

THE
PEW
CENTER ON THE STATES

Linking ‘Project Connect’ with Home Visiting Models to Tackle Domestic Violence

January 24, 2012

Pew Home Visiting Campaign



Advancing smart state and federal policies and investments in high-quality, home-based programs for new and expectant families.

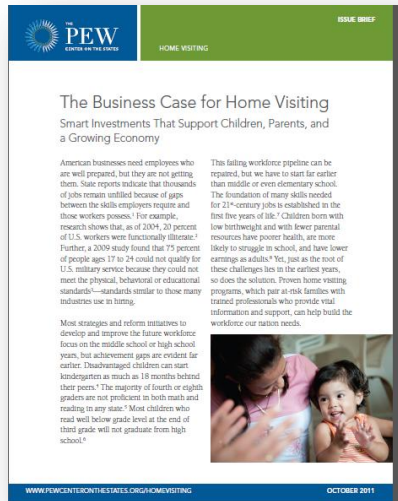
Our primary focus areas include:

- Policy Advocacy
- Research
- Information Sharing



www.pewcenteronthestates.org/homevisiting

New Resources



The Business Case for Home Visiting Brief

http://www.pewcenteronthestates.org/uploadedFiles/wwwpewcenteronthestatesorg/Initiatives/Home_Visiting/HV_Business_Leaders_Brief.pdf



The Case for Home Visiting Video Series

<http://www.youtube.com/user/Pew>

2012 Home Visiting Summit



February 15, 2012 – February 16, 2012

- Create a venue for the exchange of ideas to connect research with policy and practice
- Forum for home visiting researchers, program leaders, and policy makers to learn about the latest developments in the field

Register Now: <http://homevisitingsummit.org/>



THE
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EVERY CHILD
SUCCEEDS®

Preparing new mothers for the work of a lifetime.



Cincinnati
Children's®
Hospital Medical Center

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**Healthy Moms,
Happy Babies:
A Train the Trainers
Curriculum on
Domestic Violence,
Reproductive Coercion
and Children Exposed**

**Preparing Your Program and Supporting Staff Exposed
to Domestic Violence and Trauma**



Formerly Family Violence Prevention Fund

Technical Assistance

Contact The National Health Resource Center on Domestic Violence, a project of Futures Without Violence:

Visit: **www.FuturesWithoutViolence.org**

Call Toll-free: **888-Rx-ABUSE**
(792-2873)

800-595-4889 TTY

Email: **health@FuturesWithoutViolence.org**



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Futures Home Visitation Curriculum:


- a) Federal DV Benchmark (Screen, refer, and document)
- b) Evidenced based DV assessment tool: Women's Experiences with Battering (WEB)
- c) Enhance partnerships between domestic violence and home visitation programs (bi-directional)

Curriculum

- 12 modules (adult learning theory)
- Can be used independently
- We strongly recommend having someone from Futures Without Violence model the curriculum and then have trainers go out into the field



Overview
Of Domestic
Violence:
Definitions
and
Dynamics



Screening and
Safety Planning
for Domestic
Violence in
Home
Visitation




Making the
Connection:
Domestic and
Sexual Violence,
Birth Control
Sabotage,
Pregnancy
Pressure, and
Unintended
Pregnancies



The Effects of Domestic Violence on Children



Fathering After Violence



Preparing Your Program and Supporting Staff Exposed to Violence and Trauma

How Is the Curriculum Set Up?

1. Power point/Speakers Notes
 - Learning Objectives
 - Sample Agenda
 - Full citations
2. Home visitor and research informed—
3. Exercises, Videos and Role Plays
4. Downloadable tools in Appendices
5. Bibliography



**Healthy Moms,
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Module 1: Introduction and Workshop Guidelines

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Estimated Module Time: 25 minutes

(In speakers notes)

Training Outline

- Workshop Guidelines
 - Pre-training survey
 - Review the importance of addressing domestic violence (DV) in home visitation programs
 - Next steps to get started
-
- **Overview**
 - The purpose of this module is to help the learner understand how screening for DV or Intimate Partner Violence (IPV) can make a difference in the lives of women and children. The module makes the case for home visitors—showing how DV is connected to many other home visitation program outcome goals, and most importantly, demonstrates how talking with health care providers and home visitors increases the likelihood that women are safer and more likely to seek domestic violence advocacy services.

Workshop Guidelines

Because family violence is so prevalent, assume that there are survivors among us.

- Be aware of your reactions and take care of yourself first
- Respect confidentiality



Please complete the
Pre-Training Survey



“Where
Am I?”



Draw a “comfort meter”

On the left end of the meter is
“not at all comfortable”

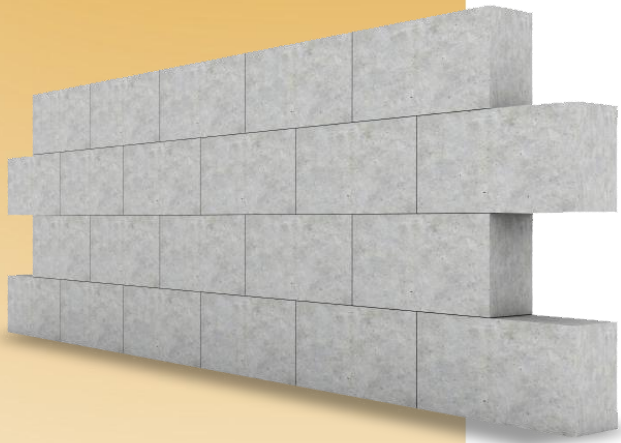
On the right end of the meter is
“very comfortable”

Estimated Activity Time: 2-3 minutes (In Speakers Notes)

Ask participants to follow the directions below. Advise them that they do not have to share what they draw/write.

1. Take out a sheet of paper and draw a line with the words “not at all comfortable” on the far left side of their line and the words “very comfortable” on the far right side of their line.
2. Ask participants to take a minute to think about their comfort level right now with talking to clients about domestic violence—and if he or she feels comfortable asking questions and getting a “yes” as the answer.

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)

Getting
Started:
Small
Group
Discussion

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



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)

Women
Who Talked
to Their
Health Care
Provider
About the
Abuse Were

4 **times more likely**
to use an intervention

2.6 **times more likely**
to exit the abusive relationship

(McClosky et al. 2006)

Project Connect Sites and Other States Using Curriculum

- Virginia –National Model
- Iowa
- Ohio
- Maine
- California
- Texas
- Oregon
- Alaska

Technical Assistance

To receive a copy of the curriculum please:

Contact The National Health Resource Center on Domestic Violence, a project of Futures Without Violence:

- Visit: www.FuturesWithoutViolence.org/health
- Call Toll-free: **888-Rx-ABUSE (792-2873)**
415-595-4889 TTY
- Email: health@FuturesWithoutViolence.org



Project Connect Iowa

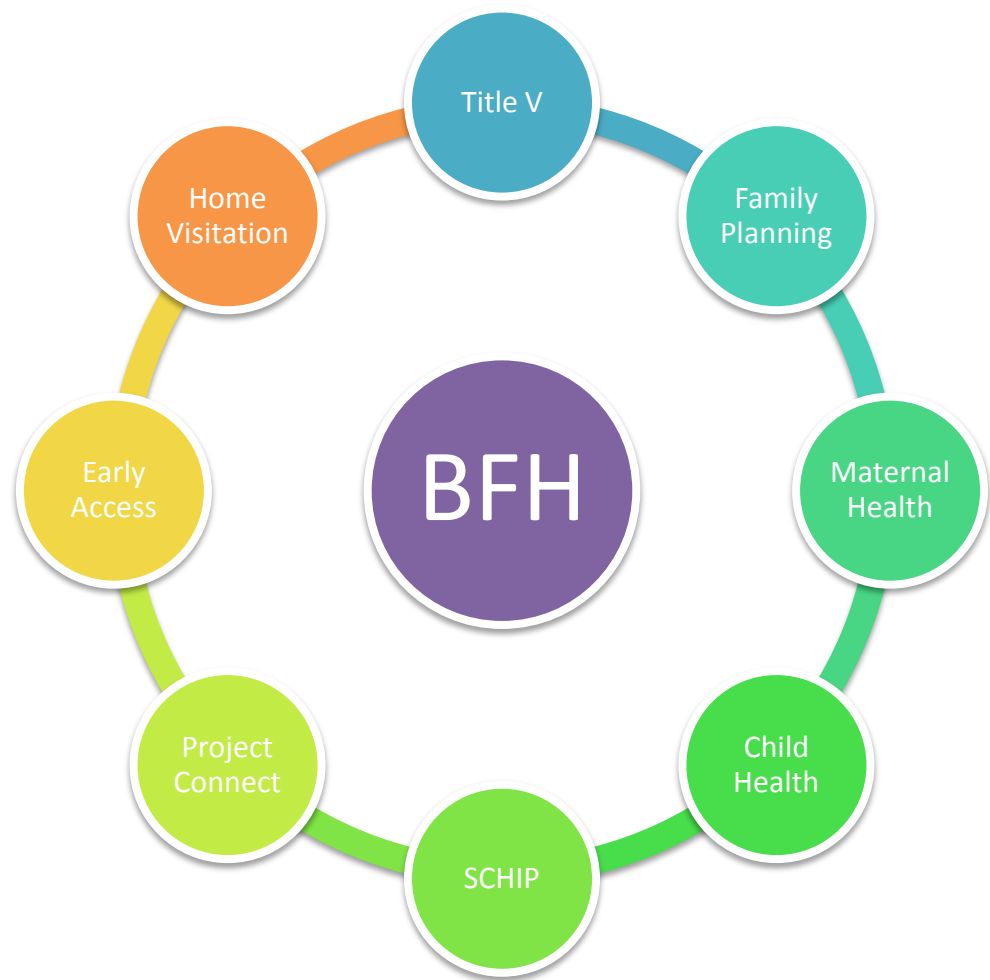


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Iowa Project Connect

- Funding from Futures Without Violence and the Office of Women's Health was received by the Iowa Department of Public Health (IDPH) as a collaboration between the Bureau of Family Health (BFH) and the Office of Disability, Injury & Violence Prevention.

BFH Programs



Getting Started: Years 1-2

- Family Planning Clinics
- Maternal Health Title V Contractors
- STI Programs



Getting
Started:
Years 1-2

Through Futures training Iowa promotes

Routine
Screening

Universal
Education

Supported
Referrals

Years 1-2



- Trained 660 health providers to identify and respond to women experiencing domestic violence and the impact of the violence on their health and offering supportive options for help.
- Through a pilot program with 5 clinics in 4 communities (Burlington, Creston, Dubuque, Waterloo), implemented changes in policy and practice that can reach up to 20,000 patients.
- Partnered with community DV/SV program staff to improve referral to services and provide improved health services for victims of abuse.

What participants are saying

“The stronger relationship with our local shelter has already assisted us in making referrals and providing follow up. For example, right after the training, one of our counselors was at a school in which a young woman disclosed relationship violence. Our counselor—now more familiar with the staff at Seeds of Hope, as well as their referral process—was able to connect this teen immediately with a Seeds of Hope staff person. The young woman is receiving information and support to help her be safe.” —
Staff from an Iowa clinic

Years 3

- Home Visitation
- Sustainability



Home
Visitation
Training:
Pre-test
n=83

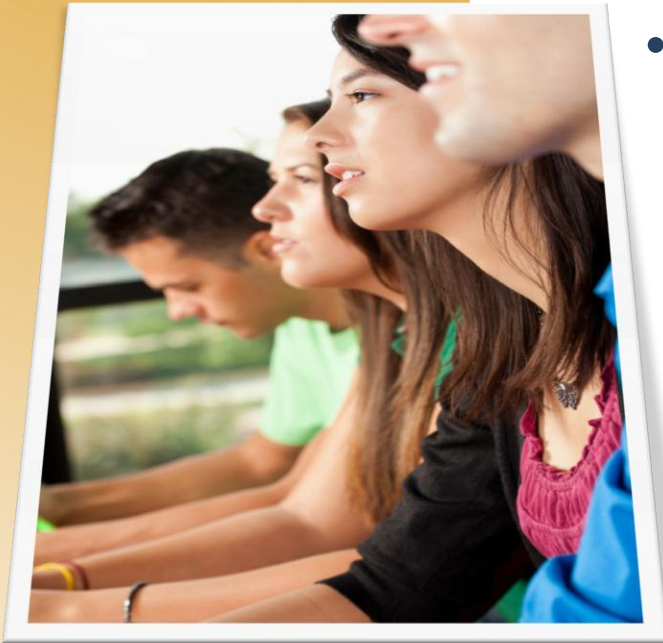
- 30% had never received DV/SV training
- 57% had never received training on how DV/SV can affect health
- 30% rarely assessed for DV
- 70% rarely gave safety cards about DV

Only 40% felt confident about assessing for DV with a parent in their home visitation program.

Home Visitation Training: Pre-test n=83

Reasons for not addressing DV

- Partner present 62%
- Worried upset client 24%
- Not sure how to ask 46%
- Not sure what to say if disclose 16%
- Not knowing where to refer 11%



Post-test
n=66

Training increased “my” ability to

- Assess for DV/childhood violence 90%
- Discuss “invisible contraception” 92%
- Assess reproductive coercion 91%
- Ability to discuss available resources 80%



Outcomes from Training

- QI and technical assistance for pilot sites and state home visitors
- MOUs
- Coalition trainings for home visitors
- Future regional trainings with inclusion of TOTs

- Further integration into BFH projects
 - PREP
 - Photovoice → Reproductive Coercion
 - Sticker Shock
 - Adverse Childhood Experiences
 - Life Course Model
 - Administrative rules for Title V contractors
 - 7 state level trainers
 - Regional training with mentorship possibilities for local TOTs
 - Grant writing with University of Iowa.
 - Committed for continued Project Connect position with the bureau

Questions States and Programs Are Struggling With

- Can this curriculum be used with an evidenced based program?
- Can the assessment tools and safety cards be used across all programs?
- How do I convince my state to do this?
- Additional Recommendations



Thank You!

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Q & A



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www.pewcenteronthestates.org/homevisiting

Futures Without Violence

<http://www.futureswithoutviolence.org/>