

# DOVE



## DOVE

*Domestic Violence Enhanced (DOVE)  
Perinatal Nurse Home Visiting Program*

# Information Packet

## **DOVE**

### ***Domestic Violence Enhanced (DOVE) Perinatal Nurse Home Visiting Program***

## **ABSTRACT**

The DOVE Program is based on research findings from two NIH funded projects: Domestic Violence Enhanced Home Visitation [National Institute of Nursing Research (NINR)/NIH Grant # R01 NR0090930] and Perinatal Nurse Home Visiting Enhanced with mHealth Technology [National Institute of Child and Human Development (NICHD)/NIH Grant # R01 HD071771]. The DOVE studies established the DOVE intervention as an evidenced based screening and intervention program for pregnant women experiencing intimate partner violence (IPV). The evidenced -based DOVE screening and intervention strategies can now be used by home visitors working in health departments and other perinatal home visiting programs. The DOVE program has been shown to reduce IPV and improve maternal and infant health outcomes.

## Study Team

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# DOVE PROGRAM

**“PERINATAL NURSE HOME VISITING USING mHEALTH TECHNOLOGY”**

*Partnering with Home Visitors to Keep Families Safe.  
Improving Screening and Intervention in Domestic Violence.*

## **WHAT IS THE DOVE PROGRAM?**

DOVE is an intervention program for perinatal home visitors that uses research-based findings to improve screening and intervening for Domestic Violence (also called Intimate Partner Violence or IPV) during perinatal home visitations.

## **WHO SPONSORED THE DOVE PROGRAM?**

The DOVE research studies were multi-year, randomized RO1 projects funded by the National Institute of Nursing Research and the National Institute of Child Health and Development/ National Institute of Health. The Universities of Missouri, Virginia and Johns Hopkins University collaborated on the studies. The JHU School of Nursing Principal Investigator is Phyllis Sharps, RN, PhD, FAAN, Professor Emerita and Dr. Linda Bullock, PhD, RN, FAAN, Professor Emerita University of Virginia, and University of Missouri.

*Please use these materials from the DOVE Program  
to help the families you serve*

## **WHY WAS THE DOVE PROGRAM DEVELOPED?**

Intimate partner violence has a significant impact on families—especially on the development, health, and safety of vulnerable children. Perinatal home visiting provides a unique opportunity to improve family health outcomes by screening for IPV. The DOVE program aimed to develop the most reliable, accurate and sensitive methods for delivering critical IPV screening and intervention.

## **WHERE WAS THE DOVE PROGRAM CONDUCTED?**

The DOVE Program was conducted at multiple sites across Virginia, Baltimore, Maryland, and Missouri.

## **WHY USE THE DOVE PROGRAM AT YOUR SITE?**

### **Benefits of study participation include:**

- Improving maternal and child safety and health by using an evidence based IPV screening and intervention
- Free training, technical assistance, and materials available upon request
- Providing home visitors with additional IPV resources and support-at no cost to the site
- Enhancing client communication and services through simple screening and documentation (for sites applying for/receiving MIECHV funding, documents help meet funding benchmarks).

## **DOVE HELP US THE FAMILIES YOU SERVE**

Home Visitors make a difference in the lives of countless families every day. The DOVE intervention can contribute even more to the health and safety of the families you serve

## **PLEASE CONTACT US FOR MORE INFORMATION:**

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***Thanks to all of the sites who participated in the DOVE studies.  
We couldn't have developed these materials without you!***

# SCREENING

## DOVE PROGRAM

# SCREENING (Step 1)

### ALL PARTICIPANTS

- **All participants should be screened for IPV.**
- The **AAS** and **WEB** are the evidence-based screening tools used
- All participants should be **screened at every home visit or per your agency protocol.**
- If at anytime a participant **screens positive** for IPV **start the DOVE intervention.**
- A positive screen is based on **EITHER** a positive AAS or positive WEB (both do not have to be positive – as long as one has a positive result, she is considered IPV+)
- **“Scoring”** of screens is listed clearly at the top of the paper forms.

### DOVE SCREENING

- Screening is done on **paper** (*sample form attached*)
- Both the AAS and WEB are used for all screens– **paper forms used**
- “Scoring” **shown at top of form(s)**
- INTERVENTION is done via **paper brochure information reviewed by home visitor and participant.** Home visitor and participant discuss safety plan and local resources.  
*(detailed information follows in the “Intervention” subsection)*

# DOVE: Abuse Assessment Screen (AAS)

If client answers “Yes” to question 2, 3, 4, 5 or 6 on AAS; and/or WEB Score  $\geq$  20, client is **POSITIVE** for abuse and eligible for the DOVE intervention.

Date assessment: \_\_\_\_\_ Woman’s Name & Client# \_\_\_\_\_

YES     NO    **1.** Have you ever been physically abused by your partner, ex-partner, or the father of the baby?

**Who?** \_\_\_\_\_

YES     NO    **2.** IN THE PAST 12 MONTHS BEFORE THIS PREGNANCY, were you pushed, grabbed, shoved, slapped, hit, kicked or otherwise physically hurt by your partner, ex-partner or the father of the baby?

**Who?** \_\_\_\_\_

YES     NO    **3.** SINCE THE PREGNANCY BEGAN have you ever been pushed, grabbed, shoved, slapped, hit, kicked or otherwise physically hurt by your partner, ex-partner or father of the baby?

**Who?** \_\_\_\_\_

YES     NO    **4.** IN THE PAST 12 MONTHS BEFORE THIS PREGNANCY, did your partner, ex-partner or father of the baby force you into sexual activities?

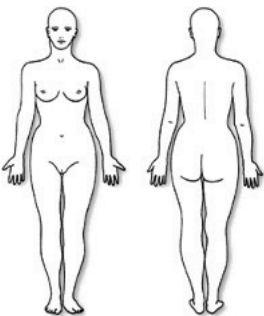
**Who?** \_\_\_\_\_

YES     NO    **5.** SINCE THE PREGNANCY BEGAN, has your partner, ex -partner or father of the baby forced you into sexual activities?

**Who?** \_\_\_\_\_

YES     NO    **6.** Are you afraid of your partner, ex-partner or father of the baby?

**Who?** \_\_\_\_\_



**If eligible, (yes to 2, 3, 4, 5, 6) please elaborate on who and when in your notes**

Adapted from Helton & McFarlane, 1986



# Women's Experience with Battering (WEB) Scale

Home Visitor: \_\_\_\_\_

Date: \_\_\_\_\_ Woman's Name & Client# \_\_\_\_\_

1	2	3	4	5	6
Disagree Strongly	Disagree Somewhat	Disagree a Little	Agree a Little	Agree Somewhat	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 ..... \_\_\_\_\_

**SCORE** \_\_\_\_\_  
**20 or > eligible**

**Adapted from**

Smith, P.H., Earp, J. A., & DeVellis, R. (1995). Development and validation of the Women's Experience with Battering (WEB) Scale. Women's Health, 1, 273-288.

Rev. 8/30/07

# INTERVENTION

## DOVE PROGRAM

## INTERVENTION (Step 2)

## ALL PARTICIPANTS

- Any participant who **screens IPV+** (per AAS and/or WEB screen) moves to the **Intervention (Step 2)**.
- **An intervention is done between the home visitor and the participant.** Opening the door to communication and providing information about IPV, safety planning, and community resources is the main objective.
- Interventions should be done at **each home visit**.
- Home visitors use their **judgment and participants situation and needs**.
- Interventions are done 6 times, **approximately once/month**.
- After each Intervention, the **HV completes a short checklist** (sample follows). This Intervention Documentation Form provides home visitors with a **brief outline of suggested topics to cover**, as well as a simple way to **document completion**.
- We realize that **many factors can impact an intervention** (time constraints, presence of abusive partner, mother or baby health issues, etc.) Home visitors are provided with a full set of intervention materials which can help educate, support and keep clients safe. **The needs of the client should guide the interventions**, especially after the first “introduction” intervention.

## DOVE PROGRAM

## DOVE INTERVENTION

## STEPS &amp; RESOURCES

- **Brochure:** Home Visitor shares **DOVE brochure** with client. Generally (especially for a first intervention) it is best for the home visitor to walk the client through the information contained in the brochure. Depending on what is relevant to HER situation, the client and the HV may choose to focus on certain information.
- **Danger Assessment:** A Danger Assessment gives the HV and the client a **sense of the danger a woman may be in due to her life circumstances**. Page 3 of the DOVE brochure (“**Increased Danger**”) lists many factors which have been shown to elevate a woman’s danger level. Reviewing this list, and noting which items are checked, can assist a HV and client with safety planning.
- **Safety Plan:** After the brochure is reviewed with the client, the Home Visitor offers to help **develop a safety plan**. Making a safety plan depends on the circumstances and needs of the client, and can cover a wide range of options. Page 5 of the DOVE brochure (“**Safety Plan**”) gives examples and suggestions for safety planning.
- **Intervention Checklist:** The DOVE program provides a brief **checklist** for the HV to make notes after each intervention is completed. This is meant to be a brief summary of topics to cover as well as a simple way to document completion. Sample forms are attached.

## GENERAL INTERVENTION REMINDERS

- **Follow the lead and needs of your client** as you introduce and complete an intervention.
- We suggest HVs “**check in**” with their client’s circumstances and needs before starting an intervention. For example, you may want to ask if there is any change in her relationship since you saw her last, if she’s concerned about her safety, if there’s anything in particular she’d like help with, etc. (For specific suggestions/strategies for positive communication, please see the section “**Talking About IPV**” in this Training Manual).
- Don’t leave behind materials without the **woman’s express permission**. This could pose a safety threat if found by an abuser.

**If you are abused or worried about being abused, find someone you can talk to.**

**Keeping the abuse a secret only protects the abuser.**

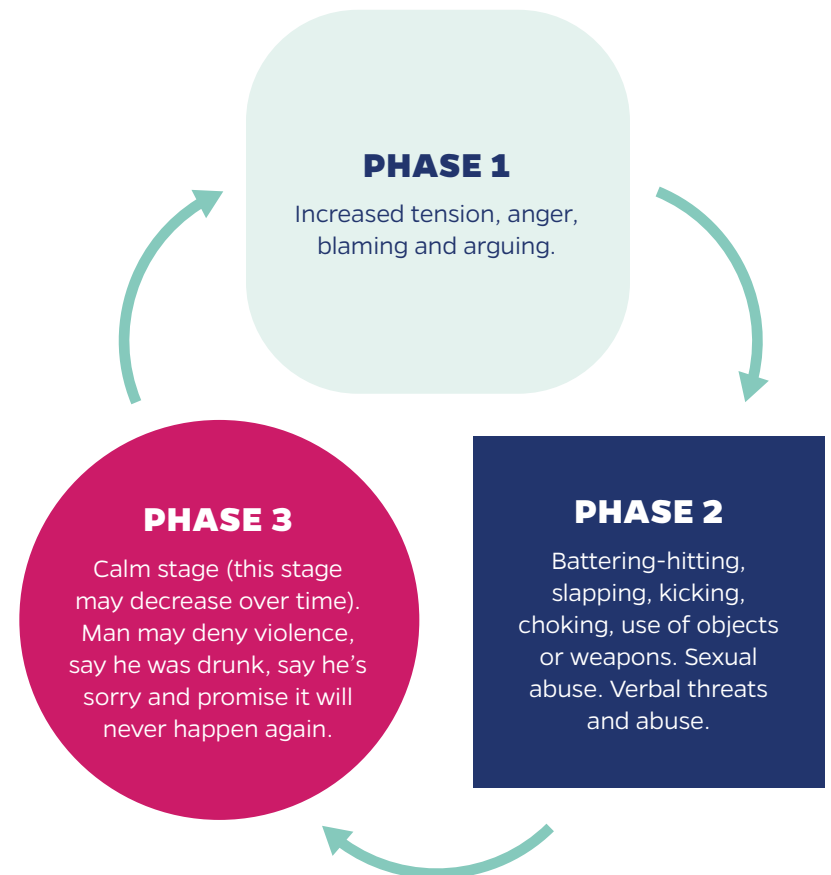
## **National Domestic Violence Hotline**

1-800-799-SAFE (7233)

NIH Grant # R01 NR009093  
NIH Grant # R01 HD071771  
IRB Grant # NA 00051481

# DOVE

## **Are You in a Cycle of Abuse?**





# Abuse and Pregnancy Outcomes



## ABUSE AND PREGNANCY

- Abuse can happen **during pregnancy**
- Abuse may **start for the first time** during pregnancy
- **1 in 10 women** are abused (hit, kicked) during pregnancy
- Most women don't know that abuse during pregnancy **happens to other women**



## OUTCOMES

### WHAT CAN HAPPEN TO YOUR BABY

- Your baby may be born **too early**
- Your baby may **not weigh enough** at birth



### WHAT CAN HAPPEN TO YOUR CHILDREN

- **Children who witness violence** may develop **physical or emotional problems** or have **trouble at school**.
- **Children may be hurt** if they accidentally get in the way or try to protect their mother. This problem gets **worse as the child gets older**.



### WHAT CAN HAPPEN TO YOU

- You may feel **sad and blue** (*depressed*)
- You may feel **anxious and upset** (*nervous*)
- You may feel **alone and lonely** (*isolated*)
- You may feel **worthless** (*low self-confidence/self-esteem*)
- You may **smoke** more, **drink** more, or **use drugs**

**No one deserves to be hurt!**

# Increased Danger

*Abuse of women is common.*



**Women who have experienced abuse need to know that any of the following means their situation is becoming more dangerous:**

- Abuse happens **more often** or is getting **rougher**
- Abuser **owns a gun**
- You **left/broke up** with abuser during past year
- Abuser is **unemployed**
- Abuser has **used a weapon on you** or **threatened you with a weapon**
- Abuser **threatens to kill you**
- Abuser has been **arrested for domestic violence**
- There is a child in the home that is **your child but not his**
- Abuser **forces sex**
- Abuser **tries to choke you**
- Abuser **uses drugs** such as crack, speed, or meth
- Abuser is an **alcoholic** or **problem drinker**
- Abuser **controls** most or all of **your activities**
- Abuser is **extremely jealous, suspicious, or possessive**
- Abuser **hits you** while you are **pregnant**
- Abuser **threatens to kill himself**
- Abuser **threatens to harm the children**
- You believe **he might kill you**
- Abuser **spies on you, follows you, destroys your property** or otherwise **stalks you**
- Have you ever **threatened or tried to commit suicide?**

# Options

Every woman has choices.



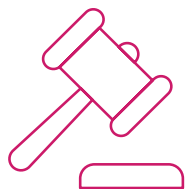
## STAY WITH THE ABUSER

- Make a safety plan
- Call police if abused
- Attend battered women's support group/ intervention group
- Talk to domestic violence advocate
- Get him into drug or alcohol treatment



## FILE CRIMINAL CHARGES

- Call the police
- Sends a message to the abuser that abuse will no longer be tolerated
- Police may arrest on the scene or after you file a warrant with local magistrate
- After arrest, abuser may be jailed, but more likely will be released on bond
- Released on bond is contingent on abuser's good behavior



## PROTECTIVE ORDERS

- May prohibit further violent contact, or may remove abuser from home
- File with Juvenile and Domestic Relations court Intake officer
- If order is violated, you must contact court
- Your local shelter can help you with this process
- If abuser is removed, change all door locks
- Make a safety plan



## LEAVE THE ABUSER

- Go to a Battered Women's Shelter
- Other safe place (motel or with relatives or friends)

# Safety Plan

TRY TO DO THE FOLLOWING:



Hide money



Hide extra set of house and car keys



Establish code with family and friends



Ask neighbor to call police if violence begins



Remove weapons



Hide bag with extra clothes



Talk to the children

## HAVE AVAILABLE:

- ✓ Social security numbers (His, yours, children)
- ✓ Rent and utility receipts
- ✓ Birth certificates (Yours and children)
- ✓ Bank account numbers
- ✓ Insurance policies and numbers
- ✓ Marriage license
- ✓ Valuable jewelry
- ✓ Important telephone numbers

# Personal Safety Strategies

<b>STRATEGY</b>	<b>DATE</b> _____
<b>STRATEGY</b>	<b>DATE</b> _____
<b>STRATEGY</b>	<b>DATE</b> _____
<b>STRATEGY</b>	<b>DATE</b> _____
<b>STRATEGY</b>	<b>DATE</b> _____
<b>STRATEGY</b>	<b>DATE</b> _____
<b>STRATEGY</b>	<b>DATE</b> _____
<b>STRATEGY</b>	<b>DATE</b> _____

# Resources Available

**EMERGENCY 911**

**CRISIS LINE/SHELTERS**

**COUNSELING SERVICES**

**LEGAL SERVICES**

# DOVE INTERVENTION: HOME VISITOR WORKSHEET

SESSION #	#1	#2	#3	#4	#5	#6
Date of Session (MM/DD/YY)						
Weeks Pregnant/Postpartum						
Minutes Spent on Intervention						

## A. DISCUSS CYCLE OF VIOLENCE (COVER PAGE OF BROCHURE)

1.	Tension Building Phase					
2.	Battering Incident Phase					
3.	Honeymoon Phase					

## B. ASSESS ABUSE STATUS

1.	Assess for Current Abuse					
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## C. ASSESS DANGEROUSNESS (PAGE 3)

1.	Review risk factors					
2.	Note risk factors described					

## D. DISCUSS OPTIONS (PAGE 4)

1.	Review Options: <ul style="list-style-type: none"> <li>• <i>Staying</i></li> <li>• <i>Protective/Peace Orders</i></li> <li>• <i>Leaving</i></li> </ul>					
2.	Support options she selects					

## E. DEVELOPING PERSONAL PLAN (PAGES 5-6)

1.	Select strategies					
2.	Brainstorm and add her suggestion					
3.	Discuss gun safety strategies, or other weapons					

SESSION #	#1	#2	#3	#4	#5	#6
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**F. REVIEW SAFETY NUMBERS (PAGE 7)**

1.	Review local numbers						
2.	Update woman's contact information						

**G. CONCLUDE IPV INTERVENTION (PAGE 8)**

1.	Give encouraging message						
2.	Determine if safe to leave brochure						
3.	Leave Brochure						