NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

Connected Parents Connected Kids:

Addressing intimate partner violence (IPV) and adverse childhood experiences (ACES) in home visitation and family support programs

March 2025

Learning Objectives

1. Understand the impacts of intimate partner violence (IPV) and Adverse Childhood Experiences (ACEs) on families.
2. Provide universal education to families using the CUES framework.
3. Improve trauma-informed response to IPV.
4. Identify 2 strategies for practice change within home visitation and family support programs.

Group Agreements

- We respect everyone's story, perspectives and experience
- What's shared here stays here, what's learned here leaves here
- We take space, we make space
- We invite creativity and ideas
- We take care of ourselves

Grounding: Let’s take a mindful moment

What you do matters.
You matter…

There is transformational power in what you do everyday with and for families.

Pair Share

What does your work mean to you?

How does supporting families make you feel?

What core values do you bring when you work with families?

Our work starts with us

Your role is special and important

Let’s be intentional

You may be:

- The first (or only) source of trust and support for a caregiver or family
- The first responder for families experiencing IPV
- The only access to information and resources

Caring for others starts with us

- There are survivors among us
- Self-care is important
- Care for each other
- Lean on supports

“If we are to do our work with suffering people and environments in a sustainable way, we must understand how our work affects us.”

Laura Van Dernoot Lipsky

Trauma

- An experience overwhelming for a person
- Looks different for each person
- Has no boundaries
- Widespread and collective
- People can heal

Vicarious Trauma

Vicarious trauma is a change in one's thinking [world view] due to exposure to other people's traumatic stories.

- Not a sign of weakness
- Not a reflection of a client and their behaviors

- Can be cumulative–over time and across families
- Can be addressed and transformed

(David Berceli, 2007)

Pair Share:
What is one thing you can start doing today to take better care of yourself?

A Ripple Effect:

Caring for ourselves, so we can care for our families

Strategies

- Meaningful self-care practices
- Connecting to community
- Healthy boundaries
- Peer support and mentorship
- Weekly reflective supervision
- Leaning on same supports offered
- Overall workplace support (i.e. benefits, wages, time-off, etc.)

Health impacts of IPV and ACES

Terminology – Addressing Trauma

- Intimate partner violence (IPV)
- Domestic and sexual violence (DV/SV)
- Sexual assault (SA)
- Adolescent relationship abuse (ARA)
- Human trafficking (sex and labor) (HT)
- Adverse Childhood Experiences (ACES)

IPV is rooted in POWER and CONTROL

theduluthmodel.org

Understanding IPV

Physical	Sexual
Emotional	Verbal
Financial	Spiritual

- Violence is not always the priority
- Abuse happens in cycles
- Leaving is not always the best or safest option
- Does not exist in a vacuum
- Rooted in **power and control**
- **A public health issue**

Why is it important for home visitors to know about IPV?

IPV impacts home visitation outcomes

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

Centering Survivors

- “If mandatory reporting was not an issue, she would tell the nurse everything about the abuse…”
- “I say no [when my home visitor asks about abuse] because that’s how you play the game... People are afraid of social services. That’s my biggest fear...”
- “Like I was saying about my friend, the reason she don’t [disclose] is because she thinks the nurse is going to call children’s services…she avoids the nurse a lot.”

Intimate partner and sexual violence are common

- Between **1 in 2** and **1 in 5** people in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- Between **1 in 3** and **1 in 4** people in the U.S. have experienced sexual violence during their lifetime.
- **People from underserved communities experience higher rates, due to lack of resources and supports**

CDC The National Intimate Partner and Sexual Violence Survey: 2017

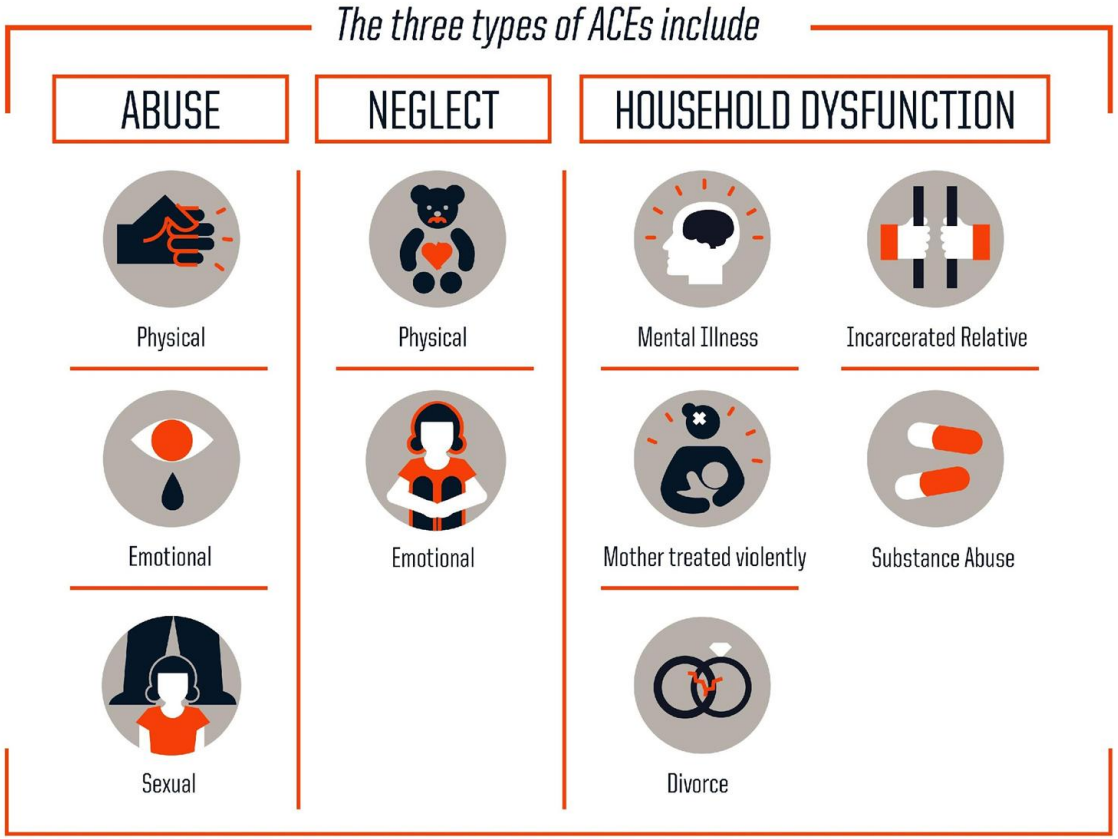
IPV impacts the entire family

- 40-60% of IPV cases also involve child abuse and child sexual abuse

- Developmental delays
- Internalizing & externalizing behaviors
- Physical symptoms & disease
- Poor school performance
- Child abuse
- Child homicide
- Cycle of violence in adolescent and adult relationships
- Adult decreased net worth & occupational achievement

Exposure to IPV as a child may have negative and lifelong health impacts

Adverse Childhood Experiences (ACEs)



WHAT IMPACT DO ACEs HAVE?

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

ACES: A risk factor for IPV

Women with history of 3 violent ACEs are 3.5 times more likely to become a victim of IPV

Men with a history of 3 or more violent ACEs are 3.8 times more likely to perpetrate IPV

What happened to you
when you were a kid...

Can affect you as a parent.

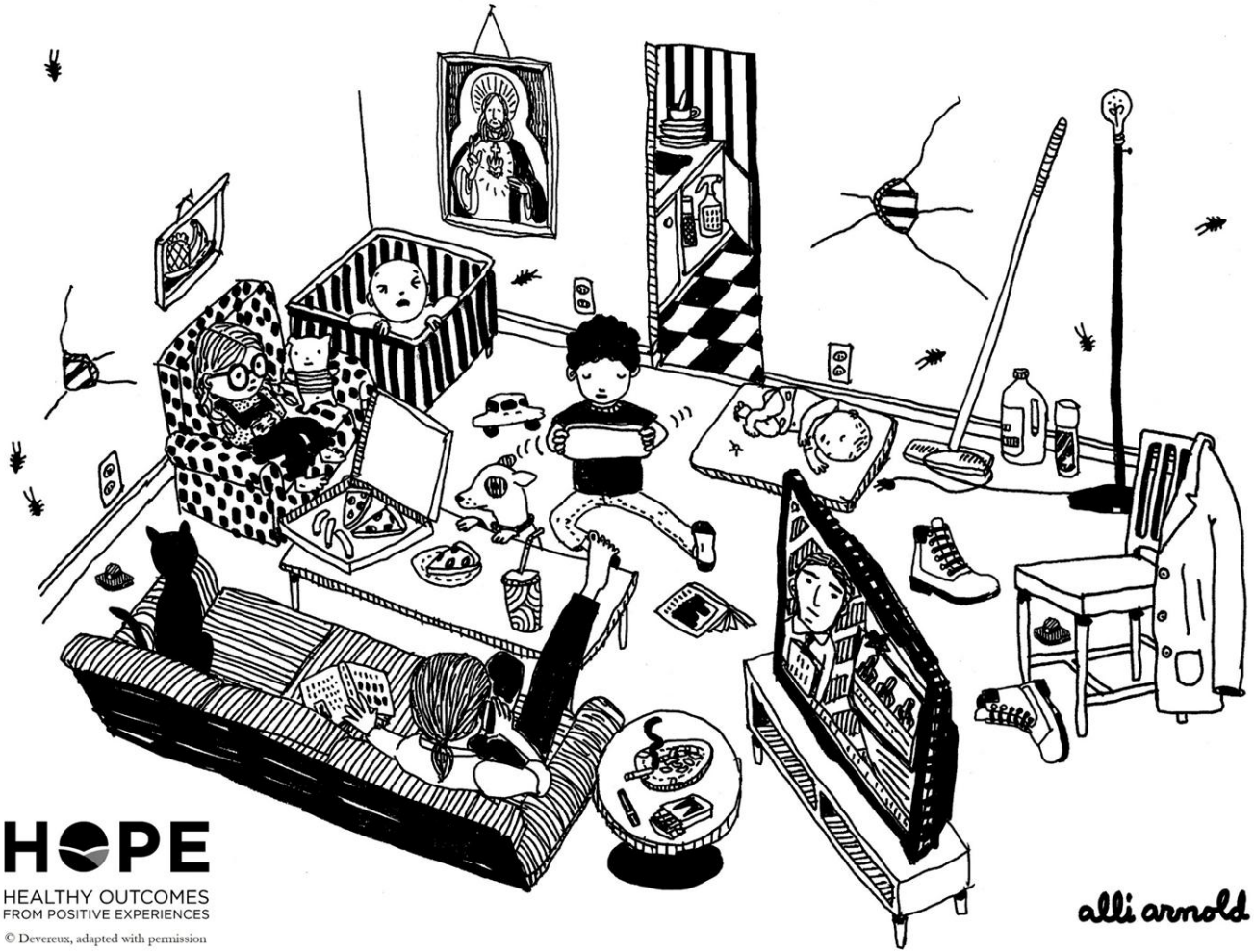
For additional resources visit IPVHealth.org

People can heal

Social, cultural and spiritual connections	Safer and more stable living conditions
Nurturing parent-child relationships	Perspective and growth mindset
Social and emotional ability	Agency

- Resilience is universal and can grow
- Healing happens in safe relationships
- Strongest predictor of healing and resilience in children: having caring and consistent adults in their lives
- Focus on strengths and positive experiences

What do you see?



ACEs vs PCEs

Adverse Childhood Experiences vs Positive Childhood Experiences

Traditional Frameworks

- Focused on adverse experiences
- Create a presumption of deficit
- Inform most screening tools
- Lift up harm

Healthy Outcomes from Positive Experiences (HOPE) Framework

- Focused on strengths
- Creates a presumption of strength and resilience
- Shifts the narrative in what we ask about and look for
- Can protects mental health
- Lifts up and builds protective factors

HOPE
HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

Positive experiences affect health and outcomes

Helps children grow into more resilient, healthier adults

- Protects adult mental health (even in the face of ACEs)
- Prevents ACEs
- Blocks toxic stress
- Promotes healing and wellbeing
- Increases protective factors

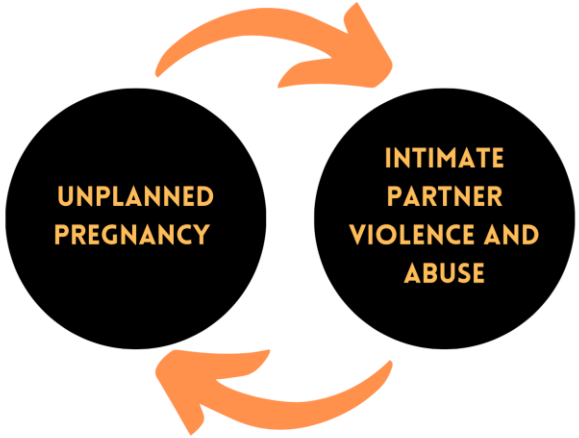
How IPV might show up in home visitation?

- Caregiver being hurt or controlled by partner
- Injuries
- Health impacts
- Caregiver not being able to make their own decisions
- Health conditions harder to manage
- Missed appointments for themselves and children
- Caregiver not able to adhere to care plan
- Disconnection/disassociation
- Impact on children
- Disclosures of abuse
- Caregiver changing their story during visit
- Impact on housing + economic security and other social needs

Relationships can affect your health

Health impacts	Brain injury	Mental health
Substance use and prenatal exposure to substances	Higher risk for unplanned pregnancy	Sexual and reproductive health
Perinatal health and outcomes	Maternal mortality	Early childhood exposure to IPV
ACES	Wellbeing	Life expectancy

IPV and Perinatal Health



- IPV risk increases during and after pregnancy
- IPV is a major contributor of maternal mortality
  - Homicide, suicide, SUD, overdose
- Psychological /emotional abuse is most common
- Lack of supports before, during and after pregnancy increases risk for:
  - Perinatal depression and other mental health conditions
  - Parent-to-baby bonding failure

Impacts on Perinatal + Fetal Health

- Abortion, miscarriage, stillbirth
- Preterm birth and low birth weight
- Adverse health outcomes for birthing person (including bleeding)
- Perinatal depression – 5x more likely
- Perinatal and newborn exposure to substances
- Impacts on fetal growth/development
- Lower breastfeeding rates
- Lower ability and quality of parenting
- Child exposure to IPV and ACEs
- Rapid repeat pregnancy

IPV and Substance Use Coercion During Pregnancy

Common tactics used:

- **68% -** partner restricted access to treatment services and culturally-specific healing supports
- **72% -** partner used behavioral health needs against them to jeopardize their ability to maintain custody of their children
- **72% -** partner used claims about substance use against them to make it harder for them to get or keep housing

Break

Addressing and responding to IPV in home visitation

Making the shift

Traditional Assessment	Universal Education
Focuses on disclosure	Focuses on trust and relationships
Only reaches survivors who disclose	**Reaches everyone, including survivors who don't or won't disclose**
Only offers resources with disclosure	Connects everyone to resources
Not typically survivor-centered	Centers lived experiences
Power differential between healthcare staff and patient	Shares power between provider and patient
No focus on prevention	Promotes prevention
Limited in the experiences captured	Open and safe to talk with all patients about their relationships and experiences
	Promotes altruism
	Strengths-based


Connected Parents, Connected Kids

CUES: A healing-centered approach for IPV

C: Confidentiality

UE: Universal Education and Empowerment

S: Support

1. Increase the opportunity for safety and privacy
1. Normalize conversations about relationships, stress, anxiety and safety
1. Ensure everyone gets access to support and information
1. Use altruism to increase connection and promote healing
1. Know how to respond when someone discloses

C: Confidentiality

- Understand your reporting requirements
- Discuss confidentiality before talking about relationships
    - Explain your limits of confidentiality in ways they can understand
- Talk to caregivers alone (whenever possible)
- Never use a child, family member or friend as an interpreter

Confidentiality

*“Before we get started, I want to let you know that I won’t share anything we talk about today outside of your care team unless you tell me that someone is hurting you physically or sexually or you are thinking about hurting yourself**, then I will need to share it in order to keep you safe and get you help.”*

**or find out your state’s mandatory reporting requirements

UE: Universal Education and Empowerment

- Normalize the conversation
- Introduce 2 copies of the card or resource
- Make the connection to core messages
  - Educate that relationships can affect health
  - Connect to reason for visit or other conversations happening
  - Promote risk reduction

Normalizing the Conversation

“Because stress and complicated relationships are so common, we’re giving these cards to all the parents in our program—they have great info on how to build healthy homes and resilient kids. It talks about parenting stress, what’s safe and healthy in relationships and what’s not."

Universal Education and Empowerment

“We always give 2 cards in case you are ever struggling in your relationship or so you know how to help if you know someone who is struggling. Everyone deserves support.”

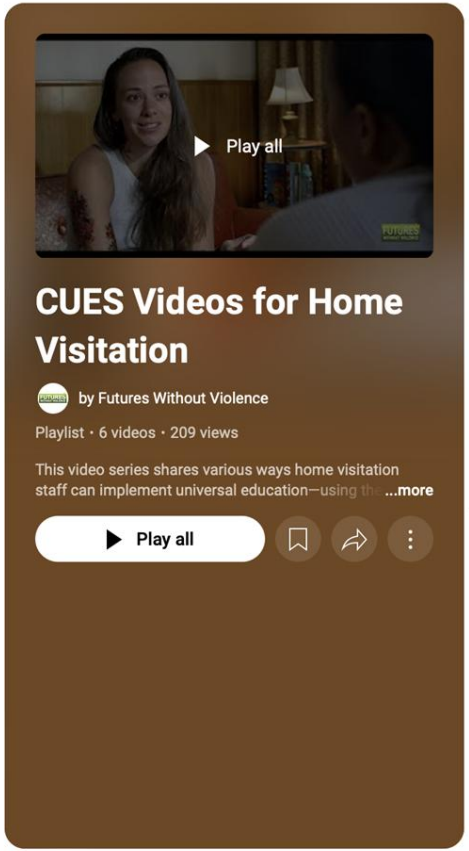
Universal Education and Empowerment

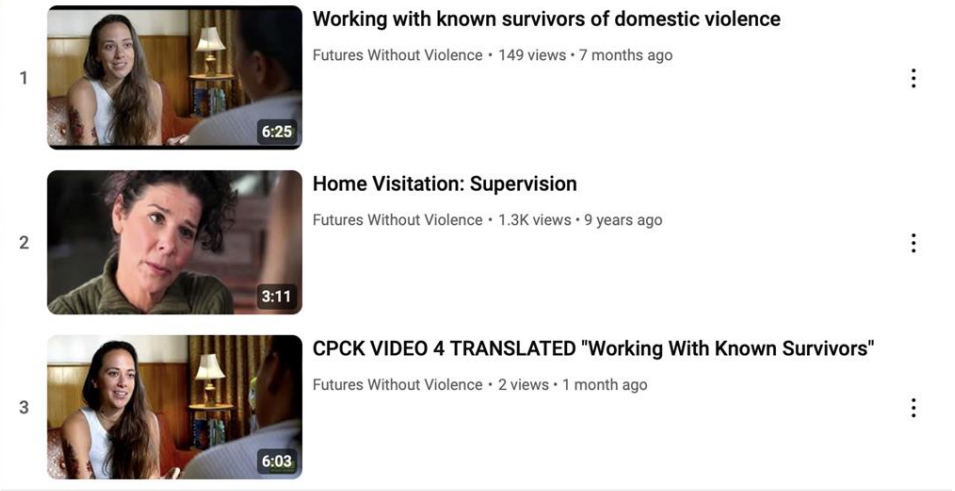
“On the back of the card, there are resources you can call or text anonymously—stuff you can share with friends and family too. And there is a supportive parenting helpline for times when you are feeling overwhelmed or frustrated. You can always talk to me as well.”

Using the resources

- Free, anonymous helplines (call or text)
- Advocate (and parenting support) in over 200 languages
- Try on the resources!
    - Call yourself to understand what support could look like

Using CUES





CUES Videos for Home Visitation

Disclosure is not the goal
but *disclosure may happen*

Take a mindful moment

- Grounding and self-care is an important step
- Aim to be present before using CUES with families
- Rest the judging mind
  - Being non-judgemental means ***we don't need to do something; we only need to be present in the moment to what is***
  - Quieting our judgements is a practice

Practicing CUES

- Move into groups of 3
- Use the scripts provided (or use your own words)
- Some guidelines
  - 1 is the HV, 1 is the parent
  - This is not the 1st visit with the person
  - You do not suspect IPV
  - In person visit
  - Person is alone

Practice – Report Back

- How did it go? How did it feel?
- What did you notice?
- What additional support might you need?
- How might you make these scripts your own?

Break

Improving Response to IPV in the home

Disclosure is not the goal
but *disclosure may happen*

Thank you for trusting me with your story.	You are not alone.	This sounds really difficult.
Support is available.	It takes a lot of courage to talk about this.	No one deserves to be treated this way.
It's not your fault.	You are so strong.	I know you love your child(ren).

Supportive and validating responses

S: Support

Confidential and free chat, text, call line provides support 24/7:

thehotline.org
text "START" to 88788
800-799-SAFE (7233)
TTY: 800-787-3224

more info

Free, anonymous safety aid: myplanapp.org
Low cost healthcare: bedsider.org

futureswithoutviolence.org

What to do after a disclosure:

1. Offer **gratitude** for sharing their story
1. Validate their experience, listen without judgement
1. Offer resources and make **warm handoffs,** in ways that are safe, to trusted support services
1. Consider safe ways to follow up
1. Safely document in medical record

Warm handoff to trusted resources

“Thank you for sharing your story with me. This sounds really difficult. ***I am here to support you and your family****. We work closely with a local program that has helped a lot of people in situations like yours. Would you like me to connect you with them? They can talk with you about options and explore what might be the most helpful for you.”*

Responding to IPV in Home Visitation

Community Partnerships

- Everyone has a unique and important role in supporting survivors and their families
- You don’t need to be an IPV expert
- Build partnerships with community-based organizations you know and trust
- IPV support services and family serving organizations provide critical services
    - Safety planning, shelters and housing support, counseling, family services, legal advocacy, employment support, etc.

Mandatory Reporting

50%

Report mandatory reporting made the situation “much worse”

Mitigating harm with mandatory reporting

- Know your state laws and what warrants a child welfare referral
- Recognize that many types of IPV are **not** reportable
- Review your written policies on reporting & responding to IPV
- Prioritize **support for survivors** if filing is indicated
- Consider survivor autonomy and safety
- Always inform of the need to report before filing
- Never report alone

Harms of Mandatory Reporting

Child welfare involvement deeply impacts some communities

- More likely to have reports filed against them
- More likely to have child(ren) removed from the home
- Less likely to receive child welfare supports

Survivors are fearful and anxious about losing their child(ren)

- Child welfare involvement
- Abusive caregivers are more likely to seek sole custody

Survivors often report negative outcomes from reporting

- Reduced help-seeking
- Situation became worse

Support and MR

“Remember at the start of this visit when we talked about situations where I would have to get others involved to help keep you safe? This is one of those times. I know it took a great deal of courage to share this with me, and we need to make sure that you are safe (and your children). I will need to report what happened to you and I really would like your help making sure that I understand all of the things you need to make this as safe and supportive as possible for you.”

Remember,
Disclosures and reports are requests for non-judgmental help and understanding.

Healing comes from empathy, family-centered support and resources.

What folks say about CUES

Home visitors & family support staff:

- Increases trust and good rapport
- Provides information for everyone
- Helps families engage
- Very well accepted

Client Feedback

"I wish someone had given this to me 10 years ago."

"I experienced this in a past relationship."

"I know somebody who can use this card."

“This made me feel empowered because…you can really help somebody…somebody that might have been afraid to say anything or didn’t know how to approach the topic, this is a door for them to open so they can feel…more relaxed about talking about it.” (Miller, 2017)

CONNECTED PARENTS, CONNECTED KIDS

Many people grew up in homes where they were hurt or mistreated by someone, or there were other problems:

- ✗ Maybe someone was hurting you or someone you love.
- ✗ Maybe you were worried about where you would live or having enough food to eat.
- ✗ Maybe your caregiver couldn’t care for you the way they wanted to.

Your experiences growing up can affect your parenting and relationships.

Harmful experiences in childhood and adulthood can increase health issues:

- ✓ Asthma, chronic pain, diabetes
- ✓ Smoking, drinking, using drugs or pills
- ✓ Stress, anxiety, depression, suicide
- ✓ Relationships where you are hurt or hurting your partner

Everyone struggles with parenting and relationships at some point.

- ✓ Parenting can be lonely.
- ✓ You are not alone.
- ✓ It’s ok to ask for help.

You and your kids deserve to to be safe. You deserve to be treated with respect

Talk with your health care provider about getting help for you and your family.

Worried about a friend? You can support them:

- ✓ Connecting with them can make a difference.
- ✓ Let them know they are not alone.
- ✓ Share helpful information that you’ve received about where to get help.

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE
ipvhealth.org

FUTURES WITHOUT VIOLENCE
futureswithoutviolence.org

Get free, confidential, 24/7 support:

- www.nationalparenthelpline.org
- www.thehotline.org
- Text “START” to 88788
- Call (855) 427-2736

Practicing CUES

Providing Universal Education

- Beyond the script…remember to:
  - Review confidentiality
  - Normalize the conversation
  - Make the connection (parenting, relationships, health)
  - Share the card and resources

Making CUES your own

- Reflect on the previous practice exercise - How would you adapt the scripts to make them your own?
- Write your own scripts using your words
- Return to your group to practice your own scripts

Practice – Report Back

- How did it go? How did it feel?
- What did you notice?
- What additional support might you need?
- What other questions to you have?

Break

Tips for using CUES

Child(ren) in the room

- **It's ok to not have the conversation**
- **Never discuss IPV in front of a verbal child**
- Ensure caregiver is comfortable and can be present
- Be mindful of language used
- Monitor depth of the conversation
- Consider ways to create a private moment with caregiver
- Invite a follow up conversation when caregiver can be alone

Helpful resources

Hooray for Hands

Special Special Comfort

- **It's ok to not have the conversation**
- Trust your professional judgement
- Provide universal education for both caregivers
- Normalize services and resource sharing so leaving safety cards and other materials is common
- Consider creative ways to create a private moment with caregiver (at that time or a later time)

Partner in the room

Centering CUES for the family

Consider the following prompts to start your conversation:

- *"We just had this training and I wanted to share some information!"*
- *“What do you love about being a parent?”*
- *“What do you love about your children?”*
- *“How do you want your children to remember you? What kind of legacy do you want to leave for them?*
- *“You are a role model to your children. Is there anything you'd like to change?”*

Resources: Scripts for people who use harm

Extended family in the room

- Be inclusive, as appropriate
  - *“Hi <mother-in-law>! I have some information that I would love to share with you too, would you like to join us?”*
- Remain family-centered
- Focus on prevention and family health
- Sensing discomfort?
  - Skip, shift topics, talk about parenting strategies and the parent warmline

- If you mail resources in advance of virtual visit, include the cards
- Use the web version and PDF of the CPCK card to be virtual-friendly
- Take extra precautions to promote privacy and safety
- Role play a virtual visit with a peer to increase comfort, including scanning QR codes, sharing cards virtually, etc.

Virtual Visits

Working with Interpreters

1. Communicate with interpreters in advance about the topic and safety implications
2. After each piece of information, ask the interpreter to share their understanding and adaptation of the information
3. Highlight the DV hotline has advocates that speak over 200 languages
4. Check in with the interpreters after and to make improvements

“Today, I am going to be sharing resources that we provide to all families about healthy and unhealthy relationships. This conversation will focus on general information. I will share the information and before you translate, I will ask you to do some "teach back” or repeat what you understood and plan to share with the family to ensure the message is clear and safe.”

Using CUES with folks with disabilities

- Consider individual needs, barriers, and abilities and **strengths**
- Evaluate communication style:
  - Use concrete language and visual aids
  - Make info digestible (i.e. break up topics, ask 1 question at a time)
  - Leave ample time for them to process information and respond
  - Avoid “baby-talk” or “up-speak”
  - Ask about sensory preferences – i.e. Are the lights too bright? Is the environment too noisy?
- Revisit the conversation at a following appointment
- Center varying abilities and accessibility in policies/practice
- Partner with / refer to CBOs and service providers with expertise

- Remember the broader goals of the conversation:
  - Build trust and relationships
  - Share resources
- Lean on trauma-informed care principles
  - Nurture physical and emotional safety
  - Help them feel seen, heard and understood
  - Meet them where they’re at
  - Move from “what’s wrong with you?” to “what happened to you?”
  - Be sensitive to individual needs

Navigating discomfort

- Notice what might be causing the discomfort
- Remember - it's ok to not have the conversation
- Use mindfulness strategies to support calming and grounding
- Focus on relationship building and sharing resources rather than conversations about IPV
- Shift language to match their needs
- Ask meaningful questions
    - How can I support you?
    - What do you need in this moment?

Pair Share:
How might you use CUES with a caregiver who previously disclosed IPV?

Using CUES when someone has previously disclosed or had a positive IPV screening

“Last time we were together, you shared how hard things were in your relationship. [insert specifics of what was said here]. I want to share with you something I share with everyone. It’s important to know you are not alone. You can take these cards and share them with others. You can use the QR code, send a picture of them or I can send them to you electronically...whatever is most helpful to you right now.

These cards talk about how to take care of yourself and your kids when you are feeling overwhelmed or upset. The cards have the 24/7 anonymous DV hotline and the 211 line on the back for more local organizations who can help. They are there for support whenever you need them.”

CUES is for everyone!

How might you center the family when using CUES?

Strategy 1: Centering the family with CUES

Ask about any upcoming health or dental appointments for the child(ren) to use as an opportunity to talk about the child's needs and how to best support their growth, development and resilience

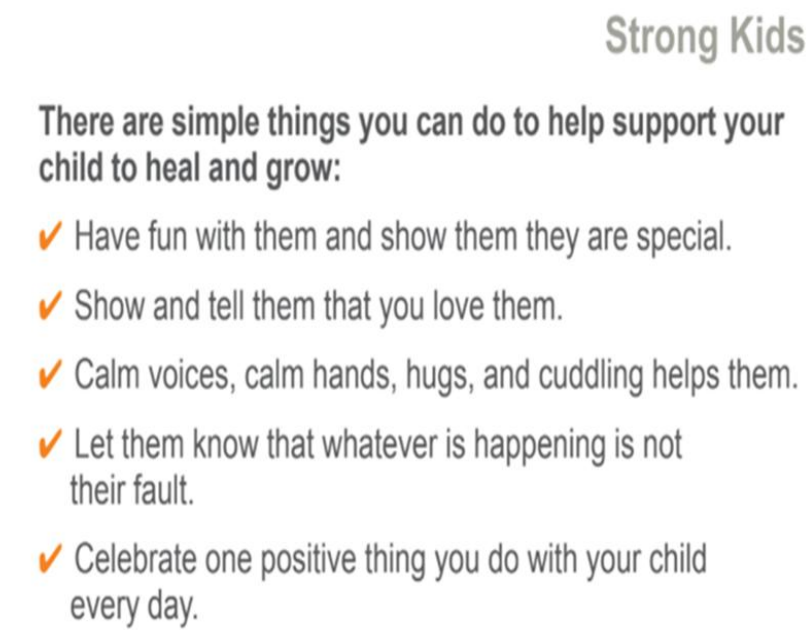
"I'm happy to hear Max has his annual check up next week! Will you both be going with him? This is such a critical time for kids his age. I'd love to talk with you about things you both can do to best support him, especially when things are hard or if he's experiencing anything hard or stressful."

Strategy 2: Centering the family with CUES

Celebrate/acknowledge the partner being at the visit and normalize the conversation

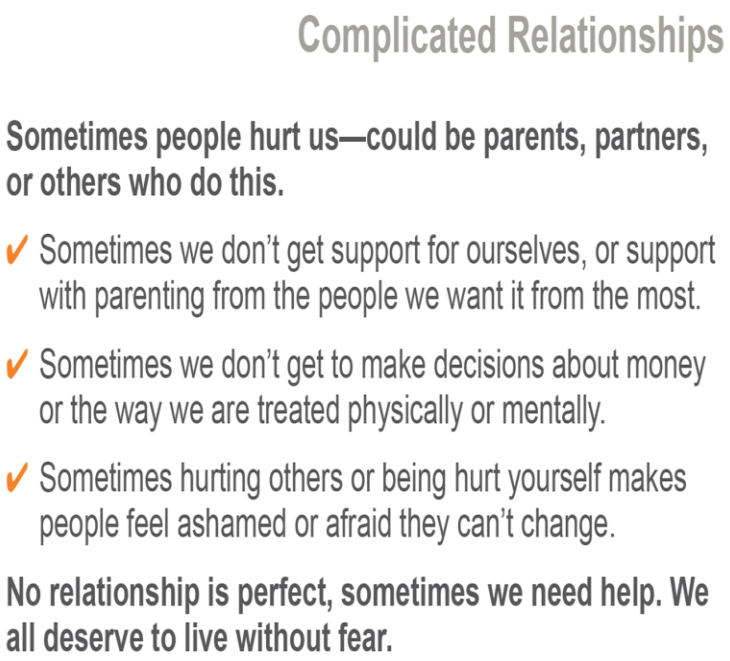
“I love it when I get to talk with both parents! It’s clear you’re both so invested in your kids and want what’s best for them. So whenever I do get to see both parents together, I talk with all my families about this. It’s so important for the health and wellbeing of our kids.

Scripts: Centering the family with CUES



"Just like we go through a lot of different emotions (feeling frustrated, angry, overwhelmed), kids do to. Especially if they experience something complicated or scary at school, at home or even if they see things on TV. And, it can be hard for them to express what they are feeling and what they need in those moments. There are a lot of simple things you can do to help Max heal and grow if and when he is ever experiencing anything like this."
(Read 3 things from the card aloud)

Scripts: Centering the family with CUES



"Parenting can just be so hard sometimes. Many parents may not know this, but how we were treated and cared for as a kid can really affect how we might parent our own kids. For example, so many people were hurt when they were kids –maybe by their parents or other adults they trusted. Or, maybe they didn't have the support they needed or didn't feel the love they were wanting. Many also may have experienced other really hard things when they were kids like not having enough food to eat, or maybe they had a parent who drank a lot or had mental health issues. Maybe they grew up in homes where there was a lot of yelling and fighting. No parents and homes are perfect and we all need help sometimes."

"What do you love about being a parent?"

"What kind of legacy do you want to leave for your kids, especially as you think about how they might parent their own children someday?"

Case Scenarios

Case 1

You are meeting with one of your newer families. It's not the first visit; you have met with them 3 times previously.

You are meeting in-person. So far, nothing has been shared with you (and you haven't observed anything) that is making you suspect there may be something going on.

You are excited about the new program practice to provide universal education with all families.

- **How might you respond?**
- **What card panels could you use?**
- **What resources might you share?**

Panels + Scripts: You Matter

"This card helps break down the real stuff in people's lives that we don't always talk about, like just how hard parenting and relationships can be. It can feel really lonely, and everyone deserves support."

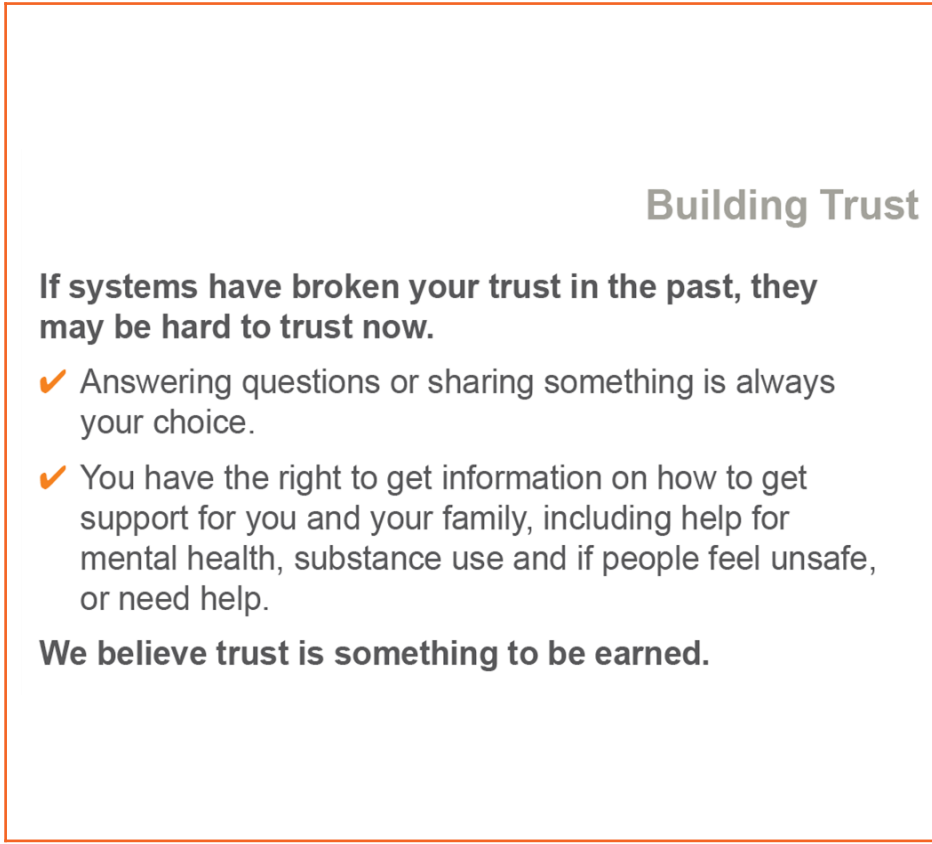
Case 2

You have been meeting with Kara, a mother of 3, for the past month. You have been sensing something is going on because she's rescheduled a few appointments and is very particular about when you can meet. She also seems very stressed and down.

Today, at an in-person visit, you introduced the CPCK card and used CUES to open a conversation around safe and healthy relationships. Kara immediately broke into tears.

- **How might you respond?**
- **What card panels could you use?**
- **What resources might you share?**

Panels + Scripts: Building Trust



"I'm not sure we say this enough, but what you share with me (even how you respond on forms) is completely up to you. It's your choice if you want to share something or if you don't want to say anything at all.

Trusting takes time. That's why I'm giving you this card, because you don't need to share anything with me if you don't want to or don't feel ready to. Either way, I will still share with you how to get support for you or someone you know if you ever need it. And I am always here to listen and support however I can."

Panels + Scripts: Support for ourselves and others

"On the back of the card are free, anonymous helplines—you can share these with friends and family too.

They have trained advocates who are really compassionate, not judgmental and give support for complicated relationships both for people who are being hurt and those who are causing the harm. Also, there is also a supportive parenting helpline for times when you are feeling overwhelmed or frustrated with your child. And we all feel like that at times."

Case 3

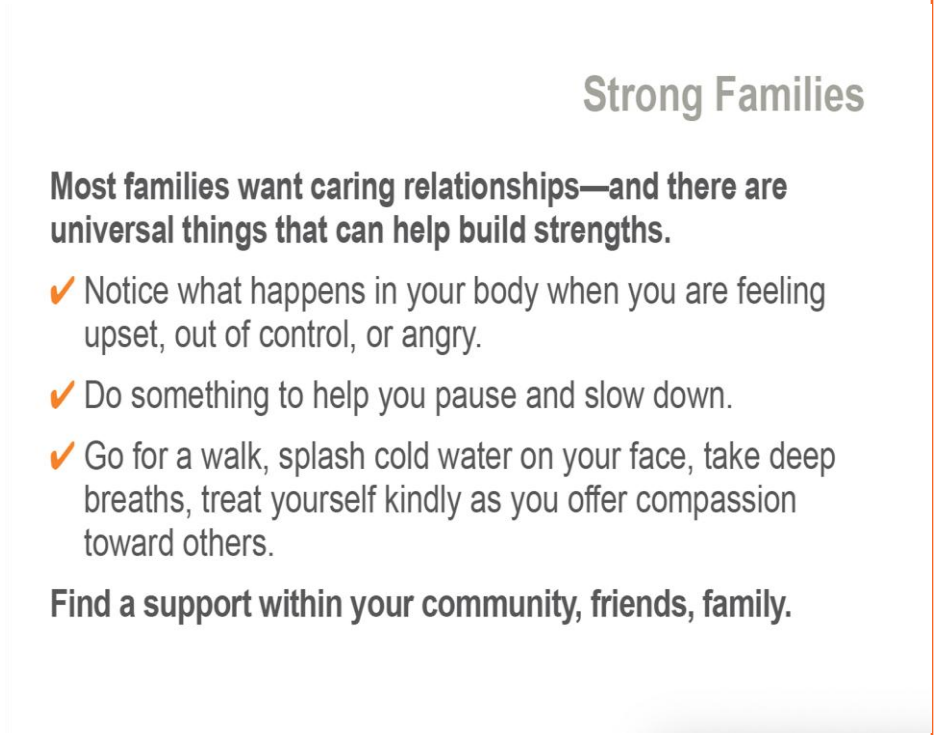
Today you are meeting with the Martinez family. Last week when you met, you had a private moment with Christina and completed the IPV assessment.

You've just completed training on using CUES with your families, but you've already talked about relationships previously.

Christina's partner and child are there.

- **How might you respond?**
- **What card panels could you use?**
- **What resources might you share?**

Panels + Scripts: Strong Families



"I love having this awareness that what happened to me as a kid can affect me as a parent. Have you ever thought about that before? It gives me a helpful perspective in how I show up and where I have a hard time, and really helps me see how I can grow as a parent. And isn't that what we all want…to become better parents with more tools?

We truly are the biggest role models for our kids. Is there anything you would like to change?

What about when you are having a hard time, feeling really stressed out or burnt out, or maybe when you might just not be on the same page in your relationship. And we all go through those ups and downs in our relationships. What can you model for your kids in those moments?

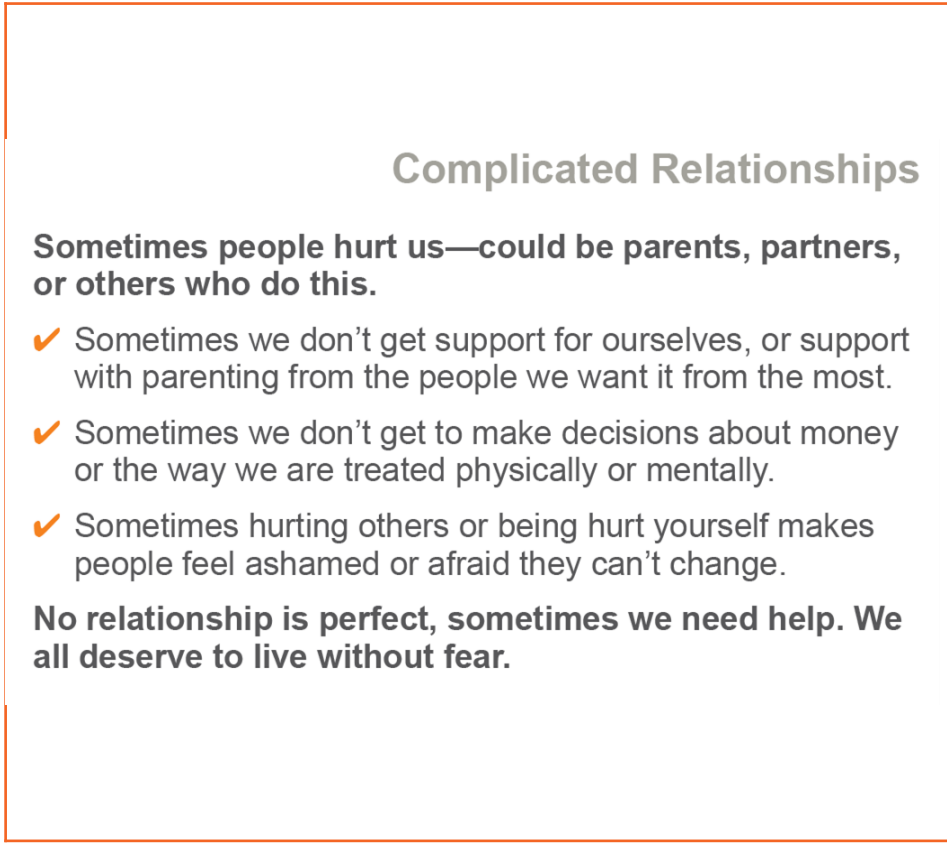
There are universal things we can do to teach our kids healthy behaviors during hard times and build strengths."
(read 1-2 from the card)

Case 4

In talking with Melody, who is 5 months postpartum, things have been coming up about her feeling really down. She feels she is having trouble connecting with the baby, she finds herself breaking down everytime the baby cries. She is feeling really overwhelmed and also feels like she can't parent in ways that feel natural for her because her and her partner disagree on how to approach things in parenting.

- **How might you respond?**
- **What card panels could you use?**
- **What resources might you share?**

Panels + Scripts: Complicated Relationships



"Parenting is so hard at times. It's very common to disagree about how to parent your children.

And, all relationships sometimes get hard or complicated. Sometimes, people may hurt us in our relationship—like name calling, fighting or other stuff that may be controlling or hurt us emotionally or physically.

This card helps us talk about how common parenting and relationship problems are and what can help. Talking about this is so important because kids and babies need parents to be in the best possible space when things are rough—and supports can help."

Making CUES seamless with your work

- How might you connect CUES to other conversations you’re having with families?
- What can you listen for to make CUES a seamless part of the visit?
- Consider ways to connect CUES to your performance measures and HV goals

Navigating Challenges with CUES

What challenges or barriers might you in using CUES in home visits?

Common Challenges – Practice Change

- Limited time
- Maxed out capacity
- Discomfort with topic
- Committed to screening
- Rigid program policies
- Required - no internal motivation
- Limited resources or unaware of the resources available
- Single person trained, rather than the team (not an org-wide practice)
- Can't get (or don't know how to get) caregiver alone
- Disclosure followed by a story change
- Navigating mandatory reporting
- Personal experiences

Navigating Challenges Activity

- Different challenges will be on the screen and read aloud, consider how you would respond or overcome this challenge
- Whoever has the ball shares how they would respond
- Lean on your peers for support or ideas
- Throw the ball to someone else for the next scenario

I don’t have enough time to do CUES on top of everything else I have to do in the visit.

I don't know where to send people for support.

The caregiver disclosed to me and then changed their story.

It’s hard to get the caregiver alone.

I have my own experiences of IPV, I’m not ready to talk about this topic with other families.

I do a lot of virtual visits, so I can't use CUES.

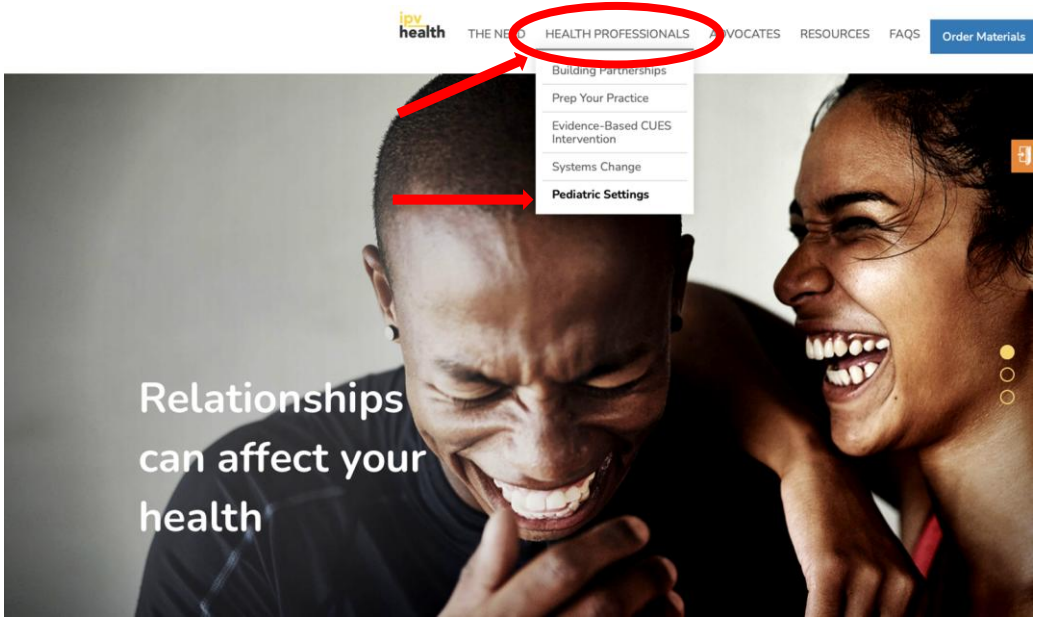
I’m not sure what to do the next time I see a family after a disclosure.

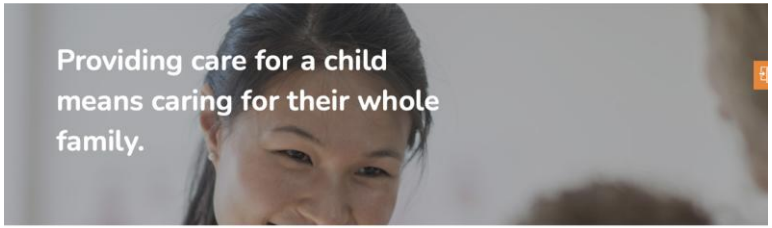
Q+A

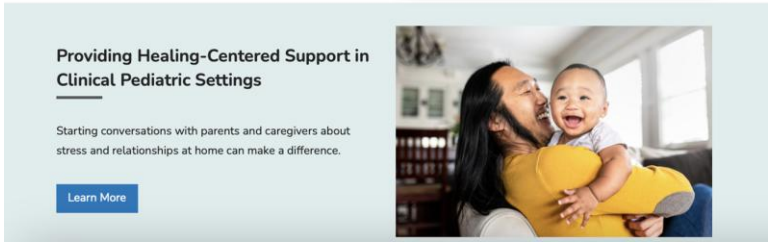
Resources

https://linktr.ee/CUESresources

IPVHealth.org







Online toolkit for:

- Implementing CUES
- Developing partnerships
- Changing practice
- **NEW! Addressing caregiver IPV in pediatric settings**
  (could be helpful for HVs and family support)

For additional resources visit IPVHealth.org