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HOME VISITATION

GUIDELINES ON DOMESTIC VIOLENCE

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WHAT IS

DOMESTIC VIOLENCE?

DEFINITION OF
**DOMESTIC VIOLENCE RECOMMENDED
FOR HOME VISITING PROGRAMS**

It is vital that a clear definition of domestic violence is utilized in order to put the domestic violence guidelines for home visitors in context. The definition recommended by Strong Families AZ is comprehensive and goes beyond the statutory definition (Index) as the law is limited to addressing domestic violence only according to actions that are considered criminal. A comprehensive definition of domestic violence allows home visitors to recognize the signs of domestic violence outside of criminal acts. The definition used in a home visitation program's guidelines should be used consistently by all partners and throughout all program activities. Strong Families AZ in partnership with the Arizona Coalition to End Sexual and Domestic Violence recommends that home visitation programs use a comprehensive definition and description of domestic violence, as provided below.

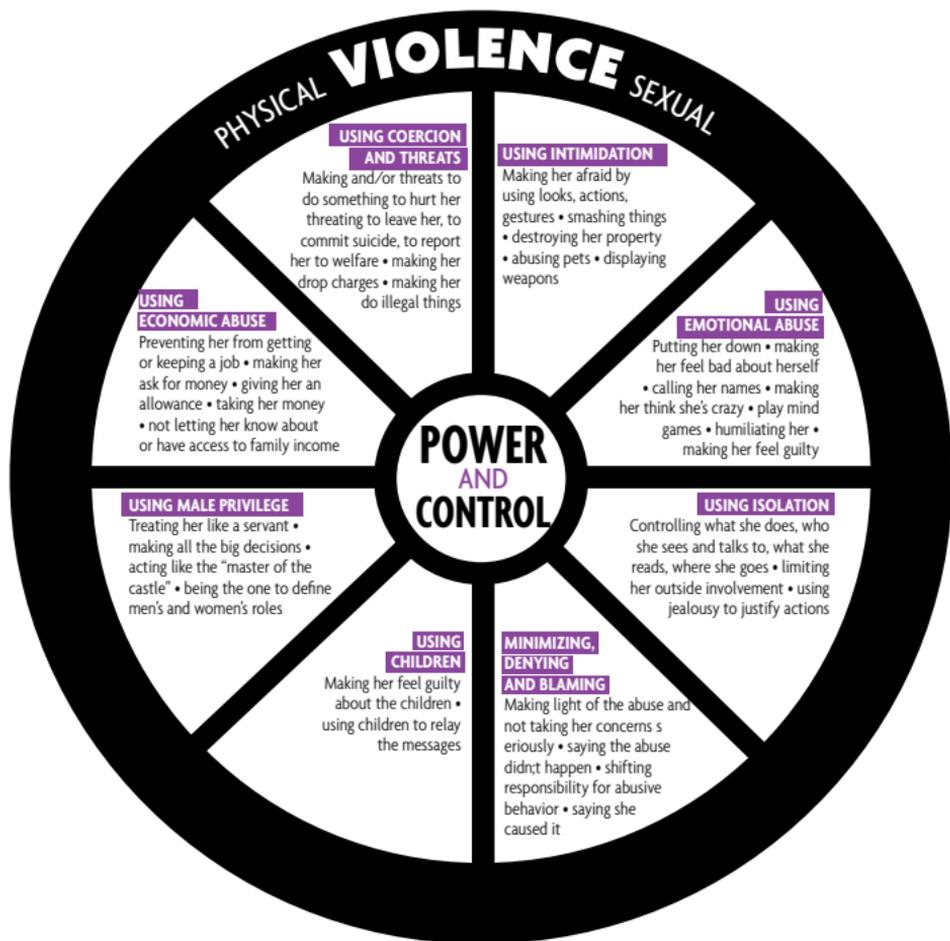
DOMESTIC VIOLENCE IS:

- A pattern of coercive control where one partner uses their power to control the other partner.
- A pattern of behaviors one partner uses to control the other partner.
- These behaviors may or may not cause physical injury and may or may not be criminal.
- These behaviors may take many forms, including physical, sexual, emotional, financial and reproductive coercion or abuse.
- A combination of physical force and terror that causes physical and psychological harm to the victim and to children.
- Mostly observed between intimate partners but can also be between roommates or adult relatives. While there may be similar traits, domestic violence, child abuse and vulnerable adult abuse are separate but serious issues.

A BROAD SPECTRUM OF ACTIONS AND BEHAVIORS ARE INDICATIVE OF AN ABUSIVE RELATIONSHIP.

Examples May Include:

- Putting one's partner down
- Making one's partner feel bad about themselves
- Calling one's partner names
- Humiliating one's partner
- Treating one's partner like a servant
- One sided decision making
- Controlling what one's partner does, who they see or talk to
- Using jealousy to justify actions
- Using intimidation tactics such as smashing things, abusing pets and displaying weapons
- Using the children to make one's partner feel guilty or prevent them from leaving
- Forcing one's partner to get pregnant or preventing the use of birth control
- Using one's partner's immigration status to intimidate or control
- Isolating one's partner by moving them to an unfamiliar place or not allowing them to leave the home on their own
- Using technology to monitor and stalk one's partner
- Using one's position of power or status to control
- Harassing one's partner at their place of work or school
- Controlling the home visitation experience



www.duluth-model.org

EXPANDED DEFINITIONS

INTIMATE PARTNER VIOLENCE:

Intimate partner violence is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control over their partner.

TEEN DATING VIOLENCE:

Teen dating violence is defined as the physical, sexual, or psychological/emotional violence within a dating relationship, as well as stalking. It can occur in person or electronically and may occur between a current or former dating partner. Teen dating violence is especially pervasive—one in five teens will experience relationship abuse. When teens are in violent relationships, they are at an especially high risk of 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 and birth control sabotage
- Pressuring a partner to get pregnant when they do not want to

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STARTING

THE CONVERSATION

STARTING THE CONVERSATION

How a subject is approached can make all the difference in how a conversation goes. When a home visitor begins a conversation with a participant about domestic violence, there are a few different things that they can do to make the conversation go smoother. Using normalizing language and universal education before doing a screening for domestic violence can make it easier for a participant experiencing domestic violence to disclose, and can make the conversation more comfortable for both the participant and the home visitor.

USE NORMALIZING LANGUAGE

“Many of our families are struggling with their relationships, so we have started talking to everyone about their partners and how things are going...”

USE UNIVERSAL EDUCATION

“We are talking to all of our families about healthy relationships...” [refer to Equality Wheel in index and review]

We are also discussing what an unhealthy relationship can look like.” [refer to Power and Control Wheel in section 1 and review]

*** Sometimes tools such as the safety cards Healthy Moms, Happy Babies and Loving Parents, Loving Kids, the Power and Control Wheel and the Equality Wheel can be utilized by the home visitor to start conversations on domestic violence.**

SCRIPTING FOR CONFIDENTIALITY

Before screening for domestic violence, it is important that a home visitor discusses confidentiality with the participant for multiple reasons. It is important that the participant knows that the home visitor is a mandated reporter and what that means. Although it is usually the policy of home visitation programs to inform their participants upon intake about mandated reporting laws, it is an ethical responsibility that home visitors to make sure that their participants remember and

understand mandated reporting. Having a conversation about what is and is not reportable may ease some of the fears a participant may have in disclosing domestic violence. In some cases the participant may even believe that the home visitor works for child welfare, so clarifying your programs relationship with child welfare may be helpful. Additionally, reminding the participant that what is disclosed is private and will not be repeated to a partner or family member may make them more comfortable in discussing their relationship. For further information on mandated reporting, please refer to the guideline on mandated reporting.

“Everything we talk about today is private and confidential. This means that I will not share what we talk about with anyone. The only exception is if you tell me that you are thinking of harming yourself or someone else, or if you tell me that someone is hurting your children. Then I would have to tell law enforcement or child welfare in order to keep your family safe. The rest stays between you and me, and helps me better understand how I can help you and your kids.”

If the home visitation program you work for has a unique relationship with child welfare—for instance, it provides family preservation or in-home dependency services—make sure you are clear on what you are responsible to report to child welfare in accordance with your program’s policy.

For additional training on starting conversations on domestic violence, go to a local domestic violence program or contact the following organizations:



Visit:
strongfamiliesaz.com



Visit:
acesdv.org

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3

SCREENING

SCREENING

It is important to keep in mind that discussing private information in general is difficult—imagine how hard it must be to disclose that a loved one is abusive.

It is also important to recognize that an ineffective screening can be intrusive and possibly dangerous when not done cautiously and sensitively. Given the difficulty of disclosing and the potential consequences of an ineffective screening, some suggestions have been provided below for model approaches to screening for and discussing abuse.

- Create a safe environment for the screening.
- Never screen for domestic violence when the partner is present or with the knowledge of the participant's partner.
- Always raise the issue of domestic violence privately so that others will not overhear the conversation.
- Never involve children in the screening for domestic violence. If the participant has older children home during the visit, have a plan on how to have the conversation without them overhearing (i.e. have an activity planned for the children, go to a park where the children can play while you talk privately, have a coworker accompany you and engage the children while you talk.)
- Make sure it is safe to leave information about domestic violence with the participant. DO NOT include domestic violence materials in packets of information without the participant's knowledge.
- Let the participant know why you are exploring the issue of abuse (i.e. because domestic violence is prevalent and it's important to be sensitive to a participant's needs if they face the issue.)
- Let the participant know they do not have to answer any questions they are not comfortable with.

- Always assure them of confidentiality, with the exception of information that requires mandated reporting.
- Make sure the language and terms used in screening questions are easily understood. If the screening is self-administered by the participant, make sure that it is a reading level at which they understand.
- Avoid blaming or judgmental responses.
- Avoid making assumptions.
- Regardless of whether a disclosure of domestic violence occurs, universally provide information on domestic violence services.

Survivors have identified a number of factors that affect their decision to tell someone about the abuse they are experiencing. Some of these factors include not feeling judged; feeling that the individual asking is truly concerned and actively listening; understanding the reason why they are being asked about domestic violence; and feeling secure in the fact that their disclosure will not be reported back to their abuser.

REDEFINING SUCCESS

It would be easy to think that the only success a home visitor has when screening for domestic violence is getting a participant to disclose domestic violence when it is occurring and leave their situation—however, this is not true. When it comes to screening for domestic violence, success has many faces. Success is not necessarily a result of disclosure, but is instead measured by our efforts to reduce isolation and improve options for safety. Providing information in a way that is supportive and that encourages dialogue reduces isolation and provides community education. Success can be a victim hearing that someone out there cares—even if they don't disclose. Success can be a victim getting support—even if they don't leave.

Success can be a participant hearing about domestic violence, and being able to help a friend because of it.

It is important to keep in mind that we don't have to be experts in domestic violence to help participants, that it is not our job to "fix" domestic violence or to tell our clients what to do. It is important to remember that providing support and information can make a real difference, that we help participants when we make the effort to understand their situation and recognize how abuse can impact parenting, health, and risk behaviors.

SCREENING TOOLS

There are many different screening tools, and many home visitation programs have a specific type of screening tool that they utilize. It is important to keep in mind that the screening tool being used is not as important as the fact that the screening is occurring. If your agency does not utilize a specific tool, the Relationship Assessment Questionnaire [index] can be used. The Relationship Assessment Questionnaire is an evidence-based tool that can be self-administered or can be verbally administered by the home visitor, depending on the needs and comfort of the participant.

Safety cards from Futures Without Violence such as Healthy Moms, Happy Babies; Loving Parents, Loving Kids; and Connected Parents, Connected Kids can be utilized to introduce or used in conjunction with a domestic violence assessment tool. In addition to having questions regarding domestic violence, they have information and resources for the participants to refer to. Their size is particularly useful as they may be safer for a victim of domestic violence to keep than a pamphlet or a full-page list of resources. These safety cards are sometimes also called "shoe cards" as they are small enough to fit in the sole of a shoe.

As a home visitor, you can introduce the card by saying: "We started giving this card to all of our moms. It talks about healthy and safe relationships."

When reviewing the safety card, you can use it as a way of introducing a domestic violence assessment tool by saying: “This card is similar to a questionnaire we are doing with all of our moms, why don’t we take a minute and fill that out now?”

With the assistance of the safety cards from FuturesWithoutViolence, you can use the discussion of other key issues as an opportunity to discuss domestic violence. For instance, when a home visitor is discussing mental health or substance abuse use the “Coping Strategies” section of Healthy Moms, Happy Babies could be used to make the connection between those key issues and domestic violence. When talking about birth spacing, Loving Parents, Loving Kids could be utilized to discuss reproductive coercion. If the home visitor is discussing the stresses of parenting, Connected Parents, Connected Kids can be used to link how issues with parenting can be due to childhood exposure to domestic violence. Clients who are experiencing abuse are more likely to also have symptoms of depression, mental health issues, and substance abuse. Linking them with appropriate resources and support is key to reducing their isolation and feelings of helplessness.

Many home visitors have expressed discomfort in talking to their participants about reproductive coercion—this is understandable; however, due to its prevalence and the impact it has upon the health of a family, screening for it is vital. Universal education regarding the signs of reproductive coercion and birth control sabotage can be helpful ways to begin the conversation.

Often home visitors find that conversations about domestic violence come up outside of the visit where a domestic violence screening is scheduled—perhaps the home visitor sees red flags that domestic violence is occurring or perhaps the abuse comes up in conversation. When this happens, it might not always be possible to screen for domestic violence using a domestic violence assessment tool or a safety card. While these tools may make screenings easier, it is absolutely possible to screen without them.

RED FLAGS

A participant may say things to their home visitor that cause the home visitor to be concerned about whether domestic violence is occurring. Here are some examples of what may be a red flag for domestic violence:

- “He won’t let me schedule an appointment if he’s not there.”
- “She doesn’t like my family/friends.”
- “He doesn’t know his own strength.”
- “She handles the money.”
- “He gets mad at me when the baby cries.”
- “She’s always checking in on me.”
- “He takes care of the birth control.”
- “She’s jealous.”
- “He keeps me pregnant.”

Here are some statements that set a non-judgmental tone for the conversation:

“Because violence is so common in many people’s lives, I ask all my clients about it.”

“I don’t know if this has ever been a problem for you, but many of the clients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I’ve started asking everyone about it.”

SCREENING QUESTIONS

Here are some direct questions that can be used in a screening. It's good to have a variety of ways to ask in our repertoire so we can find the one that works best with each particular participant without pushing them out of their comfort zone. Keep in mind that these questions can be adapted for you and your community.

DOMESTIC VIOLENCE:

- "Are you in a relationship with a person who physically hurts or threatens you?"
- "Has your partner ever hit you or physically hurt you?"
- "Do you feel controlled or isolated by your partner?"
- "Has your partner ever done anything to scare you? Do you feel you are in danger?"

REPRODUCTIVE COERCION:

- "Has your partner ever forced you to have sex when you didn't want to?"
- "Has your partner ever refused to practice safe sex?"
- "Has your partner ever tried to force or pressure you to become pregnant when you don't want to be?"
- "Do you feel like you have a say in when you and your partner have sex/get pregnant?"

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RESPONDING TO

NEGATIVE SCREENINGS

RESPONDING TO NEGATIVE SCREENINGS

While often a negative domestic violence screening is because the participant is not in an abusive relationship, it is important to keep in mind that a negative response to screening may be because the participant does not feel comfortable or safe in disclosing abuse at this time. A negative screening does not necessarily mean that abuse is not occurring.

In the case of a negative screening, you should still offer your client a safety card:

“I’m glad nothing like this is going on for you. It’s far too common, and I feel like we all know someone who has been there—if you’d like, you can keep it in case you have a friend or a family member who could use it.”

Whether or not the participant discloses abuse, an assessment gives home visitors the chance to educate participants about how unhealthy relationships can affect them, their children and their health. All clients should be given the option to keep the Healthy Moms, Happy Babies safety card, no matter what their score on a domestic violence assessment or if they gave a negative response to the screening. Offering this safety card to all participants is part of providing education on healthy relationships, reproductive coercion, and how to get help. Some participants may not be comfortable sharing with their home visitor how bad things are in their relationship, but they can still benefit from receiving the information on the safety card.

UNIVERSAL EDUCATION ABOUT HEALTHY RELATIONSHIPS

Assessment is a great opportunity to provide universal education on healthy relationships and information on health and safety.

One of the things that I talk to all my families about is how you deserve to be treated. You have the right to:

- Be treated with kindness and respect
- Feel safe and have your boundaries respected
- Wear what you'd like to wear
- See your family and friends when you'd like to
- Have a healthy and safe sexual relationship
- Make your own decisions about your sexuality and birth control
- Speak up about any controlling behavior in your relationship

If a client says yes to relationship problems but doesn't disclose more than something vague:

"You mentioned that things can be complicated in your relationship. I just want you to know that sometimes things can get worse. I hope this is never the case, but if you are ever in trouble you can talk to me. I am also going to give you a card with a 24 hour hotline number on it. They get how complicated it can be when you love someone and sometimes it feels unhealthy or scary."

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RESPONDING TO

POSITIVE SCREENINGS

RESPONDING TO POSITIVE SCREENINGS

Disclosures of domestic violence can occur as the result of a scheduled screening or may happen during any point of home visitations services. It is important that disclosures receive an appropriate response, whether a screening has been scheduled or not. When a home visitor responds to a disclosure of domestic violence in the appropriate way, it reduces the victim's sense of isolation and shame, and encourages the victim to believe a better future is possible.

Sometimes home visitors will receive a disclosure of past domestic violence—it is important that when this happens, the home visitor responds in a manner similar to having a disclosure of current domestic violence. Even if a participant is no longer in an abusive relationship, they can still benefit from support and referrals.

When abuse is disclosed, it is important that the home visitor offers validation and provides information:

- Acknowledge that the participant does not deserve to be abused and that abuse is not part of a healthy relationship.
- Let the participant know that you are concerned for their safety.
- Ask if the participant is in immediate danger and how you can support them in being safe. If the participant indicates there is immediate danger, offer to call a shelter or emergency services. Always respect your client's expressed wishes. NOTE: In a situation where a violent altercation is occurring or has the potential to occur, call 911.
- Listen and respect what the participant says they want and need. Remember that the participant is the expert on their own relationship and what has kept them safe. Keep in mind that just because the participant discloses does not mean that they may be ready to/want to leave their relationship.
- If it is safe to do so, provide the participant with the safety card developed by Strong Families AZ or one of the Futures Without Violence safety cards. Review the resources available

to the participant—including local and national domestic violence hotlines and the shelters. Review the safety plan on the safety card with the participant, brainstorming ideas on how to stay safe and discussing with them what has kept them safe in the past. Safety planning is designed to assist those experiencing domestic violence to think and act in a way to increase personal safety.

- Provide a supported referral to the participant. See referrals guideline.
- If the participant does not currently want to leave their relationship, let them know that you would like to be able to continue to support them however you can; and that you would like to be able to check in on how they are doing. To ensure that it is safe to talk about the relationship before bringing it up at a future visit, work with the participant to come up with a code word or question to make sure it is safe to bring the topic up.
- Remember that receiving a disclosure of domestic violence can be difficult on a home visitor—it's common for home visitors to care for and become attached to their participants, so it only makes sense that it would be hard to discover that a participant is being abused. Remember to take care of yourself. For more information refer to the guidelines on self-care.
- Follow up with your supervisor about the disclosure of domestic violence.

IF REPRODUCTIVE COERCION IS DISCLOSED:

An appropriate response to disclosures of reproductive coercion informs clients about the signs of reproductive coercion, educates participants about less detectable, female-controlled protective strategies, and provides information on where a client can go to get help.

The Loving Parents, Loving Kids safety card from Futures Without Violence is a great tool to use when discussing reproductive coercion and provides examples of intervention strategies that participants can utilize. The safety card also provides some ideas on where the

SECTION

6

REFERRALS

participant can go to get support when it comes to birth control and reproductive health concerns; however, it is important that the home visitor is aware of the resources available in their own community so appropriate referrals can be made. For more information on different forms of birth control, refer to the index.

STEPS IN RESPONDING TO A DISCLOSURE OF REPRODUCTIVE COERCION:

- Validate the participant's experience.
- Offer a safety card to the participant, review it with them, and make sure it is safe for them to keep.
- Let the participant know where they can go to learn more about their birth control options.
- Ask the participant if they have immediate safety concerns.
- Discuss the link between reproductive coercion and domestic violence; and make referrals to domestic violence resources if appropriate.
- Follow up at the next visit.

SCRIPTS FOR RESPONDING TO A DISCLOSURE OF REPRODUCTIVE COERCION:

"I'm glad you told me about what is going on. It happens to a lot of women, and it is so stressful to worry about getting pregnant when you don't want to be. I want to talk to you about some methods of birth control that your partner doesn't have to know about, so that you don't have worry about an unplanned pregnancy."

"What you've told me also makes me worried about your health and safety in other ways. Sometimes when a partner is trying to get you pregnant when you don't want to be they might also try and control or hurt you in other ways. Is anything like this happening in your relationship?"

REFERRALS

When one thinks of making referrals for a victim of domestic violence, a domestic violence shelter generally comes to mind; however, it is important to keep in mind that while shelters are great resources, there are many other referrals that are also appropriate for participants experiencing domestic violence. Remember that the participant is the expert on their own life; a home visitor must be okay with the participant wanting referrals to resources other than shelter. When discussing what referrals are needed with a participant, always respect their answer. Additionally, it is important that home visitors offer appropriate resources to participants who are not currently in an abusive relationship, but have been in the past.

POSSIBLE REFERRALS FOR PARTICIPANTS EXPERIENCING DOMESTIC VIOLENCE:

- Shelter
- Support groups
- Counseling
- Safety planning
- Non-residential domestic violence services

Sometimes participants experiencing domestic violence may express that referrals which are not traditionally considered “domestic violence referrals” would be the most helpful in keeping them safe.

SECTION
7

MANDATED

REPORTING

MANDATED REPORTING

What Arizona State Statute states about mandated reporting:

- Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. (ARS §13-3620A)
- “Abuse” means the infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omissions of an individual having care, custody and control of a child. (ARS §8-201.2)
- “Neglect” or “neglected” means the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes unreasonable risk of harm to the child’s health or welfare, except if the inability of a parent, guardian or custodian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services. (ARS §8-201.22a)

- “Serious emotional injury” means an injury that is diagnosed by a medical doctor or a psychologist and that does any one or a combination of the following:
 - o Seriously impairs mental faculties.
 - o Causes serious anxiety, depression, withdrawal or social dysfunction behavior to the extent that the child suffers dysfunction that requires treatment. (ARS §8-201.29.a-b)

ROLE OF THE DOMESTIC VIOLENCE ADVOCATE

Domestic violence advocates can continue providing the safety planning and support that home visitors have started. It is ideal that a home visitor get their participant connected to a domestic violence advocate when they have a participant experiencing domestic violence. Clients can work on safety plans and additional services like legal advocacy, support groups, counseling and housing.

Some examples of non-traditional referrals could be:

- Housing
- Financial assistance
- Job training
- Education
- Food boxes
- Financial counseling
- Childcare assistance

SUPPORTED REFERRALS

Supported referrals usually make it more comfortable for participants experiencing domestic violence to reach out for assistance. Home visitors can make supported referrals when they are familiar with their local domestic violence programs, or if they call state domestic violence hotlines, national domestic violence hotlines, or shelter hotlines to familiarize themselves with the services they provide. When making supported referrals, you may call the shelter or domestic violence program for a participant or have the participant call with you there for support. Keep in mind that although you will be able to initiate

the phone call, the domestic violence program will most likely need to speak to the participant directly to do a phone intake.

FACTORS UNIQUE TO DOMESTIC VIOLENCE AND CHILD WELFARE:

- Certain procedures may frighten or intimidate the non-offending parent. You can help to relieve the anxiety that these procedures may elicit by preparing the parent. Keep in mind that: The child welfare agency reporting mechanism may list the non-offending parent as the case name. For example, the child welfare case may be filed under the mother's name, even if the offending parent is the father, as the naming of a case is not necessarily tied to the person about whom the allegation(s) are made. Though the non-offending parent is taking protective action, if Arizona's child welfare agency decides that it must file a dependency against the offending parent, a dependency may be filed against the non-offending parent as well, with the allegation of "neglect due to failure to protect."
- There is a difference between child abuse due to domestic violence and child exposure to domestic violence. "The diverse pattern of outcomes, including children who are seemingly not adversely affected by witnessing violence, suggests that other factors contribute to how children respond to domestic violence."
 - o "Evidence suggests that being a victim of child abuse in combination with witnessing domestic violence affects children more adversely than exposure to domestic violence alone."

Chamberlain, Linda PhD, MPH; Levinson, Rebecca, MA. Healthy Moms; Happy Babies: Domestic Violence, Reproduction Coercion, and Children Exposed. Futures Without Violence

Home visitation programs place high value in supporting and empowering parents to do what is best for their children; thus, in a situation involving domestic violence, home visitors should support the non-offending parent in protecting their children.

- o "The evidence is conclusive that it is in a child's best interest to remain safe and together with the non-offending parent."

From the point of view of child safety, stability and health, it is in the child welfare system’s interest to partner with the parent who is most committed to the safety and well-being of the child.”

- o When there is emotional trauma caused by domestic violence, the most important factor in helping the child recover is their relationship with the non-offending parent.

Chamberlain, Linda PhD, MPH; Levinson, Rebecca, MA. Healthy Moms; Happy Babies: Domestic Violence, Reproduction Coercion, and Children Exposed. Futures Without Violence

PROCEDURE:

- 1.) When home visitation services are initiated the home visitor will notify their client that they are a mandated reporter and required to notify child welfare if they suspect abuse or neglect. The home visitor will discuss with the client what qualifies as abuse and neglect.
- 2.) Should the client disclose to the home visitor that domestic violence is occurring, whether due to a screening for domestic violence or otherwise, the home visitor will again remind the client about their duty as a mandated reporter—not in an effort to limit disclosure, but to empower the client in making an informed decision in what they share with their home visitor.
- 3.) If there is physical violence that is actively occurring while the home visitor is in the home, the home visitor should leave immediately and call 911.
- 4.) The home visitor should make a report to child welfare automatically if:
 - a. The child has been physically injured—whether intentionally or unintentionally—during the course of a domestic violence incident.
 - b. The child was placed directly in harm’s way during a domestic violence incident.
 - i. **Example:** If the offending parent physically assaults the non-offending parent while the non-offending parent is holding the child.
 - c. Either parent of the child has made a threat to harm the child.
5. If there is domestic violence in the home, but there is no indication that the child has been physically harmed or been at imminent risk

for harm, the home visitor should discuss the matter further with their supervisor while considering the following:

- a. Do the children demonstrate signs of experiencing emotional injury?
 - i. **Example:** Anxiety, depression, withdrawal or untoward aggressive behavior
- b. If there are incidents of physical violence in the home, where are the children during these events?
- c. Is the non-offending parent taking protective action prior to or during violent incidents?
 - i. **Examples:** Sending the children out of the room, having the children stay with relatives, catering to the whims of the abusive partner in order to prevent violent outbursts.
- d. What is the perception of the non-offending parent of the affects of the domestic violence on their children?

Since domestic violence within itself does not require a mandated report, it is important that home visitors consider whether there are notable signs that the children are experiencing emotional trauma due to the violence of the offending parent. A yes or no answer to these questions does not implicitly mean that the home visitor must make a report; rather, these are questions to be discussed when evaluating the situation with a supervisor. After considering these factors and discussing the situation with their supervisor, the supervisor and home visitor should decide if a mandated report is necessary as defined by the Arizona statute.

- 6.)** Should a child welfare report be determined necessary, the home visitor should include the non-offending parent in making a report to child welfare when at all possible. While this is a delicate and difficult conversation to have, it is essential to support the non-offending parent in protecting their child in the best way possible. Empowering the non-offending parent by giving them the choice to either make the child welfare report themselves,

with the home visitor present, or to let the home visitor make the report on their own is ideal, and embodies the values that home visitation programs are built on—supporting families in doing what is best for their children. A home visitor can prepare themselves for having this conversation by calling the Arizona Coalition to End Sexual and Domestic Violence’s **Legal Advocacy Hotline (1-800-782-6400)**.

- 7.) If it is determined that a child welfare report must be made, the home visitor should prepare the non-offending parent for the investigative process—informing them of the next steps and possible outcomes. The home visitor is not expected to be an expert in the child welfare process, so it is highly recommended that the home visitor puts their participant in contact with a legal advocate.
- 8.) The home visitor should support the non-offending parent by recognizing and reviewing with them the protective actions they have taken. Acknowledging the strengths the non-offending parent has even in a very hard situation will help to empower them in continuing to do what is best for their children.
 - a. **Example:** Reaching out for assistance while in a domestic violence relationship, attempts to reduce the children’s exposure to violence, etc.
- 9.) The home visitor should help develop an ongoing safety plan (focusing on the safety of the children and the non-offending parent) with the non-offending parent and children during the investigative process, or partner with a domestic violence agency in safety planning.
- 10.) The home visitor may offer support during the child welfare investigation by being present for/ensuring the participant has a legal advocate during interviews, Team Decision Making meetings, and other events.

SECTION

8

DOCUMENTATION

DOCUMENTATION

Documentation of what you discussed with your participant is important. Documenting conversations about domestic violence is especially important as what you record could potentially be used as a legal document. You document domestic violence when you use your agency's domestic violence screening tool; you should also be sure to document conversations regarding domestic violence in your case notes even if a domestic violence screening is not scheduled for that visit.

How we document what our participants say when they disclose that domestic violence is important. In recounting what your participant told you, refer to those involved by their full names rather than just "mom," "dad," "wife," "husband," "girlfriend" or "boyfriend". Avoid using the word "allegedly", instead opt for phrases like "per" and "reported".

Participant, Jane Brown, reported that her husband, John Brown, had threatened to kill her last week.

Per Bob Smith, his partner, Jason Andrews, had punched him in the stomach the previous evening.

It is not only important to document what the participant has told you, but also what action was taken. Record both what referrals were provided as well as what services were offered—even if they were not accepted. If you and the participant create a safety plan, make sure to record that as well.

When documenting your assessments and referrals, please remember that participant safety is your priority. Because of the sensitive nature of this information—and because it's misuse or misinterpretation could affect or endanger the participant—always be mindful of the participant's privacy and your program's policy and procedures.

TIPS TO SAFELY DOCUMENT:

- Don't complete documentation or case notes while in the participant's home; the only exception—the domestic violence screening tool.
- Once you've completed the domestic violence screening tool with your participant, put it away and out of plain view.
- Leave documentation at your office, rather than bringing it back and forth to each visit. This includes electronic forms of documentation, such as a thumb drive.

Make sure you are familiar with your program's guidelines on documentation. If you suspect your participant may be experiencing domestic violence, or if your participant discloses that domestic violence is occurring, follow up with your supervisor about documentation protocol and procedures.

Many home visitors communicate with their families via voicemail, text message, and email. It is important that we remember to document these messages as well—especially when they are about domestic violence. Additionally, it is vital that we remember that many abusers stalk their victims by monitoring their cell phones and computers. Never say something that could put the participant in danger if their abusive partner heard it.

SECTION

9

ENGAGING

MEN AND FATHERS

ENGAGING MEN AND FATHERS

Home visitation programs place a lot of value on a father's involvement, and it is great for children when fathers are actively involved in helping them grow, learn and develop. When a home visitor works with a family where domestic violence is occurring, engaging the father or partner in services can be complex. A home visitor should never address the domestic violence that is occurring with the abusive partner as this can put both the provider and participant in danger.

As previously mentioned, sometimes a participant may disclose that their partner is abusing them, but does not want to leave their relationship. Many of those who are being abused express that they are hesitant to leave because they do not want their children to be without their father; rather, they want their children to have safe and healthy interactions with their father. Positive involvement by a father figure can be very beneficial to children's development. If the home visitor feels safe working with the abusive partner, there is an opportunity to lay the groundwork for change.

Home visitors work with families to assist them in parenting their children in an empathetic way. Abusive behavior is caused by a lack of empathy for others. Building empathy in an abusive person can be the first step in motivating them to change their abusive behavior—even if domestic violence is not directly addressed. If we do not expect those who abuse to change their behavior, we do not hold them accountable. Understanding the effects of their behavior on their children can be an important motivator for abusive partners to change their behavior—even if the behavior that they are learning about is not directly related to domestic violence. Due to this, if the home visitor and non-offending participant feel safe in continuing services not related to domestic violence with the abusive partner, it could be in the best interest of the family.

SAFETY TIPS:

- If you do not feel safe engaging with the abusive partner meet with your participant when the abusive partner is not there and discuss the situation with your supervisor.
- If you do not feel safe meeting in the participant's home, meet elsewhere.
- Never screen for domestic violence when there is a chance that the partner could hear you.
- Talk to your participant about what they believe would keep them safe during your visits. Ask what topics could put them in danger and come up with a plan to safely discuss the violence that is occurring.
- Avoid becoming silent or quickly changing the subject when the abusive partner arrives. This can make them feel defensive or suspicious.

SECTION

10

HOME VISITOR

SAFETY/SELF CARE

YOUR SAFETY MATTERS: PERSONAL SAFETY STRATEGIES FOR HOME VISITORS

- Trust your instincts
- Meet the participant at the office if the situation in their home does not feel safe
- Establish check-in time with your office
- Park with the front of your vehicle pointed toward the exit
- Observe and listen before knocking on the door or entering a household
- Do not enter the home until you see your participant at the door
- Position yourself in the home so that you have a clear path to the exit
- Always be aware of your surroundings and look for behavioral cues that something is amiss
- Keep your phone handy so that it is not hard to call for help if needed
- Keep your keys handy so that you don't need to dig for them if you need to leave quickly
- Know the address where you are at in case you need to call 911
- Ask who is home when you arrive and ask the participant if they are expecting anyone

REFLECTIVE PRACTICE

Given the emotionally evocative nature and complexity of work with very young children and families who are vulnerable, it is imperative that practitioners across disciplines have time to pause and reflect. They need a time and place to contemplate what they are experiencing in the presence of a family and to share their personal responses to this very difficult work. They need to feel replenished and fortified. Practitioners cannot do this in isolation. They need and are entitled to the support and insight that comes from discussing with another what they have observed, what they thought, what feelings were aroused, and how they worked with an infant or young child and his caregivers. Doing so within the context of a safe and trusting professional relationship may help professionals feel “accompanied” as they prepare to go forth and continue their efforts with and on behalf of, the family.

Weatherston, Deborah, Weigand, Robert F., & Weigand, Barbara; (2010). Reflective Supervision: Supporting Reflection as a Cornerstone for Competency. Zero to Three, 31(2), pg 22.

YOUR EXPERIENCES MATTER

Our own life experiences influence how we work with families. Since domestic violence is so common, we may have our own personal experiences with family violence or victimization. While this can lead to empathy for families experiencing domestic violence, it also calls for attention to how this experience impacts effectiveness with families. It can help if we emotionally prepare ourselves before we have difficult discussions on domestic violence, and it can help to talk to someone about our own experiences in order to help separate our own feelings from those of your clients. Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time, this process can lead to changes in your psychological, physical and spiritual well-being.

PERSONAL STRATEGIES TO PREVENT TRAUMATIC STRESS:

- Talking to colleagues and supervisors who understand the stresses of your job
- Adequate sleep, good nutrition and exercise to help reduce psychological stress
- Training to improve skills and comfort level
- Taking time off from work to pursue personal interests, social connections and spiritual outcomes
- Indulge ourselves in activities that make us happy and are rejuvenating

SIGNS OF TRAUMATIC STRESS:

- Depressive symptoms
- Feeling ineffective with participants
- Reacting negatively to participants
- Reoccurring thoughts of threatening situations
- Sleep disruptions and nightmares
- Physical symptoms
- Inability to relax or enjoy favorite activities
- Decreased self-esteem
- Becoming more quick to anger
- Avoiding participants
- Avoiding emotional topics when working with participants
- Chronic lateness
- Having issues with boundaries when it comes to participants
- Self-disclosure with participants
- Increased use of alcohol or drugs
- Misuse of prescription medication

If you believe you may be experiencing vicarious trauma or burn-out, reach out for help. Talk to your supervisor, utilize an employee assistance program or talk to a mental health professional specializing in vicarious trauma.

INDEX

CRIMES ENUMERATED IN ARS 13-3601

FELONY

MISDEMEANOR

MISDEMEANOR OR FELONY

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13-1103	Manslaughter	F2
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RELATIONSHIP TEST

ARS 13-3601(A) (1-6)

- 1.)** The relationship between the victim and the defendant is one of marriage or former marriage or of persons residing or having resided in the same household.

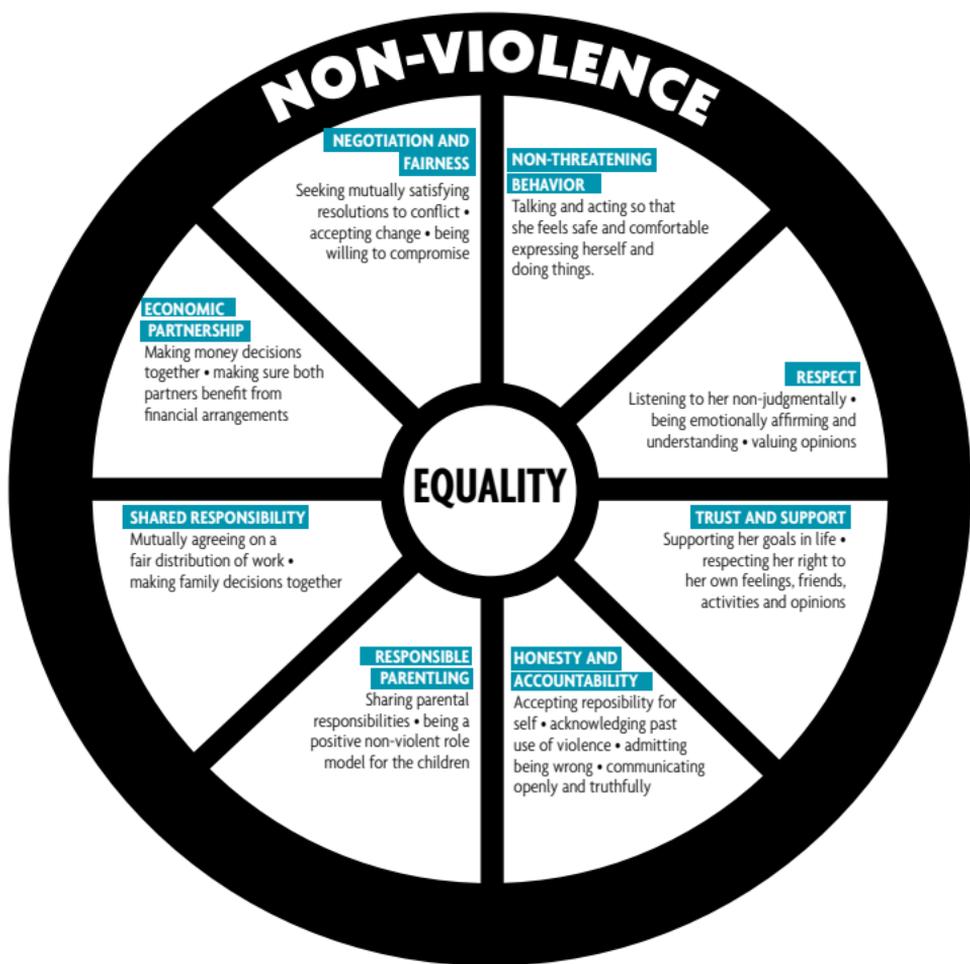
- 2.)** The victim and the defendant have a child in common.

- 3.)** The victim or the defendant is pregnant by the other party.

- 4.)** The victim is related to the defendant or the defendant's spouse by blood or court order as a parent, grandparent, child, grandchild, brother or sister or by marriage as a parent-in-law, grandparent-in-law, stepparent, step-grandparent, stepchild, step-grandchild, brother-in-law or sister-in-law.

- 5.)** The victim is a child who resides or has resided in the same household as the defendant and is related by blood to a former spouse of the defendant or to a person who resides or who has resided in the same household as the defendant.

- 6.)** The relationship between the victim and the defendant is currently or was previously a romantic or sexual relationship. The following factors may be considered in determining whether the relationship between the victim and the defendant is currently or was previously a romantic or sexual relationship:
 - (a)** The type of relationship.
 - (b)** The length of the relationship.
 - (c)** The frequency of the interaction between the victim and the defendant.
 - (d)** If the relationship has terminated, the length of time since the termination.



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SAFETY PLAN AND INSTRUCTIONS

STEP 1: SAFETY DURING A VIOLENT INCIDENT.

I can use some or all of the following strategies:

- A)** If I have/decide to leave my home, I will go _____

- B)** I can tell _____ (neighbors) about the violence and request they call the police if they hear suspicious noises coming from my house.
- C)** I can teach my children how to use the telephone to contact the police.
- D)** I will use _____ as my code word so someone can call for help.
- E)** I can keep my purse/car keys ready at (place) _____ in order to leave quickly.
- F)** I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.
-

STEP 2: SAFETY WHEN PREPARING TO LEAVE.

I can use some or all of the following strategies:

- A)** I will keep copies of important documents, keys, clothes and money at _____.
- B)** I will open a savings account by _____, to increase my independence.
- C)** Other things I can do to increase my independence include: _____ .
- D)** I can keep change for my phone calls on me at all times. I understand that if I use my telephone, credit card, or cell phone, the telephone bill or phone log will show my partner the numbers that I called after I left.

- E)** I will check with _____ and my advocate to see who would be able to let me stay with them or lend me some money.
- F)** If I plan to leave, I won't tell my abuser in advance face-to-face, but I will leave a note or call from a safe place.
-

STEP 3: SAFETY IN MY OWN RESIDENCE

*Some of these things can be paid for by Victim of Crime Dollars for more info: www.ncjrs.gov/ovc_archives/factsheets/cvfvca.htm

Safety measures I can use include:

- A)** I can change the locks on my doors and windows as soon as possible.
- B)** I can replace wooden doors with steel/metal doors.
- C)** I can install additional locks, window bars, poles to wedge against doors, and electronic systems etc.
- D)** I can install motion lights outside.
- E)** I will teach my children how to make a collect call to me if my _____ partner takes the children.
- F)** I will tell people who take care of my children that my partner is not permitted to pick up my children.
- G)** I can inform _____ (neighbor) that my partner no longer resides with me and they should call the police if he is observed near my residence.
-

STEP 4: SAFETY WITH A PROTECTION ORDER

The following are steps that help the enforcement of my protection order.

- A)** Always carry a certified copy with me and keep a photocopy.
- B)** I will give my protection order to police departments in the community where I work and live.
- C)** I can get my protection order to specify and describe all guns my partner may own and authorize a search for removal.

NEXT STEP: INSTRUCTIONS

Legal Considerations

Domestic Violence is a crime and **you have the right to legal intervention**. You should consider calling the police for assistance.

You may also **obtain a court order prohibiting your partner** from contacting you in any way (including in person or by phone).

Contact a local DV program or an attorney for more information.

If you have injuries, **ask a doctor or nurse** to take photos of your injuries to become part of your medical record.

RELATIONSHIP ASSESSMENT TOOL

Date: _____

This is a self-administered tool for clients to fill out.

If the client was unable to complete this tool today, was it because other people were present in the home? *Circle One:* **Yes No**

Other reason for not using tool today:

(Note to home visitor: Please modify this script based on your state laws. This is just a sample script.)

"Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, INS (Homeland Security) or law enforcement. There are just two things that I would have to report- if you are suicidal, or your children are being harmed. The rest stays between us and helps me better understand how I can help you and the baby." We ask all our clients to complete this form. For every question below, please look at the scale and select the number (1-6) that best reflects how you feel.

1

Disagree
Strongly

2

Disagree
Somewhat

3

Disagree
a Little

4

Agree
a Little

5

Agree
Somewhat

6

Agree
Strongly

- 1) He makes me feel unsafe even in my own home ____
- 2) I feel ashamed of the things he does to me ____
- 3) I try not to rock the boat because I am afraid of what he might do ____
- 4) I feel like I am programmed to react a certain way to him ____
- 5) I feel like he keeps me prisoner ____
- 6) He makes me feel like I have no control over my life, no power, no protection ____
- 7) I hide the truth from others because I am afraid not to ____
- 8) I feel owned and controlled by him ____
- 9) He can scare me without laying a hand on me ____
- 10) He has a look that goes straight through me and terrifies me ____

Thank you for completing this survey.

Please give it back to your home visitor so they can complete the second page.

Adapted from: Smith, P.H., Earp, J.A., and DeVellis, R. (1995). Measuring battering: development of the Women's Experience with Battering (WEB) Scale. *Women's Health: Research on Gender, Behavior, and Policy*, 1(4), 273-288.

RELATIONSHIP ASSESSMENT TOOL (CONTINUED)

Home visitors complete the next section:

1) What referrals and information were given to the client this session?

*(Please note, **ALL** clients should have been given the Healthy Moms, Happy Babies safety card)*

(Please check all that apply)

- Social Worker/Counselor
- Domestic Violence Hotline
- Local Domestic Violence Advocate/Program
- Healthy Moms, Happy Babies Safety Card
- Other *(please specify)*: _____

2) Did you offer safety planning? *(This should happen for any score of 20 points or higher on the Relationship Assessment Tool)*

(Please check all that apply)

- Reviewed Safety Planning panel on Healthy Moms, Happy Babies card
- Provided the Safety Plan and Instructions tool to my client
- Provided domestic violence hotline numbers
- Referred to domestic violence advocate for additional safety planning
- Other *(please specify)*: _____

RESOURCES

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

Visit: www.FuturesWithoutViolence.org/health

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

1(800) 595-4889 TTY

Email: health@FuturesWithoutViolence.org

Arizona Coalition to End Sexual and Domestic Violence

Visit: www.acesdv.org

Call: **1(800) 782-6400**

Email: info@acesdv.org

Strong Families AZ

Visit: www.strongfamiliesaz.com

AZ Department of Health Services

Visit: www.azdhs.gov

National Domestic Violence Hotline

Call: **1(800) 799-SAFE**

Child Abuse Reporting Hotline

Call: **1(800) 4-A-CHILD**

Services Access for Domestic Violence Victims (SAF-DV)

To contact your local DV shelter call: **844 SAFEDVS**

(723-3387)