

DOVE
(Abuse Assessment Screen)

Domestic Partner Violence

- In the United States, 52% of all women have experienced some form of physical or sexual violence during their lifetime, from intimate partners as well as strangers (United States Department of Justice, 2001).
- Four main types:
 - Physical violence
 - Sexual violence
 - Threats of physical or sexual violence
 - Psychological/emotional violence

Domestic Partner Violence

- Most women will not voluntarily report incidents of domestic violence or intimate partner violence.
- Even when asked sensitively, many will hesitate to disclose being abused, due to fear of retribution, shame, concerns that their disclosure will lead to further negative repercussions, such as deportation for immigrants or the placement of their children in foster care.

Why is it important for home visitors to know about domestic violence?

Domestic Violence negatively impacts home visitation program outcomes

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

Women who talked about the abuse have been shown to be:

- 4 times more likely to use an intervention
- 2.6 times more likely to exit the abusive relationship

- McClosky et al, 2006

DOVE (A.A.S.) Assessment - Primary Female Caregiver

If participant answers "Yes" to any question, give participant a domestic violence safety plan and a referral to services within 2 weeks.

Date: _____ Staff: _____

Participant: _____

1. Within the last year, have you ever been hit, slapped, kicked, or otherwise physically hurt by someone?

- Yes No

2. Since you've been pregnant, have you been slapped, kicked, or otherwise physically hurt by someone?
If you have not been pregnant in the last year, choose "Not applicable."

- Yes No Not applicable

3. Within the last year, has anyone forced you to have sexual activities?

- Yes No

4. Are you afraid of your partner or anyone in the questions above?

- Yes No

DOVE (A.A.S.)

- Administration Timeframe
 - 4 months after enrollment
 - Then annually
- Establish rapport first!
- Comfort meter
 - Draw a comfort meter
 - On the left end of the meter is “not at all comfortable”
 - On the right end of the meter is “very comfortable”



Comfort meter

- Comfort levels within initiating conversations with mom about domestic violence
- Feelings of frustration and stress when working with clients experiencing domestic violence
- Concerns about personal safety when working in homes where domestic violence may escalate

Recognizing Domestic Violence: Red Flags

- Failure to keep appointments
- Nervous when interviewed about relationships
- Unable to conduct interview without partner present
- Unexplained injuries, especially during pregnancy
- Depression and anxiety

Discuss Concerns

- Recognize and watch for signs of domestic violence.
- If you believe you are observing such signs, bring these to the immediate attention of your supervisor and discuss these concerns at staff meetings.
- This is especially important in cases where children are involved because there are special considerations that need to be taken into account with regard to boundaries between intimate partner abuse and child maltreatment as well as with regard to important protective steps for battered women if child maltreatment must be reported.

Immediate Safety Protocol

- Discuss with your home visiting staff, specific protocol.
- Suggestion: If you have reason to believe that someone is in danger of immediate and serious harm due to partner violence, get to the nearest safe place, from which you can place an emergency call and then immediately call your supervisor for support.
- There are reporting laws regarding threats or reported threats of serious bodily harm and/or death to specific individuals and you should be prepared to call 911 and provide appropriate information if such a situation presents.

Follow up

After screening and assessment, several factors should be taken into consideration:

- Immediate safety
- Need for further assessment
- Need for medical intervention
- Need for psychological intervention
- Need for social service intervention
- Need for documentation and/or reporting

DOVE (A.A.S.) Follow Up - Primary Caregiver

Date: _____ Staff: _____

Participant: _____

1. Was a referral made?

- Yes No (explain in notes)

2. Was a domestic violence safety plan discussed completed or reviewed today?

- Yes No (explain in notes)

Notes:

Referral to Services – Primary Caregiver

Date: _____ Staff: _____

Participant: _____

1. Service Provider:

2. Reason for Referral:

- | | |
|---|---|
| <input type="radio"/> Charitable services (food bank, clothing, etc.) | <input type="radio"/> Crisis Intervention (domestic violence) |
| <input type="radio"/> Early Intervention | <input type="radio"/> Education |
| <input type="radio"/> Employment | <input type="radio"/> ESL |
| <input type="radio"/> Health Care | <input type="radio"/> Housing assistance |
| <input type="radio"/> Job training | <input type="radio"/> Mental health services |
| <input type="radio"/> Legal aid | <input type="radio"/> Substance abuse (prevention or treatment) |
| <input type="radio"/> Public Benefits | |

3. Referral Status:

- Referred

4. Referral Notes:

5. Updated Status:

Safety Plan

- Important phone numbers to keep
 - Police: 911
 - National toll free hotline for IPV: 1-800-799-SAFE
 - Local resources
- Escape plan
 - Create an escape route
 - Create an escape bag
 - Inform trusted others
 - Open own bank account

Personal safety strategies for home visitors

- Meet with the mom at the office if the situation does not feel safe
- Establish check-in times with the home office
- Park the front of your car pointed towards exit
- Observe and listen before entering a household
- Do not enter the household until you see the mom at the door
- Position yourself near the door/exit in the home
- Have emergency numbers programmed into your cell phone and set on auto-dial
- Wear comfortable clothes, no heels

Documentation of Concern Regarding Risk of Harm to Participant or Others

Whenever a concern arises during a session about possible risk of harm to a participant or others, this form must be completed and should be done so in consultation with your supervisor. You are responsible for obtaining your supervisor's signature. Retain a copy of this form in the file and provide a copy to your supervisor.

Date of Incident/Session: _____ Time: _____

Session type: _____

Location of Session: _____

Name of Person who may be at risk for harm: _____

Name of Coach/Assessor: _____

Anyone else present during the session (besides participant)?:

1) Describe in as much specific detail as possible, what statements, behaviors, or assessment responses led to your concern about this person's ability to keep her/himself or others safe:

2) Please describe in as much detail as possible how you followed up on your concern and how the individual responded:

Consent to Share Information

Consent to Share Information

I give my permission for information related to me and my child to be shared between the staff of Children's Agency research program _____
Name of Project

and:
Name:

Agency: _____

Address: _____

Phone: _____

Specifically, the type of information to be shared would pertain to my involvement in the project, including:

- Resource and referral needs: _____
- Observations that my home visitor has been able to make of me and my family during visits
- Any positive changes that my home visitor has observed in me since I began to participate in this project
- Other: _____

This permission shall be in effect until I graduate from the study, unless I ask for information-sharing to stop, which I have the right to do at any time. Every effort will be made to share information when I am present. However, regardless of this form, in any case where there is concern about serious harm to me or my child, I understand that information about those concerns will be shared with the appropriate agency as required by state law.

PRINT PARENT'S NAME

DATE

PARENT'S SIGNATURE

CHILD'S NAME

Staff Member Signature

DATE