



Online Newsletter for Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Grantees  
Prepared by the FRIENDS NRCCBCAP



## In the Spotlight: Preventing and Addressing Domestic Violence in EBHV Programs

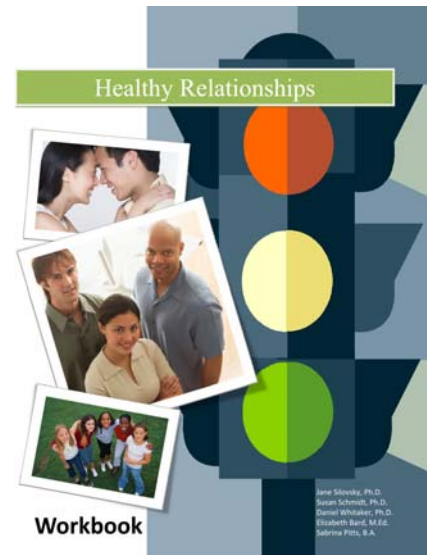
This edition's Spotlight article contains information from three EBHV grantees: University of Oklahoma Health Sciences Center, Illinois Department of Human Services, and Colorado Judicial Department.

### University of Oklahoma Health Sciences Center

Intimate Partner Violence (IPV) and child abuse are often intertwined in families. IPV has been found in about a third of families with substantiated child abuse reports (cited in Findlater & Kelly, 1999). Families served by our Safe Families (SafeCare®) program in Oklahoma City have reported extraordinarily high levels of violence in the home and community. In our earlier research, 43% of the primary caregivers reported being assaulted, 27% injured, and 37% reported sexual coercion by their partner in the last year.

Conflicts between the caregivers and other adults are frequent and interfered with residential stability, financial stability, and parenting. Further, the families are often living in violent communities.

Based on these findings, for our EBHV grant we proposed augmenting SafeCare® by developing a module based on other evidence-based models to promote non-violent interactions and conflict resolution skills, and implementing adaptations for receptivity and cultural congruency for the Oklahoma Latino communities. Two programs supported by



research were identified with contrasting strengths for adaptation to develop a module readily

*continued on page 2*

### Inside This Issue...

- In the Spotlight
- FPO Corner
- Family Focus
- FRIENDS National Resource Center's Focus
- Resources

### Upcoming Events

- October
- 10/12 EBHV Peer Learning Call: Annie E. Casey Foundation's Making Connections Initiative
  - 10/31 Semiannual Reports Due

### FPO Corner: A Federal Update

Dear Grantees,

It was wonderful to see many of you during the Grantees' Meeting and Network for Action Meeting this past June. We greatly enjoyed spending time and meeting with you over the three days, and we hope that you found it to be a productive and enriching experience. As you heard during the meeting, the work of the Network for Action is ongoing, and did not end at the conclusion of the meeting in June. We hope that you will continue the conversations that began during your time at the meetings, and will act on those ideas that may have come to mind during the sessions that you attended. To continue your involvement in the Network for Action, we encourage you to join the Network for Action social networking site. This site was

*continued on page 2*

continued from page 1

## In the Spotlight: Preventing and Addressing Domestic Violence

integrated in SafeCare®: David Wolfe's Youth Relationship Project (Wolfe et al., 1996, 2003) and Scott Stanley's Within My Reach ([www.withinmyreach.com](http://www.withinmyreach.com)). After selecting these curricula, a committee of home visitation supervisors (familiar with Safe Care and targeted families), domestic violence experts, and SafeCare® experts was formed to develop a brief focused intervention to be readily integrated into SafeCare®. Providers were later trained and curriculum changes were added based on feedback from the trainees.

*Healthy Relationships* is delivered in three parts. The initial part of *Healthy*

*Relationships* educates parents on qualities of healthy relationships and fosters active decision-making regarding personal relationships. The second part assesses for conflict and violence in the parent's relationships (with partner and others). Education about IPV and the effects of violence and trauma on children are discussed, and safety planning is initiated, if needed. Finally, the last part focuses on healthy communication skills. Several techniques are taught such as the speaker-listener, how to take a break from an argument, and how to effectively problem solve. The *Healthy Relationships* curriculum was

developed to help parents improve the quality of their relationships with a wide range of adults. Our hope is that this curriculum will not only lead to positive modeling for children, but will also improve family stability by reducing conflict and improving communication in all areas of the parent's life.

*This article was submitted by Elizabeth Bard, Jane Silovsky, Susan Schmidt, and Sabrina Pitts of the University of Oklahoma Health Sciences Center, and Dan Whitaker of the National SafeCare Training and Research Center, Georgia State University.*

continued on page 3

continued from page 1

## FPO Corner: A Federal Update

developed by the FRIENDS National Resource Center, and allows for ongoing collaboration on Strategic Projects and State and local plans, as well as continuing the conversations and connections between Network for Action members. To join the social networking site, please visit: <http://networkforaction.ning.com/>.

Participants at the EBHV Grantees Meeting were asked to complete evaluation forms at the conclusion of the day to reflect on each of the sessions in which they had participated. Forty-nine attendees completed evaluation forms, and we would like to present you with a brief summary of the findings. Overall, the meetings proved to be useful and meaningful for participants. Evaluation findings indicated that the majority of participants reported increased knowledge and understanding of how parent engagement can affect program design and program outcomes.

In addition, the majority of participants indicated that the sessions presented on cost analysis led to increased understanding of cost analysis as a whole, in addition to the ways in which cost analysis is being applied to the EBHV cross-site evaluation. The majority of participants also agreed to some degree that afternoon presentations led to increased understanding of findings about EBHV fidelity, increased knowledge and understanding of the EBHV Publications Policy, and increased preparation to anticipate and respond to changes in the EBHV environment. We would like to thank everyone that participated in the meeting and provided their input through the evaluation!

As you may already be aware, October is Domestic Violence Awareness Month. As such, you will see articles throughout this edition of the newsletter that highlight issues surrounding domestic violence prevention and services with regard to EBHV. We hope that you will take time to explore the information and resources

that are provided, and that you will find a way to observe this important month within each of your agencies. Children's Bureau staff are currently collaborating with staff in the Family and Youth Services Bureau and Futures Without Violence to develop an upcoming webinar regarding strategies for addressing domestic violence in the home visiting context. This promises to be a very helpful and informative event. Additional information on this webinar will be distributed to you as it becomes available.

As always, please contact your FPO if you have any questions or are in need of any information or resources. Many thanks for your continued dedication to your EBHV programs and the families that you serve.

Melissa Brodowski,  
Charisse Johnson, Lauren Kass,  
and Jean Nussbaum  
Federal Project Officers



continued from page 2

## In The Spotlight: Preventing and Addressing Domestic Violence

### Illinois Department of Human Services

Home visitation is about helping families during the optimum time when an infant or young child should feel safe and secure in a stable environment. The natural ability for young mothers and fathers to care for their children is placed at great risk when an environment of violence or abuse is present in a home. If the surroundings feel dangerous, children pay the price, especially in the areas of social, emotional, and cognitive development. Home visitors who suspect, or actually discover, that domestic violence is an issue for a family may feel overwhelmed and under-prepared for what they should do next.

Illinois' Supporting Evidence Based Home Visiting (EBHV) grant is being used to enhance the infrastructure of the State's home visiting programs, and is improving home visitors' capacity to serve at-risk families. Staff from across the State have been offered the "Strategies for Identification and Getting Help" training on the issue of domestic violence. This training, delivered by the Illinois Birth to Three Institute, provided a forum for home visitors to examine the dynamics of families dealing with abuse and the role of the home visitor in assisting them in accessing help. The training included information on: definitions of domestic violence, including physical abuse, emotional abuse, and sexual exploitation; the underlying causes and symptoms of these serious issues; and strategies for responding to victims effectively and in a supportive manner.

Illinois' EBHV local evaluation includes an analysis of data related to the impact of training on home visitors' service delivery. Home visitors who attended the domestic violence training were tested prior to and immediately following the

workshop, and a third survey will be sent to home visitors three months following the training to determine its effect on service delivery.

*This article was submitted by Andrea Palmer of the Illinois Department of Human Services, and Bill Palmer of the Ounce of Prevention Fund.*

### Colorado Judicial Department

The Denver At-home Intervention Service Initiative (DAISI) project integrates EBHV with prevention, early intervention, and treatment efforts for families who are involved with the criminal justice system and have a known history of substance abuse and mental health issues. The project's approach includes a focus on identifying symptoms of violence and proactively addressing potential episodes of future violence. To this end, in addition to the SafeCare model, DAISI utilizes the Law Enforcement Advocate (LEA) program.

The LEA program is a unique partnership with the Denver Police Department that targets the development and maintenance of positive relationships with families and advocacy for families, while concurrently enhancing accountability and public safety through extensive outreach. LEAs are off-duty police officers

trained in strength based interventions, including Stages of Change and motivational interviewing. The LEAs perform home- or community-based visits with clients both through scheduled appointments as well as unscheduled "drop-in" visits that may occur in the evenings or on weekends. In addition to advocacy (i.e., mentoring, role modeling, and development of positive relationships) the officers also provide client accountability (i.e., curfew checks, welfare checks, drug testing, etc). LEAs have specific expertise in identifying intimate partner violence in the home, and project staff have considerable experience educating parents about the impact of violence on children. The LEA program has shown great promise in reducing family conflict/domestic violence and increasing client social support and accountability.

LEAs work closely with DAISI project staff, and a team approach is taken to provide services related to any form of violence when identified. A significant part of this approach includes a focus on safe and stable housing. DAISI works with the family and collaborating professionals to assist in obtaining and maintaining stable housing. Through partnerships with two community-based agencies,

*continued on page 4*



DAISI staff with program participants and Law Enforcement Advocates



continued from page 3

## In The Spotlight: Preventing and Addressing Domestic Violence

DAISI is able to offer housing options to all clients, specifically those living in unsafe environments where there is an instance or threat of domestic violence. Through the combined efforts of the LEAs, project staff, and community agencies, DAISI strives to prevent violence in any form and ensure the safety and well-being of project families.

*This article was submitted by Julie Madden Rodriguez and Lilas Rajae-Moore of Colorado Judicial Department.*

### References

Wolfe, D. A., Wekerle, C., Gough, R., Reitzel-Jaffe, D., Grasley, C. Pittman, A., Lefebvre, L., & Stumpf, J. (1996). *The Youth Relationships Manual: A Group Approach with Adolescents for the Prevention of Woman Abuse and the Promotion of Healthy Relationships*. Thousand Oaks: Sage Publications.

Wolfe, D. A., Wekerly, C., Scott, K, Straatman, A., Grasley, C., & Reitzel-Jaffe, D. (2003). Dating violence prevention with at-risk youth: A controlled outcome evaluation. *Journal of Consulting and Clinical Psychology*, 71, 279-291.



## Domestic Violence Resources —

### *Family Violence Prevention & Health Practice: An E-Journal of Futures Without Violence*

<http://endabuse.org/health/ejournal/>

The mission of this online journal is to improve the health, safety, and quality of care for survivors of family violence. Among its goals, the journal aims to examine the effects of family violence over the lifespan, promote and disseminate evidence-based research addressing the identification and management of family violence, and share information on service providers' experiences, strategies, and promising practices to address family violence over the lifespan. The current issue of this journal addresses home visitation as a prevention and intervention strategy to address domestic violence.

### *Realizing the Promise of Home Visitation: Addressing Domestic Violence and Child Maltreatment*

<http://www.safestartcenter.org/pdf/guide-home-visitation.pdf>

This issue brief is designed to help policy makers and advocates build a strong National policy framework to maximize the effectiveness and reach of early childhood home visiting programs. The document highlights the importance of providing domestic violence training for home visitors, the need for integrating domestic violence identification and assessment into standard service delivery, and potential strategies for engaging all family members in an effort to promote positive and healthy relationships.

### **New Resources on Domestic Violence for Home Visiting Programs**

<http://endabuse.org/health/ejournal/2011/04/new-resources-on-domestic-violence-for-home-visitation-programs/>

This webpage provides a link to various new resources that have been recently developed to support home visiting programs around the issues of domestic violence. Some of these resources have been developed through an Office on Women's Health funded initiative called *Project Connect*. Some of these resources include: free access to a curriculum on domestic violence for home visitors, home visitation safety cards, and a quality improvement/assessment tool.

### **Centers for Disease Control (CDC): Intimate Partner Violence Website**

<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>

This website provides a wealth of useful information regarding the work of the CDC around Intimate Partner Violence and Teen Dating Violence. Their work spans data sources, definitions, prevention strategies, risk and protective factors, research and intervention strategies.

### **National Resource Center on Child Protective Services (NRC-CPS): Domestic Violence – Best Practices & Policy**

<http://nrccps.org/special-initiatives/domestic-violence/>

This website provides an overview of the issues related to the co-occurrence of domestic violence and child abuse and neglect. In addition the site provides some examples of resources, specific efforts, and products that various States have developed to further their efforts in this area.

## Family Focus: Celebrating the Successes of EBHV Clients

This section of the EBHV Connector aims to highlight the successes of families served throughout EBHV programs. If you would like to submit a success story of a family that has been served by your EBHV program, please contact Lauren Kass at [Lauren.kass@acf.hhs.gov](mailto:Lauren.kass@acf.hhs.gov). This month's success story comes to us from Rhode Island KIDS COUNT's Nurse-Family Partnership program.

Diagnosed at a young age with schizoaffective disorder, "Jen" has struggled with voices constantly putting her down, medication changes, and side effects. Her behaviors have not always been the safest, nor have her choices in relationships been the best. She became involved with a man who emotionally and physically abused her, and before long, she found herself pregnant.

Jen, age 24, was referred to the new Rhode Island Nurse-Family Partnership® (NFP) Program by her therapist in September of 2010 at 20 weeks gestation. Jen knew she would need help and support with a new baby as she did not have a strong family support network. She looked forward to having someone to turn to with questions, concerns, and day-to-day challenges. She was assigned to Paula who is a registered nurse and has additional training in family counseling.

Paula worked closely with Jen to help monitor her mental status and medication throughout pregnancy along with providing parenting and pregnancy education according to the NFP model. Paula and Jen built a healthy and trusting relationship. With support from Paula and great collaboration from her medical and mental health providers, Jen successfully made it through pregnancy and delivered a healthy baby girl at term on February 1, 2011. Jen's boyfriend was incarcerated

prior to delivery, and so contact with the baby's father is limited.

After Jen and the baby came home from the hospital, Paula visited Jen weekly. Due to the trusting relationship built during pregnancy, Jen was able to verbalize her struggle with voices in her head telling her to harm the baby. Paula immediately intervened and was able to get Jen to the hospital. After a week of in-patient services, Jen's medications were stabilized and she came back home to live with her baby, mother, and uncle.

Paula continues to work with Jen so she can maintain positive relationships with family and friends, as well as take care of herself. Jen is working to recognize when situations are not safe for her baby or herself and to make decisions that foster stable, safe and nurturing environments for her family.

Jen's goal is to become a dental hygienist. She is now enrolled in school and is maintaining an 'A' average. Her daughter is in child care four days a week while she attends classes at a local technical school. The baby is thriving and is developmentally on target. Jen is currently looking for work to become more self-sufficient. With Nurse Paula's help, Jen has become a proactive, nurturing mother and looks forward to learning more about parenting and life skills at each NFP visit.

*This article was submitted by Leanne Barrett of Rhode Island KIDS COUNT, Petra Jackl and Maria Chionchio of Children's Friend and Service, and Renee Nogales of Nurse Family Partnership.*



Dr. David Olds with Rhode Island's Nurse-Family Partnership program staff at Children's Friend & Service.



## FRIENDS National Resource Center Focus:

# Working with Families Affected by Domestic Violence

The information included in the following article was compiled from a number of reports that can be found on the Futures Without Violence website.

Domestic violence is defined in clinical terms as the occurrence of physical, mental, sexual, or emotional abuse in an intimate relationship. It happens when one person uses abusive tactics to gain power and control over a partner or former partner.

In the United States, the prevalence of domestic, sexual, and dating violence is a pervasive problem that continues to cut across communities, regardless of socioeconomic status, age, religion, race, or educational levels. It has devastating effects on victims, children, families, and communities with lifelong impacts. Statistics indicate that 85% of domestic violence victims are women and that nearly one in four women have reported experiencing violence by a current or former spouse or boyfriend at some point in their life<sup>1</sup>.

We also know that when children witness violence between parents or caregivers, this is a risk factor for transmitting violent behavior from one generation to the next, and children exposed to domestic violence may suffer long-term behavioral, social, or emotional problems. Statistics indicate that child abuse/neglect and domestic violence are a co-occurring dynamic in families in 30-60% of cases<sup>2</sup>.

So how do we as policymakers, administrators, and practitioners provide policies and services to families affected by domestic violence? It is not an easy answer and requires specialized knowledge, skills, and training in order to ensure the safety, protection, and recovery of the non-offending parent and child. It is even more complex

when working with families participating in a home visitation program.

Home visitation programs are designed to provide young and/or at-risk families with resources and supports to garner the necessary skills to keep their families safe and healthy. It has also been proven as an evidence-based strategy for reducing child abuse and neglect. As a result of the amount of time that home visitors spend in the home with families participating in these programs, there is an increased likelihood that they will observe families at-risk or currently experiencing domestic violence and child abuse/neglect.

Currently, home visitation programs have not fully integrated domestic violence assessment and training into their programs, meaning that it is key for domestic violence agencies, communities, and States to work together to provide the needed resources, training, and assessments for these families. Research studies have found that if domestic violence is not addressed, families may not reap the benefits of the programs' intended outcomes, and that the programs could possibly exacerbate existing situations for families.

Despite all of these challenges, we are now seeing more policies, initiatives, and promising programs to support working with families facing domestic violence. The reauthorization of the Child Abuse and Prevention Treatment Act (CAPTA) of 2010 provides very specific language to address and support programs and training and technical assistance to States in working with families experiencing or having experienced domestic violence and child abuse. Also, several States have created

promising home visitation programs specifically to address outcomes related to mothers and children experiencing domestic violence. In addition to the creation of new policies, there are several things that States and local community-based organizations can do to support this work:

1. Provide more training and supervisory support for home visitors
2. Promote self-care and values clarification for staff
3. Engage men and fathers

For more information, please visit the Futures Without Violence website at <http://www.futureswithoutviolence.org>, and download their publication, *Realizing the Promise of Home Visitation: Addressing Domestic Violence and Child Maltreatment, A Guide for Policymakers*.

<sup>1</sup> Futures Without Violence. Retrieved August 26, 2011, from [http://www.futureswithoutviolence.org/content/action\\_center/detail/754](http://www.futureswithoutviolence.org/content/action_center/detail/754).

<sup>2</sup> Ibid.





## PREVENTING CHILD MALTREATMENT AND PROMOTING WELL-BEING: NETWORK FOR ACTION

JUNE 21-22, 2011 ■ ALEXANDRIA, VIRGINIA

On June 21-22, 2011 a network of 450 people with a common interest in the prevention of child maltreatment and the promotion of child and family well-being met in Alexandria, Virginia. Both the creation of the Network and the design of the Meeting were driven by three specific goals:

- Developing a Shared Vision –all parties contributed to a common vision for the future that imbues the work of each Network member with common purpose and enhances collaborative efforts at the federal, state and local levels. A vision video was created at the meeting and can be viewed at <http://www.friendsnrc.org/network-for-action/266-vision-video>
- Engaging in Shared Action – breaking traditional barriers to collaboration the meeting was designed to form teams and partnerships to advance one (or more) of several strategic projects, each designed to conform the future away from conditions of risk of child maltreatment and towards conditions promoting well-being. These projects of national significance will continue and information about them can be found at <http://www.friendsnrc.org/strategic-projects>
- Developing and strengthening networks of partners at the state and federal levels to sustain the Network for Action, and to begin a collaborative journey that is expected to go on for years to come. A social networking site was designed to continue the dialogue started at the meeting and to engage new members in the discussion. To become involved in this dynamic conversation join us at <http://networkforaction.ning.com/>

### Contact Information

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### About EBHV

In 2008, The Children's Bureau within the Administration for Children and Families at the U.S. Department of Health and Human Services funded 17 cooperative agreements to support the infrastructure needed for the widespread adoption, implementation and sustaining of evidence-based home visitation programs. Grantees are leveraging their grant funds with other funding sources to support the implementation of EBHV programs with fidelity, the scaling up of these high-fidelity home visiting models, and the sustainability of the models. Grantees are also conducting local implementation and outcome evaluations, along with economic evaluations. The program's overarching goal is to generate knowledge about the use of evidence-based home visiting programs to prevent child maltreatment, including obstacles and opportunities for their wider implementation. For additional information, please visit the EBHV website at <http://www.supportingebhv.org>.