

# Training on Domestic Violence and Reproductive Coercion for Home Visitation Programs



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# Getting Started: Small Group Discussion

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

# Domestic Violence Negatively Impacts Home Visitation Program Outcomes Including:

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

# BRIEF OVERVIEW OF DOMESTIC AND SEXUAL VIOLENCE

# Learning Objectives

1. Describe the prevalence of domestic violence
2. Define sexual violence
3. List two reasons why a woman may stay in an abuse relationship after violence has occurred
4. Demonstrate two supportive messages that you can say to a client who discloses domestic violence

# What We Know



**1 in 4** (25%) U.S. women  
and

**1 in 5** (20%) U.S. teen  
girls report ever  
experiencing physical  
and/or sexual dating  
violence

*CDC Morbidity and Mortality Weekly Report, February 2008;*  
Silverman et al, 2001

# Definition of Domestic Violence

- Legal definitions are often more narrowly defined, with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors that impact health, including:
  - Emotional abuse
  - Social isolation
  - Stalking
  - Intimidation
  - Threats
  - Reproductive coercion

# Power and Control Wheel



Domestic and dating violence are **NOT** just physical or sexual assault!

# Definition of Sexual Violence

- Sexual violence is any type of sexual activity committed by one person without the consent of the other. It involves the use of threats, force, or any other form of coercion or intimidation.
- Sexual contact with a person who is unable to give consent is also considered sexual violence.

# Example of Sexual Assault/Abuse

- Forcing her to perform sexual acts against her will
- Pursuing sexual activity when she is not fully conscious
- Hurting her physically during sex/assaulting her genitals
- Forcing her to have unprotected sex



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

# Definition: Reproductive Coercion

Reproductive coercion involves behaviors that a partner uses to maintain power and control in a relationship that are related to reproductive health:

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

# Birth Control Sabotage

## Tactics Include:

- Destroying or disposing of contraceptives
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Not allowing her to obtain or preventing her from using birth control
- Threatening physical harm if she uses contraceptives



# Assessing for Reproductive Coercion

- Before you ask – always discuss limits of confidentiality
- Example (check with requirements in your region/state)

*“Everything you share with me today is confidential, unless you were to tell me that you are going to hurt yourself, someone has hurt you with a weapon, or your children are being harmed.”*

# Assessment

## Reproductive Coercion

- *“Does your partner make you have sex when you don’t want to?”*
- *“Has your partner ever tried to get you pregnant when you didn’t want to be?”*
- *“Does your partner support your decisions about if or when you want to have more children?”*
- *“Does he refuse to use condoms when you ask?”*

# Follow-up to Disclosure of Birth Control Sabotage

*“What you’ve told me also makes me worried about your safety in other ways. Some women we see whose partners are messing with their birth control also have partners who may force them to have sex or hurt them in other ways.*

*Does this happen in your relationship?”*

# Responding to Disclosures

1. Validate client's experience
2. Offer a safety card for client to review and keep, if it is safe to do so
3. Discuss where client can go to learn more about and obtain birth control options
4. Ask client if she has immediate safety concerns and discuss options
5. Refer to a domestic violence advocate for safety planning and additional support
6. Follow up at next visit

## Why Do Men Use Violence in Intimate Partner Relationships?

- To establish control and to control
- Acting out culturally designated roles
- Mirroring violence in society
- Because they can get away with it
- It is learned behavior

Remember: not every act of violence between two intimate partners is domestic violence. Domestic violence is not an isolated incident; it is a **pattern of coercive and controlling behaviors.**

# Why Might a Woman Stay in a Relationship when Domestic Violence Has Occurred?

- Women do leave, but leaving is a process
- Reasons why women stay:
  - Escalation of abuse
  - Lack of safe option for themselves and their children
  - Lack of family or community support
  - Lack of money or loss of status

# Making a Difference

- You do not have to be a domestic violence expert to recognize and help families experiencing domestic violence
- Contact with women during home visits provides a unique opportunity for education, early identification, and intervention

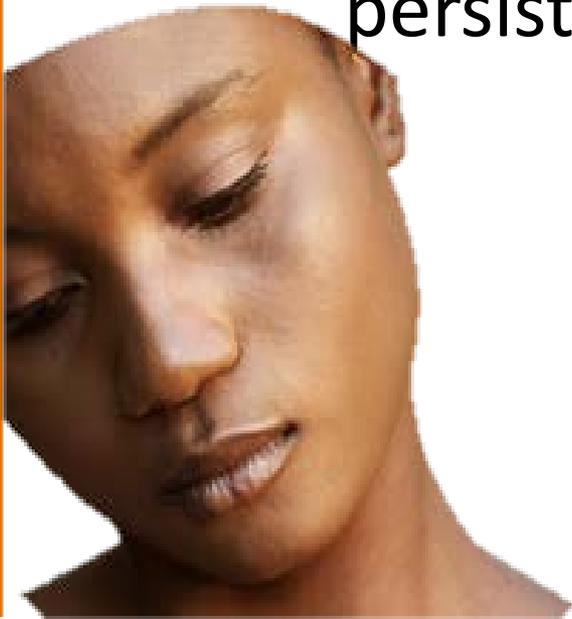


# Integrated Assessment for Domestic Violence, Substance Abuse, and Depression

# Postpartum Maternal Depression

Women with a controlling or threatening partner are 5x more likely to experience persistent symptoms of postpartum maternal depression.

Blabey et al, 2009



# Impact of Psychological Abuse

Psychological abuse by an intimate partner was a stronger predictor than physical abuse for the following health outcomes for female and male victims:

- Depressive symptoms
- Substance use
- Developing a chronic mental illness

Coker et al, 2002



## Introducing Integrated Assessment for Depression, Substance Abuse, and Violence

*“Depression and substance abuse are very common in our community. We find that many of our clients who are experiencing symptoms of depression or are using drugs and/or alcohol to cope with their situation are in abuse relationships where they are being put down, controlled, hurt, or threatened by their partner.”*

# “Point of Care Guide” Integrated Screening Tool

## Domestic Violence:

- Have you been hit, kicked, punched, or otherwise hurt by someone in the past year?
- Do you feel safe in your current relationship?
- Is there a partner from a previous relationship who is making you feel unsafe now?

## Alcohol Use:

- When was the last time you had more than X (4 for women, 5 for men) drinks in one day?

## Depression:

- Have you been bothered by feeling down, depressed, or hopeless?
- Have you often been bothered by little interest or pleasure in doing things?



# The Effects of Domestic Violence on Children

# Childhood Exposure to Violence

- Childhood exposure to violence increases the likelihood of children experiencing:
  - Failure to thrive
  - Bed wetting
  - Speech disorders
  - Vomiting and diarrhea
  - Asthma
  - Allergies
  - Gastrointestinal problems
  - Headaches



Campbell and Lewandowski, 197; Graham-Bermann & Seng, 2005

# Children Exposed to Intimate Partner Violence are at Significantly Higher Risk For:



- Posttraumatic Stress Disorder
- Depression
- Anxiety
- Developmental delays
- Aggressiveness

Edieson J, 1999; Graham-Bermann & Levendosky, 1998; Hurt et al, 2001; Lehmann, 2000; McCloskey & Walker, 2000; Pfouts et al 1982; Spaccarelli et al 1994; Wilden et al, 1991; Wolfe et al, 2003

# School Health & Performance

Childhood exposure to IPV increases the likelihood of:

- More school nurse visits
- Referral to a school speech pathologist
- Frequent school absences
- Lower grade point averages
- School suspension

Hurt et al, 2001; Kemic et al, 2002

# Most Consistent Protective Factor for Children Exposed to Domestic Violence

- Children's resilience to trauma is linked to their presence of a healthy parent or adult in their lives (Margolin, 1998)
- Children's emotional recovery from exposure to DV depends more on the quality of their relationship with the nonbattering parent than any other single factor (Bancroft & Silverman, 2002)

# Promising Practice: DOVE

- DOVE: Domestic Violence Enhanced Home Visitation Program
- Brochure-based intervention delivered by public health nurses to reduce domestic violence among pregnant and post-partum women
- Randomized controlled trial in urban and rural settings



Eddy et al, 2008

# DOVE – Structured IPV Home Visit Intervention

Times to deliver DOVE:

- Pregnancy – each trimester
- Post-pregnancy –  
Every other month for  
at least 3 months



DOVE

# Home Visitation Screening

- Challenge:
  - Privacy for assessment
  - “We have to do some private stuff now”
  - Be aware who is around – children, partner, other family members
- Recommended Assessment:
  - First Visit
  - Third Visit - as needed e.g. depression, STD’s
  - Post Partum - 1wk, 2 wks, 6 wks. & 3 months
- Baby Indicators:
  - Sleeping problems
  - Colic
  - Non-biological father
  - Breastfeeding barriers
  - Concerns about “spoiling”

# Abuse Assessment Screen

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
2. Within the last year, have you been hit, slapped, kicked, pushed or shoved, or otherwise physically hurt by your partner or ex-partner?
  1. If YES, by whom
  2. Number of times
3. Does your partner ever force you into sex?
4. Are you afraid of your partner or ex-partner?
5. Mark the area of any injury on body map.

(Helton & McFarlane, 1986)



# DOVE – Cycle of Abuse

## Stages of Abuse

- Phase 1: Tension building
- Phase 2: Physical Violence
- Phase 3: Calm



# Assess and Educate about Danger and Risks



- Abuse during pregnancy
- Outcomes from abuse
- Facts about abuse
- Increase Danger Assessment

# All Women Have Options

**PARENT** handout 

**Are You in a Cycle of Abuse?** *Continued*

**Options: Every woman has choices.**

**Options: Stay with the abuser**

- Make a safety plan.
- Call the police if you are abused.
- Attend a national women's support group/intermediate group.
- Talk to a domestic violence advocate.
- Get the abuser into drug or alcohol treatment.

**Options: File criminal charges**

- Call the police. This sends a message to the abuser that abuse will no longer be tolerated.
- Police may arrest the abuser on the scene or after you file a warrant with local magistrates.
- After arrest, the abuser may be jailed but never likely will be released on bond.
- Retreat on bond is contingent on the abuser's good behavior.

**Options: Seek protective orders**

- You may petition for a restraining order to keep the abuser from your home.
- You will also file with a Juvenile and Domestic Violence Court under officers.
- If the order is violated, you must contact the court.
- Your local abuser can help you with this process.
- If the abuser is arrested, change all door locks.
- Make a safety plan.

**Options: Leave the abuser**

- Go to a battered women's shelter.
- Go to another safe place (school, relatives, or friends).

**Safety plan**

Try to do the following:

- Hide money.
- Hide an extra set of keys and car keys.
- Establish a code with family and friends.
- Ask a neighbor to call the police if neighbors begin to become suspicious.
- Remove weapons.

**Have available:**

- Neighborhood emergency (fire, police, children's)
- Nearest adult sibling or neighbor
- Birth certificates for you and children's
- Bank account numbers
- Insurance policies and numbers
- Marriage license
- Vehicle's primary
- Important telephone numbers

**Make a bag with extra clothes**

- Take to the children.

© 2004 National Parent/Teacher Center  
Revised by Teachers' Professional Center  
Family Risk Rating: Physical and Emotional Health: (Domestic Violence) 200

## Options:

- Stay with abuser
- File criminal charges
- Seek protective order
- Leave abuser

# Safety Planning



- Ways to keep her and children safe
- Codes
- Items if she leaves
- How to discuss with children

# What is Safety Planning?

- Safety planning is designed to assist mothers and children who have experienced domestic violence to think and act in a way to increase personal safety
- Domestic violence advocates are experts in safety planning
- Home visitors can help clients to connect with an advocate to work on a safety plan

# Principles of Safety Planning

## Strengths-based approach

- Acknowledges that the client is an expert on their own life
- Begins with helping her to recognize things she is already doing to keep herself and her children safe
- Builds on her knowledge base by identifying warning signs and where and when she and the children might be in the most danger

# Secondary Traumatic Stress

**Secondary Traumatic Stress** (also referred to as vicarious trauma, burnout, and compassion fatigue) describes how caring for trauma survivors can have a negative impact on service providers

# Exposure to Violence and Secondary Traumatic Stress

- Lifetime exposure to violence is common among home visitors
- Working with clients who are experiencing domestic violence can trigger painful memories and trauma for staff
- A personal history of exposure to violence increases the risk of experiencing secondary traumatic stress

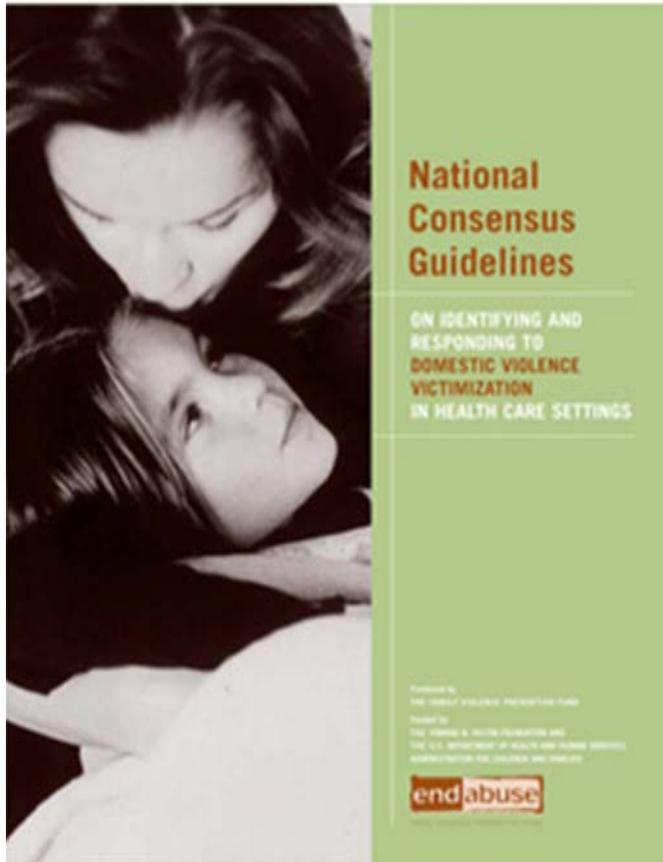
# Personal Safety Strategies for Home Visitors

- Meet with the client at the office if the situation does not feel safe
- Establish check-in times with the home office
- Park with the front of your vehicle pointed towards exit
- Observe and listen before entering a household
- Do not enter the household until you see the client at the door
- Position yourself near the door/exit in the household
- Have emergency numbers programmed into your cell phone and set on auto-dial



Chamberlain, 2008

# Resource: Consensus Guidelines





**Thank you!**

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# Questions?



# Wrap Up and Reminders

- Upcoming Webinars:
  - Quality Improvement 101 for Healthy Start Grantees: June 4 from 3:00-4:00 PM ET
  - Fatherhood/Male Inclusion: Engagement Strategies, Marketing for Males: June 11 from 3:00-4:30 PM ET
  - Behavioral Health Screening: Caring for Pregnant and Postpartum Women Struggling with Addiction: June 25 from 3:00-4:00
- EPIC Center website:
  - <http://www.healthystartepic.org>
  - Includes all recorded webinars, transcripts, and slide presentations