

Intimate Partner Violence and Home Visitation



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Learning Objectives

- Awareness
 - Understanding the epidemiology of intimate partner violence (IPV)
 - Understanding the health impact of intimate partner violence
- Identification
 - Increased awareness of factors shaping screening
 - Knowledge of evidence-based screening tools
- Intervention
 - Increased knowledge and comfort with screening and responding to intimate partner violence
- Prevention

Why should home visitors (HV) be involved?

- Understanding the prevalence and health impact of IPV exposures
- Long-term and trusted nature of the HV-client relationship
 - Provides a unique opportunity to screen, diagnose, treat, refer, and prevent cycles of violence
- Connection with direct treatment of health conditions associated with IPV
 - Physical injury
 - Mental complications or comorbidities
- HV model
 - Capacity building
 - Coordination of care
 - Access to community-based resources
- Emergent evidence for IPV interventions

IPV and HV - Overview

- HV programs have generally focused on providing services to promote child development and/or improve parenting skills.
- The role of HV in preventing family violence has emphasized reduction of child maltreatment rather than IPV
- Early intervention by home visitors that reduces IPV may improve parenting attitudes and stabilize the home environment thereby preventing abuse and neglect and promoting positive childhood development.

IPV and HV - Overview

- Historically HV programs address IPV through screening and referrals to outside agencies after a disclosure or signs of IPV became evident to the HV (Sharps et al. 2008).
- HVs report a high likelihood of interacting with clients experiencing IPV in their caseloads (Jack et al. 2012).
- Most HVs believe that routine assessment of IPV is within their professional role (Dickson & Tutty 1996, Shepard et al. 1999).

Awareness

DV and IPV: Definitions

- **Domestic Violence:** A pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assaults, progressive social isolation, stalking, deprivation, intimidation and threats.
- **Intimate Partner Violence:** The abusive behaviors perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.
 - Intimates include current and former spouses (including common-law spouses, divorced or separated spouses) as well as current and former non-marital partners (dating partners, boyfriends/girlfriends).

DV vs. IPV: What's the Difference?

- DV includes:
 - IPV
 - Elder abuse
 - Child abuse
- IPV includes:
 - Partner violence
 - Dating violence

VIOLENCE



1 in 4

CHILDREN EXPERIENCE
ABUSE OR NEGLECT
IN THEIR LIFETIME

20 PEOPLE



VICTIMS OF PHYSICAL
VIOLENCE BY AN
INTIMATE PARTNER
EVERY MINUTE



1 in 2

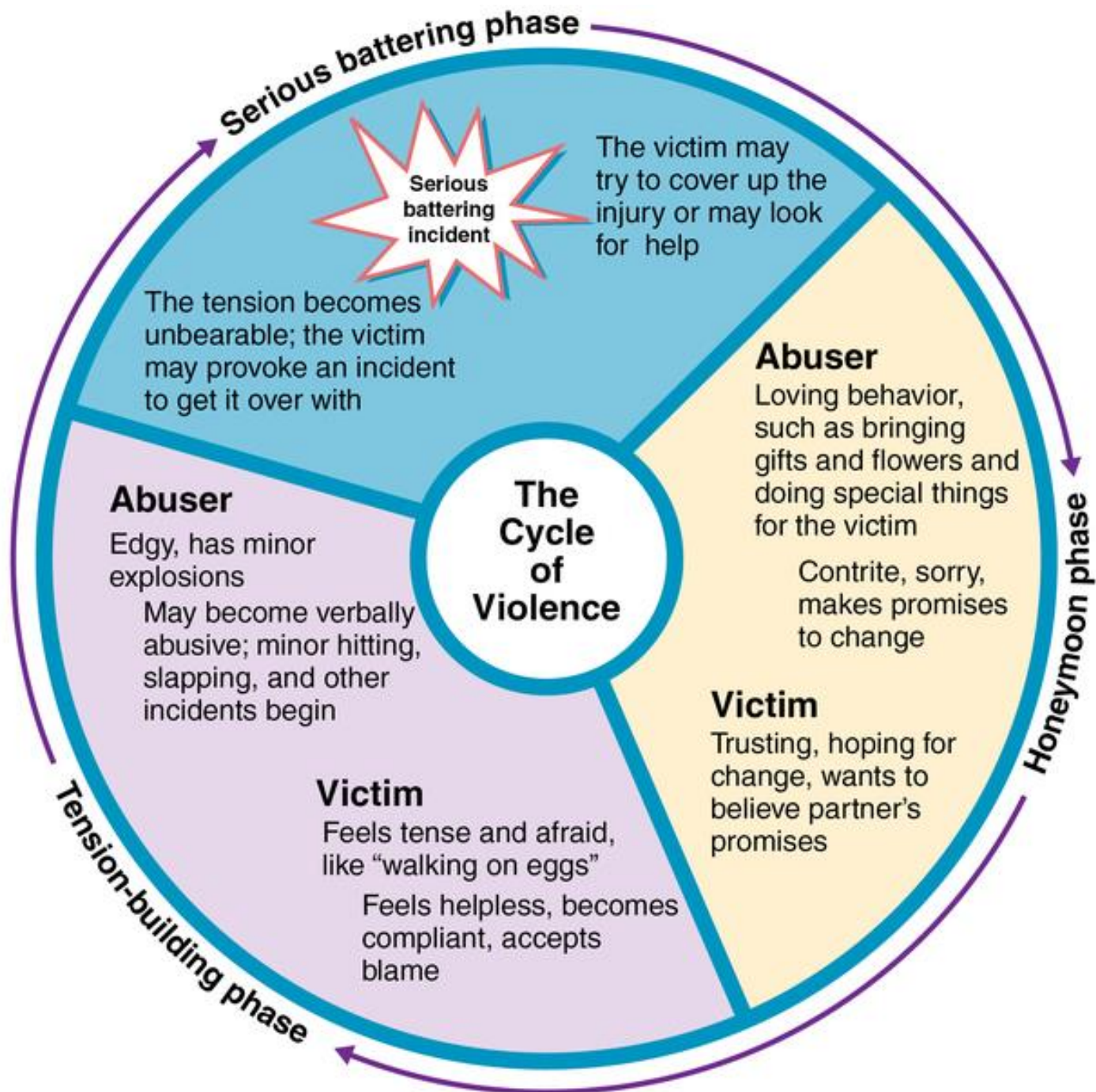


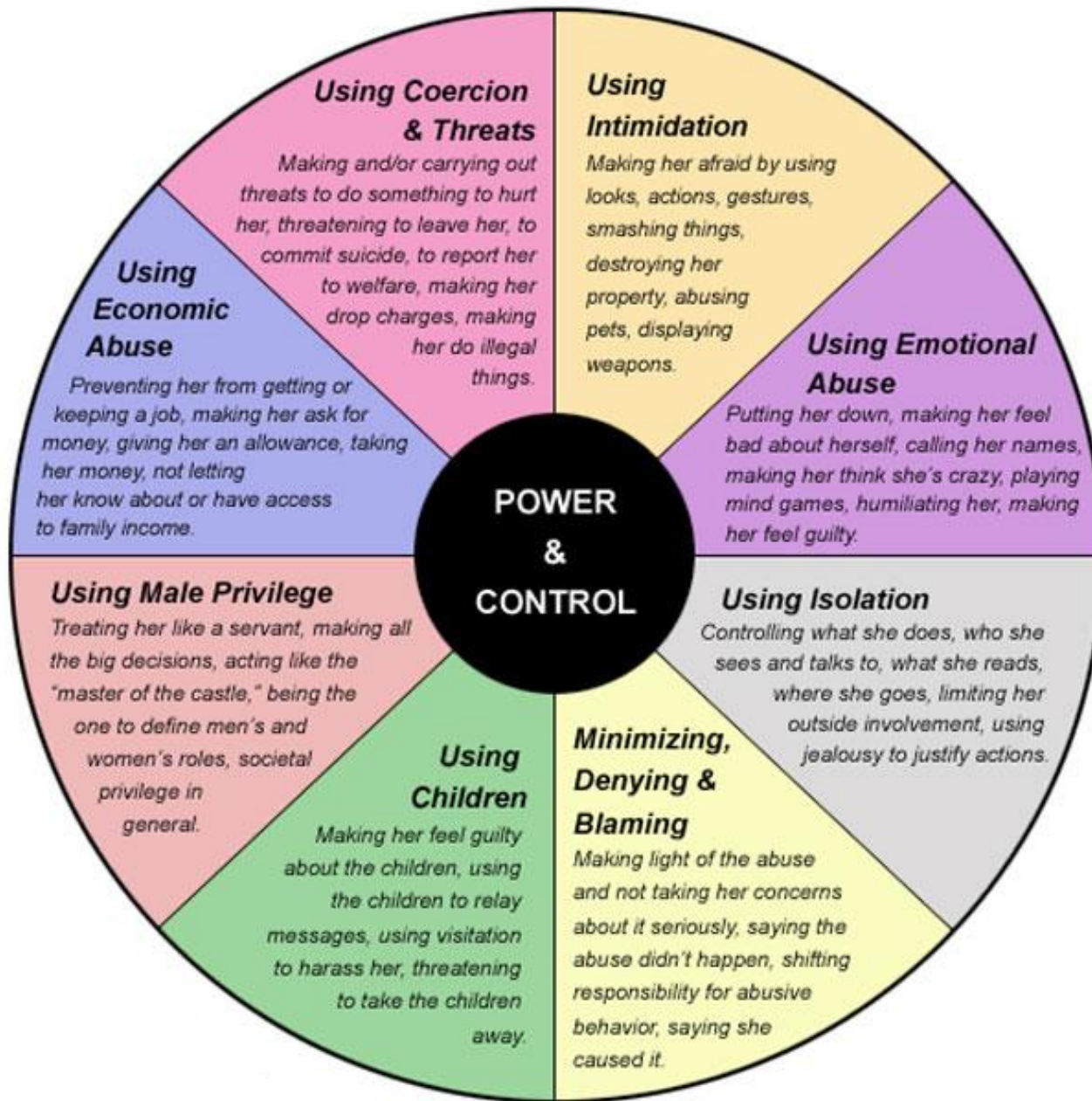
WOMEN
EXPERIENCE
SEXUAL
VIOLENCE
IN THEIR
LIFETIME

1 in 5



MEN
EXPERIENCE
SEXUAL
VIOLENCE
IN THEIR
LIFETIME





How common is IPV?



- Estimates of the prevalence of IPV vary widely and are felt to be conservative due to the likelihood of underreporting
- **National samples:**
 - 25-36% lifetime prevalence for women and 8-29% prevalence for men [raped and or physically assaulted by a current or former partner]
 - 1.5% 12-month prevalence for women and 0.9% prevalence for men [raped and or physically assaulted by a current or former partner]
 - Annually, approximately 1.5 million women and 834,700 men are raped and/or physically assaulted in other ways by an intimate partner in the United States
 - 48% of all U.S. women and men have experienced psychological aggression by an intimate partner in their lifetime
 - 16% of couples reported episodes of IPV in the past 12 months with 40% of these episodes involving actions such as punching, kicking, or use of a weapon

How common is IPV?

- **Clinical Samples:**

- Conservatively: 14-35% of women visiting an Emergency Department and 12-23% of women in Family Medicine settings reported having been physically abused or threatened by their partner within the last year

Homicide During Pregnancy and the Postpartum Period

Finding	Age Group, y		
	10-29	30-54	Total
Homicide deaths among women and girls who were pregnant or post partum per 100 000 live births (95% CI)	16.2 (9.4-27.8)	6.9 (2.21-21.3)	12.9 (7.9-21.0)
Homicide deaths per 100 000 women and girls who were nonpregnant and non-post partum (95% CI) ^b	6.8 (5.4-8.43)	5.9 (4.8-7.3)	6.3 (5.4-7.33)
Homicide rate ratio (95% CI)	2.38 (1.3-4.3)	1.16 (0.4-3.7)	2.04 (1.23-3.42)

Wallace ME et al. Homicide During Pregnancy and the Postpartum Period in Louisiana, 2016-2017. *JAMA Peds*; Published Online: February 3, 2020. doi:[10.1001/jamapediatrics.2019.5853](https://doi.org/10.1001/jamapediatrics.2019.5853)

How common is IPV?

- **Home Visitation Samples:**

- Past year IPV prevalence ranged from 14% to 52%.
- IPV in the 12 months prior to pregnancy and NFP enrollment was **8.1%** (95% CI: 5.8–11.2%).
- Longitudinally, **4.7%** (4.3.0–5.1%) of women reported IPV during the first 36 weeks of their pregnancy.
- IPV reported in the 12 months following delivery (**12.4%** (8.5–17.6%)) was larger than the baseline annual rate, but this difference was not significant ($p = 0.170$).

How common is IPV?

Prevalence of Diagnosed IPV among PA MIECHV Recipients by Program Model				
	IPV Ever	At Least 7 Months Prior to Pregnancy	Immediate Preconception/ Early Pregnancy	Late Pregnancy/ Postpartum
No MIECHV Enrollment	4.5%	1.00%	0.50%	3.20%
NFP N=9,927	6.7% (664)	1.10%	0.80%	5.20%
PAT N=678	11.1% (75)	2.50%	2.20%	7.50%
EHS N=569	9.1% (52)	2.10%	0.90%	6.90%
HFA N=164	21.3% (35)	11.00%	2.40%	8.50%

IPV: Why perpetrators = Men?

- **Data**

- Women experience more IPV than do men



- National Violence Against Women survey [NVAW: NIJ & CDC] (women > men at 12-months or lifetime)
 - National Crime Victimization Survey [NCVS: BJS] survey (women > men)
 - National Family Violence Survey [NFVS: NIJ & CDC] survey (women = men for physical assaults)

- It is well established that most of the violence that results in injury involves male violence against women, and that male to female violence tends to be chronic

- Women were the survivors in 95% of episodes of IPV leading to criminal investigation

- 55.3% of female homicides were IPV-related

- 11.2% of IPV-related homicide victims experienced violence in the month preceding their deaths
 - Arguments and jealousy were common precipitating circumstances



- **History**

Tjaden P, Thoennes N. *Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice; November 2000. NCJ 183781. Bachman R. A comparison of annual incidence rates and contextual characteristics of intimate-partner violence against women from the National Crime Victimization Survey (NCVS) and the National Violence Against Women Survey (NVAWS). *Violence Against Women*. 2000;6(8):839-867. Petrosky E, Blair JM, Betz CJ, Fowler KA, Jack SP, Lyons BH. Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence — United States, 2003–2014. *MMWR Morb Mortal Wkly Rep* 2017;66:741–746.

How IPV Affect Healthcare Utilization?

- NVAW:
 - Of the estimated 4.8 million intimate partner rapes and physical assaults perpetrated against women annually:
 - 2 million will result in an injury to the survivor
 - 552,192 will result in some type of medical treatment to the survivor
 - Of the estimated 2.9 million intimate partner physical assaults perpetrated against men annually:
 - 581,391 will result in an injury to the survivor
 - 124,999 will result in some type of medical treatment to the survivor
- IPV costs exceed \$5.8 billion each year, \$4.1 billion of which is for direct medical and mental health care services
- An annual differences of \$439-\$1,775 more were spent on abused women compared to general enrollees

How IPV Affects HV Services

- Failure to provide sufficient focus, time and resources on IPV may limit the effectiveness of perinatal HV programs in promoting positive child development.
- A nationwide nurse home visitation program reported that their program was not as effective in decreasing child abuse and neglect in households with IPV.
- Another analysis of the same program found that in families with more than 28 episodes of IPV, the HV intervention was ineffective at reducing child maltreatment.

IPV: Impact

- Primary vs. Secondary Exposures

- Survivors



- Perpetrators



- Witnesses



Multiple Dimensions of Health



+





IPV: Survivors - What's the Impact?

- **Physical Health**

- Offensive and defensive injury > contusions, lacerations, broken bones, death
- Pregnancy and pregnancy-related outcomes
- STIs, PID, at risk behaviors
- Chronic pain, obesity, neurologic sequelae, GI, GU, disability

- **Social, Emotional, Spiritual, and Vocational Health**

- Employment
- Incarceration
- Housing
- Childhood delinquency, aggression, conduct disorders...
- Reduced quality of life
- Cycles of violence

- **Mental Health**

- Depression
- Anxiety
- PTSD
- Suicide
- Substance abuse



IPV: Impact on Children

- **Direct injury**
 - Defensive injuries protecting abused parent
- **Associated injury**
 - High rates of child abuse (50-60%) in families affected by IPV



Straus, M., Gelles, R., and Smith, C. 1990. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick: Transaction Publishers. *A Nation's Shame: Fatal Child Abuse and Neglect in the United States: Fifth Report*. 1995. U.S. Advisory Board on Child Abuse and Neglect. Department of Health and Human Services, Administration for Children and Families. Washington, DC. Appel A, Holden G. The co-occurrence of spouse and physical child abuse: A review and appraisal. *J Family Psych* 1998; 12:578-99

- **Witnesses to violence**
 - Increased rates of behavioral and physical health problems including depression, anxiety, and violence towards peers
 - Increased rates of attempted suicide, abuse of drugs and alcohol, running away from home, engaging in teenage prostitution, and committing sexual assault crimes



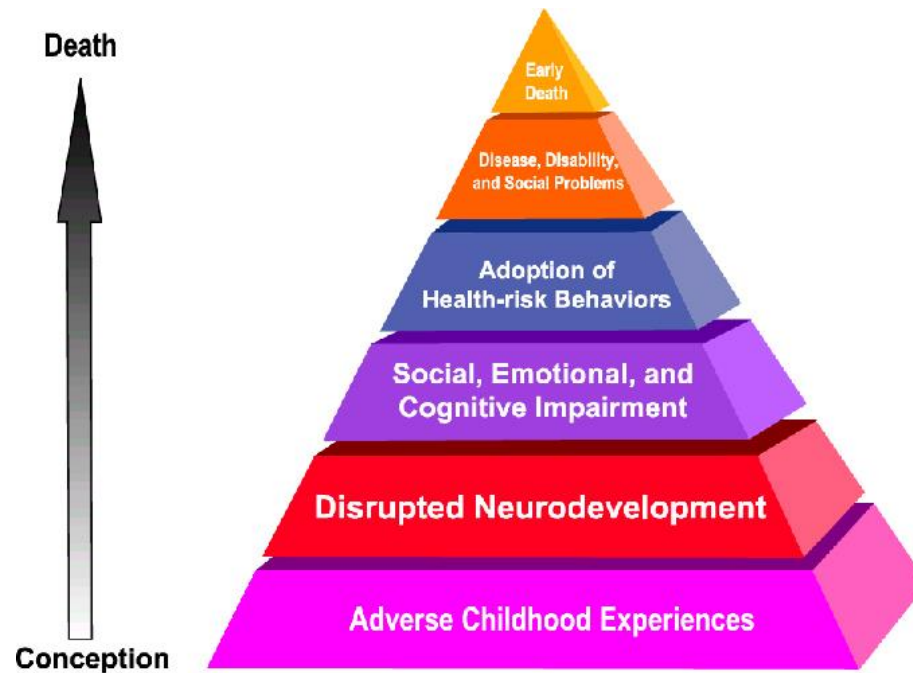
Jaffe, P. and Sudermann, M. 1995. "Child Witness of Women Abuse: Research and Community Responses." In *Understanding Partner Violence: Prevalence, Causes, Consequences, and Solutions*, vol. 3 edited by S. Stith, and M. Straus. Minneapolis, MN: National Council on Family Relations. Wolfe, D.A., Wekerle, C., Reitzel, D. and Gough, R. 1995. "Strategies to Address Violence in the Lives of High Risk Youth." In *Ending the Cycle of Violence: Community Responses to Children of Battered Women*, edited by E. Peled, P.G. Jaffe, and J.L. Edleson. New York, NY: Sage Publications.

Probability of Child Abuse by Maternal IPV Status among PA MIECHV Recipients by Program Model

HV Program	No IPV	IPV	OR (95% CI)
NFP	1.2%	2.7%	2.31 (1.09, 4.85)
PAT	0.6%	6.0%	10.61 (1.32, 85.55)

IPV was observed from date of conception through the first month of the child's life

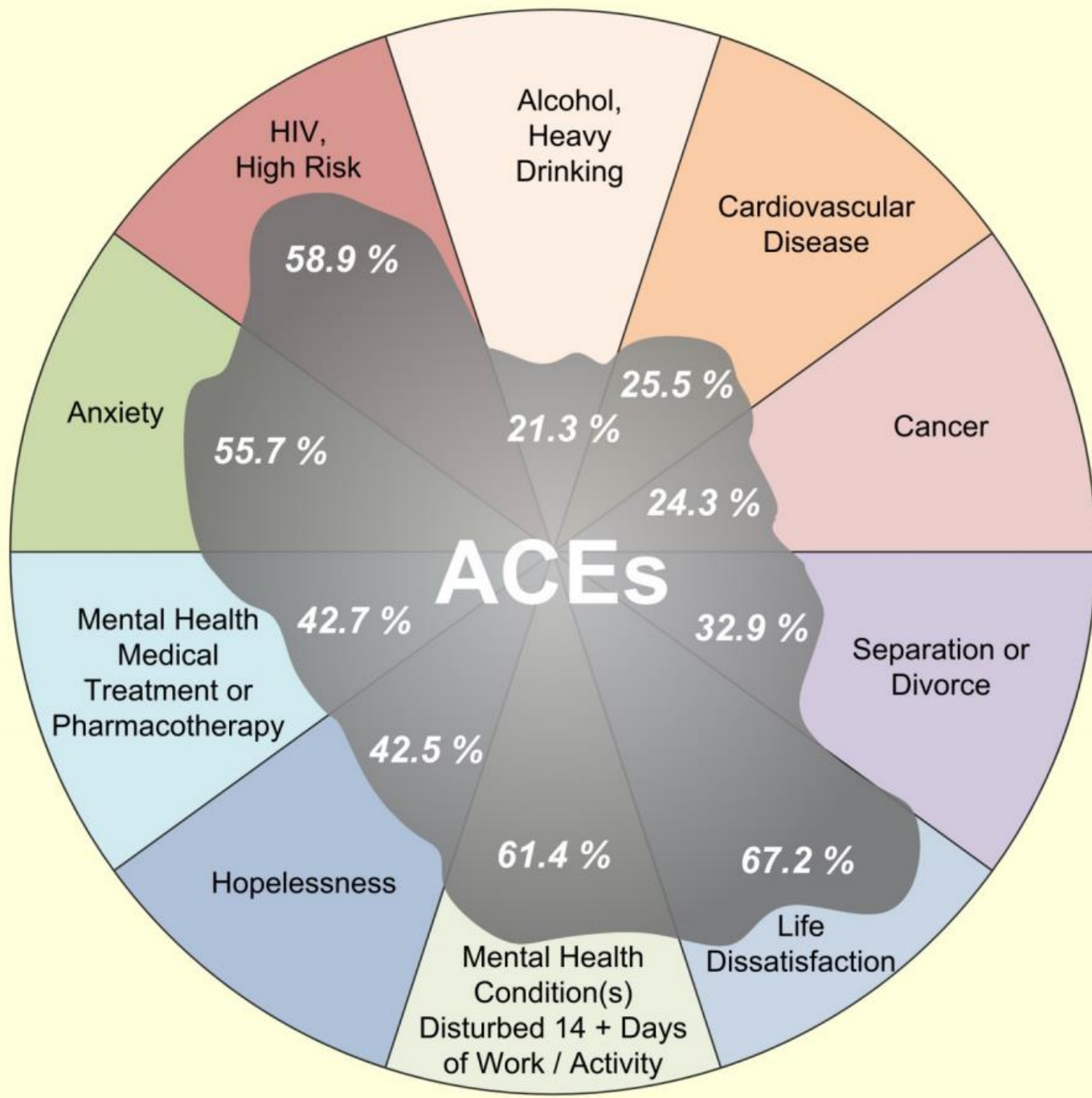
Adverse Childhood Experiences



- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

Population Attributable Risk:

Reducing exposures to ACEs has the potential to improve many health, safety, and prosperity conditions



Philly vs. Kaiser

Adversity Exposure	Philadelphia Sample (N=1,784)	Kaiser Sample (N=17,337)
Physical abuse	38.1%	28.3%
Substance using household member	34.8%	26.9%
Emotional abuse	33.2%	10.6%
Mentally ill household member	24.1%	19.4%
Witnessed domestic violence	20.2%	12.7%
Sexual abuse	16.2%	20.7%
Incarcerated household member	12.9%	4.7%
Emotional neglect	7.7%	9.9%
Physical neglect	7.0%	14.8%

Identification

IPV: Should we be asking?



- USPSTF - Recommendation [“I” (2004) > “B” (2013)]
 - “Screen women for intimate partner violence (IPV), and provide or refer women who screen positive to intervention services.”
- Risk Assessment
 - “While all women are at potential risk for abuse, factors that elevate risk include **young age, substance abuse, marital difficulties, and economic hardships.**”
- Interventions
 - “Adequate evidence from randomized trials support a variety of interventions for women of childbearing age that can be delivered or referred by primary care, including **counseling, home visits, information cards, referrals to community services, and mentoring support.**”
 - “Depending on the type of intervention, these services may be provided by **clinicians, nurses, social workers, non-clinician mentors, or community workers.**”
- Balance of Benefits and Harms
 - “Screening and interventions for IPV in women of childbearing age are associated with **moderate health improvements** through the **reduction of exposure to abuse, physical and mental harms, and mortality.**”
 - “The **associated harms** are deemed **no greater than small.**”
 - “Therefore, the overall **net benefit is moderate.**”

IOM - Recommendation 7

- The committee recommends for consideration as a preventive service for women:
 - Screening and counseling for interpersonal and domestic violence
 - Screening and counseling involve elicitation of information about current and past violence and abuse from women and adolescent girls in a culturally sensitive and supportive manner to address current health concerns, prevent future health problems, and provide for the woman or girl's safety.

Why don't we ask?

- The conditions for safely and privately screening for IPV were frequently lacking during postpartum home visits...
 - Presence of the partner during the visit;
 - Presence of other family members, including children over the age of 18 months;
 - Lack of time;
 - Respect for the client's time and priorities; and
 - Language barriers.
- Screening for IPV only if those responsible for screening were knowledgeable about and skilled in responding to disclosure of physical, emotional, or sexual abuse.
- HV may be unable to screen properly because of her limited personal capacity or her own exposure to IPV

Why don't we ask?

- **HV:**
 - Jeopardizing rapport and trust with their clients
 - Increased risk of high client attrition
 - Balancing IPV assessment with other client needs
 - Focus of the curriculum
- **Clients:**
 - Embarrassment,
 - Fear of CPS,
 - Fear of partner

Intervention

How do we respond?

- Physician-reported routine interventions ...
 - Relaying concern for safety (91%)
 - Referral to shelters (79%)
 - Counseling (88%)
 - Documentation in the medical chart (89%)

Rodriguez MA, Bauer HM, McLoughlin E, Grumbach K. Screening and intervention for intimate partner abuse: practices and attitudes of primary care physicians. JAMA. 1999;282(5):468-474.

- Patient Perceptions ...

- Attitudes:
 - 85% of patients found their provider open to discussing IPV
- Perceived Knowledge:
 - 74% found their provider knowledgeable about IPV
- Approaches:
 - 71% believed their provider advocated leaving the relationship
 - 31% received safety information
 - 8% received safety information and perceived their provider as not advocating leaving the abusive relationship

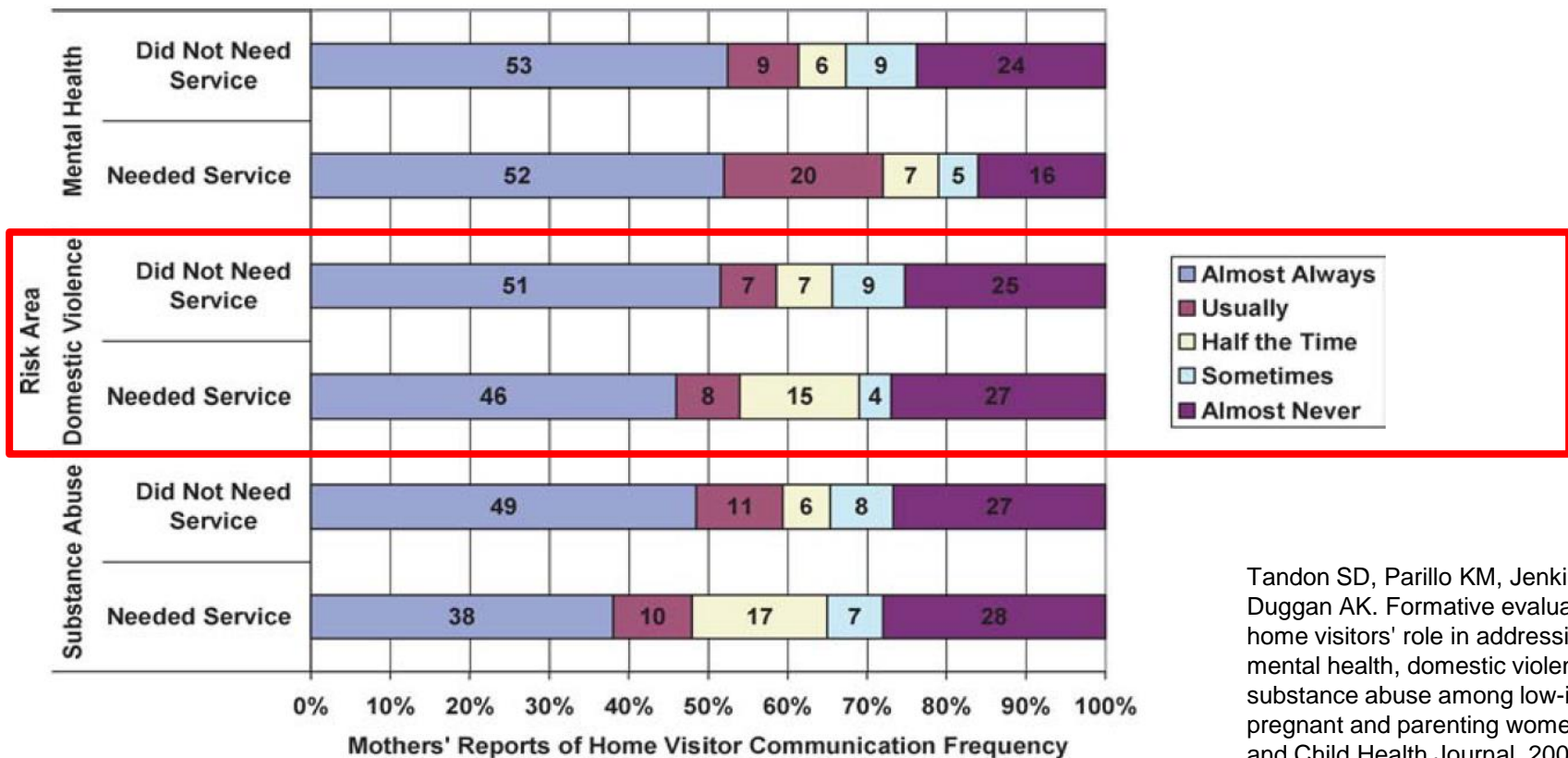
Morse DS, Lafleur R, Fogarty CT, Mittal M, Cerulli C. "They Told Me To Leave": How Health Care Providers Address Intimate Partner Violence. J Am Board Fam Med May-June 2012 25:333-342

How do we respond?

- Even when clients in HV programs are screened for IPV, only a small proportion are referred to and receive needed services.

Table II. Use of Mental Health, Domestic Violence, and Substance Abuse Services Among Home Visited Mothers

Risk area	Mothers scoring positive for service need (<i>n</i> = 189)		Services received by mothers scoring positive		Mothers receiving service, those referred by home visitor	
	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)
Mental health	87	46	22	25	9	41
Domestic violence	26	14	5	19	1	20
Substance abuse	29	15	6	21	1	17
Any of above	108	57	29	27	11	38



Tandon SD, Parillo KM, Jenkins C, Duggan AK. Formative evaluation of home visitors' role in addressing poor mental health, domestic violence, and substance abuse among low-income pregnant and parenting women. *Maternal and Child Health Journal*. 2005; 9(3):273–283.

Home Visitation and IPV

- None of the reviewed HV programs included specific, targeted IPV content delivered as a part of the HV intervention program.
- IPV was addressed by screening and/or identifying the problem when signs were clear (e.g. obvious bruising, spontaneous disclosure by clients) and making outside referrals.
- Comfort in screening and making referrals for IPV, however, varied amongst home visitors, with many citing barriers such as limited IPV training.

A Large Study Showed No Effect

- A multi-site RCT in 8 US states
- Recruited 492 participants
- Augmentation of a nurse HV program with a comprehensive IPV intervention, compared with the HV program alone, did not improve outcomes at 24 months.
- These findings do not support the use of this intervention

What Works?

- Advocacy-focused interventions generally showed reductions in violence over time.
- Guided by person-centered, strengths-based perspectives and were grounded in **empowerment theory**.
- Advocacy = Offering community referrals, safety planning, and support around the abuse / violence.

What Works in Primary Care?

Providers	Location	Time	Content
<ul style="list-style-type: none">•Nurses•Social Workers•Advocates•Educators	<ul style="list-style-type: none">•Office-Based•Phone Support•Home Visitation	<ul style="list-style-type: none">•10-30 Minutes•2-4 Hours•8-16 Hours	<ul style="list-style-type: none">•Support•Education•Safety Planning•Problem Solving•Resource Navigation

Who are Home Visitors: The prior education and training of home visitors varies between programs; some home visitors are paraprofessionals, while others are nurses, social workers or health educators.

What Works in HV?

- Randomized to HV or not:
 - Lower rates of IPV victimization (21%) and perpetration (34%) as compared with the control group women.
 - HV Elements > Decrease in IPV:
 - The home visitor–mother relationship and
 - Encouragement of self-efficacy.

What Works in HV?

- Randomized to HV or not:
 - A community health nursing home visiting intervention (CHNHVI) for abused women leaving a domestic violence shelter.
 - The goals of the program were to reduce health disparities by increasing: 1) access to health care; 2) health promoting and safety behaviors; and 3) parenting skills of women and children survivors of IPV.
 - Women and children received up to 14 weekly visits over six months post shelter stay.

Intervention resulted in
decreased self-reports of:

IPV experiences
Emotional abuse
Danger

Intervention resulted in
increased self-reports of:

Health
Self-esteem

Building Skills

RADAR

- Routinely screen
- Ask direct questions
- Document your findings
- Assess safety
- Respond



Routinely Screen

- You have to start the conversation!
- When?
 - Every visit?
 - Consider 3 time points:
 - Intake (generally on or before the fourth prenatal visit),
 - At 36 weeks of pregnancy and
 - When the infant is 12 months.

Tips from your clients:

When and how should I ask?

- Raise the issue of IPV during your visit.
 - Don't just ask once...Ask several times - this may allow the women to discuss the situation at a later date
 - But don't pressure disclosure
- Be aware that simply raising the issue of IPV can be helpful.

Tips from your colleagues and clients: *When and how should I ask?*

- Asking about IPV early heighten clients' awareness that they could talk about IPV even if not at that time.
- The NFP clients who participated in this study had all experienced IPV, yet...
 - 35% purposefully did not disclose the abuse when completing the intake relationship assessment,
 - 10% provided a partial disclosure (e.g. admission of emotional abuse but not physical abuse), and
 - 5% reported their HV did not completed this assessment with them.
- Clients described being able to speak honestly about their experiences of violence and trauma once they felt 'comfortable' or had 'built a system of trust' with their HVs.

Tips from your colleagues and clients:

When and how should I ask?

- Some HVs perceived that many clients responded negatively to questions about violence in their relationships because they did not define their experiences as abusive.
 - For many women enrolled in NFP, violence in relationships is a normative experience; often their mothers were abused, they had been exposed to violence in multiple family relationships and in their communities.
- Ironically, for some clients, the strong nurse–client relationship that had been established actually became somewhat of a barrier to sharing their experiences of abuse.

Ask Direct Questions

- How?
 - New client intake forms
 - Periodic verbal vs. computer screening
 - Embedded within social histories

Name	Scales	Scoring	Description	Accuracy measures
CTQ-SF: Childhood Trauma Questionnaire – Short Form	28 items, 5-point Likert scale	Positive response if any answer except “never”	Self-report instrument for adults that assesses abuse and neglect in childhood and includes separate scales for physical and sexual abuse.	Sensitivity/Specificity, 1 Question Physical abuse: 70%/94% Sexual abuse: 82%/89% Sensitivity/Specificity, 2 Questions Physical or sexual abuse: 85%/88%
HARK: Humiliation, Afraid, Rape, Kick	4 items, dichotomous	0–4	Within the last year have you been: ...humiliated or emotionally abused in other ways by your partner or your ex-partner? ...afraid of your partner or ex-partner? ...raped or forced to have any kind of sexual activity by your partner or ex-partner? ...kicked, hit, slapped or otherwise physically hurt by your partner or ex-partner?	For score ≥ 1 : Sensitivity/Specificity: 81%/95% +/- Predictive Values: 83%/94%
HITS: Hurt, Insult, Threaten, Scream	4 items, 5-point Likert scale	4–20 points	How often does your partner: Physically hurt you? Insult or talk down to you? Threaten you with harm? Scream or curse at you?	Sensitivity/Specificity: (cut-point=10.5): 86%/99% +/- Predictive Values: (cut-point=10.5): 86%/99%
OVAT: Ongoing Violence Assessment Tool	4 items, dichotomous	0–4	“At the present time: Does your partner threaten you with a weapon? Does your partner beat you so badly that you must seek medical help? Does your partner act like he or she would like to kill you? My partner has no respect for my feelings.”	Sensitivity/Specificity: 86%/83% +/- Predictive Values: 56%/96%
STaT: Slapped, Threatened, and Throw	3 items, dichotomous	0–3	“Have you ever been in a relationship where your partner has: a) pushed or slapped you? b) threatened you with violence?; or c) thrown, broken, or punched things?”	Sensitivity/Specificity ≥ 1 positive response: 96%/75% ≥ 2 positive responses: 89%/100% ≥ 3 positive responses: 64%/100%
WAST: Woman Abuse Screening Tool	8 items, 3-point Likert scale	0–16	“In the preceding 12 months: In general, how would you describe your relationship? Do you and your partner work out arguments with... Do arguments ever result in you feeling down or bad about yourself? Do arguments ever result in hitting, kicking, or pushing? Do you ever feel frightened by what your partner says or does? Has your partner ever abused you physically? Has your partner ever abused you emotionally? Has your partner ever abused you sexually? The WAST short form includes 2 questions about tension in the relationship and how arguments are resolved.	For score ≥ 4 Sensitivity/Specificity: 88%/89%

Abuse Assessment Screen

ABUSE ASSESSMENT SCREEN

1. Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone?

Yes No

If yes, by whom? _____

Total number of times: _____

2. Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?

Yes No

If yes, by whom? _____

Total number of times: _____

Mark the area of injury on the body map below.

3. Within the last year, has anyone forced you to have sexual activities?

Yes No

If yes, who? _____

Total number of times: _____

4. Have you ever been emotionally or physically abused by your partner or someone important to you?

Yes No

If yes, by whom? _____

Total number of times: _____

5. Are you afraid of your partner or anyone listed above?

Yes No

Ask Direct Questions

- **Embedded within the intake...**
- **Disclaimer:** This is the part of the history where I ask all of my clients a lot of personal questions about issues that we know affect people's health. As with everything we talk about today I will keep everything you tell me completely confidential with the exception of if we talk about you hurting yourself or someone else, and then we might need to get others involved to help avoid serious harm.
 - **PMHx:**
 - **PSHx:**
 - **FamHx:**
 - **SocHx:**
 - *Smoking*
 - *EtOH*
 - *Drugs*
 - *Sexual History*
 - *Seatbelts*

Ask Direct Questions

(For clients in a partnered relationship:)

- Who all lives at home with you?
 - Everyone gets into arguments and has disagreements with their partners.
 - Do you have any concerns about how your partner treats you or how you treat your partner during those times of stress?
 - When the stress and conflict reaches a certain level they can really affect your health and the health of your family and it's important to know that there are ways to help when those things are going on.
 - Words can certainly do harm but we also look for any pushing, hitting, kicking, choking, slapping, people being forced to have sex against their will, or people being controlled by their partners.
 - If that is happening to you or someone in your life, has happened in the past, or happens in the future, I want you to know that you can talk to me about those issues and we can work together to try to keep you and the people you care about safe and healthy.

Ask Direct Questions

- **ACEs...**
 - While we are talking about the things we do as adults that can be harmful, if there was anything that happened to you as a child but shouldn't have that may still be affecting your life as an adult, I would like to try to help you with those issues as well.

Ask Direct Questions

- Funneling techniques

- Who lives at home with you?
- Are you in a relationship? (if no...have you been in relationships in the past?)
- What do you like best and what do you like least about your partner?
- Everyone gets into arguments with their partners. Tell me about how you and your partner argue.
- Because violence is so common in many women's lives, we've begun to ask about it routinely
- Is there ever any time when you or your partner don't feel safe?
- Does your partner try to control your activities or your money?
- Is there anyone who has physically or sexually hurt or frightened you?
- Have you ever been hit, kicked, or punched by your partner?
- I notice you have a number of bruises; did someone do this to you?

Tips from your clients:

When and how should I ask?

- Ensure (and reassure) that the environment is private and confidential, and provide time for your clients.
- Be nonjudgmental, compassionate, and caring.
- Be confident and comfortable.

Tips from your colleagues and clients:

When and how should I ask?

- Discussions about personal experiences of IPV were more likely to occur during general conversations about other topics, such as ...
 - Personal safety, their relationships, their partner's role in parenting, and their experiences in childhood.
- Some clients reported that they only told their nurse about the abuse when they reached a critical point
 - Multiple stressors, lacking support, changing housing due to escalating violence
- Some conversations started ...
 - After injuries were observed that could not be hidden
 - Sharing HV observations of a visit

Tips from your colleagues and clients: *When and how should I ask?*

- Many nurses spoke about the value of conducting a **life history** and creating a **family tree** with clients
 - A way of understanding the nature of different relationships in the client's life (past and present),
 - Identifying potential risk indicators for current IPV and
 - Exploring how past relationships influence how clients parent their own children.

Tips from your colleagues and clients: *When and how should I ask?*

- Key words/phrases clients used to describe qualities that promoted disclosure were:
 - Respect
 - Nonjudgmental.
 - Trust
 - Genuine
 - Easy to talk to
 - Active listening
 - Safe
 - Private / confidential


Document

- **S:** What the client said. Use quotation marks to document exact words.
 - *The client states she was...*
- **O:** What behavior *and* injuries you observed.
 - Drawings and photographs describe location and quality of injuries.
 - Include a ruler in photos for scale, and survivor’s face for identity.
- **A:** Your assessment of potential partner violence.
- **P:** Describe safety planning and follow-up plans.

Date _____ Patient Label or Name/MR # _____

DOMESTIC VIOLENCE DOCUMENTATION FORM

DV Screen
 DV + (Positive) DV ? (Suspected)



ASSESS PATIENT SAFETY

- Yes - No Is abuse here now?
 - Yes - No Is patient afraid of their partner?
 - Yes - No Is patient afraid to go home?
 - Yes - No Has physical violence increased in severity?
 - Yes - No Has partner physically abused children?
 - Yes - No Have children witnessed violence in the home?
 - Yes - No Threats of homicide?

By whom: _____
 Threats of outside? _____
 By whom: _____
 Perpetrator has weapon? _____
 Alcohol or substance abuse by perpetrator? _____
 Was safety plan discussed? _____

REFERRALS

- Hotline number given
 - Legal referral made
 - Shelter number given
 - Social work referral
 Describe: _____
 - PES referral
 Describe: _____
 - Other referral made
 Describe: _____

REPORTING

- Law enforcement report made
 - Child Protective Services report made
 - Adult Protective Services report made

PHOTOGRAPHS

- Yes - No Consent to be photographed?
 - Yes - No Photograph taken?
 Attach photographs and consent form

Provider Name _____
 Signature _____

Developed by the Family Violence Prevention Fund for the California Department of Health Services

Assess Safety

- Help the client assess danger
- Personal safety: *Do you feel safe being home tonight?*
- Children's safety: *Are your children safe?*
- Risk markers: Increasing severity & frequency; constant jealousy; weapons used/available; threats to kill; forced or threatened sexual acts; life transitions (pregnancy; separation; divorce); threats to children or pets; drug & alcohol abuse; history of violence/suicide attempts.



DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.

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RADAR

Several risk factors have been associated with homicides (murders) of both batterers and battered women in research conducted after the murders have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were beaten by your husband or partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

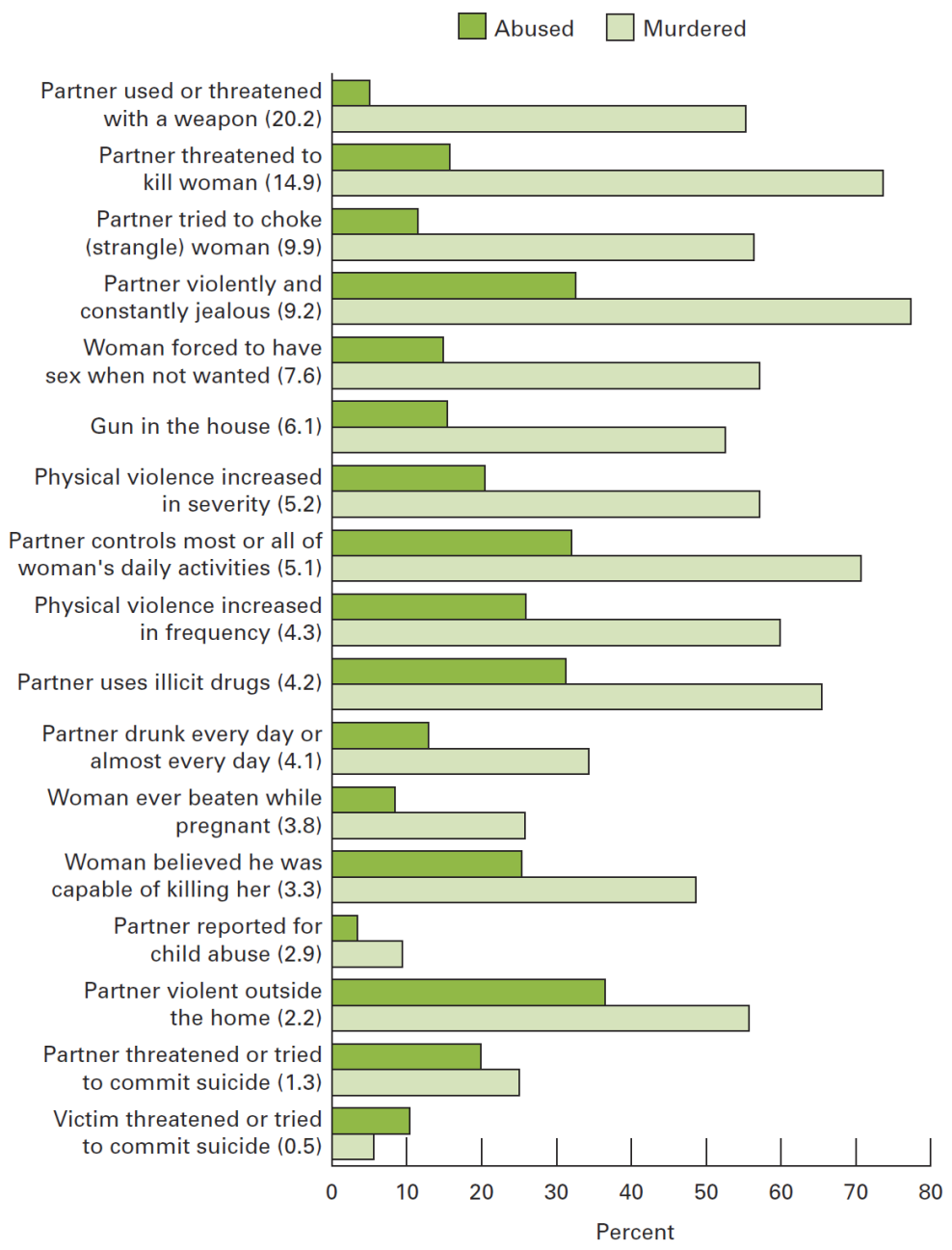
(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- ___ 1. Has the physical violence increased in frequency over the past year?
- ___ 2. Has the physical violence increased in severity over the past year and/or has a weapon or threat from a weapon ever been used?
- ___ 3. Does he ever try to choke you?
- ___ 4. Is there a gun in the house?
- ___ 5. Has he ever forced you to have sex when you did not wish to do so?
- ___ 6. Does he use drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack," street drugs, or mixtures.
- ___ 7. Does he threaten to kill you and/or do you believe he is capable of killing you?
- ___ 8. Is he drunk every day or almost every day? (In terms of quantity of alcohol.)
- ___ 9. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car? (If he tries, but you do not let him, check here: ___)
- ___ 10. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
- ___ 11. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
- ___ 12. Have you ever threatened or tried to commit suicide?
- ___ 13. Has he ever threatened or tried to commit suicide?
- ___ 14. Is he violent toward your children?
- ___ 15. Is he violent outside of the home?

___ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in terms of your situation.



* All items had significant odds ratio (95 percent confidence interval excludes the value of 1), except the last two factors (partner and victim suicidality).

Respond

- **Information**

- Legal tools: Restraining orders; use of police
- Community resources: Woman's shelters; support groups; legal advocacy

- **Promote safety planning. Offer Safety Planning handout.**

- *If you decided to leave, where could you go?*
- *Can you keep clothes, money and copies of keys and important papers in a safe place?*
- *Where could you go in an emergency? How would you get there?*
- *Many women call a women's shelter to learn more about it. Would you like to use our office phone?*

Respond

- **Create a Safety Plan:**
 - Know where you can get help. Keep a list of important phone numbers (police, domestic violence hotline, hospital).
 - Plan with your children. Identify a safe place for them (room with a lock, neighbor's house). Let them know that their job is to stay safe; not to protect you.
 - Arrange a signal with a neighbor for when you need help.
 - Prepare an emergency kit that you can get to quickly. (You may want to keep it at a trusted friend's/neighbor's house.)

Respond

- **Include:**
 - Extra set of car and house keys
 - Money, food stamps, checkbook, credit card(s), pay stubs
 - Birth certificates and other ID for you and your children
 - Driver's license or other photo identification
 - Social security card or green card/work permit
 - Health insurance cards, medications for you and your children
 - Deed or lease to your house or apartment
 - Any court papers or orders
 - Change of clothes for you and your children
 - Plan the safest time to get away. Know how you will leave and which doors or windows you will use.

Respond

- Identify and validate strength
 - *It took courage for you to talk with me today about the violence.*
 - *You have shown great strength in very tough circumstances.*
 - *I can see that you care deeply about your children.*

Tips from your clients: *How should I respond?*

- Take time to listen to your clients; validate your client's experiences; and acknowledge the complexity of the issue.
 - Respect the unique concerns and decisions of the individual
 - Address the social and psychological needs (in addition to the medical needs) of your clients
- Provide information and offer referrals and services.
- Help your clients to identify their control over the situation.
- Address safety concerns.

Respond

- Schedule follow-up appointment.
- Assess barriers:
 - *Do you have transportation?*
 - *Will your partner try to prevent you from returning?*
 - *What's the safest way to get in touch with you?*

Tips from your clients:

What do I do when I come back?

- Respect your client's wishes and don't pressure them to change the situation.
- Understand the chronicity of the problem.
 - Provide follow-up and continued support
 - Allow your clients to progress at their own therapeutic pace
 - Be nonjudgmental if your clients do not follow up referrals immediately
- Give your clients an opportunity to disclose at a later date.

Considerations for HV

Considerations for HV

- Many HV programs are structured so that IPV screenings occur early in the visitation schedule or at every visit
 - May not be conducive to initiating conversations about IPV or eliciting accurate responses from clients (Burton & Carlyle 2015).

Considerations for HV

- 3 identification strategies outlined to promote a client IPV disclosure are
 - The universal assessment of safety
 - An indicator-based assessment
 - A client-initiated disclosure
- HVs expressed the need for additional knowledge about additional ‘clues’ that could indicate a client is experiencing abuse or at-risk of IPV.

Considerations for HV

- Risk factors for IPV:
 - Past experiences of violence
 - Younger age
 - Lower income
 - Unemployment
 - Lower education
 - Substance use

Considerations for HV

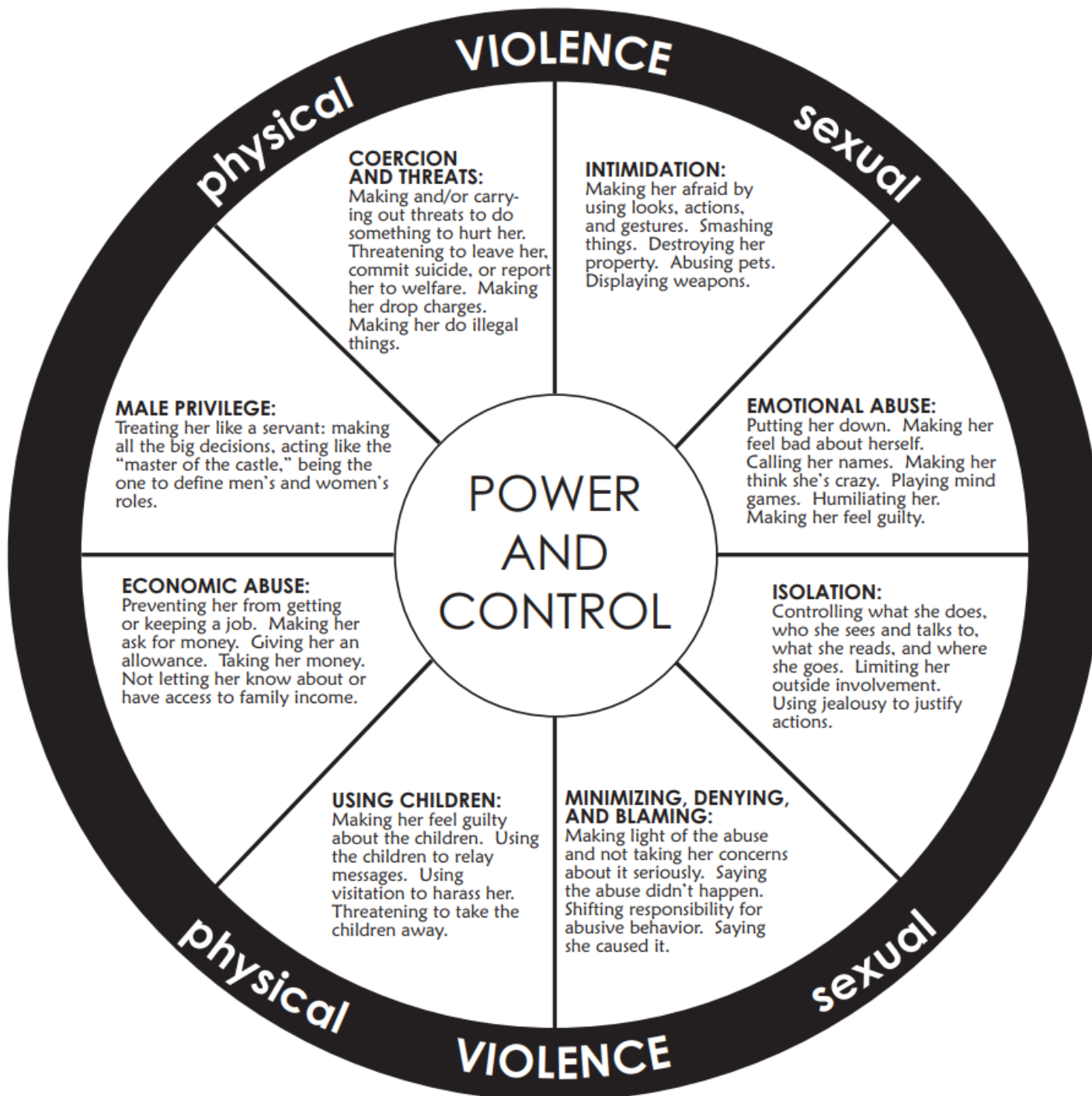
- Introduce and maintain IPV education that goes beyond providing knowledge and includes skills-based strategies
 - e.g. Role playing with guided practice, supervision with direct feedback
 - Practice integration into conversations
 - Provide exemplar language that they could craft into their own words.
 - Problem solve situations:
 - **Creating Privacy:** arranging a clinic visit, accompanying the client and her infant on a walk, or finding a public location that permits private conversation.

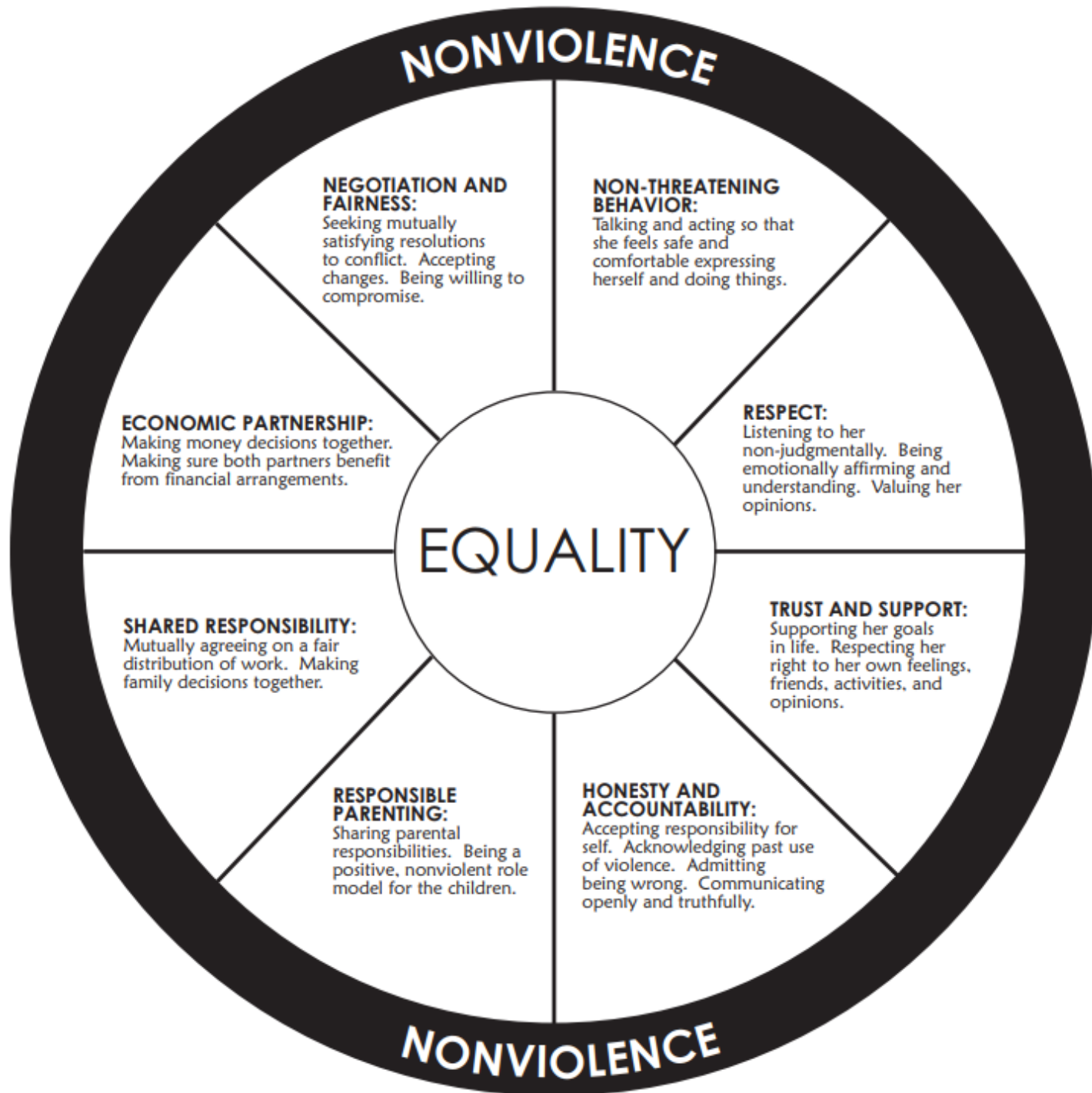
Considerations for HV

- Build on your strengths...
 - The goals, structure, and content of HV programs are founded in a strong HV-client therapeutic alliance
 - Once that relationship is created, opportunities exist for exploration of issues, such as family violence.
 - Focus on providing support rather than surveillance
 - Not ‘telling clients what to do’ but instead ‘helping them figure out what to do’.

Considerations for HV

- HVs expressed the strong need to support clients in coming to understand that intimate relationships can exist free from abuse.
- Clients expressed a need, or desire, to raise their infant in environments free of violence and to break the intergenerational cycle of abuse.





Considerations for HV

- Rigorous RCTs are needed to determine the risks and benefits of implementing IPV curricula in HV.
- RCTs should consider multiple endpoints:
 - Pregnancy outcome, maternal physical and mental health, infant growth and development, and child maltreatment.
- RCTs should follow maternal-child dyads for several years to determine if the impact of the HV program is sustained over time.

Prevention

Strategy	Approach
Teach safe and healthy relationship skills	<ul style="list-style-type: none"> • Social-emotional learning programs for youth • Healthy relationship programs for couples
Engage influential adults and peers	<ul style="list-style-type: none"> • Men and boys as allies in prevention • Bystander empowerment and education • Family-based programs
Disrupt the developmental pathways toward partner violence	<ul style="list-style-type: none"> • Early childhood home visitation • Preschool enrichment with family engagement • Parenting skill and family relationship programs • Treatment for at-risk children, youth and families
Create protective environments	<ul style="list-style-type: none"> • Improve school climate and safety • Improve organizational policies and workplace climate • Modify the physical and social environments of neighborhoods
Strengthen economic supports for families	<ul style="list-style-type: none"> • Strengthen household financial security • Strengthen work-family supports
Support survivors to increase safety and lessen harms	<ul style="list-style-type: none"> • Victim-centered services • Housing programs • First responder and civil legal protections • Patient-centered approaches • Treatment and support for survivors of IPV, including TDV

Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

PROMISING FUTURES

PROMOTING RESILIENCY

among children and youth experiencing domestic violence

Almost 30 million American children will be exposed to family violence by the time they are 17 years old.^[2] Kids who are exposed to violence are affected in different ways and not all are traumatized or permanently harmed. Protective factors can promote resiliency, help children and youth heal, and support prevention efforts.

Research indicates that the #1 protective factor in helping children heal from the experience is the presence of a consistent, supportive, and loving adult—most often their mother.^[1]

PROTECTIVE FACTORS THAT PROMOTE RESILIENCY

INDIVIDUAL

Temperament

Individual temperament or sense of humor



Understanding

Ability to make sense of their experiences



Relationships

Ability to form relationships with peers



Expression

Opportunities to express feelings through words, music, etc.

Mastery

Opportunities to experience mastery



Conflict Resolution

Development of conflict resolution & relaxation techniques



Culture

Strong cultural identity

FAMILY

Role Models

Adults who role model healthy relationships



Health

Healthy caregivers



Networks

Relationships with extended family members and others



Supportive Relationships

Positive child-caregiver relationships



Stability

Stable living environment

COMMUNITY



Access to Services

Basic needs, advocacy, health



School

Positive school climate and supports



Mentors

Role models & mentors, i.e. coach, faith leader



Neighborhood Cohesion

Safe & connected communities



Get started at www.PromisingFuturesWithoutViolence.org

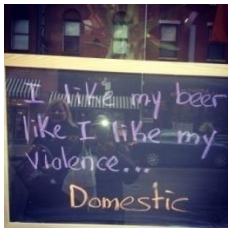
National Domestic Violence Hotline: 1-800-799-7233 (SAFE)

National Dating Abuse Helpline: 1-866-331-9474 or text "loveis" to 77054

Promising Futures: Best Practices for Serving Children, Youth & Parents is a project of Futures Without Violence

FUTURES
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund



Prevention Strategies



• Screening

- Raising awareness
- Promoting safety
- Reducing future exposures
- Disrupting cycles of violence



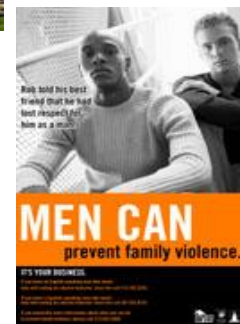
• Supportive Environments

- Education/Resources
- Problem identification
- Promotion of disclosure



• Primary Prevention Strategies

- Screening for perpetration
- Engagement and uptake of services



IPV: Resources

- 24-Hour Philadelphia Domestic Violence Hotline

1-866-SAFE-014

- “Survivor” Services
 - The DV-4
 - Congreso
 - Women Against Abuse
 - Women in Transition
 - Lutheran Settlement House
- “Perpetrator” Services
 - Menergy
 - Men’s Resource Center



IPV: Resources

- **Hotlines**

- National Domestic Violence Hotline
1-800-799-SAFE (7233)
- Rape Abuse & Incest National Network (RAINN) Hotline
1-800-656-HOPE (4673)

- **American Medical Association**

- National Advisory Council on Violence and Abuse: <http://www.ama-assn.org/ama/pub/category/3248.html>
- Violence Prevention: <http://www.ama-assn.org/ama/pub/category/3242.html>

- **Centers for Disease Control and Prevention**

- Intimate Partner Violence Prevention: <http://www.cdc.gov/ncipc/dvp/IPV/default.htm>
- Sexual Violence Prevention: <http://www.cdc.gov/ncipc/dvp/SV/default.htm>

- **Futures Without Violence**

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

- **National Coalition Against Domestic Violence**

- <http://www.ncadv.org/>
- Domestic Violence State Laws: http://www.ncadv.org/publicpolicy/StateLaws_216.html

- **Academy on Violence and Abuse**

- <http://www.avahealth.org/>

HV IPV Training Links

- HV Safety Card Orientation:
https://www.youtube.com/watch?v=ZRuolTR1qr8&list=PLaS4Etq3IFrWgqgcKstcBwNiP_j8ZoBYK&index=24
- Establishing Privacy:
https://www.youtube.com/watch?v=Mvxem3WwQaY&list=PLaS4Etq3IFrWgqgcKstcBwNiP_j8ZoBYK&index=14
- Establishing an MUO between HV and DV Agency:
https://www.youtube.com/watch?v=PucZPkQtIQU&list=PLaS4Etq3IFrWgqgcKstcBwNiP_j8ZoBYK&index=26
- HV Supervision Example:
https://www.youtube.com/watch?v=ZRuolTR1qr8&list=PLaS4Etq3IFrWgqgcKstcBwNiP_j8ZoBYK&index=24