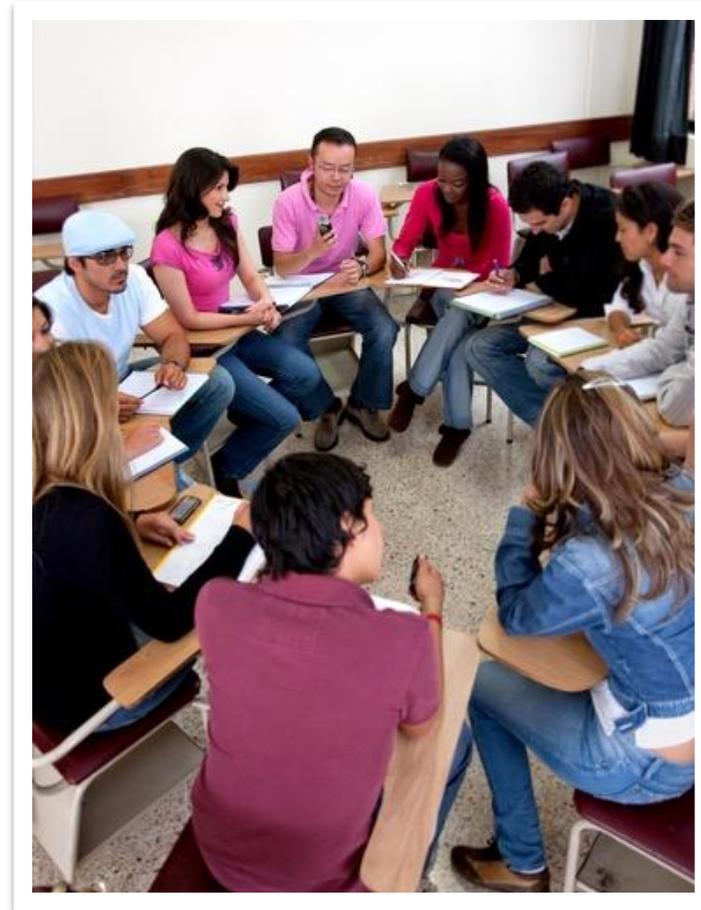
(Benson, 2004)



Group Discussion: Free Share

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Why might a person stay in a relationship when IPV has occurred?



Urgent: Please Pay Attention

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If you only take one thing home from this training—**Leaving a relationship can never be the goal.** Leaving comes with the highest likelihood for homicide or acute victimization. Staying might be the safest choice.

We need to move away from asking:
“Why hasn’t the survivor left?” to asking:
“What can I do to support this mom, with what she needs?”





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Perinatal Health Impact of Domestic Violence



Large Group Discussion

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How does domestic violence impact women's perinatal health and their birth outcomes?



Homicide and Suicide

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- **45.3%** of pregnancy-associated homicides were IPV-associated.
- **54.3%** of pregnancy-associated suicides involved intimate partner conflict attributable to the suicide.
- Victims of pregnancy-associated [homicide and suicide] are more likely to be Black, younger, and unmarried.

(Pandino et al, 2011)



Biggest Pregnancy Risks?

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“Pregnancy-associated homicide and suicide each **account for more deaths** than many other obstetric complications, including hemorrhage, obstetric embolism, or preeclampsia/eclampsia, which may be thought of as more “traditional” causes of maternal mortality.”

(Palladino et al, 2011)



Women who experience abuse around the time of pregnancy are more likely to:

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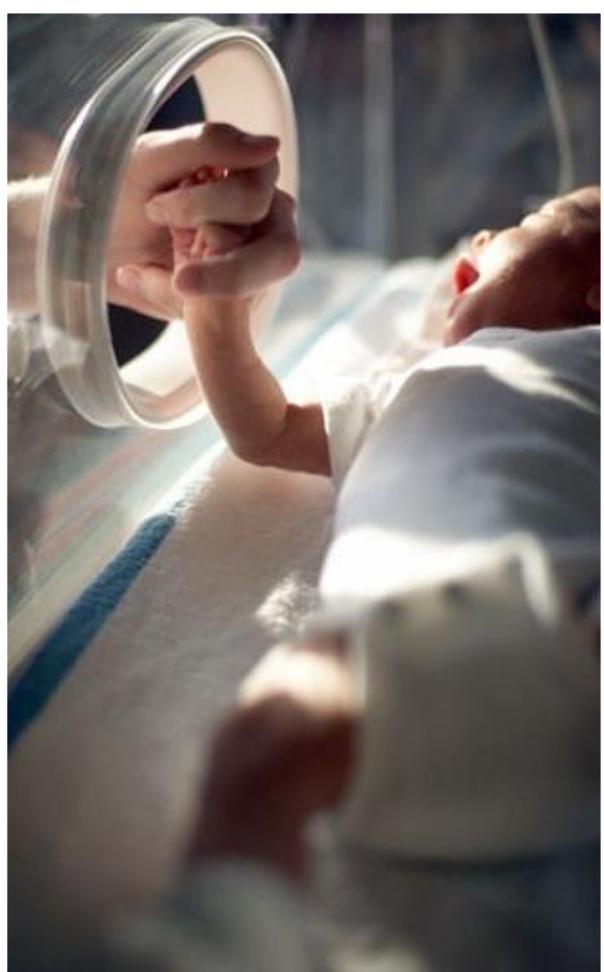
- Smoke tobacco
- Drink during pregnancy
- Use drugs
- Experience depression, higher stress, and lower self-esteem

(Alhusen, 2015)



DV During Pregnancy is Associated with:

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- Low and very low birth weight
- Pre-term births

(Shah, 2010)



DV and Breastfeeding

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Women experiencing physical abuse around the time of pregnancy are: **41%-71%** more likely to cease breastfeeding by 4 weeks postpartum

(Silverman, 2006)



Postpartum Maternal Depression

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Women with a controlling or threatening partner are

5 times

more likely to experience persistent symptoms of postpartum maternal depression.

(Blabey et al, 2009)





Moving Beyond Screening Through CUES: An Evidenced Based Trauma Informed Approach to Address DV



Healthcare Providers Make a Difference

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Women Who Talked to Their Health Care Provider About Experiencing Abuse Were:

FOUR TIMES more likely

to use an intervention such as:

- Advocacy
- Counseling
- Protection orders
- Shelter
- Other services

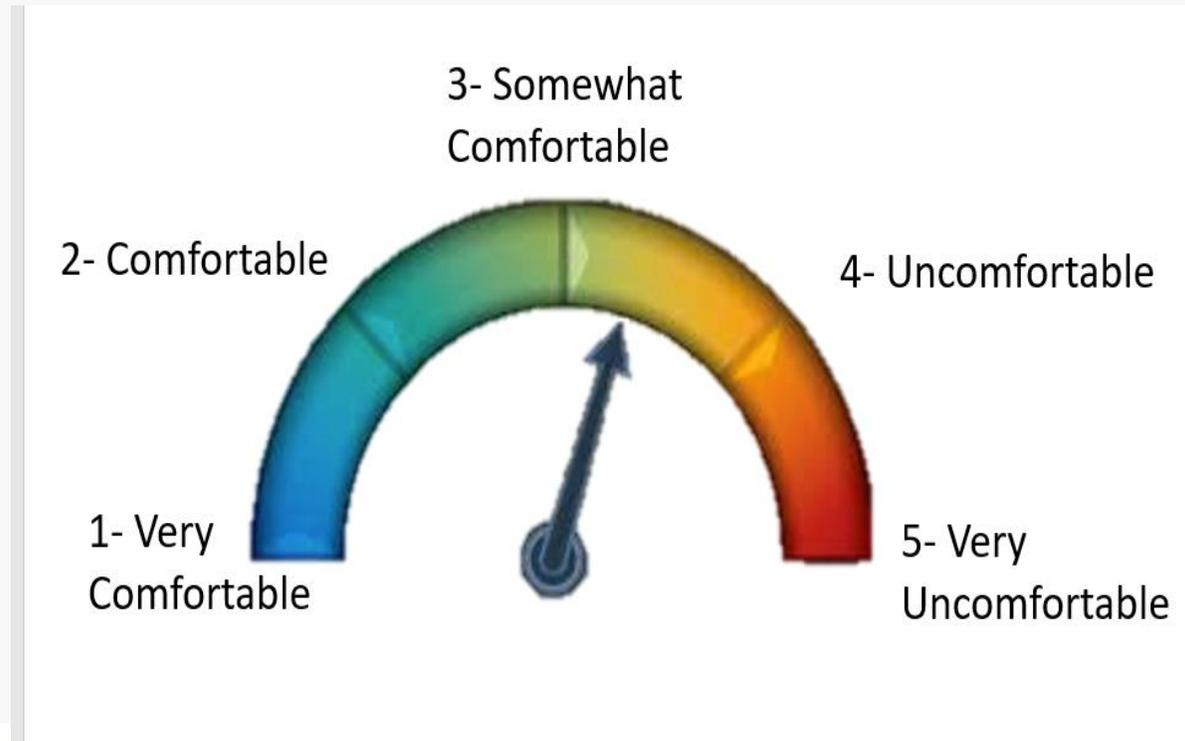
(McCloskey, 2006)



Self Reflection: On a Scale of 1 to 5

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**Now how comfortable are you with
a positive disclosure of DV?**



Show of Hands

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- How many of you have, or know someone who has ever left something out of a medical history or intentionally misreported information to their healthcare provider?
- Why? What were they worried about?



What Is a Mother's Greatest Fear?

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Qualitative Research With Broad Health Implications

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Perspectives shared by home visited moms:

- “If mandatory reporting was not an issue, she would tell the 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, 2012)

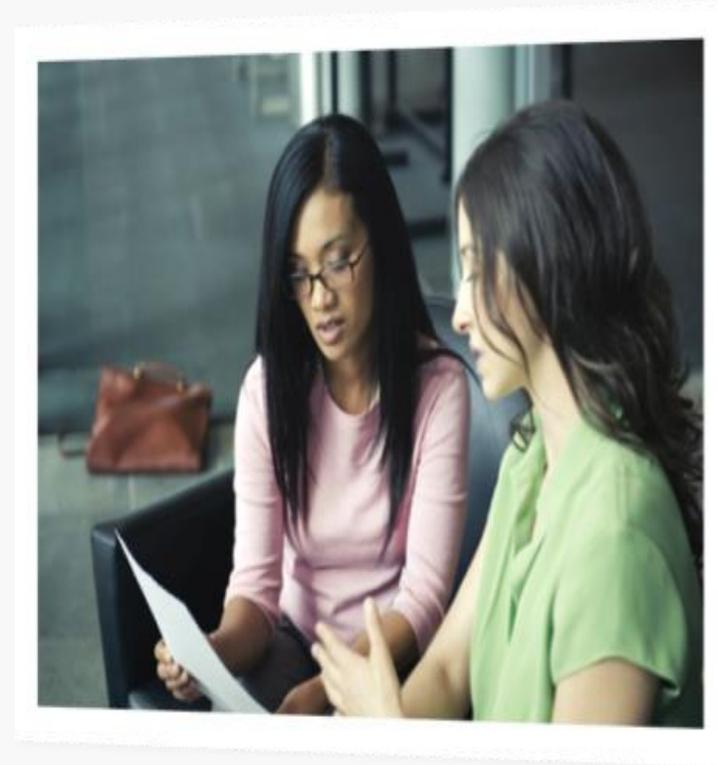


Identification and Assessment of IPV in Nurse Home Visitation

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- 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, 2016)



Brave Space

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- We are asking the field to move into what is called a ‘Brave Space’—what comes to your mind as you think about this?
- Often ‘Brave Spaces’ are spoken of in relation to ‘Safe Spaces’ (Arno, 2013; Boonstrom, et al 1998)
- We are asking the field to consider how disclosure driven practice means being the gate keeper of information



Health Equity

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**“Health equity
means social
justice in health”**

(i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/ socially disadvantaged). (Braveman, 2011)





Why America's Black Mothers and Babies Are in a Life-or-Death Crisis

The answer to the disparity in death rates has everything to do with the lived experience of being a Black woman in America.

By LINDA VILLAROSA
APRIL 11, 2018



Race Isn't a Risk Factor in Maternal Health. Racism Is.

39

The language of the moment suggests that it's Blackness that's the problem, not bias.

(Dr. Joia Crear-Perry Rewire.
News Apr 11, 2018, 11:50am)



Using Illinois as Case Study

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- ✓ In Illinois, non-Hispanic Black women are six times as likely to die of a pregnancy-related condition as non-Hispanic White women.
- ✓ Black women were about three times as likely to die within a year of pregnancy as women of any other race/ethnicity.
- ✓ Homicides accounted for 15 percent of all pregnancy-associated deaths for Black women. In contrast, homicide was a very rare cause of pregnancy-associated death for White women (2 percent)

(MMMR, 2018)



How racism harms pregnant women — and what can help

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https://www.ted.com/talks/miriam_zoila_perez_how_racism_harms_pregnant_women_and_what_can_help#t-395550

(Miriam Zoila Pérez at TED Women, 2016)



A Healthy Equity Lens Saves Lives

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What if we challenge
the limits of
disclosure driven
practice?

(Miller, 2017)



Universal Education

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Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.



** If you currently have DV screening as part of program requirements: we strongly recommend first doing universal education.*



Healthy Moms, Happy Babies Safety Card

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**Take a moment to read this card.
What stands out for you?**



You Might Be the First Person to Talk About Healthy Relationships

45

How's It Going?

All moms deserve healthy relationships. Ask yourself:

- ✓ Do I feel treated with respect and kindness?
- ✓ Do I feel safe and supported?
- ✓ 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, a longer life, and better outcomes for children.

Changing the Way We Address DV

46

"I've started giving two of these cards to all of my moms—it talks about healthy relationships and what to do for ones that aren't safe. I always give two so you have info on how help a friend or family member--because we all know someone who has or will need help."



Why Altruism Matters

47



“...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.”

(J.V. Jordan, 2006)



Helping Others Is Strength Based and Feeds Self Esteem

48

Helping Another Mom

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

This might be true for you or someone you know. Connecting with other 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 I can go to get support and be safer."

And for you? Studies show that when we help others we feel good about ourselves, too.



CUES: Who/When?

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- **Safety FIRST!** Never do Universal Education or have conversations with others present (partner, friend, parent, older children)
- **Never!** leave cards without client making it clear that is it is ok to do so
- **Who gets it?** All female clients
- **When?** First visit, so they have the info even if they dropout of program, use it before screening tool to smooth segue, and third trimester when talking about RC/contraception/pregnancy spacing



CUES: Trauma Informed Intervention

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C: Confidentiality: See client alone, disclose limits of confidentiality

UE: Universal Education + Empowerment—How you frame it matters

Normalize activity:

"I've started giving two of these cards to all of my moms—because relationships can change. I always give two so you have info on how to help a friend or family member."

Make the connection—open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't, and how they can affect your health and pregnancy—it connects things that you might not otherwise see--like how substance abuse or depression can be connected to hard relationships."

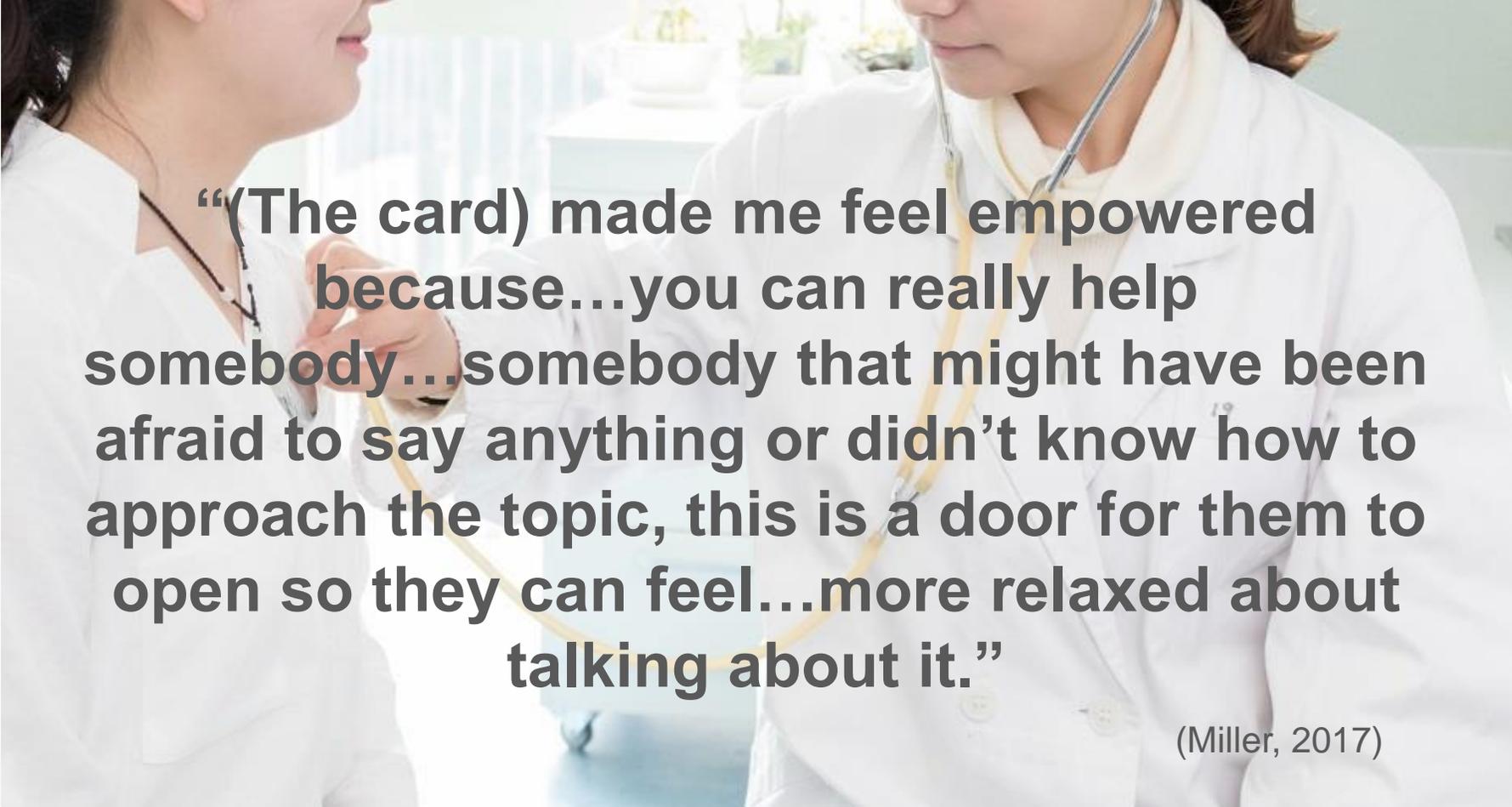
S: Support:

"On the back of the card there's a safety plan and 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."



Empowerment: Provider Interview

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“(The 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.”

(Miller, 2017)



Empowerment: Client Interview

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“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, 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.” - (Client)

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

- (Client)

(Miller, 2017)



S: Visit-Specific Sample Scripts

53

You can always follow CUES with direct inquiry and share any concern you have about their health issues and DV:

“Sometimes when I hear about [*one of my moms needing a pregnancy test*] it makes me wonder if he is preventing you from [*using birth control or refusing to use condoms, or forcing you to do sexual things you don’t want to do.*] *Is anything like this going on for you?*”

“Sometimes when I hear about anxiety it makes me think about relationships and stress...*Is anything like this going on for you?*”



Making the Connection Between Substance Abuse, Behavioral Health, and DV

54

Coping With Pain

How is your health, how are you coping? Ask yourself:

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

If you answered YES to any of these questions, the reason might be connected to your relationship. Talk with your home visitor right away about how to get help or call the National Suicide Hotline: 1-800-273-8255.

S: Important Reminder

55



**Disclosure
is not the goal
AND
Disclosures do
happen!**



S: What survivors say that they want providers to do and say

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- **Be nonjudgmental**
- **Listen**
- **Offer information and support**
- **Don't push for disclosure**

(Chang, 2005)



Sample Safety Plan:

Keep a little **money** with me.

Keep my **cell phone charged** and with me.

Teach my children to go to a safe place (a friend's, neighbor's, or relative's home).

Teach my children to call the police when there is danger and to give their full name, address, and phone number.

Keep an **emergency bag ready** in a safe place.

■ **Building my independence:**

I can start **saving money** and store it in a safe place (like my own bank account).

I can **get help** from a counselor, an advocate, a health care provider, or legal services.

I can try to **keep in touch** with a friend or family member who I trust.

■ **Things to put in my emergency bag:**

<input type="checkbox"/> Medications/ prescriptions	<input type="checkbox"/> Cell phone/charger
<input type="checkbox"/> Phone card/change	<input type="checkbox"/> Photo ID/ driver's licence
<input type="checkbox"/> Extra keys	<input type="checkbox"/> Restraining order
<input type="checkbox"/> Bank card/ ..	<input type="checkbox"/> Passports/

Police 9-1-1

Local Domestic Violence Hotlines

Local Sexual Assault Hotline _____

For restraining order help call _____

LGBT support _____

Legal Aid _____

National DV Hotline 1-800-799-SAFE

National Sexual Assault Hotline 1-800-656-HOPE

National Teen Abuse Hotline 1-866-331-9474

National Suicide Hotline 1-800-SUICIDE

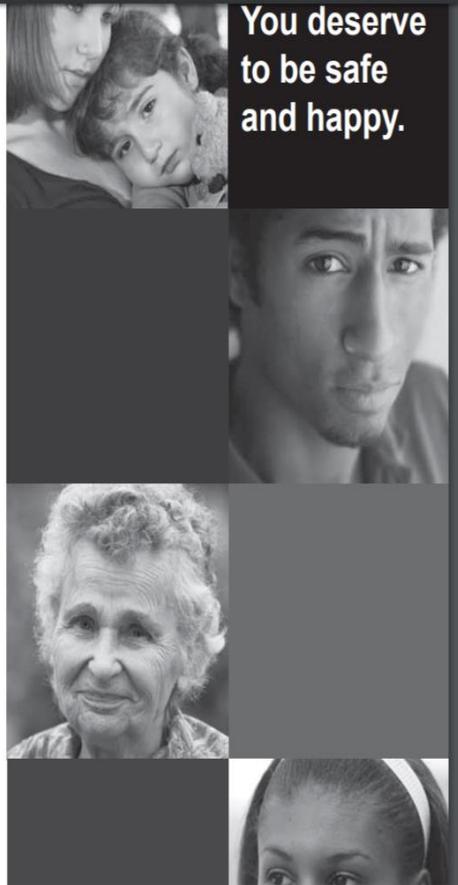
■ **Help after sexual assault:**

If my partner or anyone else has forced me to have sex when I did not want to, I can:

Go to a local hospital emergency room.

Call the local or national 24-hour sexual assault hotline:

Other resources:



You deserve to be safe and happy.



S: Providing an “Active” Referral

58

When you connect a patient to a local DV program it makes all the difference—it takes the burden off of the client to make the call. *(Maybe it’s not safe for them to use their own phone—offer to use yours).*

“If you would like, I can put you on the phone right now with [name of local advocate/Hotline], and they can come up with a plan to help you be safer.”



Funded by the Administration
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The National Domestic Violence Hotline has staff who are trained to help people in unsafe relationships. They answer the phone 24/7, can help you plan for safety and provide support – and everything you tell them is private and confidential. You are not alone – they have your back.

The Hotline

1-800-799-SAFE (1-800-799-7233)

TTY 1-800-787-3224 www.thehotline.org

Treatment Referral

1-800-662-HELP (1-800-662-4357)

Referral service for substance use or mental health issues.

S: Advocates are the Experts

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Domestic violence and sexual assault programs have vast experiences working with survivors of violence.

Advocates assist survivors who have experienced DV to think and act in a way to increase personal safety while assessing the risks.

Advocates connect patients to additional services like:

- ✓ Housing
- ✓ Legal advocacy
- ✓ Support groups/counseling



Health centers are key to violence prevention

Information for promoting domestic violence and health partnerships for domestic violence/sexual assault advocates, and for health centers.

www.ipvhealthpartners.org

Developed by and for community health centers in partnership with domestic violence programs



Self Reflection: On a Scale of 1 to 5

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Now reflect on how comfortable you are with a positive disclosure of DV?



Defining Success

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Success is measured by our efforts to reduce isolation and improve outcomes for safety and health.



- ✓ CUES approach v. screening alone
- ✓ Confidential environment for disclosure
- ✓ Supportive messages
- ✓ Offer harm reduction strategies to promote safety and health
- ✓ Make warm, supported referrals to DV advocacy programs
- ✓ Grow partnerships with DV advocacy programs



Two Person Debrief: Pair and Share “Ah Ha!”

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Think about today's training:

- What stands out for you?
- What do you need more of?
- What changed in your thinking?



Mindful Movement

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- 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

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“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.”

(Miller, 2017)



Thank You!

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