Legacy Project: HOPE of East Central Illinois

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N442 Population and Global Health

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March 20, 2023

Introduction:

HOPE of East Central Illinois is an organization dedicated to caring for those affected by domestic violence. The mission of HOPE is to empower persons to live independent, non-violent lives through the provisions of Housing, Outreach, Prevention, and Education (*Domestic Violence Service Provider in East Central Illinois,* n.d.). HOPE serves Coles, Clark, Cumberland, Douglas, Edgar, Moultrie, and Shelby counties (*Domestic Violence Service Provider in East Central Illinois,* n.d.). HOPE provides a 24-hour hotline, housing, Illinois Domestic Violence Act advocacy, children's advocacy, community advocacy, counseling, community education, transportation, referrals, and walk-in support groups (*Domestic Violence Service Provider in East Central Illinois,* n.d.). HOPE has two housing shelters available, an emergency shelter and transitional housing through local departments (*Domestic Violence Service Provider in East Central Illinois,* n.d.). Outreach, prevention, and education comprise programs from schools to referrals and counseling to provide empowerment and lead to self-sufficient, safe, and successful lives (*Domestic Violence Service Provider in East Central Illinois,* n.d.).

The legacy group plans on volunteering at HOPE on February 28, 2023. During the time spent at HOPE, students plan to restore the playground, clean play areas, and perform other tasks that the HOPE facility needs help to do. The location of HOPE is 2111 18th street, Charleston, IL 61920. The location of the housing units is confidential. The students chose to volunteer at HOPE due to personal experiences of knowing those in domestic violence situations and, as a group, wanting to help in any way for those experiencing domestic abuse.

<u>Lauren</u>

Screening for intimate partner violence, elder abuse, and abuse of vulnerable adults

Feltner et al. (2018) surveyed intimate partner violence (IPV), elder abuse, and abuse of the vulnerable population, potentially affecting their health outcomes. During the study, they raised five questions discussing how screenings can harm IPV and how interventions can reduce exposure to violence (Feltner et al., 2018). Thirty studies were performed using randomized clinical trials, comparing cohort studies and control groups and assessing the tool's accuracy when detecting the current, past, and risk of abuse (Feltner et al., 2018). At the end of the study, researchers found valuable tools to detect women experiencing IPV; however, there was no reduction in quality of life (Feltner et al., 2018). Feltner et al. (2018) did list several limitations, such as focusing on asymptomatic cases of abuse; and did not study the uncontrolled group (Feltner et al., 2018). Initially, the researchers planned to assess the screening for elder and vulnerable abuse but did not.

"The propellers of my life" the impact of domestic violence transitional housing on parents and children

Wood et al. (2022) discuss the housing challenges of domestic violence (DV) survivors. This study took place over 18 months and included 30 female participants who resided in the domestic violence traditional housing (DVTH) and were interviewed for the study (Wood et al., 2022). The three main themes within the study were that DVTH helps strengthen the parent-child relationship, transitional housing provides an opportunity for family stability and allows families to find trauma resources and social groups (Wood et al., 2022). This study shows the benefits of domestic violence housing, especially with the resources provided (Wood et al., 2022). However,

the study was limited to only one DVTH site, and researchers did not interview children, limiting their perspectives of the situation (Wood et al., 2022).

Angel

Domestic violence police reporting and resources during the 2020 covid-19 stay-at-home order in Chicago, Illinois

Baidoo et al. (2021) introduce domestic violence and the impact the Covid-19 stay at home order had on domestic violence cases. Experts have raised concerns about increased domestic violence during the pandemic due to prolonged contact with abusers, financial stress, and overwhelmed emergency and community resources (Baidoo et al., 2021). The study evaluated whether or not police reporting increased, but the authors did put into consideration underreporting due to a lack of legal support, fear of escalation, and stigma (Baidoo et al., 2021). The study was conducted in Chicago, Illinois, and divided into north, west, and south sides. The study found that the rate of domestic violence police reporting decreased after the stay-at-home order because of the decrease in domestic violence resources available during the pandemic. Baidoo et al. (2021) emphasize the need to prioritize and support domestic violence victims, especially in communities experiencing a high burden of Covid-19 and racial inequity.

Domestic violence and its effects on women, children, and families

Walker-Descartes et al. (2021) discuss domestic violence and its effects on women, children, and families. By definition, domestic violence takes place within a household and can involve a parent and child, siblings, or even roommates (Walker-Descartes et al., 2021). Women are at least three times more likely than men to experience injury from partner violence.

However, in the United States, 13.8% of men also have experienced domestic violence at some point (Walker-Descartes et al., 2021). Walker-Descartes et al. (2021) state that homicide is often the tragic endpoint of battering relationships. Women are killed by intimate partners more often than any other type of perpetrator, with approximately 1 out of 5 murder victims killed by an intimate partner. Moving on to the effects on children, violence in the household increases a child's risk of maltreatment as a culture of violence is established within the household (Walker-Descartes et al., 2021). No matter the exposure, children and adolescents are deeply impacted by the violence because 30 to 60% of men who abuse their female partners also abuse their children. This exposure may leave permanent damage that can significantly interfere with a child's physical and emotional development (Walker-Descartes et al., 2021). Approximately half of all children exposed to domestic violence have emotional and behavioral problems and need behavioral health services. Overall, a safe environment is critical to protecting victims of violence. Screening and identifying domestic violence is the first step in reducing scary outcomes due to violence.

Kelsey

Successful rules reduction implementation process in domestic violence shelters: From vision to practice.

Research shows that rule-heavy models can potentially harm DV victims by causing disempowerment resulting in an early exit from needed help (Kulkarni et al., 2019). Although many shelter programs want to reduce or eliminate this rule-heavy model, most programs need more resources to guide this change in practice. This study sought the best way to implement rule-reduction policies and procedures throughout an organization (Kulkarni et al., 2019).

The study conducted by Kulkarni et al. (2019) found a three-stage process for successfully implementing rule-reduction policies and procedures. The first implementation step is creating a shared organizational vision (Kulkarni et al., 2019). All staff must share similar values, norms, and practices that facilitate anti-oppressive, survivor-centered, and trauma-informed philosophies. Another essential aspect to consider when creating a shared vision is ensuring that the organization and its members are culturally competent (Kulkarni et al., 2019). Most shelter employees are disproportionately white, while the victims they serve are disproportionately people of color (Kulkarni et al., 2019). The second stage of implementation involves shifting the organizational culture (Kulkarni et al., 2019). In this stage, the organization must hire talented individuals committed to the organization's core values (Kulkarni et al., 2019). Organizations should provide staff training in areas such as trauma, brain development, vicarious trauma, trauma stewardship, DV survivor advocacy, and implicit bias (Kulkarni et al., 2019). Having readily available peer support is also crucial for the staff to sustain the changes made (Kulkarni et al., 2019). Another critical step in this stage is ensuring that the staff is supervised to ensure change is happening (Kulkarni et al., 2019). The final implementation stage is to transform the staff practices through policies and procedures (Kulkarni et al., 2019). Reducing the rules in the shelter programs allowed the staff to implement positive changes that benefited the residents and the organization (Kulkarni et al., 2019). Without the restricting rules, staff could spend more time working with victims in productive ways that meet the victim's personal goals (Kulkarni et al., 2019). Shelter programs should be willing to rewrite and re-analyze their rationalizations of existing rules (Kulkarni et al., 2019). DV shelters provide essential support for individuals and families in crisis; however, the impact is minimized for the victims when their autonomy is constrained, when staff ignores their trauma responses, and when they are isolated

from their existing social networks (Kulkarni et al., 2019). Social workers should advocate for shelter rule-reduction models as they have been effective in multiple shelters in helping DV victims overcome their trauma and help build trust and rapport between staff and victims.

Access to domestic violence advocacy by race, ethnicity, and gender: The impact of a digital warm handoff from the emergency department.

Between 20,000 and 120,000 cases of domestic violence (DV), victims are annually seen in emergency departments (EDs) for DV-related chief complaints (Brignone & Gomez, 2022). The standard of care for DV includes identifying DV but does not include providing support, facilitating access to help, or following up to see if the patient received support (Brignone & Gomez, 2022). To help combat this issue, some EDs implemented a digital warm handoff such as the domestic violence report and referral (DVRR). This digital warm handoff tool helps to connect survivors to community-based DV advocates from the ED via a web-based platform (Brignone & Gomez, 2022). The DVRR includes body maps to document the victim's injuries and a twenty-question danger assessment to help bridge any gaps caused by the lack of DV training in healthcare professionals (Brignone & Gomez, 2022). This paper assesses the impact of DVRR on survivors' odds and predictability of receiving advocacy services after leaving the ED by race, ethnicity, and gender (Brignone & Gomez, 2022).

The study included 1366 patients that experienced DV (Brignone & Gomez, 2022). The study found that all patients who received the DVRR digital warm handoff intervention had increased odds of connection to DV advocacy services for all survivors (Brignone & Gomez, 2022). Black survivors had increased odds of reaching advocacy services than white survivors due to the DVRR implementation (Brignone & Gomez, 2022). Although DVRR's purpose was not to help address inequalities in DV, it appears to be culturally appropriate among Black and

Latinx survivors (Brignone & Gomez, 2022). DVRR facilitates personal connections between advocates and survivors and eliminates the need for survivors to embrace their victimization and weakness, which may contradict their cultural norms, helping to break down barriers to accessing advocacy services (Brignone & Gomez, 2022). The DVRR warm handoff tool also helps to eliminate providers' unconscious bias towards minority groups by having a list of structured questions to ask the victims of DV (Brignone & Gomez, 2022). The development of a smaller questionnaire is currently underway to shorten the number of questions from twenty to five in the hopes of greater use by providers (Brignone & Gomez, 2022). DVRR also significantly increased the number of male and female victims of DV that received advocacy services (Brignone & Gomez, 2022). This study clearly shows that this digital warm handoff tool benefits all DV survivors. This tool helps to eliminate bias from individual providers to help ensure that all victims of DV receive adequate support.

Nick Pontes

Impact of the domestic violence housing first model on survivors' safety and housing stability: Six-month findings.

Despite substantial research surrounding the causes of domestic violence, research detailing best practices for providing assistance to domestic violence victims is comparatively rare. The study conducted by Sullivan et al. (2022) compared current best-practice for domestic violence support to a DVHF model, which prioritizes housing through personalized, flexible funding to patient needs (Sullivan et al., 2022). The study included 345 homeless or unstably housed survivors of domestic violence who had been in contact with the domestic violence agency and their outcomes on the DVHF model (both initial and at six months) in comparison with those of similar participants following standard practice care models (Sullivan et al., 2022).

The study's limitation by the study's time frame may cause a lack of evaluation of longer-term (Sullivan et al., 2022). Additionally, the study failed to quantify the appropriate amount of financial support for a domestic violence survivor (Sullivan et al., 2022). The study noted improved housing stability alongside less economic abuse (though similar to domestic abuse relief) for participants in the DVHF model of care, a promising finding for planning future prioritization by relief organizations (Sullivan et al., 2022).

Children victims of witnessing domestic and family violence: A widespread occurrence during COVID-19 pandemic.

Screening for children witnessing domestic abuse is insufficient during the covid-19 pandemic. Children are witnessing various forms of emotional and physical domestic abuse, often resulting in emotional, behavioral, physical, social, and cognitive effects of this abuse (Ferrara et al., 2021). According to an article by Ferrara et al. (2021), "Data collected during the first year of the COVID-19 pandemic show a widespread spike in domestic violence as a result of social distancing and quarantine, including a rise in the number of women experiencing intimate partner violence". To combat the increasing domestic violence rates affecting children, medical schools also should include educational programs on child abuse and neglect and the adverse effects on children who witness domestic violence (Ferrara et al., 2021). Pediatricians, schoolteachers, and social workers are among the first detectors of domestic abuse among children (Ferrara et al., 2021). With the covid-19 restrictions, domestic abuse has increased, and the professionals skilled in screening for domestic abuse are less likely to see children due to the restrictions.

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