NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

Connected Parents Connected Kids:

Addressing intimate partner violence (IPV) and adverse childhood experiences (ACES) in home visitation programs

DATE

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

FUTURES WITHOUT VIOLENCE®

Futures Without Violence is a health and social justice nonprofit with a mission to heal those among us who are traumatized by violence today – and to create healthy families and communities free of violence tomorrow.

Home to the National Health Resource Center on Domestic Violence.

Values:

Survivor-Centered
Collaboration + Power Sharing
Equity + Racial Justice
Humility + Respect
Creative Systems Change
Love and Compassion
Accountability + Transparency

Trainer intro(s) [insert]

Welcome!

- Your name
- Preferred pronouns
- Some personal trivia (choose 1)
  - Most ridiculous thing you've ever bought online
    OR
  - A weird talent you have

Learning Objectives

1. Understand the impacts of intimate partner violence (IPV) and Adverse Childhood Experiences (ACEs) on families.

2. Provide universal education using the CUES framework.

3. Improve trauma-informed response to IPV.

4. Identify 2 strategies for practice change within family support programs.

Group Agreements

- We respect everyone's story, perspectives and experience
- What's shared here stays here, what's learned here leaves here
- We take space, we make space
- We invite creativity and ideas
- We take care of ourselves

Grounding and self-care

1. Stand or sit
2. Sip on tea or water
3. Stretch or move your body
4. Take slow deep breaths
5. Take a break and return when you feel ready
6. Seek support

https://youtu.be/LgRd1Mzhb_Q

What you do matters.
You matter…
There is transformational power in what you do everyday with and for families.

Pair Share

What does your work mean to you?

How does being a home visitor make you feel?

What core values do you bring when you visit families?

Our work starts with us

Your role is special and important

Let’s be intentional

You may be:

- The first (or only) source of trust and support for a caregiver or family
- The first responder for families experiencing IPV
- The only access to information and resources

Caring for others starts with us

- There are survivors among us
- Self-care is important
- Care for each other
- Lean on supports

“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

How do you define trauma? What does “trauma-informed” mean to you?

Trauma

- An experience overwhelming for a person
- Looks different for each person
- Has no boundaries
- Widespread and collective
- People can heal

Staff Experiences with Trauma

- 68% of the healthcare workforce have experienced at least one episode of violence, abuse, or neglect—compared to other fields
- More likely to experience workplace violence
- May develop vicarious, or secondary, trauma through exposure to their patients' stories of violence and trauma

(Maunder, 2010)

Vicarious Trauma

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

- Not a sign of weakness
- Not a reflection of a client and their behaviors

- Can be cumulative–over time and across patients
- Can be addressed and transformed

(David Berceli, 2007)

Contributing Factors of Vicarious Trauma

Individual

- History of trauma
- Lack of social support
- Isolation
- Life stressors
- Chronic illness or injury

Organizational

- Lack of supervision
- Toxic work conditions
- Poor pay/benefits
- Isolation
- Lack of diversity and inclusion
- Unrealistic expectations

Systemic

- Poverty
- Capitalism
- Racism
- Limited access to resources
- Lack of legal protections

Impacts of Vicarious Trauma

- Unable to trust others/oneself
- Losing sense of personal safety
- Difficulty managing emotions
- Physical symptoms
- Relationship with work changes
- Experiencing distressing thoughts/images
- Isolating from family/friends/partners
- Cynical/negative towards the world

Rest is Resistance with Tricia Hersey

Pair Share:
What is one thing you can start doing today to take better care of yourself?

A ripple impact

Organizations hold staff

So staff can hold themselves

So they can hold caregivers and families

So caregivers can hold themselves

And families can hold their children

Health impacts of IPV and ACES

Terminology – Addressing Trauma

- Intimate partner violence (IPV)
- Domestic and sexual violence (DV/SV)
- Sexual assault (SA)
- Adolescent relationship abuse (ARA)
- Human trafficking (sex and labor) (HT)
- Adverse Childhood Experiences (ACES)

IPV is rooted in POWER and CONTROL

theduluthmodel.org

Understanding IPV

Physical	Sexual
Emotional	Verbal
Financial	Spiritual

- Violence is not always the priority
- Abuse happens in cycles
- Leaving is not always the best or safest option
- Does not exist in a vacuum
- Rooted in **power and control**
- **A public health issue**

Why is it important for professionals to know about IPV?

IPV impacts home visitation outcomes

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

Centering Survivors

- “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.”

40-50%

of people experience IPV

Higher rates among:

- Those 18-24
- Mothers
- Those with marginalized and intersecting identities

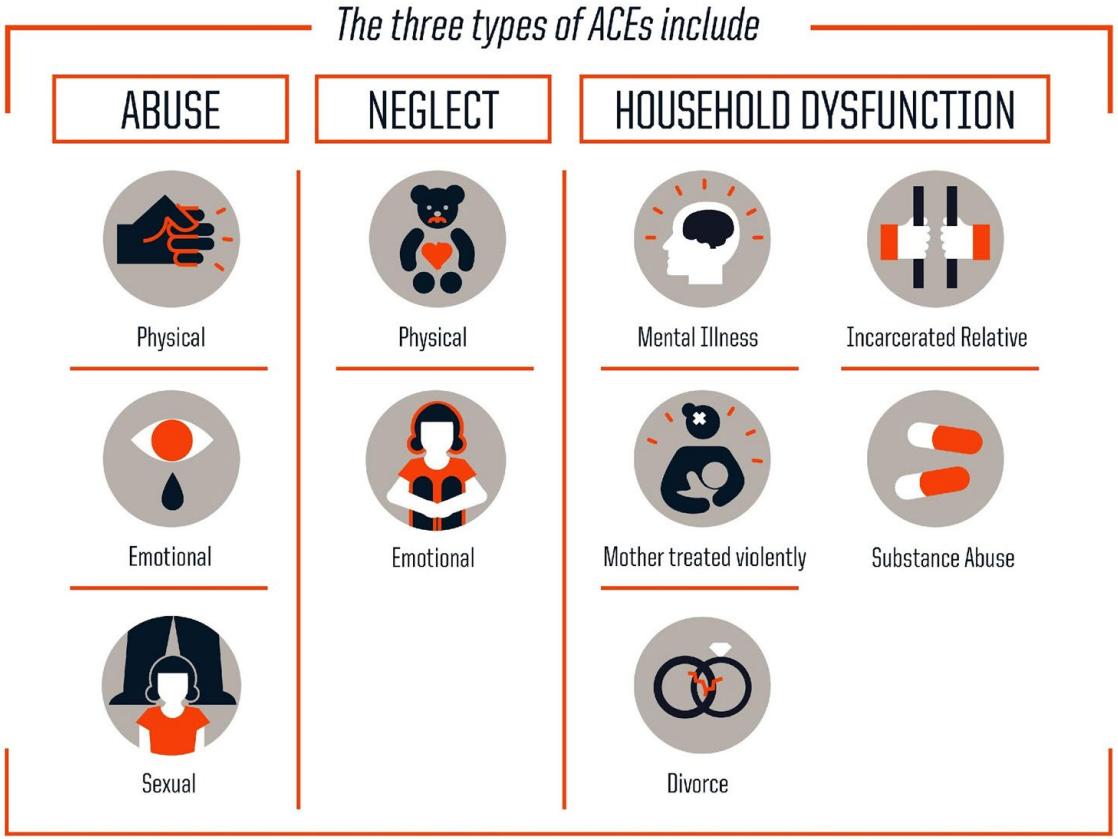
IPV impacts the entire family

- Between **1 in 2** and **2 in 5** people in the US have experienced some form of IPV
- 40-60% of IPV cases also involve child abuse and child sexual abuse

- Developmental delays
- Internalizing & externalizing behaviors
- Physical symptoms & disease
- Poor school performance
- Child abuse
- Child homicide
- Cycle of violence in adolescent and adult relationships
- Adult decreased net worth & occupational achievement

Exposure to IPV as a child may have negative and lifelong health impacts

Adverse Childhood Experiences (ACEs)



WHAT IMPACT DO ACEs HAVE?

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

ACES: A risk factor for IPV

Women with history of 3 violent ACEs are 3.5 times more likely to become a victim of IPV

Men with a history of 3 or more violent ACEs are 3.8 times more likely to perpetrate IPV

What happened to you
when you were a kid...

Can affect you as a parent.

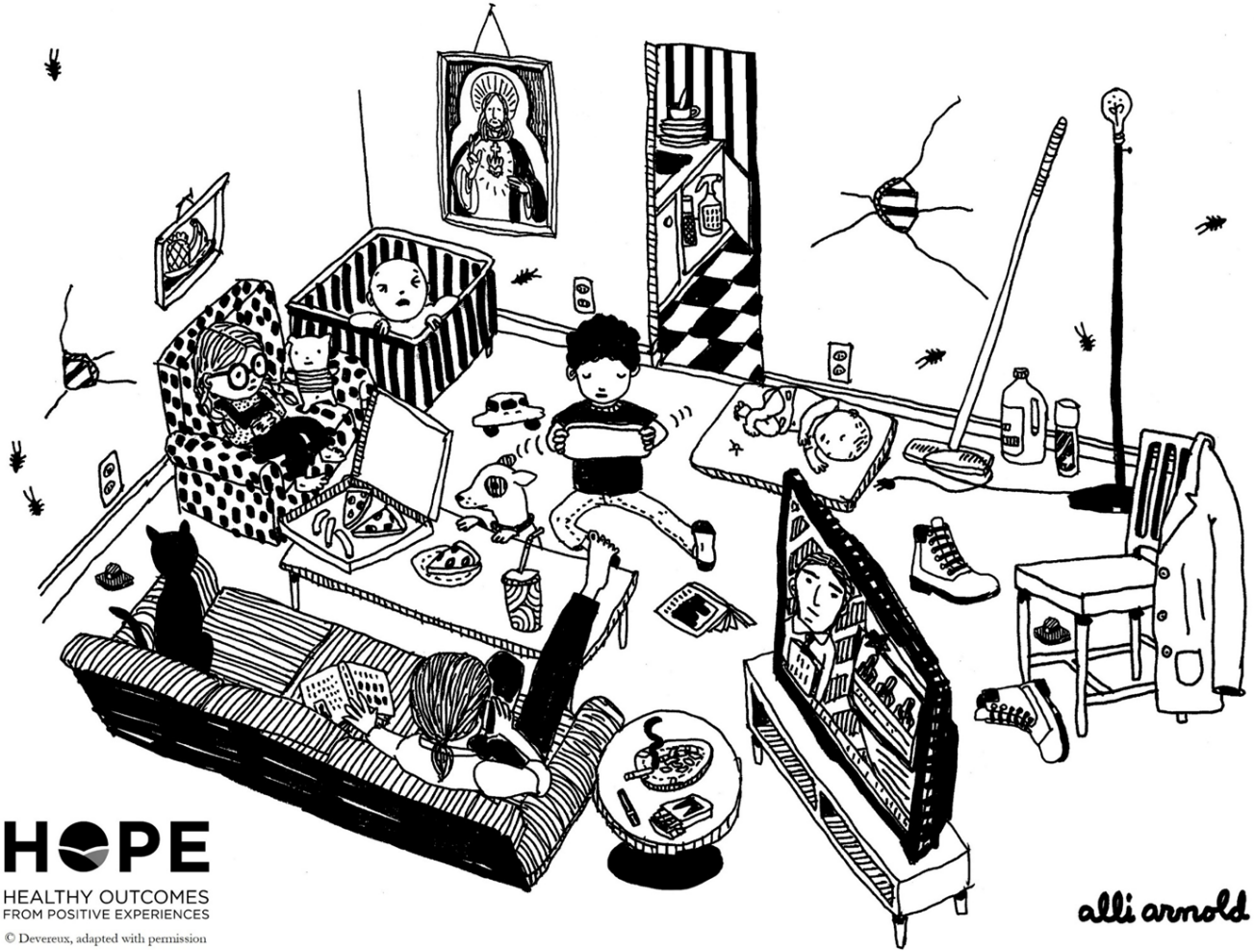
For additional resources visit IPVHealth.org

People can heal

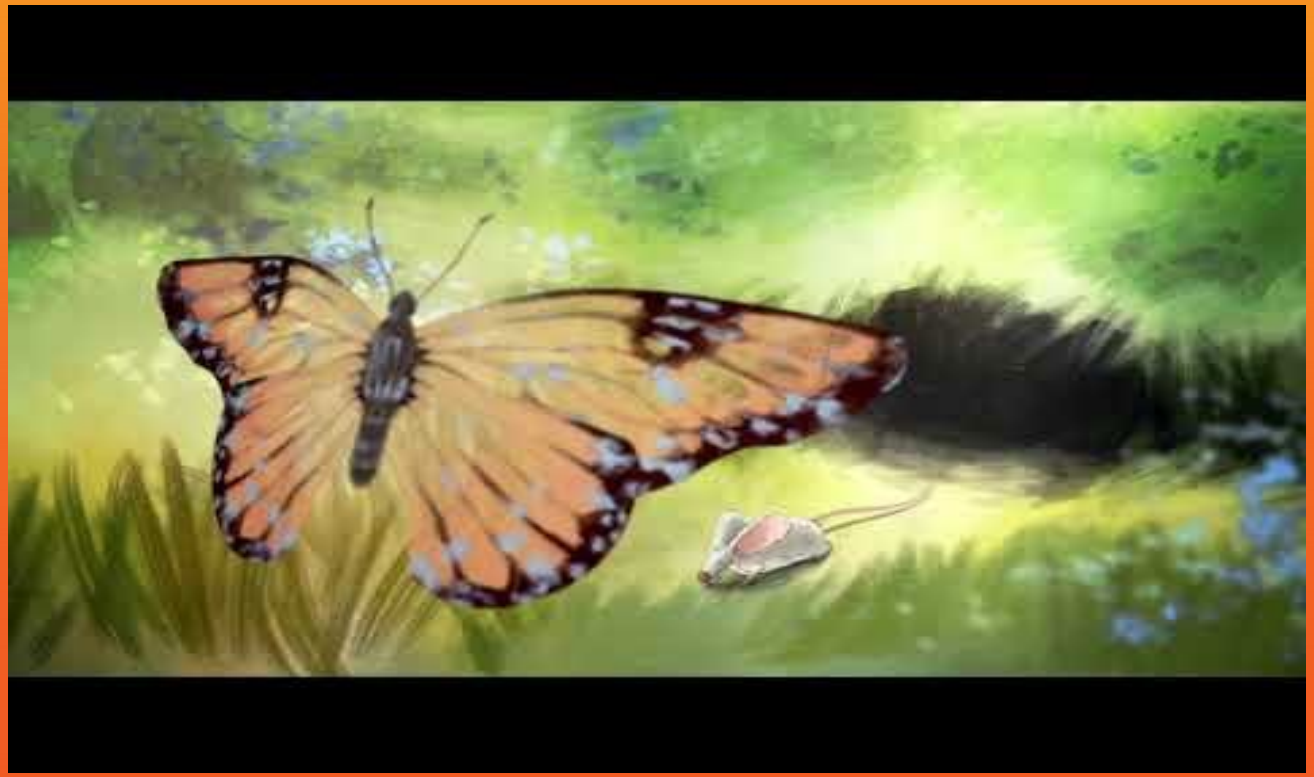
Social, cultural and spiritual connections	Safer and more stable living conditions
Nurturing parent-child relationships	Perspective and growth mindset
Social and emotional ability	Agency

- Resilience is universal and can grow
- Healing happens in safe relationships
- Strongest predictor of healing and resilience in children: having caring and consistent adults in their lives
- Focus on strengths and positive experiences

What do you see?



Power of Positive Experiences



ACEs vs PCEs

Adverse Childhood Experiences vs Positive Childhood Experiences

Traditional Frameworks

- Focused on adverse experiences
- Create a presumption of deficit
- Inform most screening tools
- Lift up harm

Healthy Outcomes from Positive Experiences (HOPE) Framework

- Focused on strengths
- Creates a presumption of strength and resilience
- Shifts the narrative in what we ask about and look for
- Can protects mental health
- Lifts up and builds protective factors

HOPE
HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

Positive experiences affect health and outcomes

Helps children grow into more resilient, healthier adults

- Protects adult mental health (even in the face of ACEs)
- Prevents ACEs
- Blocks toxic stress
- Promotes healing and wellbeing
- Increases protective factors

Protective Factors and IPV: Focus on Strengths

Individual, relationship, environmental and social conditions that:

- Reduce the impact of IPV risk factors
- Support safety, healing and wellbeing for adult and child survivors
- Promote healthy development and prevention
- Build individual and family strength and resilience

Protective factors have stronger influence than risk factors or stressful life events

How might IPV show up with the families you serve?

How might IPV show up in home visitation?

- Patient being hurt or controlled by partner
- Injuries
- Health impacts
- Patient not being able to make their own decisions
- Health conditions harder to manage
- Missed appointments for themselves and children
- Patient not able to adhere to care plan
- Disconnection/disassociation
- Impact on children
- Disclosures of abuse
- Patient changing their story during visit
- Impact on housing + economic security and other social needs

Trauma and adversity can affect health and wellbeing

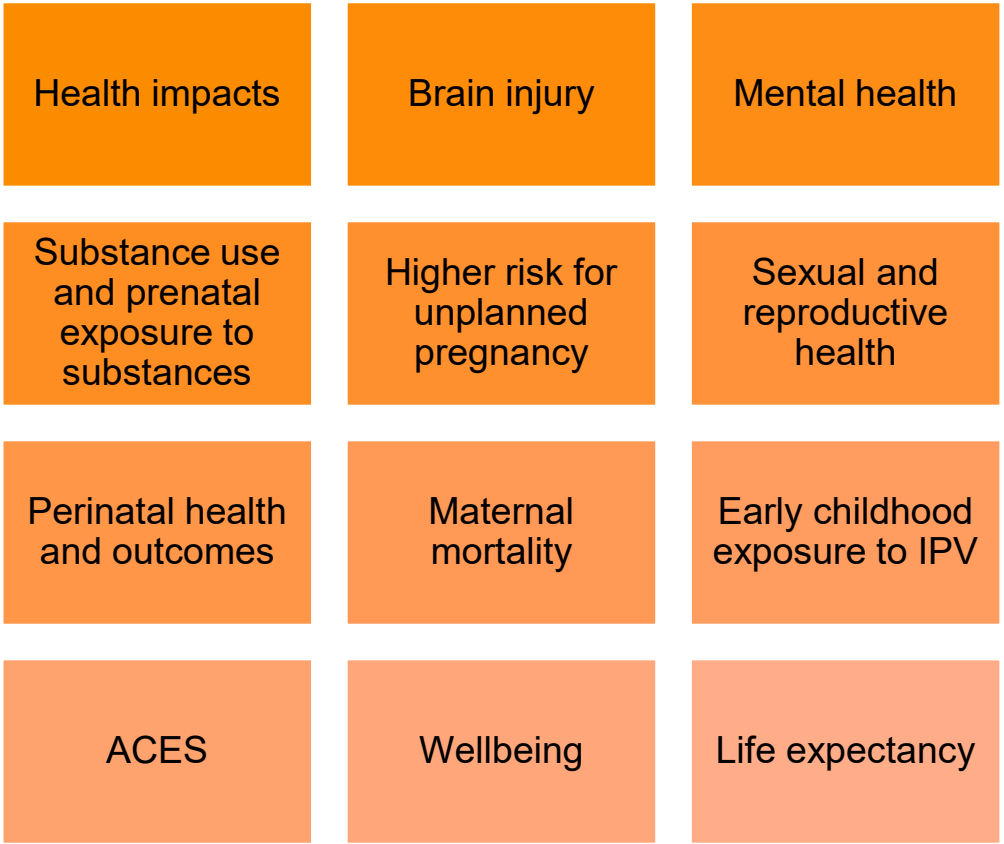
The mind and body are connected

Stressful, scary and painful experiences can affect your health

Relationships can affect your health

- Including being around conflict, violence or abuse

Relationships can affect your health



Reproductive and Sexual Coercion

Exerting power and control over another persons' sexual/reproductive health and decisions.

- Pressuring or trying to get someone pregnant when they don't want to be
- Controlling the outcome of a pregnancy
- Interfering with proper use of birth control
- Forcing sex or certain sexual activities
- Threatening STI disclosure
- Forcing sex with others for their own gain

IPV and Maternal Health

- IPV risk increases during and after pregnancy
- IPV is a major contributor of maternal mortality
  - Homicide, suicide, SUD, overdose
- Psychological /emotional abuse is most common
- Lack of supports before, during and after pregnancy increases risk for:
  - Perinatal depression and other mental health conditions
  - Parent-to-baby bonding failure

Impacts: Maternal + Fetal Health

- Abortion, miscarriage, stillbirth
- Preterm birth and low birth weight
- Adverse health outcomes for birthing person (including bleeding)
- Perinatal depression – 5x more likely
- Perinatal and newborn exposure to substances
- Fatal and non-fatal impacts on fetal growth/development
- Lower breast/chestfeeding rates
- Lower ability and quality of parenting
- Child exposure to IPV and adverse childhood experiences (ACEs)
- Rapid repeat pregnancy

Rethinking Non-compliance

- Women experiencing IPV are also **twice** as likely to not initiate prenatal care until the third trimester
- Women are significantly **more likely to miss 3+ prenatal visits** than their non-abused counterparts (45% vs. 28%)

Break

Addressing and responding to IPV in home visitation

Healing-Centered Support

- **Caring for the family is caring for the child**
- Holistic and strengths-based approach extends support for caregivers promotes healing
- Trauma and resilience are universal
- Healing happens in safe relationships

"A healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively."

Shawn Ginwright Ph.D.

Traditional IPV Assessment

Screening approaches are limited

- May not be survivor-centered (experiences are not captured)
- May not be trauma-sensitive
- Low rates of disclosure (for valid reasons)
- Support only offered to those who disclose
- Power differential between home visitor and caregiver

Caregivers are more likely to discuss experiences of violence when home visitors initiate non-structured discussions focused on parenting, safety, or healthy relationships.

Universal Education Approach

Considers structural inequities	Strength based
Focus on altruism	Improves access to advocacy
Empowers patient and the people they care about	Shares power between clinician and patient

- Evidence-based framework that easily integrates into what you're already doing
- **Reaches survivors who don't or won't disclose**
- Creates a welcoming, safe space for all patients to talk about safe and healthy relationships
- Educates all survivors how to help others
- Promotes health, wellness **and prevention**
- Democratizes information about available support


Connected Parents, Connected Kids

CUES: A healing-centered approach for IPV

C: Confidentiality

UE: Universal Education and Empowerment

S: Support

1. Increase the opportunity for safety and privacy
2. Normalize conversations about relationships, stress, anxiety and safety
3. Ensure everyone gets access to support and information
4. Use altruism to increase connection and promote healing
5. Know how to respond when someone discloses

C: Confidentiality

- Understand your reporting requirements
- Discuss confidentiality before talking about relationships
    - Explain your limits of confidentiality in ways they can understand
- Talk to caregivers alone (whenever possible)
- Never use a child, family member or friend as an interpreter

Confidentiality

“Before we get started, I want to let you know that I won’t share anything we talk about today outside of your care team unless you tell me that someone is hurting you physically or sexually or you are thinking about hurting yourself [or find out your state’s mandatory reporting requirements], then I will need to share it in order to keep you safe and get you help.”

UE: Universal Education and Empowerment

- Normalize the conversation
- Introduce 2 copies of a resource or card
- Make the connection
  - Educate that relationships can affect health
  - Connect to reason for visit or other conversations happening
  - Promote harm reduction

You Matter

As a caregiver of kids, you want the best for them. Maybe that's a big change from how you or your kids were treated in the past.

- ✔ Everyone is worthy of hope, respect, support and kindness.
- ✔ Parenting can be lonely.
- ✔ Everyone deserves someone to talk to about parenting and relationships.

It's ok to ask for help!

Share This Card

Normalizing the Conversation

“Because stress and complicated relationships are so common, we’re giving these cards to all the parents in our program—they have great info on how to build strong kids and healthy homes. It talks about parenting stress, and what’s safe and healthy in relationships and what’s not."

Universal Education and Empowerment

“We always give 2 cards in case you are ever struggling in your relationship or so you know how to help if you know someone who is struggling.

“The card breaks down the real stuff in people’s lives that we don’t always talk about, like how hard parenting and relationships can be. And everyone deserves support.

Universal Education and Empowerment

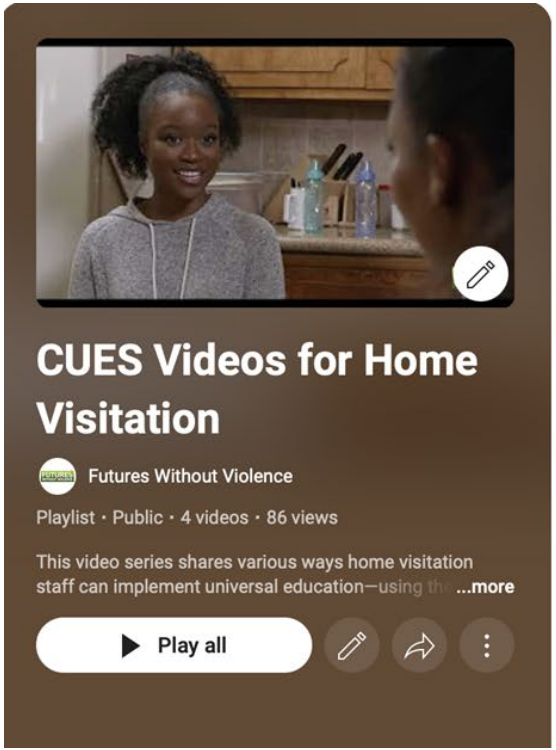
“On the back of the card there are resources you can call or text anonymously—stuff you can share with friends and family too. And there is. A supportive parenting helpline, for times when you are feeling overwhelmed or frustrated. You can always talk to me as well.

Does any of this sound like your story?”

Using the resources

- Free, anonymous helplines (call or text)
- Advocate (and parenting support) in over 200 languages
- Try on the resources!
    - Call yourself to understand what support could look like

Using CUES



CUES Videos for Home Visitation

Disclosure is not the goal

but *disclosure may happen*

Take a mindful moment

- Grounding and self-care is an important first step
- Let’s aim to be present before moving into CUES

Demonstrating CUES – Role Play

- 1 is the HV, 1 is the parent
- This is not the 1st visit with the family
- You do not suspect IPV
- In person visit
- Parent is alone

Let's Practice

The goal: let's just try this on!

- First, take 5 minutes to read the scripts on your own
- Then, move into small groups to practice
- Some guidelines
  - 1 is the HV, 1 is the parent
  - This is not the 1st visit with the family
  - You do not suspect IPV
  - In person visit
  - Parent is alone

Practice – Report Back

- How did it go? How did it feel?
- What did you notice?
- What additional support might you need?
- How might you make these scripts your own?

Tips for using CUES

How to begin conversations when someone has previously disclosed or had a +screen

“So last time we were together, you shared how hard things were in your relationship. [insert specifics of what was said here]. I want to share with you something that I share with everyone. It’s important to know you are not alone. You can take these cards and share them with others. You can use the QR code, send a picture of them or I can send them to you electronically...whatever is most helpful to you right now.

These cards talk about how to take care of yourself and your kids when you are feeling overwhelmed or upset. The cards have the 24/7 anonymous DV hotline and the 211 line on the back for more local organizations who can help. They are there for support whenever you need them.”

Child(ren) in the room

- **It's ok to not have the conversation**
- **Never discuss IPV in front of a verbal child**
- Ensure caregiver is comfortable and can be present
- Be mindful of language used
- Monitor depth of the conversation
- Consider ways to create a private moment with caregiver
- Invite a follow up conversation when caregiver can be alone

Some helpful resources

Hooray for Hands

Special Special Comfort

- **It's ok to not have the conversation**
- Trust your professional judgement
- Provide universal education for both caregivers
- Normalize services and resource sharing so leaving with safety cards materials is common
- Consider creative ways to create a private moment with caregiver (at that time or a later time)

Partner in the room

Centering CUES for the family

Consider the following prompts to start your conversation:

- *"We just had this training and I wanted to share some information!"*
- *“What do you love about being a parent?”*
- *“What do you love about your children?”*
- *“How do you want your children to remember you? What kind of legacy do you want to leave for them?*
- *“You are a role model to your children. Is there anything you'd like to change?”*

Resources: Scripts for people who use harm

Extended family in the room

- Be inclusive, as appropriate - *“Hi <mother-in-law>! I have some information that I would love to share with you too, would you like to join us?”*
- Remain family-centered
- This is about prevention - focus on family health
- Sensing discomfort?
  - Skip, shift topics, talk about parenting strategies and the parent warmline

Virtual Visits

- If you mail resources in advance of virtual visit, include the cards
- Use the web version and PDF of the CPCK card to be virtual-friendly
- Take extra precautions to promote privacy and safety during virtual visits
- Role play a virtual visit with a peer to increase comfort including scanning QR codes, how to share card with friends virtually, etc.

Working with Interpreters

1. Communicate with interpreters in advance about the topic and safety implications
2. After each piece of information, ask the interpreter to share their understanding and adaptation of the information
3. Highlight the DV hotline has advocates that speak over 200 languages
4. Check in with the interpreters after and to make improvements

Break

Improving Response to IPV in the home

Disclosure is not the goal

but *disclosure may happen*

Thank you for trusting me with your story.	You are not alone.	This sounds really difficult.
Support is available.	It takes a lot of courage to talk about this.	No one deserves to be treated this way.
It's not your fault.	You are so strong.	I know you love your child(ren).

Supportive and validating responses

S: Support

Confidential and free chat, text, call line provides support 24/7:

thehotline.org
text "START" to 88788
800-799-SAFE (7233)
TTY: 800-787-3224

more info

Free, anonymous safety aid: myplanapp.org
Low cost healthcare: bedsider.org

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futureswithoutviolence.org

What to do after a disclosure:

1. Offer **gratitude** for sharing their story
2. Validate their experience, listen without judgement
3. Offer resources and make **warm handoffs,** in ways that are safe, to trusted support services
4. Consider safe ways to follow up
5. Safely document in medical record

Warm handoff to trusted resources

"Thank you for sharing your story with me. This sounds really difficult. ***I am here to support you and your family****. We work closely with a local program that has helped a lot of people in situations like yours. Would you like me to connect you with them? They can talk with you about options and explore what might be the most helpful for you."*

Responding to IPV in Home Visitation

Community Partnerships

- Everyone has a unique and important role in supporting survivors and their families
- You don’t need to be an IPV expert
- Build partnerships with community-based organizations you know and trust
- IPV support services and family serving organizations provide critical services
    - Safety planning, shelters and housing support, counseling, family services, legal advocacy, employment support, etc.

Mandatory Reporting

50%

Report mandatory reporting made the situation “much worse”

1/3

Report they have not asked someone for help for fear the person would be legally required to report what they shared

Mandated Reporting

- Know your state laws
    - Understand what constitutes an appropriate CFWB referral
- Recognize that many types of IPV are **not** reportable
- Review your written policies on reporting and responding to IPV

CA Reporting Laws: DV

You are required to report if you are:

- Providing medical services for any physical condition to a patient, whom they know or reasonably suspect is suffering from:
  - a wound or other physical injury inflicted by the person's own act or inflicted by another where the injury is by means of a firearm; OR
  - a wound of other physical injury inflicted is the result of assaultive or abusive conduct.

CA Reporting Laws

- You are NOT mandated to report the following:
  - emotional or psychological abuse;
  - abuse that did not leave a wound or physical injury;
  - prior physical abuse where there is no current physical wound or injury;
  - patient has a physical injury that seems to be from abusive conduct, but is not currently seeking medical services to treat the condition.

CA Reporting Laws

- No legal requirement to inform on limits of confidentiality
- Best practices in trauma-informed care indicates the need to inform the patient of these limits before talking about relationships and safety
- Required to notify the patient when a report is being made unless it would place the patient at risk
- Required to report to law enforcement by phone as soon as practically possible, and send a written report within 2 working days

CA Reporting Laws: DV and Children

- Child exposure to IPV may not constitute a report
- CFWB involvement is based on if the child is being:
  - abused physically or sexually
  - neglected
  - suffering mental injury
  - at risk of “substantial harm”
- A CFWB report is necessary when there is current DV and:
  - the child is at risk of “substantial harm”
  - child is likely to be harmed during the violence
  - child is experiencing neglect
  - the child’s ability to function daily is impaired

Prioritize Mandatory Supporting: How to mitigate harm

- Primary goal: **support all survivors and their families**
- If filing is indicated, there **must** be concurrent support
    - **Offer a full range of supports to all families**
- Consider survivor autonomy and child safety
- Always inform of the need to report before filing
- Never report alone

Harms of Mandatory Reporting

Racism and intersecting bias in child welfare deeply effects parents of color

- More likely to have reports filed against them
- More likely to have child(ren) removed from the home
- Less likely to receive child welfare supports

Survivor are fearful and anxious about losing their child(ren)

- Child welfare involvement
- Abusive caregivers are more likely to seek sole custody

Survivors often report negative outcomes from reporting

- Reduced help-seeking
- Situation became worse

DOMESTIC VIOLENCE AND CHILD ABUSE REPORTS: A COMPLEX MATTER

THE SAFETY AND WELL-BEING OF CHILD AND ADULT SURVIVORS OF DOMESTIC VIOLENCE ARE INEXTRICABLY LINKED. Although adult survivors and child survivors of domestic violence have varied experiences, reactions, and needs, domestic violence negatively impacts both child and adult survivors in a family. Research indicates that a child survivor's best interests are inseparable from their survivor parent's. Thus, improving responses and outcomes for child and adult survivors requires domestic violence to be treated as matter that impacts multiple family members - where the safety, healing, and well-being of adult and child survivors are addressed interdependently based on each individual's specific needs.[1] Safety considerations should go beyond physical safety, and reflect the complexity of risk that can accompany the risk caused by the person using violence. In essence, safety from system involvement should be examined and addressed.

EACH STATE HAS DIFFERENT LAWS AND REGULATIONS ABOUT WHAT CONSTITUTES CHILD ABUSE AND NEGLECT. **THE PRESENCE OF DOMESTIC VIOLENCE DOES NOT NECESSARILY MEAN A CHILD ABUSE AND NEGLECT REPORT IS AUTOMATICALLY WARRANTED.**

This resource is intended to help child-serving programs reduce harm that may be caused by filing a report when domestic violence is a concern, while also paying close attention to the safety of children and adults.

Many child-serving program administrators and staff are legally obligated to report suspected child abuse or neglect to the appropriate child protection agency. Child-serving programs are also partners to families and serve as sources of support, resilience, and healing. Mitigating unnecessary harm to families and preserving the provider's role as an authentic source of help is as important as the mandate to report. It is important for providers to inform families about their legal mandate regarding reporting and make sure that families understand what this means, and that the information is relayed in the family's primary language. Providers should aim to be as transparent as possible with families about any concerns that arise, especially if a report may be warranted. If a report needs to be filed, it is best practice to inform the family that a report will be filed so that it is not a surprise and additional safety planning with a domestic violence advocate can take place.

Promising Futures
FUTURES WITHOUT VIOLENCE

https://tinyurl.com/DVandCANReports

Support and MR

“Remember at the start of this visit when we talked about situations where I would have to get others involved to help keep you safe? This is one of those times. I know it took a great deal of courage to share this with me, and we need to make sure that you are safe (and your children). I will need to report what happened to you and I really would like your help making sure that I understand all of the things you need to make this as safe and supportive as possible for you.”

Remember,
Disclosures and reports are requests for non-judgmental help and understanding.

Healing comes from empathy, family-centered support and resources.

What Providers Say

Key Takeaways:

1. No screening questions involved, just education
2. Limited to no disclosures
3. Quick and easy to implement
4. No added time: **Took less than 30 seconds**

Benefits of CUES for Home Visitors:

- Gets critical resources to all caregivers
- Does not require a disclosure
- Very well-accepted by survivors

Client Feedback

"I wish someone had given this to me 10 years ago."

"I experienced this in a past relationship."

"I know somebody who can use this card."

“(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)

CONNECTED PARENTS, CONNECTED KIDS

Many people grew up in homes where they were hurt or mistreated by someone, or there were other problems:

- ✗ Maybe someone was hurting you or someone you love.
- ✗ Maybe you were worried about where you would live or having enough food to eat.
- ✗ Maybe your caregiver couldn’t care for you the way they wanted to.

Your experiences growing up can affect your parenting and relationships.

Harmful experiences in childhood and adulthood can increase health issues:

- ✓ Asthma, chronic pain, diabetes
- ✓ Smoking, drinking, using drugs or pills
- ✓ Stress, anxiety, depression, suicide
- ✓ Relationships where you are hurt or hurting your partner

Everyone struggles with parenting and relationships at some point.

- ✓ Parenting can be lonely.
- ✓ You are not alone.
- ✓ It’s ok to ask for help.

You and your kids deserve to to be safe. You deserve to be treated with respect

Talk with your health care provider about getting help for you and your family.

Worried about a friend? You can support them:

- ✓ Connecting with them can make a difference.
- ✓ Let them know they are not alone.
- ✓ Share helpful information that you’ve received about where to get help.

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE
ipvhealth.org

FUTURES WITHOUT VIOLENCE
futureswithoutviolence.org

Get free, confidential, 24/7 support:

- www.nationalparenthelpline.org
- www.thehotline.org
- Text “START” to 88788
- Call (855) 427-2736

Practice

Providing Universal Education

- Beyond the script…consider a checklist:
  - Confidentiality
  - Normalize the conversation
  - Make the connection (parenting, relationships, health)
  - Share resources

Providing Universal Education

- Move into small groups
- Choose to either use the scripts or the checklist to practice providing universal education
- Who will volunteer to practice?

Practice – Report Back

- How did it go? How did it feel?
- What did you notice?
- What additional support might you need?
- What other questions to you have?

Resources

https://linktr.ee/CUESresources

Adjourn

Additions

Expanding the Conversation Using CUES

Connecting CUES to other issues

Let’s explore another role play…

Role Play

HV: “Hi Amy, it’s so good to see you! We have a lot of stuff to cover today but before I do anything else—I’m wondering how you are doing—what’s the day been like for you so far?”

Caregiver: “It’s been ok I guess—baby is good. It’s been good at preschool–I like the new teacher a lot so we’re doing ok.”

HV: “Great, this is good to hear. So, we have been working together for a while now, and you know I get excited when I have something new for you! I wanted to share these new resources *(hand caregiver 2 cards).* They have great info on how to build strong kids and healthy homes. We give two cards so you have the info for yourself but also so you can help friends or family.”

Caregiver : (Reaching out and taking them) “Thanks.”

Role Play…

HV: (Open the card) “In these panels, they talk about the real stuff in peoples lives we all deal with but no one really talks about. Like what helps families—being respectful, kind, listening and being supportive of each others’ parenting in ways that helps kids thrive. It also talks about how all relationships are complicated or hard sometimes—and there may be some fighting and yelling.

I like this card because it gives parents simple things they can do that help when we are upset, afraid or overwhelmed…you know, just at our limit. And, it also names things we can do to give ourselves a break when it’s hard with the kids or with each other.

On the back, there are these awesome 24/7 free, anonymous resources you can call that support families. Things have changed—the way people think about complicated relationships, it’s not at all about pushing people to leave their relationships. It’s about listening to what you need and supporting you in ways that you need.

Parenting can be lonely, and it can be helpful to connect with someone else to talk about how you’re feeling and things you can try that might be helpful for you and your family. This number is for this great Parent Helpline; it’s for parents who are feeling overwhelmed with their child and just need someone to talk to. The other number is the DV hotline; it’s for anyone who is having trouble in their relationship, both folks who are being harmed and those who may be hurting others.”

Role Play Continued:

Caregiver: *(Looking at the card)* “Sometimes it’s real hard—but it’s not like Dion is hurting me physically—he can be an ass, but also can be super sweet with me and the baby.”

HV: ***(Match the client, who does not seem upset—mirror her words)*** “I hear Dion can be sweet, and I am so glad to hear that. I was wondering what things you are doing to handle it when it’s hard?”

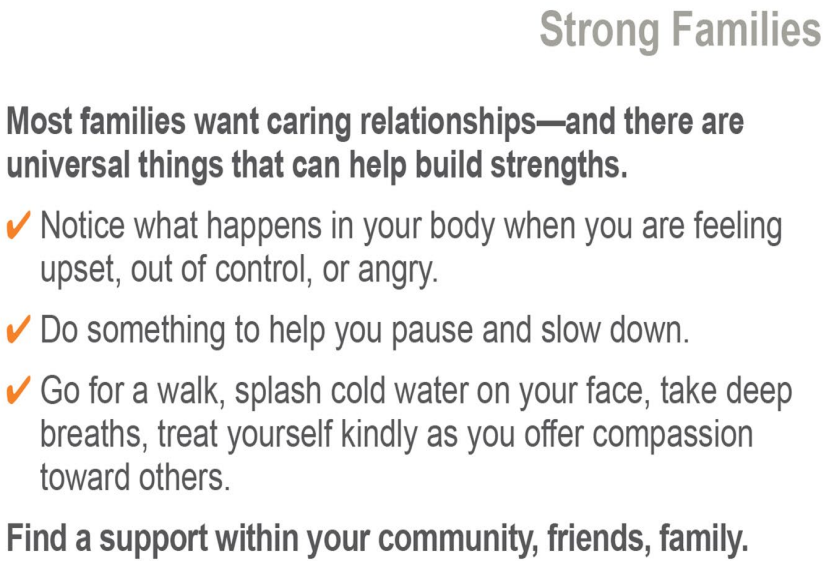
Caregiver: “I do lots of things, like go for a walk outside with the baby. Or try to go to my mom’s house. Or snuggle up with the baby—that always makes me feel better.”

HV: “I love that you can go to your mom’s house [*integration of the HOPE framework]*. Having close connections is so important for all of us, especially kids, so that is awesome. Are you interested in any other ideas that might be helpful?”

Caregiver: “Sure. Thanks.”

Integrating universal education into your visits

- What are your reflections from the role play?
- Consider how you might connect CUES to other conversations you're having with families
- What can you listen for to make CUES a seamless part of the visit?

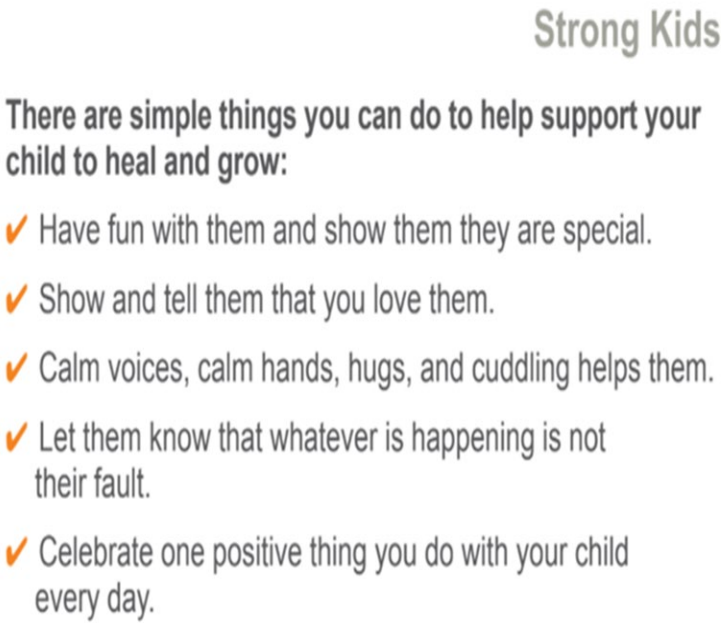


HV: ““Maybe this panel of the card could be helpful for Dion—I use the same strategy for myself all the time. ***(Read the panel aloud)***

HV: “Like everyone has a moment when they get super stressed and overwhelmed, but if you notice when you are getting to that point, you can do something to pause and slow down—maybe take deep breaths, splash water on your face, take a break from the house. Can you talk with Dion about ideas or ways you can support each other when you get frustrated or angry?
(Pause –listen)

Caregiver: “Maybe? Dion does say it feels bad when things blow up.”

HV: “Sometimes having a go-to plan when you get upset can help you take action faster.”



HV: “I also like thinking about what supports kiddos when parents are having a hard time. I don’t know if this might work for you too, but I like reminder checklists when I’m feeling upset or things are feeling hard.
(Read 3 things from the card aloud)

HV: “It’s a nice reminder for me…like, I can do these things with my kid to help even after something hard or scary has happened—what else is working for you or what ideas do you have?”

Caregiver: “I sing and rock, or play I spy. We have this book we like ‘A told B and B told C I’ll meet you at the top of the coconut tree’—it always gets a smile. Also just a big hug and telling them I love them so much.”

Building Trust

If systems have broken your trust in the past, they may be hard to trust now.

- ✔ Answering questions or sharing something is always your choice.
- ✔ You have the right to get information on how to get support for you and your family, including help for mental health, substance use and if people feel unsafe, or need help.

We believe trust is something to be earned.

HV: “I’m not sure we ever say this enough to our families, but even when we hand you form after form, answering questions is always your choice. You don’t have to share anything you don’t want to.”

“Trusting can take some time. So that’s why we are giving you this card and info—it skips needing to share anything you may not want to today and let’s you to know where to go for help and support if you or someone you know needs it.”

HV: "Thank you for sharing that with me. I don't know about your family, but in mine, we weren't supposed to talk about our business. Like sometimes my mom was hurt by my dad. The reason they made this card is for people to see that many of us have been hurt or used harm to control someone else. We all may need help at some point. That's what the DV hotline and all these resources are for—to give free confidential help to everyone—those that are being hurt and those who use harm."

Caregiver: "Things are really hard right now; we are fighting all the time. I didn't want it to be this way."

Making CUES seamless

Let’s revisit the scripts you wrote…

- Move into pairs
- Considering your current workflow, list out core issues that tend to come up in visits or common conversations you have regularly
- Together, sit with the cards, exploring each of the panels on your own
- Work together to adjust or connect your scripts, or add more, to connect CUES to other conversations that might be happening

Case Scenarios

Case 1

You are meeting with one of your newer families. It's not the first visit; you have met with them 3 times previously.

You are meeting in-person. So far, nothing has been shared with you (and you haven't observed anything) that is making you suspect there may be something going on.

You are excited about the new program practice to provide universal education with all families.

Case 2

You have been meeting with Kara, a mother of 3, for the past month. You have been sensing something is going on because she's rescheduled a few appointments and is very particular about when you can meet. She also seems very stressed and down.

Today, at an in-person visit, you introduced the CPCK card and used CUES to open a conversation around safe and healthy relationships. Kara immediately broke into tears and shared with you a part of what's going on with her partner.

Case 3

Today you are meeting with the Martinez family. Last week when you met, you had a private moment with Christina and completed the IPV assessment.

You've just completed training on using CUES with your families, but you've already talked about relationships previously.

Christina's partner and child is there.

Case 4

In talking with Melody, who is 5 months postpartum, things have been coming up about her feeling really down. She feels she is having trouble connecting with the baby, she finds herself breaking down everytime the baby cries. She is feeling really overwhelmed and also feels like she can’t parent in ways that feel natural for her because her and her partner disagree on how to approach things in parenting.

Navigating Challenges with CUES

What challenges or barriers might you in using CUES in home visits?

Common Challenges – Practice Change

- Limited time
- Maxed out capacity
- Discomfort with topic
- Committed to screening
- Rigid program policies
- Required - no internal motivation
- Limited resources or unaware of the resources available
- Single person trained, rather than the team (not an org-wide practice)
- Can't get (or don't know how to get) caregiver alone
- Disclosure followed by a story change
- Navigating mandatory reporting
- Personal experiences

Navigating Challenges Activity

- Different challenges will be on the screen and read aloud
- Consider how you would respond or overcome this challenge
- Lean on your peers for support or ideas

I don’t have enough time to do CUES on top of everything else I have to do in the visit.

I don't know where to send people for support.

The caregiver disclosed to me and then changed their story.

It’s hard to talk with the caregiver alone.

I have my own experiences of IPV, I’m not ready to talk about this topic with other families.

I do a lot of virtual visits, so I can't use CUES.

I’m not sure what to do the next time I see a family after a disclosure.

Partners in the Room

- **It's ok to not have the conversation**
- Trust your professional judgement
- Provide universal education for both caregivers
- Normalize services and resource sharing so leaving safety cards and other materials is common
- Consider creative ways to create a private moment with caregiver (at that time or a later time)

Partner in the room

How to begin conversations when someone has previously disclosed or had a positive IPV screening

“So last time we were together, you shared how hard things were in your relationship. [insert specifics of what was said here]. I want to share with you something that I share with everyone. It’s important to know you are not alone. You can take these cards and share them with others. You can use the QR code, send a picture of them or I can send them to you electronically...whatever is most helpful to you right now.

These cards talk about how to take care of yourself and your kids when you are feeling overwhelmed or upset. The cards have the 24/7 anonymous DV hotline and the 211 line on the back for more local organizations who can help. They are there for support whenever you need them.”

Using CUES with a partner present, after an IPV disclosure

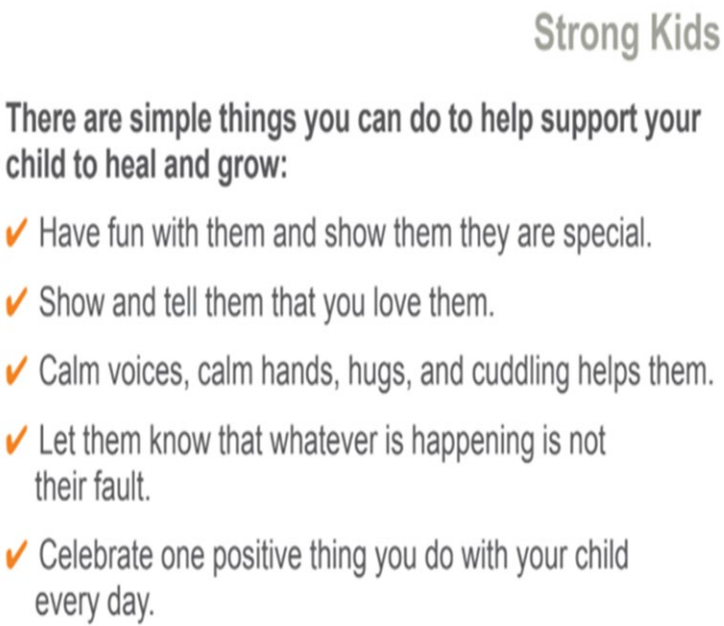
Remember, it's ok to not have the conversation

- Trust your professional judgement if CUES feels appropriate and safe
- Ensure you are providing opportunities for private follow-up and check-in with the caregiver who disclosed and responding in trauma-informed, appropriate ways
- Providing *non-specific* universal education can be for both caregivers
    - Focus on family health and the wellbeing and needs of the child(ren)

Strategy 1: Centering the family with CUES

There are many ways this can be approached. Consider some strategies:

- Ask about any upcoming health or dental appointments for the child(ren) to use as an opportunity to talk about their needs and how to best support their growth, development and resilience
- *“I’m happy to hear Max has his annual check up next week! Will you both be going with him? This is such a critical time for kids his age. I’d love to talk with you about things you both can do to best support him, especially when things are hard or if he’s experiencing anything hard or stressful.”*

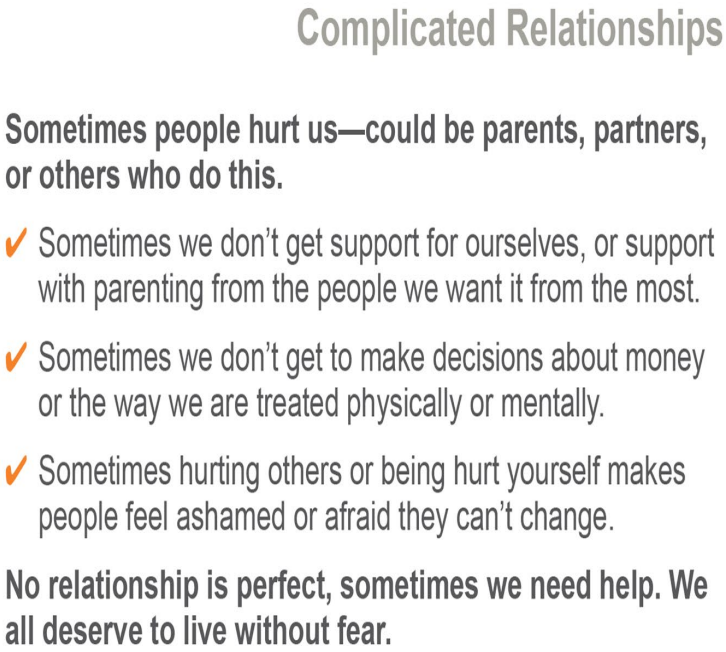


"Just like we go through a lot of different emotions (feeling frustrated, angry, overwhelmed), kids do to. Especially if they experience something complicated or scary at school, at home or even if they see things on TV. And, it can be harder for them to express what they are feeling and what they need in those moments. There are a lot of simple things you can do to help Max heal and grow if and when he is ever experiencing anything like this."
(Read 3 things from the card aloud)

Strategy 2: Centering the family with CUES

There are many ways this can be approached. Consider some strategies:

- Celebrate/acknowledge the partner being at the visit and normalize the conversation
- *“I love it when I get to talk with both parents! It’s clear you’re both so invested in your kids and want what’s best for them. So whenever i do get to see both parents together, I talk with all my families about this. It’s so important for the health and wellbeing of our kids.*



"Parenting can just be so hard sometimes. And, many parents may not know this, but how we were treated and cared for as a kid can really affect how we might parent our own kids. For example, so many people were hurt when they were kids –maybe by their parents or other adults they trusted. Or, maybe they didn't have the support they needed or didn't feel the love they were wanting. Many also may have experienced other really hard things when they were kids like not having enough food to eat, or maybe they had a parent who drank a lot or had mental health issues. Maybe they grew up in homes where there was a lot of yelling and fighting. No parents and homes are perfect and we all need help sometimes."

"What do you love about being a parent?"

"What kind of legacy do you want to leave for your kids, especially as you think about how they might parent their own children?"

Strong Families

Most families want caring relationships—and there are universal things that can help build strengths.

- ✔ Notice what happens in your body when you are feeling upset, out of control, or angry.
- ✔ Do something to help you pause and slow down.
- ✔ Go for a walk, splash cold water on your face, take deep breaths, treat yourself kindly as you offer compassion toward others.

Find a support within your community, friends, family.

"I love having this awareness that what happened to me as a kid can affect me as a parent. Have you ever thought about that before? It gives me a helpful perspective in how I show up and where i have a hard time, and really helps me see how I can grow as a parent. And isn't that what we all want…to become better parents with more tools?

We truly are the biggest role models for our kids. Is there anything you would like to change?

What about when you are having a hard time, feeling really stressed out or burnt out, or maybe when you might just not be on the same page in your relationship. And we all go through those ups and downs in our relationships. What can you model for your kids in those moments?

There are universal things we can do to teach our kids healthy behaviors during hard times and build strengths." (read 1-2 from the card)