

Specialized Approach: Home Visitation with Children and Families Exposed to Domestic Violence

Home visitation programs have demonstrated long term effects on maternal life course, prevention of child maltreatment, and reduction of children's criminal and antisocial behavior. However, these programs have not been as effective in households with high number of incidents of domestic violence. Furthermore, a common issue that has emerged in home visitation programs is the prevalence of domestic violence in high-risk families targeted and challenges of how to safely and systemically address domestic violence and child exposure to violence during home visits.

The Artemis Center in collaboration with the Bright Beginnings (Nurse Family Partnership) initiative in Dayton, Ohio are implementing one of the funded Safe Start Promising Approaches project. The goal of their project is to expand the capacity of the community to respond to the needs of young children and their mothers who witness or experience domestic violence.

Interventions

- *Training of Home Visitors.* Working with a community home visitation program, the Artemis Center for Alternatives to Domestic Violence provides ongoing training on domestic violence to nurse-family partnership nurses who perform home visits. Training is provided by a domestic violence specialist and a therapist. The trainings aims to build the nurses' capacity to identify, assess, and respond to the needs of young mothers of children from birth to 3 years of age who are at risk of or exposed to domestic violence.

The first trainings were basic information about domestic violence dynamics and intervention strategies with women who have partners that are violence and/or exert coercive control. Discussions focused on the many reasons that NFP families might remain with abusive partners as well as the process of change. These topics continue to emerge as central themes during case discussions between the domestic violence advocate, therapist and nurses.

Later trainings allowed for greater emphasis on domestic violence victims as parents and child exposure to domestic violence. A three-hour training regarding trauma exposure in infants and toddlers is ongoing, as is training by the therapist about symptoms of trauma exposure and possible therapy interventions.

- *Home visits.* The nurses place special emphasis on attaining and maintaining safety and advocacy, as well as on assessing the progress of both parent and child.
- *Case Management.* The program provides intensive case management in the home through a personal family advocate. This case management and advocacy emphasizes support, safety planning and linkages with community resources.

- *Child-Parent Psychotherapy.* In addition to the traditional home visiting services, the program offers weekly in-home dyadic therapy that focuses on the relationship between mother and child

Lessons Learned about Combining Nurse, Domestic Violence Advocate, and Therapist Visits

- *Relationship between the home visiting nurse and client.* The family violence advocate and therapist have found that the relationship between the visiting nurse and her clients has been both a huge advantage to establishing rapport as well as a challenge to gaining the trust of the nurses.
- *Effect of nurse's level of concern about Safe Start intervention with clients.* In those cases in which nurses have quickly seen advantages for their clients who are involved with Safe Start, those nurses make more referrals. This allows access by the Safe Start team to many other clients whose children have been exposed to domestic violence. For nurses who have close relationships with their clients and are concerned about Safe Start damaging those relationships through too frequent visits, child protection system referrals, and various other possibilities, referrals are fewer.
- *Building a collaborative relationship.* The family advocate and therapist have used various strategies to gain the trust and awareness of all the nurses. These include biweekly case discussions, periodic lunches with individual nurses, trainings with new nurses, requesting ride-alongs with certain nurses, and reporting progress to those nurses who have made referrals.

Issues Related to Families Served

- *Poverty, mental health and other unmet needs.* Due to poverty, ongoing domestic violence, drug use, child care, transportation and mental health (i.e. depression, anxiety, and post-traumatic stress disorder) many families experience problems meeting their basic needs and being nurturing parents.
- *Multigenerational patterns of behavior.* All of the families have unfinished issues going back to their family of origin that impede their ability to move forward with their lives as well as allow them to be the parent they would like to be.
- *Safety.* The majority, if not all, continue to experience domestic violence and/or community violence on a regular and consistent basis. This is inclusive of homicide, rampant drug use, and assault. Many of the children are visual witnesses to these events and all are auditory witnesses.

Issues faced by therapists

- *Termination:*
 - * Many clients have long term trust issues and once they have “let you in” they do not want that relationship to end.
 - * Compared to clients that come to an office, getting to the termination phase is much more convoluted and delicate. It takes a significantly longer period of time to earn the trust and rapport as well as the need for intensive case management prior to productive therapy occurring, thus delaying the termination phase.
 - * Sometimes clients who have completed their initial goals identify new goals as the process evolves. Although these goals are many times justified, it is important to plan for termination from the beginning. Therapy could be ongoing for the majority of my families but therapists and home visitors recognize the need to place boundaries.

Comments from front line workers

- This is definitely the most challenging job I have had in my 11 years of working as a therapist. It has also been the job where I have felt the most needed.
- I feel as though I have learned more in the last year about the needs of my community than any other time in my career.
- I have been able to see firsthand how economics can limit parenting. I have experienced conversations with mothers who contemplate prostitution in effort to pay their utilities.
- I have been able to witness firsthand how children react to domestic violence in their home and end up in the fetal position in their own living room.
- I now have a greater understanding for why some “difficult” clients do not enter therapy or see the need for therapy.
- I have gained a deeper understanding of how trauma affects the brain as well as developmental levels of a person.
- This job is very stressful and requires the individual to be consciously aware of self care regularly;
- This job forces me to practice patience, acceptance, and the art of being. As a result, I am and will continue to become a better worker, mother and woman.

**For more information, contact the Safe Start Center at info@safestartcenter.org or call 1-800-865-0965.
Visit the Safe Start Center Web site at <http://www.safestartcenter.org>.**

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