

Empowering Home Visitors: Recognizing, Screening for, and Responding to Domestic Violence



mocadsv
Missouri Coalition Against
Domestic and Sexual Violence

Empowering Home Visitors

Recognizing, Screening for, and
Responding to Domestic Violence



Summer 2026



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Meet the Presenters



Sammie Jurado
Community Engagement
Director
sjurado@mocadsv.org



Ashlea Whaley
External Relations
Director
awhaley@mocadsv.org



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MOCADSV unites Missourians with a shared value that rape and abuse must end, and advances this through education, alliance, research, and public policy.

MOCADSV empowers people to help prevent and end rape and abuse in Missouri.



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Objectives



- 1 Understand the core dynamics of domestic violence
- 2 Confidently and safely screen for domestic violence
- 3 Respond appropriately to disclosures or suspected abuse
- 4 Apply trauma-informed and survivor-centered approaches to home visiting
- 5 Navigate reporting obligations while prioritizing safety



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Group Agreements



- Respect confidentiality
- Participate at your comfort level
- Assume good intent while remaining accountable
- Take care of yourself
- Respect different perspectives and experiences



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Section 1: Foundations of Domestic Violence

- Define domestic violence and related forms of abuse
- Understand power and control dynamics
- Identify myths and realities about domestic violence



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Reflection Activity: Initial Reflection

Instructions:

Go to the "Initial Reflection" page in your workbook
and answer the journal prompts.

Work independently for 2 minutes
Share thoughts with the large group



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MYTH:

Domestic violence is only physical

REALITY:

Emotional, psychological, verbal, sexual,
spiritual, financial, and technological abuse are
all considered domestic violence, and all can be
devastating and debilitating for survivors.



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What is Domestic Violence?

DEFINITION

Domestic violence is a pattern of assaultive and coercive behaviors that adults or adolescents use against their current or former intimate partners. - *MOCADSV DV101*

WHAT DOES THIS LOOK LIKE?

- Domestic violence is ongoing and intentional - not a one-time incident
- It can be physical, emotional, sexual, or financial
- It often increases in frequency and severity over time
- It is rooted in power and control



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The Many Faces of Abuse



PHYSICAL	EMOTIONAL/ MENTAL	SEXUAL	FINANCIAL
• Hitting, pushing, restraining • Strangulation or threats with weapons • Denying medical care	• Name-calling and humiliation • Gaslighting and manipulation • Isolation from family and friends	• Forced or violent sex • Pressure or threats related to sex • Control over contraception	• Controlling money • Preventing or sabotaging employment • Creating debt in the survivor's name

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MYTH:

Domestic violence happens because abusers have issues with anger management, impulse control, or substance use.

REALITY:

Domestic violence is intentional and directed at specific individuals, often perpetrated in a way that is inconspicuous to outsiders.



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Healthy Relationships



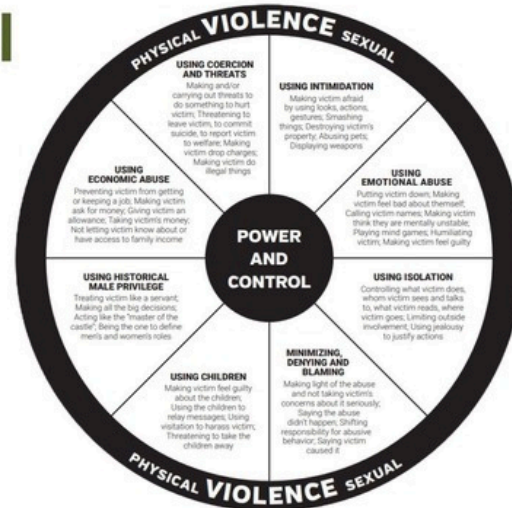
HEALTHY RELATIONSHIPS INVOLVE:

- Shared decision-making
- Accountability
- Support for autonomy
- Mutual respect
- Emotional safety
- Trust

Healthy relationships can have disagreement without fear, intimidation, or coercion

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- Emotional Abuse
- Isolation
- Minimizing, Denying, and Blaming
- Using Children
- Using Privilege
- Economic Abuse
- Coercion and Threats
- Intimidation

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Small group discussion question:

Give examples of behaviors that can be used to enforce these categories.



Power and Control within the Social Ecological Model

Domestic violence is a socially supported behavior, learned through observation, experience, and reinforcement. It is learned throughout culture, institutions, families, schools, and peer groups.



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MYTH:

Domestic violence affects only a small percentage of the population

REALITY:

1 in 3 women and 1 in 6 men experience domestic violence in their lifetime



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Missouri Statistics



Advocates noted each time they worked with survivors seeking services, for a total of **388,693** service hours and **685,147** contacts throughout 2025



Agencies received **74,268** hotline calls – that's an average of **203** calls daily



Agencies provided **493,971** nights of safe housing and shelter to **23,842** new and ongoing adults and children



Including shelter, transitional housing, rapid rehousing, permanent supportive housing, rental assistance

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Why Survivors May Stay



REASONS

- Safety
- Survival
- Children
- Finances
- Trauma
- Fear

FEARS

- Retaliation
- Stalking
- Homelessness
- Custody
- Deportation
- Escalating violence

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Section 2: Impact of Domestic Violence

- Understand the impact of domestic violence on adult survivors and children in the family
- Recognize behavioral and environmental indicators



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Trauma



DEFINITION

An event or series of events a person experiences as emotionally or physically harmful that has a lasting adverse impact on their ability to function and their overall wellbeing.

EXPERIENCING VIOLENCE IS A PROFOUND TRAUMA

- Everyone's trauma response is different
- Trauma impacts how a survivor moves through the world (and parents)
- Trauma responses are adaptive survival strategies

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Trauma and the Brain



TRAUMA RESPONSES

- Fight
- Flight
- Freeze
- Fawn

WHAT THIS LOOKS LIKE

- Difficulty making decisions
- Inconsistent stories or memory gaps
- Flat affect or emotional numbness
- Returning to the abusive partner
- Hypervigilance



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Reflection Activity: Trauma Response

Instructions:

Go to the “Reflection: Trauma Response” page in your workbook and answer the journal prompts.

Work independently for 2 minutes
Share thoughts with the large group



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MYTH:

Survivors don't consider the impacts of violence on the children and stay on their own accord.

REALITY:

Concern for children can be a primary motivator to leave **or stay** in an abusive relationship. They may feel the children are better off from a stability standpoint for food, shelter, housing, etc. if they stay in the situation.



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Impact on Parenting and Children

- Children may experience fear, anxiety, or behavioral changes
- Survivors may appear inconsistent in parenting skills due to trauma or safety concerns
- Parenting decisions are often based on **protecting the children from greater harm**



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Effects of Domestic Violence on Children

CHILDREN ARE IMPACTED EVEN WHEN THEY ARE NOT DIRECTLY HARMED

Children may:

- Hear violence, yelling, threats, or intimidation
- Witness fear, control, or coercion
- Experience chronic stress and hypervigilance
- Blame themselves for the violence

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Common Child Responses by Age

PRESCHOOL CHILDREN	SCHOOL-AGED CHILDREN	TEENS
• Regression (bedwetting, thumb sucking) • Increased crying or clinginess • Sleep problems/nightmares • Separation anxiety	• Difficulty concentrating • Headaches/stomachaches • Low self-esteem • Behavioral concerns or withdrawal • Academic struggles	• Risk-taking behaviors • Substance use • Fighting or aggression • Depression and anxiety • Truancy or legal trouble

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MYTH:

Children aren't affected by domestic violence unless they are abused themselves.

REALITY:

Even when abusers and survivors feel the abuse is hidden, children still feel the effects. Their homes are stressful and full of negativity, and witnessing violence is a traumatic experience that can follow them into adulthood.



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Long Term Impacts

CHILDREN EXPOSED TO DOMESTIC VIOLENCE ARE AT AN INCREASED RISK FOR:

- Anxiety, depression, PTSD
- Chronic health problems
- Difficulty with healthy relationships
- Repeating cycles of violence as adults

HEALING IS SUPPORTED BY:

- Safe, stable adults
- Supportive relationships
- Trauma-informed intervention
- Early support and advocacy



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Home Visitors' Role

- Able to build long-term relationships with families
- Have a direct look at family dynamics
- Have repeated opportunities for support
- Are uniquely positioned to identify abuse



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Red Flags in Home Visiting



There is no single sign that confirms domestic violence. Instead, we look for patterns, behaviors, and dynamics over time.

POTENTIAL INDICATORS

- Partner answers all the questions
- Client appears fearful or anxious
- Frequent appointment cancellations
- Isolation from supports
- Financial dependence
- Monitoring or surveillance concerns
- Sudden behavior changes



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Bias and Assumptions



WE ALL BRING BELIEFS, VALUES, AND ASSUMPTIONS TO WORK WITH US

The goal is to recognize that, and reduce the ways it impacts families.

REFLECT ON:

- Beliefs about parenting
- Cultural expectations
- Frustrations when survivors stay
- Assumptions about healthy relationships
- Expectations around disclosure

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In Her Shoes



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Section 3: Screening for Domestic Violence

- Learn how, when, and where to screen for domestic violence safely
- Practice language for approved screening tools
- Understand confidentiality and safety considerations



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Safety Over Protocol



Screening should never happen if it is unsafe for you or the survivor to do so.

CONSIDER:

- Who is present?
- Can this conversation be overheard?
- Is monitoring or surveillance possible?
- Is there a safe exit?

A completed screen is not the goal. Increased safety and connection are.



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Stoplight Model

- **Green Light**
 - Private and safe = *proceed*
- **Yellow Light**
 - Uncertain privacy = *indirect approach; universal education may be safer.*
- **Red Light**
 - Partner is present or suspected to be monitoring = *do not screen*



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Safe to Screen Drill

Instructions:

Go the “Safe to Screen Drill” in your workbook and determine if it is safe to complete a domestic violence screening in the scenarios provided



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Reflection Activity: Safe to Screen

Instructions:

Go the “Reflection: Safe to Screen” page in your workbook and answer the journal prompts.

Work independently for 2 minutes
Share thoughts with the large group



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How to Ask



NORMALIZE FIRST

“Because violence is so common, I ask everyone these questions”

WE WANT TO SOUND:

- Calm
- Conversational
- Nonjudgemental
- Direct



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When to Ask



BEST PRACTICES:

- Bring up the screening within the second or third visit, after some rapport has been built
- Repeat screening throughout the lifetime of the relationship
- Focus on transition times (major life changes: pregnancy, postpartum, job changes, partner changes, etc.)
- Use judgement on timing and type of assessment

AVOID ASKING WHEN:

- There is a clear, significant crisis happening in the home
- It is not safe to do so
- The relationship with the home visitor is still new

Remember: disclosure is a process - not a single event

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Screening Tools



COMMON TOOLS USED IN HOME VISITING

- Relationship Assessment Tool (RAT)
- Hurt, Insult, Threaten, Scream Screening Tool (HITS)

TOOLS DO NOT REPLACE:

- Relationship building
- Judgement
- Safety assessments
- Trauma-informed responses

SCREENING SHOULD:

- Normalize conversations
- Increase education
- Support safety

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Relationship Assessment Tool (RAT)

- Self-administered screening tool
- Focuses on coercive control, fear, and emotional safety
- Ten scaled questions + physical/ sexual violence questions
- Scores over 20 are considered positive screens

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Hurt, Insult, Threaten, Scream Tool (HITS)

- Four-question rapid screening tool
- "How often a partner:"
 - Hurts
 - Insults
 - Threatens
 - Screams
- Scores above ten are considered a positive screen.

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If They Say No...



IMPORTANT RESPONSES

- Do not push
- Keep the relationship open
- Revisit later if appropriate
- Continue observing patterns during appointments

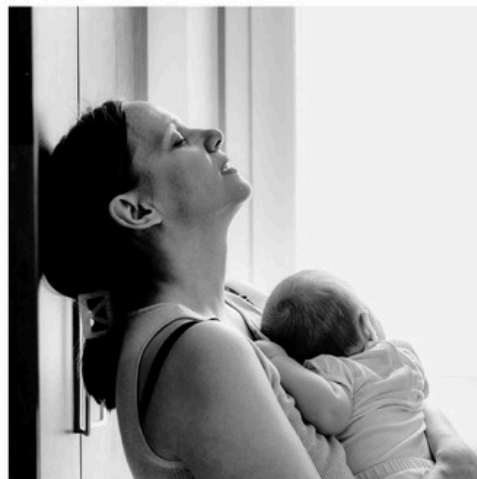
"If anything ever changes, you can always talk to me."



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When You Suspect But Don't Know

- Refer back to the red flags
- Continue to build trust
- Use universal education
- Revisit screening when it is safe
- Document observations - not assumptions



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Universal Education vs Disclosure Driven Screening



WITH UNIVERSAL EDUCATION, EVERYONE RECEIVES:

- Healthy relationship information
- Safety education
- Resources

BENEFITS TO UNIVERSAL EDUCATION APPROACH:

- Reduction in stigma
- Increased safety
- Avoids alienating clients
- Creates future opportunities for disclosure

The goal isn't disclosure - it is connection, education, and access to resources

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CUES



CUES STANDS FOR:

- Confidentiality
- Universal Education & Empowerment
- Support

CUES IS A CONVERSATION FRAMEWORK THAT IS SURVIVOR-CENTERED AND VIOLENCE PREVENTION-FOCUSED AND WAS DESIGNED TO REDUCE STIGMA.

- It is used to provide education to everyone
- Normalize conversations around relationships and safety
- Offer discreet resources
- Focus on connection rather than disclosure
- Empower survivors to make their own decisions



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Universal Education Sample Language

"We talk with all families about healthy relationships because stress and relationship concerns can affect health and parenting."

"Sometimes relationships affect how safe and supported people feel at home."

"I give these resources to everyone because many people experience relationship stress."



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Working When the Abuser is Present



HOME VISITORS MAY NEED TO:	SAFETY STRATEGIES	IF YOU FEEL UNSAFE:
• Engage both caregivers professionally • Avoid escalating danger • Protect confidentiality • End or redirect unsafe conversations	• Do not confront abusive behavior directly in the moment • Avoid labeling someone as "an abuser" • Redirect conversations back to child-focused topics • Do not screen if monitoring is suspected • Know exit strategies and agency protocols	• End the visit • Follow agency safety protocol • Debrief with supervisor • Document objectively

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Section 4: Responding to Disclosure

- Learn how to respond to domestic violence disclosures in a trauma-informed, supportive manner
- Practice avoiding harmful or unsafe responses
- Understand immediate safety considerations



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MYTH

If the violence was serious, they would tell someone.

REALITY

Disclosing takes time and trust.

MYTH

They can leave any time they choose.

REALITY

The most dangerous time during abuse is when survivors try to leave.



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LIFE



IF YES, THEN WHAT?

- **Listen**
 - Provide a safe place to talk
 - Allow time and trust-building
 - Affirm experiences
 - Explore hopes, fears, and needs
 - Support personalized safety planning
 - Do not rush to problem-solving
- **Facilitate**
 - Help assess options and safety plans
 - Explore consequences and contingency plans
 - Schedule follow-up and ongoing support
- **Inform**
 - Share available resources
 - Discuss options and possible outcomes
 - Identify strengths and supports
- **Empower and Assist**
 - Support survivor self-advocacy
 - Promote autonomy and safety
 - Help survivors regain control

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In Practice



1. **Acknowledge**
2. **Validate**
3. **Normalize**
4. **Assess immediate safety**
5. **Ask what they need**
6. **Offer options**
7. **Connect**
8. **Document**
9. **Consult**

1. *"Thank you for telling me."*
2. *"You don't deserve this."*
3. *"You are not alone."*
4. *"Do you feel safe right now?"*
5. *"What would feel most helpful right now?"*
6. DV Hotline, advocacy services, safety planning
7. Make a warm referral
8. Be objective and factual
9. Talk to supervisors and know protocol

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Responses That Help vs Harm



HELPFUL

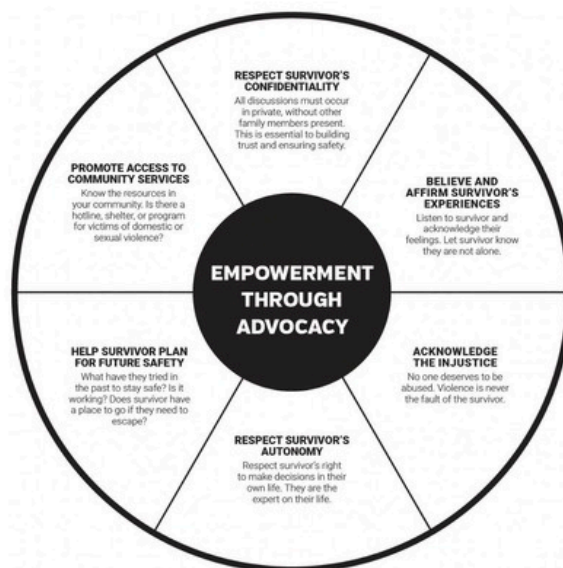
- "I'm glad you told me."
- "You don't deserve this."
- "Your safety matters."
- "You know your situation best."

HARMFUL

- "Why didn't you leave?"
- "You need to leave now."
- "I would never stay if I were you."
- "You have to report this, or I will."

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**Empowerment
is the core of
advocacy**



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Discreet Resources

LEAVE BEHINDS

Whether abuse is suspected or directly disclosed, leaving behind resources that can be easily hidden is a good start to recovery - and often allows the survivor to review when they feel they need it most.

- Futures Without Violence Healthy Relationship Card
- Futures Without Violence Healthy Moms, Happy Baby Card



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Objective Documentation

DOCUMENT:

- Direct quotes
- Observable behaviors
- Environmental concerns
- Statements made voluntarily
- Safety concerns

AVOID:

- Diagnosing
- Assumptions
- Labels
- Speculation

INSTEAD OF:

"Client is being abused."

DOCUMENT:

"Partner answered all the questions and interrupted client through visit. Client appeared tearful and avoided eye contact."

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Documentation Drill

Instructions:

Go to the “Documentation Drill” in your workbook and complete the prompts. The purpose of this activity is to give you time to practice objective documentation



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Supervisor Support in Domestic Violence Response



SUPERVISORS PLAY A CRITICAL ROLE IN:	SUPERVISORS SHOULD HELP STAFF:	EFFECTIVE SUPERVISION INCLUDES:
• Supporting worker safety • Guiding complex decision-making • Reducing isolation and burnout • Reinforcing trauma-informed practices • Helping staff navigate uncertainty	• Process difficult disclosures • Assess immediate safety concerns • Navigate mandated reporting questions • Maintain survivor-centered responses • Debrief emotionally challenging visits	• Reflective supervision • Clear response protocols • Emotional support • Collaborative problem-solving • Ongoing DV training and community partnerships

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Section 5: Safety Planning, Mandated Reporting, and Self Care

- Understand home visitors' role in safety planning
- Clarify mandated reporting responsibilities
- Address vicarious trauma and burnout



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Supporting Survivors Who Are Not Ready to Leave



*Leaving is not always the safest or immediate option and
can increase danger to the survivor.*

HOME VISITOR'S ROLE:

- Support survivor autonomy
- Maintain connection
- Provide information
- Increase and support safety where possible
- Avoid pressure or ultimatums

RESPONSE EXAMPLES

- "You know your situation best."
- "You do not have to decide everything today."
- "I'm here to support you in whatever you decide."



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Safety Planning Practice

Small Group Discussion question:

If a survivor is staying in the relationship right now, what are small ways safety might still be increased?

Refer to the Personalized Safety Plan for additional information and guidance



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Safety Planning



Safety planning is appropriate whether the survivor chooses to leave or stay - it is about empowering them to be safe in their own choices.

SAFETY PLANNING CAN INCLUDE

- Plans for children, home, and work
- Gathering safe people and places
- Knowing where emergency and important documents or logins are
- Technology safety
- Exit strategies



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Technology Safety and Digital Abuse



When working through a safety plan, we have to be aware of how abuse evolves with technology

THIS MAY LOOK LIKE:

- Phone or location tracking
- Social media monitoring
- Smart home devices or cameras
- Reading messages or emails
- AirTags/ GPS tracking in cars
- Using children's devices

CONSIDERATIONS:

- Avoid leaving a digital trail
- Ask about safe communication
- Be cautious with texts/emails
- Discuss browser history and shared accounts
- Assume devices are being monitored



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Lethality Indicators



INCREASED DANGER MAY INCLUDE:

- Strangulation/ choking history
- Firearm access
- Threats to kill
- History of stalking
- History of escalating violence
- Forced sex
- Reproductive coercion
- Extreme jealousy or control measures

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Firearm Safety Considerations

AWARENESS MEASURES:

- Visible firearms in the home
- Threats involving weapons
- Unsafe storage
- Fear expressed by the survivor



Home visitors are never expected to confront or remove weapons.



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Mandated Reporting



Domestic violence alone does not automatically equal child abuse and neglect.

KEY CONSIDERATIONS:

- Is the child being directly harmed?
- Is the child at immediate risk for harm?
- Is ongoing coercive control impacting child safety?
- What are state-specific reporting requirements?

Remember: reporting can increase danger for survivors. Survivors are not responsible for the abuse being used against them.



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Talking to Families About Mandated Reporting

BEST PRACTICES:

- Be transparent about reporting obligations
- Explain the limits of confidentiality
- Avoid making promises you cannot keep
- Focus on child safety without blaming the survivor
- Consult supervisors and domestic violence partner agencies when unsure

"I want to be transparent about my role and what I may be required to report. If I have to make a report, this is what you can expect..."



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Cultural Humility in Domestic Violence Response



CONSIDERATIONS:

- Immigration concerns
- Religious/ cultural pressures
- Language access
- Fear of systems
- Historical and systemic harm

PRACTICE:

- Using interpreters appropriately
- Avoiding assumptions
- Asking open-ended questions
- Respecting survivor-defined safety



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Community Partnerships and Collaboration



Effective response requires collaboration

HOME VISITORS SHOULD KNOW

- Local domestic violence agencies
- Referral pathways
- Crisis response options
- Community advocacy resources
- Supervisory and consultation supports

STRONG PARTNERSHIPS HELP:

- Increase access to services
- Improve warm referrals
- Strengthen coordinated response



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Referrals

- Always meet survivors where they are
- Remember confidentiality
- Provide a warm handoff
- National DV Hotline:
 - 1-800-799-7233
- 24 Hour Chatline:
 - www.thehotline.org
- Know your local resources:
 - 988
 - MOCADSV website for county-specific agencies



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DV Agency Services

- Safety planning
- Individual counseling
- Crisis hotline
- Legal advocacy
- Support groups
- Educational classes
- Emergency shelter
- Training
- Case management
- Housing assistance
- Services for children
- Childcare assistance
- Community resources and referrals
- Batterer's intervention
- Violence prevention education

**Services may vary based on location and availability*



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Secondary Trauma and Burnout



COMMON RESPONSES:

- Emotional exhaustion
- Hypervigilance
- Frustration
- Helplessness
- Difficulty disconnecting from work
- Emotional numbness
- Increased anxiety or stress

PROTECTIVE FACTORS

- Reflective supervision
- Peer support
- Debriefing difficult visits
- Healthy boundaries
- Realistic expectations
- Organizational support

Secondary trauma is a normal response to repeated exposure to difficult experiences.

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Reflection Activity: Judgement & Burnout

Instructions:

Go to the “Reflection: Judgment & Burnout” page in your workbook and answer the journal prompts.

Work independently for 2 minutes

Large group discussion



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Thanks!

The contents of this presentation may be reprinted and adapted by MOCADSV members and allied professionals. We request that any materials that are reprinted or adapted be accompanied by the following acknowledgment:

Children's Trust Fund *gratefully acknowledges the Missouri Coalition Against Domestic and Sexual Violence for the development of these materials.*

We encourage you to use the material as it was developed. If you want to modify the material because you have a different audience or time constraints that prevent you from implementing the material as it was developed, please remove the MOCADSV logos from the material prior to printing and distribution.



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References



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- Washington State Coalition Against Domestic Violence (WSCADV). Home Visitor Domestic Violence Resources
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- Washington State Coalition Against Domestic Violence (WSCADV). Supervisors of Home Visitors Reference Sheet
- Missouri Coalition Against Domestic and Sexual Violence (MOCADSV). DV 101: Understanding and Responding to Domestic Violence
- Minnesota Department of Health. Interpersonal Violence Screening Toolkit
- Minnesota Department of Health. IPV Response Protocol for Home Visiting Agencies
- The Duluth Model. Power and Control Wheel
- CDC National Intimate Partner and Sexual Violence Survey (NISVS)
- SAMHSA. Trauma-Informed Care Principles and Guidance
- National Domestic Violence Hotline. Safety Planning Resources
- Futures Without Violence. Healthy Relationship and Safety Cards
- Relationship Assessment Tool (RAT)
- HITS Domestic Violence Screening Tool
- 2026 CTF training focus group findings and participant feedback collected during curriculum development

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Initial Reflection

When it comes to DV screening or response, what feels hardest or most uncomfortable in your work?

What themes are you noticing?

What feels most uncertain?

What do you hope to leave with today?

Reflection: Trauma Response

Case Study: A client repeatedly cancels visits, appears emotionally flat, changes details during conversations, and recently returned to a partner after previously disclosing violence.

What assumptions might professionals make about the client?

What trauma response might be happening?

How could we respond differently?

DOCUMENTATION DRILL

This worksheet is designed to guide you through thoughtful documentation. You will draft example case notes with the thoughtful documentation theories in mind and objective documentation language.

Example Case Note: Client seemed abused and scared of husband. Husband is controlling. Unsafe Abusive relationship.

What language crossed into assumptions?

What language stayed factual?

Objective Documentation of Example Case Note: Client stated partner controls access to money and transportation. Client appeared tearful and hesitant to speak with while partner was present.

Instructions: Re-write the following case notes with objective documentation language.

Example Case Note 2: Client is difficult. Unwilling to share details or answer questions during visits with family. I believe client is lying.

Objective Documentation of Example Case Note 2:

Example Case Note 3: : Abused mom. Told mom she needs to leave with the kids and gave resources to shelters.

Objective Documentation of Example Case Note 3:

IN HER SHOES DEBRIEF

Thinking prompts and discussion questions for the In Her Shoes simulation.

How did you feel as you went through the simulation? What insights did you have from the exercise?

What was the most surprising? Most frustrating?

What made it difficult for your character to find safety? What were the barriers?

What did the people or systems you encountered do to increase or decrease your safety?

Did you feel you made the best choice, when offered? How did those choices work out for the person?

What influenced your characters choices? (e.g. children, money)

Did anyone visit the funeral home? How did that feel?

IN HER SHOES DEBRIEF

A lot of people ask the question, "Why don't they just leave?" After going through this exercise, how would you answer this question?

Even if your character left, would it end the abuse?

What other thoughts do you have about the simulation that you haven't shared yet?

SAFE TO SCREEN DRILL

This worksheet is designed to guide you through assessing the safety of your screening environment. It will help you evaluate situations to determine if it is safe for the home visitor and client to do a Domestic Violence screening at that time.

SCENARIO

ASSESSMENT

Safe Uncertain Unsafe

Partner in another room watching TV

☐☐☐

Client appears nervous and keeps checking their phone

☐☐☐

Smart speaker visible in living room

☐☐☐

Client is alone at pediatric appointment

☐☐☐

Partner answers every question

☐☐☐

Client says "I can't talk right now"

☐☐☐

Child is in the room and old enough to comprehend the conversation

☐☐☐

Reflection: Safe to Screen Drill

What influenced your decision?

What additional information would you want in this situation?

How might safety look different in each environment?

What steps can you take to feel confident in your “Safe to Screen” assessment?

Reflection: Judgement & Burnout

What contributes most to your feelings of burnout?

What situations make it harder for you to remain non-judgement?

What are things to consider when trying to remain survivor-centered?

What are action items you can take to combat burnout?



Myths vs. Reality

MYTH	REALITY
Domestic Violence is only physical	Emotional, psychological, verbal, sexual, spiritual, financial, and technological abuse are all considered domestic violence, and all can be devastating and debilitating for survivors.
Domestic violence happens because abusers have issues with anger management, impulse control, or substance use.	Domestic violence is intentional and directed at specific individuals, often perpetrated in a way that is inconspicuous to outsiders.
Domestic violence affects only a small percentage of the population	1 in 3 women and 1 in 6 men experience domestic violence in their lifetime
Survivors don't consider the impacts of violence on the children and stay on their own accord.	Concern for children can be a primary motivator to leave or stay in an abusive relationship. They may feel the children are better off from a stability standpoint, for food, shelter, housing, etc., if they stay in the situation.
Children aren't affected by domestic violence unless they are abused themselves.	Even when abusers and survivors feel the abuse is hidden, children still feel the effects. Their homes are stressful and full of negativity, and witnessing violence is a traumatic experience that can follow them into adulthood.
If the violence was serious, they would tell someone.	Disclosing takes time and trust.
They can leave any time they choose.	The most dangerous time during abuse is when survivors try to leave.

CUES AN EVIDENCE-BASED INTERVENTION TO ADDRESS IN PEDIATRIC HEALTH SETTINGS

to improve health and safety outcomes for families

Caring for the family is caring for the child. Pediatric clinical settings provide unique opportunities for supporting families experiencing intimate partner violence (IPV).

C: Confidentiality

- ▶ Know your state's reporting requirements and share any limits of confidentiality with parents and caregivers.
- ▶ Ensure that you can bring up family violence or stress safely by seeing parents and caregivers alone for at least part of the in person or virtual visit.
- ! Make sure you have access to professional interpreters. Do not rely on family or friends to interpret.

"Before we get started I want to let you know that I won't share anything we talk about today outside of the care team here unless you were to tell me about [find out your state's mandatory reporting requirements]."



UE: Universal Education + Empowerment

- ▶ Give parents and caregivers **two** safety cards or ask if you can send them a link to resources if doing a virtual visit to start the conversation about parenting, stress, and family safety.
- ▶ Open the card and encourage them to take a look. Make sure caregivers know that you're a safe person for them to talk to.
- ! Offering this information to all caregivers ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.

Safety cards are available for different settings, communities and in a variety of languages at ipvhealth.org

"I give two of these resources to all my patients' caregivers, because stress & violence at home is so common for so many families I care for. Take a look, and I've included one so you have information if you know someone who is struggling. On the back of the card, there are resources you can call or text anonymously for support. Is any of this a part of your story?"

S: Support

- ▶ Though disclosure of violence is not the goal, it will happen. -- Know how to support someone who discloses.
- ▶ Make a warm referral to your local domestic violence or family supports agency or national hotlines (on the back of all safety cards).
- ▶ Offer health promotion strategies and a care plan that takes **child safety and family health into consideration.**
- ! What resources are available in your area for supporting families experiencing IPV? How about for youth survivors? Partnering with local resources makes all the difference.

"Thank you for sharing your story with me. This sounds really difficult. I am here to support you and your child."

There are resources that can help. We work closely with a local program that has helped a lot of parents in situations like yours. I would be happy to connect you today if that interests you."

For more information or to order materials M-F 9am-5pm PST | 415-678-5500 | TTY: 866-678-8901
contact the National Health Resource health@futureswithoutviolence.org
Center on Domestic Violence: ipvhealth.org/pediatrics

LIFE

LISTEN



- Provide a safe place to talk
- Allow time and trust-building
- Affirm experiences
- Explore hopes, fears, and needs
- Support personalized safety planning

L

INFORM



- Share available resources
- Discuss options and possible outcomes
- Identify strengths and supports

I

FACILITATE



- Help assess options and safety plans
- Explore consequences and contingency plans
- Schedule follow-up and ongoing support

F

EMPOWER & ASSIST

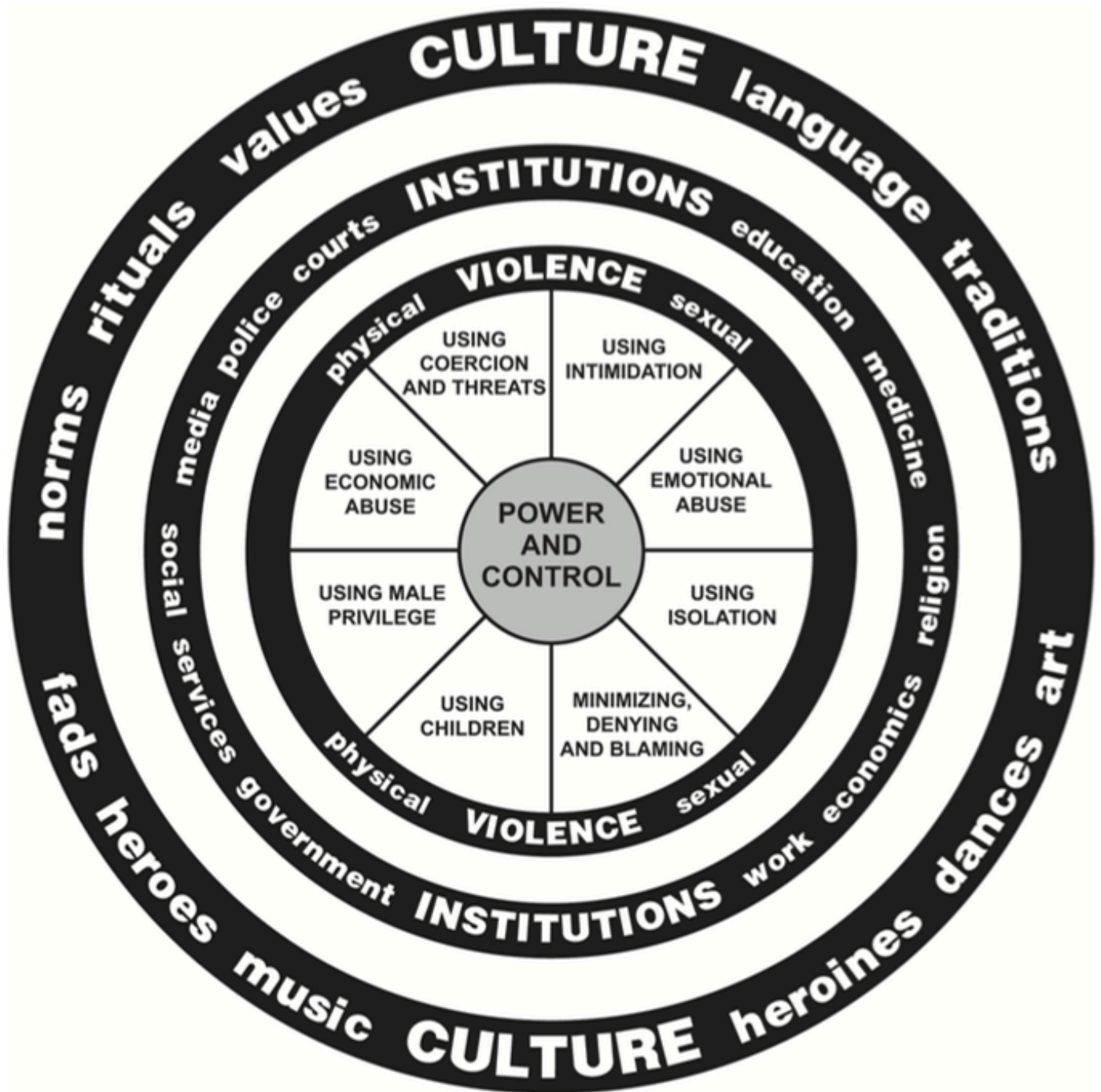


- Support survivor self-advocacy
- Promote autonomy and safety
- Help survivors regain control

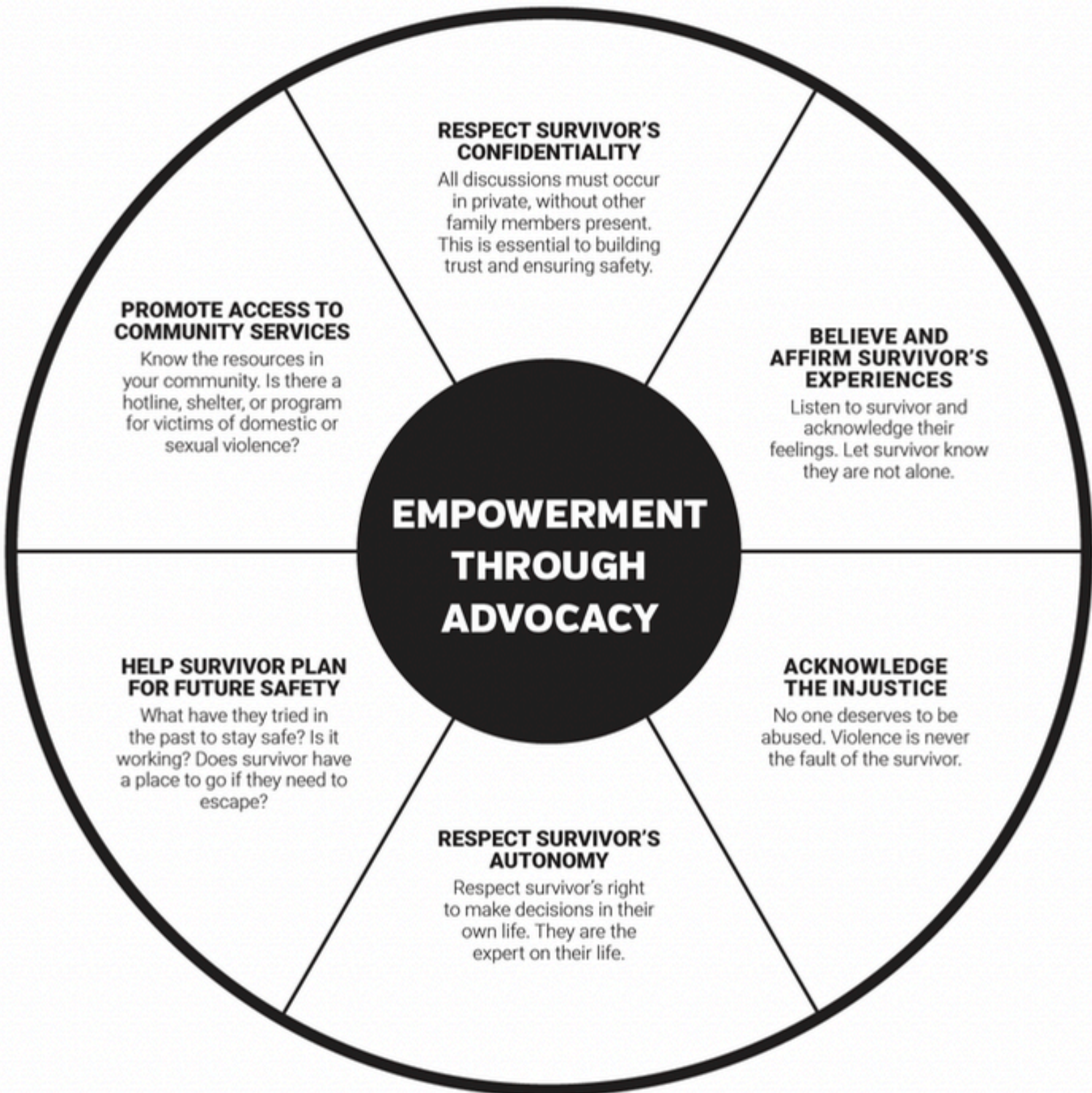
E

Social Ecological Model

Power & Control Wheel



Empowerment Wheel



Relationship Assessment

Tool

Program Name: _____ Home Visitor Name: _____
 Participant Name: _____ Date completed: _____
 Participant ID#: _____ Reason if not completed: _____

Complete within 3 months of program participation

Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, immigration (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 your child.

We ask all our clients to complete this form. For every question below, please look at the scale and circle the number (1-6) that best reflects how you feel.

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

Total score: _____

11. Has my partner ever physically hurt me?

Yes

No

Not Sure

12. Has my partner ever forced me to do something sexual I didn't want to do?

Yes

Not

Not Sure

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.

Home visitors complete this 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).

(Check all that apply)

- ☐ Social Worker/Counselor
- ☐ Domestic Violence Hotline
- ☐ Local Domestic Violence Advocate/Program
- ☐ Healthy Moms, Happy Babies Safety Card
- ☐ Other: _____

2. Did you offer safety planning? (This should happen for any score higher than 20)

(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: _____

Description and Scoring

The Relationship Assessment Tool (RAT) screens for domestic violence. Domestic violence is a pattern of abusive and threatening behaviors used by one person in a relationship, typically to control the other. Violence takes many forms and can happen all the time or once in a while. Children in homes where domestic violence is present are more likely to be abused and/or neglected. Most children in these homes know about the violence. Even when the child is not abused awareness of, or witnessing domestic violence can result in emotional or behavioral problems.

To score the RAT add the numbered answers to questions 1-10. Responses to numbers 11-12 are for your information only. A higher score on the RAT indicates a higher likelihood of abuse.

Notes

"HITS" A domestic violence screening tool for use in the community

HITS Tool for Intimate Partner Violence Screening: Please read each of the following activities and fill in circle that best indicates the frequency with which you partner acts in the way depicted.

How often does your partner?	Never	Rarely	Sometimes	Fairly often	Frequently
1. Physically hurt you	☐	☐	☐	☐	☐
2. Insult or talk down to you	☐	☐	☐	☐	☐
3. Threaten you with harm	☐	☐	☐	☐	☐
4. Scream or curse at you	☐	☐	☐	☐	☐
	1	2	3	4	5

Each item is scored from 1-5. Thus, scores for this inventory range from 4-20. A score of greater than 10 is considered positive.

Clinical Research and Methods
(Fam Med 1998;30(7):508-12.)

HITS is copyrighted in 2003 by Kevin Sherin MD, MPH; For permission to use HITS, Email kevin_sherin@doh.state.fl.us; *HITS is used globally in multiple languages 2006

HITS: A Short Domestic Violence Screening Tool for Use in a Family

Practice Setting

Kevin M. Sherin, MD, MPH; James M. Sinacore, PhD; Xiao-Qiang Li, MD; Robert E. Zitter, PhD; Amer Shakil, MD

Background and Objectives: Domestic violence is an important problem that is often not recognized by physicians. We designed a short instrument for domestic violence screening that could be easily remembered and administered by family physicians.

Methods: In phase one of the study, 160 adult female family practice office patients living with a partner for at least 12 months completed two questionnaires. One questionnaire was the verbal and physical aggression items of the Conflict Tactics Scale (CTS). The other was a new four-item questionnaire that asked respondents how often their partner physically Hurt, Insulted, Threatened with harm, and Screamed at them. These four items make the acronym HITS. In phase two, 99 women, who were self-identified victims of domestic violence, completed the HITS.

Results: For phase one, Cronbach's alpha was .80 for the HITS scale. The correlation of HITS and CTS scores was .85. For phase two, the mean HITS scores for office patients and abuse victims were 6.13 and 15.15, respectively. Optimal data analysis revealed that a cut score of 10.5 on the HITS reliably differentiated respondents in the two groups. Using this cut score, 91% of patients and 96% of abuse victims were accurately classified.

Conclusions: The HITS scale showed good internal consistency and concurrent validity with the CTS verbal and physical aggression items. The HITS scale also showed good construct validity in its ability to differentiate family practice patients from abuse victims. The HITS scale is promising as a domestic violence screening mnemonic for family practice physicians and residents.

HITS- A violence screening tool for domestic violence and intimate partner violence

History of early HITS tool development and research at UIC-Christ Hospital Residency in Illinois

Academic projects were developed at the UIC-Christ Family Practice Residency in 1996-2002 most notably including the development of a new domestic violence screening tool known as HITS. The tool was developed by the then UIC-Christ Family Practice Residency Program director, Kevin Sherin MD, MPH.. The original research with the HITS instrument involved: Dr's Zitter, Sinacore, Li and Shakil and validated the tool in several populations including the Family Practice Center population and domestic violence shelter populations. The UIC –Christ FPR website then stated that “ The problem of domestic violence is foremost in the minds of many patients, and it is often unrecognized by health providers. Drs. Sherin, Zitter, Bardwell, Li, Shakil and Shannon are all involved in the series of "HITS" research phases. "HITS" is a four-item instrument used to screen for domestic violence. Please see "HITS: A Short Domestic Violence Screening Tool for Use in a Family Practice Setting," Family Medicine, July-August 1998, pp. 508-512. Recently HITS Phase III was completed, and Phase IV is in the planning phase” .(The above history is from the UIC-Christ FPR website below: <http://www.uic.edu/orgs/uiccfp/research.htm#History>)

The original HITS research is found on the Family Medicine Journal Website

<http://www.stfm.org/fmhub/fm1998/julaug98/abstrac9.html>

Other researchers using HITS

HITS is used globally now in China, Saudi Arabia, the Middle East, Africa, Europe, and South and North America. It has been validated for women in Spanish, and partner violence with males. In the US, the HITS tool is used or has been recommended by Kaiser Permanente Group of Northern California, The New Jersey Hospital Association, the Alaska Department of Health and Human Services, Parkland Hospital in Dallas, the Department of OB GYN at USF in Tampa, the CDC, and others. It has been translated into multiple languages including Mandarin Chinese and Arabic. Below are some of the US published researchers who are working with the HITS tool.

Dr Amer Shakil has continued the HITS research program in Texas at Texas Southwestern health center at Dallas. Dr. Shakil has validated the HITS tool in Males, and is now working on a Pediatric Version Of HITS.

[Link for Male HITS study at STFM site](#)

<http://www.stfm.org/fmhub/fm2005/abstracts.cfm?xmlFileName=fammedvol37issue3.xml#Amer193>

Dr. Ping Hsin-Chen at the University of Medicine and Denistry of New Jersey has validated the HITS tool in Spanish populations.

Abstract:

<http://fampra.oxfordjournals.org/cgi/content/abstract/cmi075?ijkey=FkbUiqUfEZzA9YT&keytype=ref>

http://www.femalepatient.com/html/arc/sig/screening/articles/029_04_039.asp

Recent internet search yielded the following links with information about the HITS tool:

http://apha.confex.com/apha/128am/techprogram/paper_14805.htm

[Validation of the HITS Domestic Violence Screening Tool With Males \[New Window\]](#)

A four-item HITS (Hurt-Insult-Threaten-Scream) screening tool is one of those instruments. ... applicable screening tool like HITS is established, fu- ...

<http://www.stfm.org/fmhub/fm2005/March/Amer193.pdf> [\[Preview This Site\]](#)

[Family Medicine Journal Volume 37 Issue 3 March 2005 Abstracts \[New Window\]](#)

Validation of the HITS Domestic Violence Screening Tool With Males ... A four-item HITS (Hurt-Insult-Threaten-Scream) screening tool is one of those ...

<http://www.stfm.org/fmhub/fm2005/abstracts.cfm?xmlFileName=fammedvol37issue3.xml> [\[Preview This Site\]](#)

[Development of an Intimate Partner Violence Screening Tool: The ... \[New Window\]](#)

Conclusion: HITS shows promise of being a rapid screening tool for intimate partner violence screening. Further studies in other populations are warranted. ...

http://apha.confex.com/apha/128am/techprogram/paper_14805.htm [\[Preview This Site\]](#)

[Brief Screening Tools \[New Window\]](#)

~~... in the Emergency Department~~—JAMA 1997; 277: 1357-1361. HITS Screening Tool. Have any of the following occurred to you by a partner? H. HURT physically? ...

http://www.ucdmc.ucdavis.edu/medtrng/domain/pdfs/Brief_Screening_Tools.pdf [\[Preview This Site\]](#)

[HITS: a short domestic violence screening tool for use in a family ... \[New Window\]](#)

BACKGROUND AND OBJECTIVES: Domestic violence is an important problem that is often not recognized by...

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9669164&dopt=Abstract

[Screening for domestic violence in a predominantly Hispanic ... \[New Window\]](#)

The utility of validated screening tools to detect abuse in diverse populations ... Reliability and validity of HITS were compared with the ISA-P and WAST. ...

<http://fampra.oxfordjournals.org/cgi/content/abstract/22/6/617> [\[Preview This Site\]](#)

[Screening for domestic violence in a predominantly Hispanic ... \[New Window\]](#)

English HITS was effective as a screening tool for domestic violence ($P < 0.001$). ... Given that no other screening tools will be used before HITS in actual ...

<http://fampra.oxfordjournals.org/cgi/content/full/22/6/617> [\[Preview This Site\]](#)

[Domestic Violence \[New Window\]](#)

HITS is a screening tool that is designed for outpatient clinical settings and consists of four questions based on the acronym for Hurt, Insult, Threaten, ...

<http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijapa/vol4n1/violence.xml> [\[Preview This Site\]](#)

[Domestic Violence Nursing Policies \[New Window\]](#)

~~Total Hits - 5280 | Hits Today - 3413, View Ratings~~ | Add Your Rating. Domestic Violence Screening Tools for Health Care Professionals Adobe pdf format ...

<http://www.4nursingmanagers.com/Policies/rn/asp/ID.27/pt/ViewInCat.htm> [\[Preview This Site\]](#)

[Femalepatient.com \[New Window\]](#)

~~The Hurt, Insult, Threat, Scream (HITS)~~ screening tool was designed as a ... HITS: A short domestic violence screening tool for use in a family practice ...

http://www.femalepatient.com/html/arc/sig/screening/articles/029_04_039.asp

[\[Preview This Site\]](#)

More Sponsored Links [About This](#)

[Appendix 3. Screening Instruments \[New Window\]](#)

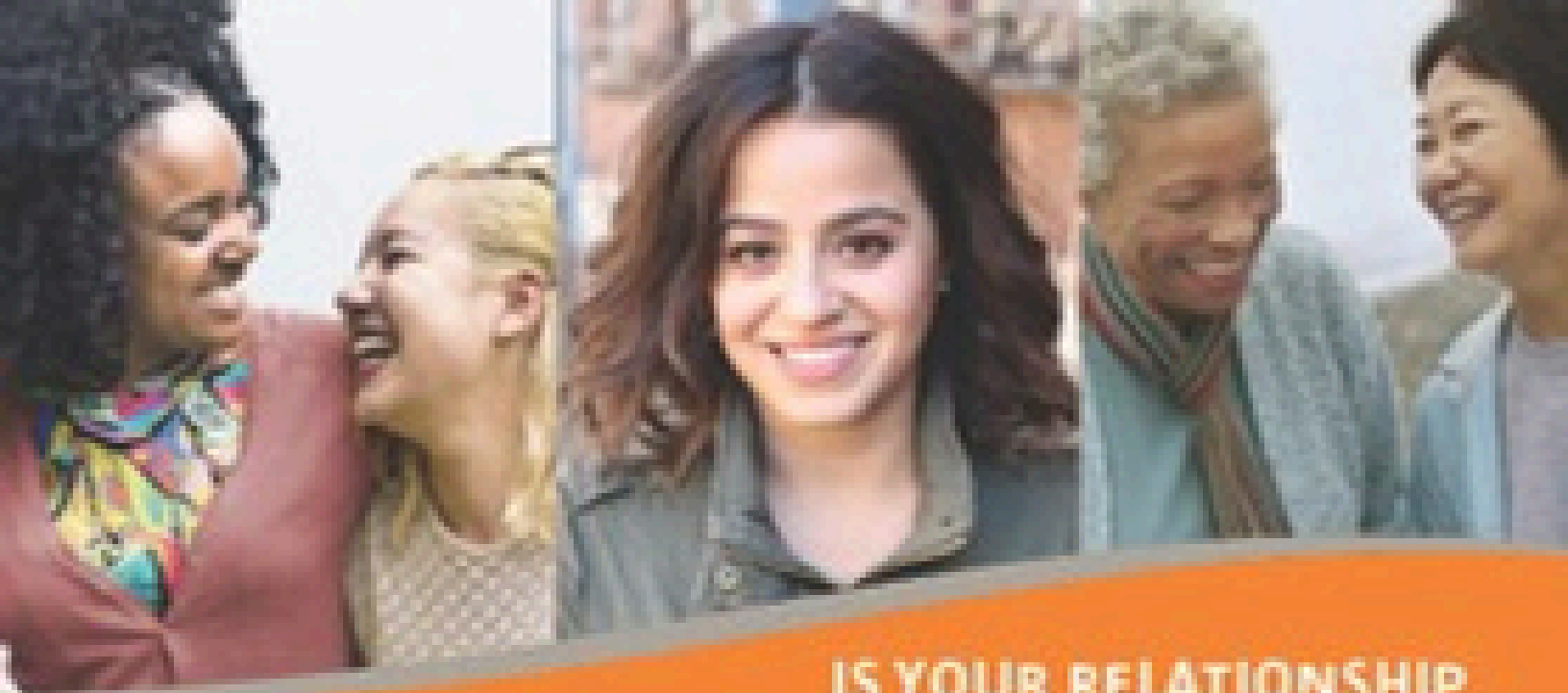
~~Domestic Violence Screening Tool 58. Have you ever been threatened, hit, punched, slapped, or injured by a husband, boyfriend, or significant other you had ...~~

<http://www.ahrq.gov/clinic/3rduspstf/famviolence/fvrevapp3.htm> [\[Preview This Site\]](#)

[Journal of Family Practice: Domestic violence: screening made ... \[New Window\]](#)

New screening tools are briefer and more efficient than earlier devices. The HITS Scale (38) (Hurt, Insult, Threaten, Scream; Table 2) is a practical 4-item ...

http://www.findarticles.com/p/articles/mi_m0689/is_7_52/ai_106026459



IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH?

How's It Going?

Everyone deserves to have partners listen to what they want and need. Ask yourself:

- ✓ Is my partner or the person I am seeing kind to me and respectful of my choices?
- ✓ Is my partner willing to talk openly when there are problems?
- ✓ Does my partner give me space to spend time with other people?

If you answered YES to these questions, it sounds like you have a supportive and caring partner. Studies show that being cared for by the person you are with leads to better health, a longer life, and helps your kids.

Are There Times...

My partner or the person I'm seeing:

- X** Shames or humiliates me, makes me feel bad about myself, or controls where I go and how I spend my money?
- X** Ever hurts or scares me with their words or actions?
- X** Makes me have sex when I don't want to?
- X** Keeps me from seeing my doctor or taking my medicine?

These experiences are common. 1 in 4 women is hurt by a partner in her lifetime. If something like this is happening to you or a friend, call or text the hotlines on this card.

Helping a Friend

Everyone feels helpless at times and like nothing they do is right.

Sound familiar? This can be a bigger problem if you have a partner who is unhealthy or unsafe. Connecting with friends or family who are having hard times like this is so important.

You can help by telling them they aren't alone. "Hey, I've been there too and someone gave this card to me. It has ideas on places you can go for support and things you can do to be safer and healthier."

And for you? Studies show when we help others we see the good in ourselves, too.

Partners Can Affect Health

A lot of people don't realize that having a partner hurt you with their words, injure/hurt you or make you do sexual things you don't want to can affect your health:

- ✓ Asthma, diabetes, chronic pain, high blood pressure, cancer
- ✓ Smoking, drug and alcohol abuse, unplanned pregnancies and STDs
- ✓ Trouble sleeping, depression, anxiety, inability to think or control emotions

Talking to your health provider about these connections can help them take better care of you.

Stronger You

What does it mean to be strong, resilient or come back from bad experiences?

- ✓ Knowing you aren't at fault for what was done to you.
- ✓ Figuring out how to manage stress and find healthy ways to cope.
- ✓ Finding people who are safe can help you heal.

Maybe you have a good friend to talk with. Maybe you don't yet. For some, talking to the helpful people from the hotlines listed on this card might be a great first step.



Your Past Can Affect Your Health

Some parents/caregivers hurt their kids—it happens more than we think. Maybe they:

- ✓ Called you names, didn't feed you enough, couldn't love or care for you
- ✓ Injured you when they punished you or did sexual things to you or made you do things to them

Where you live and what you saw when you were a kid can affect you too. Like if you:

- ✓ Had a caregiver who was hurt by their partner, they argued a lot, or they had mental health or addiction problems
- ✓ Faced racism, lived in unsafe places, or were bullied

Even if some of this or a lot of this happened to you—it isn't the end of the story.

Simple Steps For Healing

Science tells us when you are hurt as a kid or as an adult you are at risk for having a hard time taking care of yourself. Let's change that.

1. The best way to make it better is to reduce the stress on your body.
 - Exercise—it calms the brain and body and helps you feel better.
2. It sounds silly, but when you get hurt, your body learns how to hold on to that stress and worry. There's a way to turn down anxiety when it's safe.
 - Deep breathing is the key to this. Check out "Tactical Breather," a free cell phone app to help you feel calm and reminds you how to slow your breathing to help you think.

Safety Planning

If you are being hurt by a partner, it is not your fault. You deserve to be safe and treated with respect.

"Safe" looks different for everyone, here are some things that can help:

- ♥ Remember what you have done in the past that has worked to keep you safe.
- + Prepare an emergency kit in case you have to leave fast with: money, phone charger, keys, medicines, birth certificates and shot records.
- Talk to your health care provider about using their phone to call the hotlines on this card so your partner can't see it on your call log. Hotline staff can help you think through next steps.



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Funded in part by the U.S. Department
of Health and Human Services and
Administration on Children, Youth and
Families (Grant #90CA0004).

General Health

The National Domestic Violence Hotline is confidential, open 24/7, and has staff who are kind and can help you with a plan to be safer.

The Hotline

1-800-799-SAFE (1-800-799-7233)

TTY 1-800-787-3224 - www.thehotline.org

Text trained counselors about anything
that's on your mind:

Crisis Text Line **www.crisistextline.org**

Text "START" to 741741



A tool to help with safety decisions
If you, or someone you care about, is
experiencing abuse in that relationship.

Download at myPlanApp.org >



¿TU RELACIÓN AFECTA A TU SALUD?

¿Cómo van las cosas?

Todo el mundo merece tener una pareja que escucha lo que quieres y necesitas. Pregúntate:

- ✓ ¿Mi pareja o la persona con quien estoy saliendo, respeta mis decisiones?
- ✓ ¿Mi pareja está dispuesta a hablar abiertamente cuando hay problemas?
- ✓ ¿Mi pareja me da el espacio para pasar tiempo con otras personas?

Si respondiste "Sí" a estas preguntas, parece que tienes una pareja solidaria y cariñosa. Los estudios demuestran que tener esa atención de la persona con quien estás, conduce a una vida más saludable, más larga y con mejores resultados para tus niños/niñas.

Hay veces que...

Mi pareja o la persona que estoy viendo:

- X ¿Me avergüenza o me humilla, me hace sentir mal sobre mí misma o controla a dónde voy y cómo gasto mi dinero?
- X ¿A veces me hace daño o me atemoriza, o me amenaza con sus palabras o acciones?
- X ¿Me obliga a tener sexo cuando yo no quiero?
- X ¿Me impide ver a mi médico o tomar mi medicina?

Estas experiencias son comunes, 1 de cada 4 mujeres son agredidas por su pareja durante su vida. Si algo así te está sucediendo a ti o a una amiga/o, llama o manda un texto a las líneas de emergencia en esta tarjeta.

Ayudando a un ser querido

Todas nos sentimos impotentes algunas veces—como si todo lo que hacemos sale mal.

¿Suena familiar? Esto puede ser un gran problema si alguien tiene una pareja que es nociva o perjudicial. El mantenerse en contacto con amigas/amigos o familiares que tienen dificultades en sus relaciones es muy importante.

Tú puedes crear la diferencia al dejarles saber que no están solas. "Oye, yo he estado ahí también. Alguien me dio esta tarjeta y me ha ayudado con ideas de lugares a donde puedo ir para obtener ayuda y sentirme más segura y saludable."

¿Y para ti? Los estudios demuestran que cuando ayudamos a otras personas nos sentimos bien con nosotras mismas también.

Tu pareja puede afectar tu salud

Mucha gente no se da cuenta que el tener una pareja que te lastima o te hiere con sus palabras, o te obliga hacer cosas sexuales que tú no deseas puede afectar tu salud:

- ✓ Asma, diabetes, dolor crónico, hipertensión arterial, cáncer
- ✓ Fumar, consumo de drogas y alcohol, embarazos no deseados y enfermedades de transmisión sexual
- ✓ Problemas para dormir, depresión, ansiedad, no poder pensar o controlar las emociones

El hablar con tu proveedor de salud acerca de estas conexiones, puede ayudarles a cuidarte mejor.

Ser más fuerte

¿Qué significa ser fuerte, resistente o recuperarse de las malas experiencias?

- ✓ Saber que no tienes la culpa de lo que te ha pasado.
- ✓ Consiste en saber cómo manejar el estrés y encontrar formas saludables para enfrentar la situación.
- ✓ Encontrar a personas que son sanas y que te pueden ayudar a sanar.

Tal vez tienes un ser querido con quien puedes hablar. A lo mejor todavía no. Para algunas personas el poder hablar con alguien en las líneas de emergencia listadas en esta tarjeta puede ser un buen primer paso.



Tu pasado puede afectar tu salud

Algunos padres/cuidadores lastiman a sus hijos/hijas, ocurre más de lo que piensas. Tal vez ellos/ellas:

- ✓ Te pusieron apodos o sobrenombres, no te alimentaron lo suficiente, no te querían o no te cuidaban.
- ✓ Te hicieron daño cuando te castigaban o te hicieron participar en actividades sexuales, o que tú les hicieras cosas a estas personas.

Dónde viviste y lo que viste durante la niñez te puede afectar

Por ejemplo, si:

- ✓ Tenías una persona que te cuidaba que sufría maltrato de su pareja, o que discutía mucho con ella o que tenía problemas de salud mental o adicción.
- ✓ Enfrentaste el racismo, viviste en lugares inseguros o sufriste acoso.

No importa si esto te ocurrió sólo un poco o mucho – no es el final de la historia.

Pasos simples para sanar

La ciencia nos dice que cuando te hacen daño de durante la infancia o aún de adulto esto crea el riesgo de no saber cómo cuidarte tu persona. Vamos a cambiar eso.

1. La mejor manera de que esto mejore es reducir el estrés en tu cuerpo.
 - El ejercicio- calma la mente y el cuerpo y te ayuda a sentirte mejor.
2. Suena tonto, pero cuando te lastimas, tu cuerpo aprende a mantener esa tensión y preocupación. Hay una manera de bajar esa ansiedad cuando es seguro.
 - La respiración profunda es la clave de esto. Práctica la respiración profunda y también puedes usar aplicaciones celulares gratuitas en los teléfonos celulares que te pueden ayudar a sentirte tranquila y calmar tu respiración para ayudarte a pensar.

Si tu seguridad está en riesgo:

- ✓ *Recuerda lo que has hecho en el pasado que te ha funcionado para mantenerte a salvo. Crea una lista de personas que pueden ayudarte en caso de una emergencia.*
- ✓ *En caso de que tengas que salir rápido, prepara un maletín de emergencia con: dinero, teléfono, cargador, llaves, medicamentos, certificados de nacimiento y registros de inmunizaciones.*
- ✓ *Habla con tu proveedor de atención médica para que te ayude y puedas usar su teléfono para llamar a las líneas de emergencia locales o nacionales en esta tarjeta. De esta manera no podrán rastrear el número que llamaste. Para consejos para planear tu seguridad visita esta página: <https://espanol.thehotline.org/plan-de-seguridad/>.*



FuturesWithoutViolence.org

La Línea Nacional contra la Violencia Doméstica es confidencial y disponible 24 horas al día. Te pueden ayudar con un plan para estar más segura y referir a recursos en tu comunidad. También te puedes comunicar por medio de chat o texto en su página de web.

FuturesWithoutViolence.org

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Financiado en parte por el Departamento de Salud y Servicios Humanos y la Administración para Niños, Jóvenes y Familias (concesión #90 CT 0024).

Línea de Ayuda

1-800-799-SAFE (1-800-799-7233)

TTY 1-800-787-3224

<http://espanol.thehotline.org>

Leyes y recursos nacionales: **www.womenlaw.org**