



Training on Domestic Violence and Reproductive Coercion for Home Visitation Programs

On May 19, 2015 Dr. Phyllis Sharp, Associate Dean of the Community and Global Programs and Professor of Nursing in the Department of Community Public Health at John's Hopkins, facilitated a webinar focused on the role of home visitors in addressing domestic violence and reproductive coercion. Dr. Sharp's presentation focused on the role of the home visitor in addressing the critical issues of domestic violence, sexual violence and reproductive coercion. Dr. Sharp defined both domestic violence and reproductive coercion, provided several reasons why some women tend to stay in abusive relationships and offered evidence-based approaches to screening and assessing for Intimate Partner Violence (IPV) and reproductive coercion.

During the webinar, grantees asked several great questions, all of which have been addressed below.

In case you or a colleague missed the presentation, a recording can be found on the [EPIC Center website](#).

What are some resources available for domestic violence advocates working in rural areas?

Most states have a domestic violence coalition, which is a great place to start to find local resources. Many counties also have a homeless or domestic violence shelter where their advocates can provide helpful resources and outreach materials. The [Nursing Network on Violence Against Women International \(NNVAWI\)](#) provides a number of resources and screening tools, most of which can be adapted to better fit local needs.

Additionally, the DOVE project is available in both rural and urban areas. Given that female participants living in rural areas may avoid shelters due to stigma, reaching out to social workers and other advocates in local hospitals is an effective strategy for accessing non-shelter-specific resources.

Lastly, [The National Domestic Violence Hotline](#) offers area-specific resources.

What are some signs grantees can look for in men to know whether or not men are recipients of abuse or are abusers?

Men who are abused often face mental health challenges and experience difficulties sustaining intimate relationships.

When working with a violent man, grantees can ask the same assessment questions as would be posed to a victim of abuse, but in reverse as a way of assessing the man's role in the relationship. If a male partner attends pregnancy visits with their female partner, pay specific attention to how they interact, whether or not the woman answers questions on her own without always looking to the man, and if he lets her go into the room alone. Dr. Sharp also recommended screening the man for either current or past substance abuse.



Given that the common motives for IPV are power and control, is the abuser conscious of his/her desire for power and/or control or is the abusive behavioral pattern subconscious?

Most likely, the abuser is both aware and unaware of his/her motives and behaviors. Often, abusive behavior grows from a mixture of emotional reactions, such as extreme possessiveness and jealousy, and physical manifestations, such as stalking and other controlling behaviors. Research frequently illustrates that the abuser does not tend to show remorse about their harmful behavior even when they demonstrate behavioral awareness. Instead, the abuser tends to blame the victim as being the instigator of the abuser's violent reactions.

Given that IPV/domestic violence typically refers to violence taking place between romantic partners, can IPV/domestic violence also refer to violence taking place between non-romantic family (i.e., between cousins or between a child abusing his/her parent)? If so, do the same strategies apply?

Dr. Sharp typically avoids the term domestic violence given the variety of possible contexts. IPV is much more specific and directly applicable to romantic partner relationships regardless of partner gender. Domestic violence does include sibling-sibling, child to parent, sibling-cousins, etc. interactions, but grantees are encouraged to note the age differences between the abuser and the victim.

If a child abuses a parent, child protective services and family preservation may be able to assist.

Dr. Sharp suggested that grantees become familiar with their local Child Protective Services in addition to achieving a better understanding of state laws and reporting obligations inherent to specific social service roles.

What is the most effective way to help an abused partner leave their abuser?

Do not begin the conversation by encouraging departure unless the abused partner is in imminent danger. Instead, Dr. Sharp typically starts the exchange with offering education around the effects of violence on children, on the abused partner, and highlights available resources. Women typically realize it is time to leave once they understand the risk to their children.

If a grantee does advocate that a woman leave her abusive partner, there must be an available safe space where she can stay, especially if other family members' homes are not an option. Grantees should work to keep the women connected to community resources and to empower them to make decisions that are right for them.

What are some of the dangers an abused partner may face once s/he decides to leave?

The process of leaving can create a situation in which women are extremely susceptible to sustaining serious or fatal injuries from their abuser. If a woman decides to leave, an advocate must be involved, and if a woman finds that she must return to her home to collect her things, Dr. Sharp strongly suggests that she take an escort such as a relative, a police officer, an advocate, or another community resource to improve her chances of a safe return.

Sometimes a woman may need to alert her employer that she's in the process of leaving an abusive partner so that she can maximize external support. Additionally, legal services may need to be involved, especially if she has a restraining order in place against her partner.

As she processes the possibility of leaving her partner, grantees are encouraged to help her think through possible scenarios to achieve optimal preparedness.

EPIC Training FAQs



Additional Resources

Please feel free to contact Dr. Sharp at psharps1@jhu.edu for more information on the DOVE Program or to set up a training with her.

[Futures Without Violence](#)

[The National Domestic Violence Hotline](#) or call them directly at 1-800-799-7233