

# VERMONT NETWORK AGAINST DOMESTIC AND SEXUAL VIOLENCE

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## RURAL GRANT EVALUATION REPORT JOURNEYS HOME HOME VISITING PROJECT

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## BACKGROUND

The Vermont rural grant funded by OVW DOJ Grant No. 2014-WR-AX-0015 supports four domestic and sexual violence programs affiliated with the Vermont Network Against Domestic and Sexual Violence to develop and provide in-home advocacy services to women and children who have experienced intimate partner and sexual violence. The project engaged in an 18 month comprehensive planning process which included participation from advocacy program staff and leadership, the Network Office (Coalition) and the Vermont Department for Children and Families (grant partners). Planning began in late 2011, training was delivered in early 2013, and the project was implemented in February of 2013. This evaluation report pertains to the February 2013-November 2016 period.

The purpose of this project was to follow the lead of successful home based advocacy approaches in the country and offer home based domestic and sexual violence advocacy services in Vermont's most rural regions. The project hoped to address two situations: diminished access to longer term, survivor centered, culturally competent advocacy services for rural families surviving domestic and/or sexual violence; and, most uniquely, strengthening the often undermined relationships between primary caregivers (mostly mothers) and their children in these families. The ultimate goals for program participants were increased connectedness to community resources and between mothers/caregivers and children. The project proposed that participant outcomes would include increases in knowledge about community resources, the impact of domestic violence on children and mother/child relationships, and family strengthening activities. Expected behavioral outcomes included increases in use of community resources, personal supports, and safety planning as well as increases in hours spent in quality family time and in mother/child attachment. The hopeful long term conditional outcome for families was that longer term relationships were maintained with their local DV/SV program. Two outcomes were anticipated for project staff including improved understanding of culturally competent advocacy services and increased confidence in providing longer term and home based advocacy services. It is important to note that the project designers created a definition of 'cultural competency' with the intention that advocates work to 'meet families where they are' and check in regularly on their own cultural assumptions and values. See project logic model in the Appendix.

"I had a problem with my son being bullied on the bus. As a mother you get very defensive of your children. I wanted to take matters into my own hands because the school didn't deal well with the situation. I talked to [the advocate] and we did an activity around what he was feeling about the situation and we were able to work through and resolve the issue. It was very helpful to do something that I didn't think about before." - Participant

Progress towards program goals and objectives are being evaluated using an empowerment evaluation method. An independent, outside evaluator was contracted to help design and implement the evaluation in collaboration with the shelter-based advocates. Thus, the evaluation is both objective and involves substantial participation from the community-based partners.

## METHODS

The evaluation involved collecting process data and outcome data from multiple sources—adult clients, the children of those clients, and staff of the Vermont Network member agencies who are implementing the rural programming. It also involved the collection of some interview (i.e., “qualitative”) data from three adult participants and one child participant.

Outcome data were collected from all participants using a paper-and-pencil survey and then hand-entered by shelter staff into a SurveyMonkey database. Some of the survey questions were designed using previously tested reliable and valid instruments, others were original and created collaboratively by the grantees and the evaluator. All data were entered anonymously and are only being released in aggregate form in a manner that would not permit the identification of any individual participant.

The follow-up period varied. The shortest time that elapsed between the pre- and post-test given to adult client participants was under a month and the longest period of time that elapsed was 2 years and 2 months. On average, the adult client post-test was given approximately one year after the post-test. There were several cases where it was not possible to determine the period of time between pre- and post-test, either because no post-test was collected or because of data entry error.

Data were analyzed by the evaluator in STATA. Statistical significance was set at the  $p < 0.10$  level. T-tests were used to compare means and chi-square (or Fisher’s exact) tests were used to compare differences in proportions. No human subjects research approval was sought for this evaluation, as it is a program evaluation and not research. Results will not be published in a peer-reviewed journal, but will be used for continuous quality improvement of programming.

## RESULTS

### Description of the programming services provided

Home-based advocacy staff from each of the four domestic violence service agencies made a total of 287 visits to adult clients’ homes between February 2013 and December 2016. In total, they spent 489 hours with clients. Advocates participated in a range of activities when they were with clients, with adults, their children, and the family unit. These activities included explaining parenting techniques such as using “time in” instead of “time out,” reading books aloud, helping with insurance and court paperwork, painting or making other arts and crafts projects, encouraging journal-writing or other writing activities, cooking, and talking about family holidays. A comprehensive list of activities in which the advocates engaged is presented in Table 20 at the end of this report.

### Description of the adult participants

A total of 27 adults completed pre- and/or post-tests during the evaluation period of March 2013 to December 2016. There were 13 participants who contributed pre-test but no post-test data, likely because they lost contact with the program. The Umbrella program served 7 of the adult clients, AWARE served 9, Circle served 5 and Clarina served 6 (Table 1). Ninety-three percent of the adult clients served were enrolled because of a partner violence incident, although one person was enrolled because of a non-partner-related sexual assault (Table 1). When the pre-test survey was completed, 44% of the participants were dating, married or otherwise in a relationship with an intimate partner. At pre-test, 20% ( $n=5$ ) were living with an intimate partner, 44% were unpartnered, and two respondents did not provide any information about relationship status (Table 1). The adult participants ranged in age from

22-70 years old, with a mean average age of 39 years old ([Table 1](#)). On average, these participants had two children each, although the number of children younger than 18 years old residing with them ranged from none to five children ([Table 1](#)). Among participants who did have minor children living with them, those children ranged in age from 3 months to 17 years old, and the mean average age of those children was 7.5 years old ([Table 1](#)).

## Changes in knowledge and behaviors from pre- to post-test in adult participants

### *Use of services and knowledge of how to locate services*

Few substantial changes were observed in the adult participants' use of community services from pre- to post-test ([Table 2](#)). Most notably, however, the proportion of participants who reported that they had used employment assistance (such as Reach Up, unemployment, or other job training) increased by 20 percentage points from 63% at baseline to 83% at post-test, and the percentage who reported having used a GED or adult education program increased from 25% at baseline to 42% at post-test ([Table 2](#)). The percentage who reported having used mental health counseling services in the past year increased from 57% at baseline to 75% at post-test, and strikingly, the percentage who reported using a Family Center (for parenting support) doubled from 33% at baseline to 67% at post-test ([Table 2](#)). There were also positive findings in terms of the percentage of adult participants who reported that they would not know where to finding a helping service if they wanted to. At baseline, 25% of participants said they would not know how to locate sexual assault or rape crisis services, and this percentage fell to 0% at post-test. Similarly, at baseline, 13% indicated that they did not know how to locate family planning services, 4% did not know how to locate a food pantry, 5% did not know about child services such as WIC, Dr. Dinosaur, etc., 12% did not know how to obtain fuel assistance, 13% did not know how to obtain mental health services, 21% did not know how to find a family center for support, 4% did not know how to locate housing services—and each case—by post-test the percentage who did not know how to locate each of these services fell to 0% ([Table 2](#)).

### *Knowledge about the impact of partner violence on children*

There were some significant improvements in the adult participants' knowledge about the impact of partner violence on children ([Table 3](#)). On the pre-test 56% (n=14) individuals agreed with the statement that “if my child is asleep in another room, or away from home at the time, he or she will not be affected by an abusive incident that might happen in the house.” On the post-test, 85% disagreed with this statement. Another major shift was related to knowledge about the increased risk that children who grow up with violence at home face in their own adult lives; on the pre-test 76% indicated that they understood that being exposed to violence between parents increased risk for physical or sexual abuse victimization of the child; whereas 92% understood at follow-up ([Table 3](#)). Similarly, by the post-test 92% of the respondents knew that the local domestic violence program offered child advocacy services, whereas only 84% had known that when administered the pre-test. By post-test, 100% of participants knew that normal responses that children have to domestic violence include nightmares, bed-wetting, excessive crying, aggression, or becoming introverted and shy, whereas only 88% had indicated that they knew that at baseline ([Table 3](#)).

### *Self-reported parenting behaviors*

The adult participants' self-reported parenting behaviors improved substantially from pre- to post-test. Specifically, participants were 30% more likely to report having spent at least 10 hours per week spending quality time with their children at post-test as compared to pre-test (72% to 93%) ([Table 4](#)). Participants were also 2.1 times more likely to agree with the statement “I feel successful as a

mother” at post-test as compared to pre-test, which was a statistically significant differences at the  $p<0.10$  level. In addition, participants were 25% more likely to agree that “lately, I feel like I have really started to get to know my child as a ‘real person’ and understand them for who they truly are” at post-test than at pre-test, which was statistically significant at the  $p<0.10$  level ([Table 4](#)). The percentage of parents who reported having difficulty thinking of activities to do with their child decreased from 40% at baseline to 29% at post-test ([Table 4](#)).

#### *Perceptions of parent-child bonding*

There were also differences from pre- to post-test related to the parents’ perceptions of parent-child bonding ([Table 5](#)). Parents were significantly more likely to report that they found some way to tell their children “I love you” every day, to report feeling close to their children, to feel that their child respected them as a person ( $p<0.05$ ), to report that they generally had fun with their children ( $p<0.10$ ), and that their children often smiled and laughed when with them ( $p<0.05$ ), on post-test as compared to pre-test ([Table 5](#)).

#### *Social support*

There was one statistically significant difference in the adult participants’ reported social support from friends and family from pre- to post-test, and even the non-statistically significant results suggest an overall pattern of better social support over time ([Table 6](#)). At pre-test, on average parents estimated that they had 3.8 friends who lived near them who would come over to help them when they needed help or were feeling sad or blue. At post-test, on average parents estimated that they had 6.2 friends of this type, which was a statistically significant increase at the  $p<0.10$  level ([Table 6](#)). The percentage who reported that they would “have a hard time finding someone to go with me” if they wanted to go on a trip for a day decreased from 33% to 15%, and the percentage who agreed “I don’t often get invited to do things with others” decreased from 52% to 38% ([Table 6](#)).

#### *Safety planning*

Safety planning behaviors were anticipated to increase from pre- to post-test. In fact, there was no change in the level of safety planning behaviors undertaken in the previous six months from pre- to post-test ([Table 7](#)). There were also no increase in self-reported safety planning that adult participants had done with children in the previous six months, and some items suggested a decrease in child-related safety planning ([Table 8](#)). In other words, adult participants were not more likely to report having taught their children what to do in case of a violence emergency at post-test as compared to pre-test. One reason for this may be that during the course of their participation in this program, their safety increased, and so the need to engage in safety planning felt less important. Another possibility is that the safety planning items were “one time” events—such as locating a child’s birth certificate and putting it in a safe place. If the participant had already done that by baseline, maybe there was no need for them repeat that same activity within the subsequent six months, so the survey detected no change.

#### *Satisfaction with the program*

Adult participants enjoyed the program very much ([Table 9](#)). They gave the program high marks on overall service, and reported strong intentions to remain in touch with the program. Participants reported feeling respected and heard during the program, and that they wished it were going to last longer ([Table 9](#)). One participant wrote: “It’s a great program for children,” and another wrote: “The advocates are wonderful with people and children.”

## Interview results

Three adults and one child participated in qualitative interviews about their experience with the program. Themes that emerged from these interviews were that the advocates provided tangible, instrumental help to adults and to children, and that it was emotionally comforting for the adults to know that someone was there for them. In the words of the participants:

*"I like that [the advocate] is always there if I need help with something and the consistency of her coming every other week. We are going apple picking next time which is something I wouldn't be able to do otherwise because I don't have transportation. Knowing that she is there and that there is set time for her to come is really great."*

*"So far it's worked really well for me. I'm not ready for it to end. [My son and I both] look forward to the visits when she comes. Sometimes we go somewhere, sometimes we don't and that's fine. If I talk to her ahead of time we can plan fun things. She helps me with any issues I need. I would like for it to continue. For us personally it's worked out very well. I hope more people take advantage of the program. They should offer programs like this because they are very helpful."*

*"When my daughter and I were going through some issues [the advocate] helped me teach my daughter to do "helpful hands" instead of "hurtful hands." [The advocate] is an awesome person to work with. Very friendly, very professional. Everyone there is very professional in what they do. If I am ever in need of the program again I would definitely do it. My daughter also really liked the program."*

## Description of the child participants

Each of the four agencies involved in the program collected pre- and post-test data from one or more children (n=15). These children ranged in age from 4 to 18 years old, and approximately half (53%) were female ([Table 11](#)).

## Changes in children's feelings about their relationship with their mother/caregiver from pre- to post-test

Although the sample size was very small (N=15), there were changes observed in the child participants' feelings about their time spent with their mother/caregiver and their relationships with their mothers/caregivers from pre- to post-test. For example, on the pre-test, 43% of children reported that they had not talked to their mother/caregivers about things that worry them about their family, whereas 86% of children reported that they had spoken with their mother/caregivers about their worries by post-test ([Table 12](#)). On the pre-test, 27% of the children reported that they did joking or silly things with their mother/caregiver every day, and this proportion increased to 43% by post-test ([Table 12](#)).

The data also indicated some improvements in the way that children felt about their relationships with their mothers/caregivers from pre- to post-test ([Table 13](#)). Children were more likely to agree with the statement "I feel like I can talk to my Mom about anything" at post-test than at pre-test, and also more likely to agree with the statement "I am sure my Mom is proud of me" ([Table 13](#)). Children scored some items on this particular scale so highly at pre-test that there was little room for improvement at post-test. For example: "I am glad to see my Mom" was true for almost all children at pre-test and at post-test alike ([Table 13](#)).



### Staff preparedness and understanding of cultural competence

A total of 16 staff completed pre-tests and six completed post-tests during the evaluation period. These surveys assessed staff persons' feelings of preparedness to deliver the home-based advocacy services, as well as their preparedness to do so in a culturally-competent manner. There were several indications that staff felt more prepared to provide home-based advocacy at post-test as opposed to pre-test ([Table 15](#)). There were statistically significant increases in the extent to which staff agreed with the following statements, from pre- to post-test: "I feel 100% ready to provide long-term home-based advocacy," and "I feel like I have all the skills I need to do a terrific job with this project."

### Staff cultural competence

"I can picture what "culturally competent advocacy would look like in a home visiting situation" [Table 16](#)

Staff were also asked to reflect upon what "culturally competent advocacy" meant to them. They defined the term at pre-test and again at post-test. Their responses are presented in [Table 17](#). It appears that the staff people enriched their understanding of culturally competent advocacy.

"Culturally competent advocacy to me today means having the awareness that people are going to have different outlooks, belief systems, cultural beliefs and habits, and/or personal issues/problems - and it is our job as advocates merely to support them as best we are able where they are at (physically and metaphorically) without compromising their values/beliefs by letting any differences between us get in the way or influence how we provide advocacy." - Advocate

## DISCUSSION

This evaluation highlights the multiple achievements of the rural grant program during the February 2013-November 2016 period. There are several notable successes that were substantiated through this participatory evaluation. First, the majority of participants appeared to benefit from the support that they received from the programs for their parenting. This finding is consistent with the anecdotal reports from advocates and the project director (Ms. Amy Torchia) that nearly every parent or caregiver involved engaged genuinely with at least some aspects of the program that were intended to strengthen relationships and support parenting. To the best of their recall, there was only one situation in which a mother only wanted the program to provide her respite from time with her children and preferred not to engage more meaningfully in the content offered. There has been some discussion among the advocates about whether that type of less engaged parent is a good fit for the project. On the one hand, the project isn't designed to merely provide respite to parents. On the other hand, there are assumed to be benefits when advocates engage with children directly, and it is possible that over time more reserved parents may decide to increase their engagement with the program. In these types of situations, families are offered the option to disengage of the formal home visiting project and continue to receive child and other advocacy services from the program.

A second success supported by these data are that participants were 30% more likely to report having used mental health services at post-test as compared to baseline (from 57% to 75%), and 200% likely to use a Family Center for parenting support (from 33% at baseline to 67% at post-test). The VT Network hopes to build on the fact that participants are willing to use mental health services by building even stronger collaborations with child and family mental health clinicians. The VT Network recognizes that many children are in the custody of grandparents or other caregivers instead of biological parents,

and that this is in part attributable to substance dependence and addiction. Strengthening the bonds between children and biological parents is challenging at best when parents are coping with opioid or other substance dependencies, or acute mental health problems, and the VT Network has prioritized expanding their own capacity to address those challenges in the years ahead.

A third finding was that, on the whole, participants in this program substantially improved their knowledge about the impact of domestic violence on children during the time that they were involved with this program. The VT Network considers this critically important because the more that a parent or caregiver understands their children's experience, the better they will be at responding to what the children want to discuss and taking care of the children's needs. Continuing to expand upon the success that the VT Network has had in educating parents and caregivers about the impact of domestic violence on children, for example by increasing the amount of information relayed over the course of the parent/caregiver's engagement with the program, may be worthwhile.

Another documented success was that the advocates were genuinely and highly enthusiastic about the work. Each one reported high levels of comfort going out to people's homes—which years ago was not something that domestic violence shelters encouraged or permitted for staff. From the staff baseline and post-test surveys, it was clear that the advocates feel that they have been able to enhance social support relationships for program participants, lengthen the period of time that families are in contact with the domestic violence shelter after exiting, and operate in ways that protected their own safety and the safety of the families. Continued assessment of how well the rural home-visiting program-related safety plans are functioning for staff and families could be of interest in future evaluation years.

There were a few challenges that were noted, as well. First, the evaluation itself introduced its own set of advantages and drawbacks. An example of an advantage is that some children found it interesting to complete the pre- and post-test. On the other hand, some questions on the survey instrument were phrased in ways that could be a bit off-putting to some adult participants. For example, there were some questions that gave some participants the sense that the program might expect them to be unknowledgeable, under-involved parents. Although it is a largely unavoidable problem inherent to any kind of pre- and post-test evaluation designed to find positive knowledge, attitude and behavior changes, perhaps it would be possible to re-word some survey questions in the future to minimize participant discomfort.

Second, not all families choose to stay involved in this program for the same length of time, and some cease participating after a relatively brief period (e.g., 2-3 months). Anecdotally, the VT Network observed that the families who entered this program as they were exiting domestic violence shelters were the ones who appeared to stay with the program for the longest period of time. The community-based agencies that do not operate shelters had a more difficult time identifying families to participate in the program and faced more challenges maintaining their relationships with home-visiting clients. For this reason, the rural home visiting program may be determined to be best-suited for shelter-based programs.

A third and final challenge is that this type of home-visiting program does not work for all families and is not universally accepted by domestic violence survivors. Key informant interviews with adult participants in the program revealed that for many this is a highly valued and rare type of support service. Unlike so many other home-visiting programs, the advocates implementing this program do not have an agenda for the participants, do not have a compulsory health-related component, and do not provide any type of feedback that could be perceived as judgmental—for example, about parenting skills—to the adult participants. However, there are some people who are not comfortable welcoming visitors into their homes, are unable to or uncomfortable making regular appointments with any type of service provider because they aren't feeling stable enough yet, and there are some individuals who become overburdened and overwhelmed by becoming involved with multiple social service agencies.

Although each program does an extensive intake process and caregivers choose to opt in to the project, better ways to determine which families are feeling overburdened or less authentically enthusiastic about program participation would improve efficiency in the use of resources. However, because families may shift their attitude towards program participation over time, it remains important to err on the side of inclusiveness and offering repeat chances to enroll even to those families who seem most reluctant at the outset.

## CONCLUSIONS

The VT Network rural home-visiting parenting program has accumulated three years of operational experience and functioning success. Notably, the program is using a participatory “empowerment evaluation”-type model to engage in on-going self-assessment and continuous quality improvement, which appears to be working and to benefit the program’s achievement of goals and objectives. The program is quickly becoming recognized as a successful model that could be replicated elsewhere, and the evaluation data that are accruing provide instructive details about aspects of the program that are particularly successful. Continued investment in the strengths of the program, and continued attention to refining the model and making adjustments to its implementation and the evaluation itself, will likely result in substantial on-going benefits to the rural families who are the beneficiaries of the program.

## APPENDIX

Table 1. Adult clients, demographic and situational variables from pre-test (N=27)

Characteristic	%(n)
<u>Agency providing service</u>	
Clarina	22% (6)
AWARE	33% (9)
Umbrella	26% (7)
Circle	19% (5)
<u>Reason for program referral</u>	
Partner violence	93% (25)
Sexual violence (non-partner)	7% (2)
<u>Race/Ethnicity</u>	
Mixed race/interracial	8% (2)
White	73% (19)
Black or African-American	4% (1)
Asian	4% (1)
Hispanic	4% (1)
Native American	8% (2)
<u>Relationship status</u>	
Living with spouse or intimate partner	20% (5)
Have a partner, but not living together	24% (6)
Un-partnered	44% (11)
Other (e.g., divorced, separated, missing)	12% (3)
<u>Age in years</u>	
Range	22-70 years old
Average (mean)	39 years old
<u>Number of children living with client</u>	
Range	0-5 children
Average (mean)	2 children
<u>Age of the children living with clients (n=59)</u>	
Range	3 months-17 years old
Average (mean)	7.5 years old

Table 2. Adult clients' use of community services in the past year (N=27)\*

Services	used this service in the past year (%) n	have not used this service in the past year, but I know where to get this service if I wanted to (%) n	I don't know where to get this service (%) n
Domestic violence shelter or services			
Pre-test	71% (17)	29% (7)	0% (0)
Post-test	58% (7)	33% (4)	8% (1)
Sexual assault or rape crisis services			
Pre-test	25% (6)	50% (12)	25% (6)
Post-test	17% (2)	83% (10)	0% (0)
Family planning (birth control, abortion, sexual health)			
Pre-test	26% (6)	61% (14)	13% (3)
Post-test	33% (4)	67% (8)	0% (0)
English as a second language lessons, or immigration-related services			
Pre-test	4% (1)	33% (8)	63% (15)
Post-test	9% (1)	9% (1)	82% (9)
Food shelf or food pantry			
Pre-test	63% (15)	33% (8)	4% (1)
Post-test	50% (7)	50% (7)	0% (0)
Child health (WIC, Dr. Dinosaur, Healthy Babies, etc.)			
Pre-test	73% (16)	23% (5)	5% (1)
Post-test	75% (9)	25% (3)	0% (0)
Employment assistance (Reach Up, Unemployment, Job Training, etc.)			
Pre-test	63% (15)	33% (8)	4% (1)
Post-test	83% (10)	8% (1)	8% (1)
Fuel assistance			
Pre-test	36% (9)	52% (13)	12% (3)
Post-test	43% (6)	57% (8)	0% (0)
GED or adult education program			
Pre-test	25% (6)	58% (14)	17% (4)
Post-test	42% (5)	50% (6)	8% (1)
Mental health counseling			
Pre-test	57% (13)	30% (7)	13% (3)
Post-test	75% (9)	25% (3)	0% (0)
Family Center (Family, Infant, Toddler; Parenting support)			
Pre-test	33% (8)	46% (11)	21% (5)
Post-test	67% (8)	33% (4)	0% (0)
Housing assistance / housing authority			
Pre-test	46% (11)	50% (12)	4% (1)
Post-test	58% (7)	42% (5)	0% (0)
Child Care			
Pre-test	42% (10)	58% (14)	0% (0)
Post-test	33% (4)	58% (7)	1% (8)

\* n=27 pre-test; n=14 post-test

Table 3. Adult clients' knowledge about the impact of IPV on children (N=25)\*

Answer Options	Disagree % (n)	Agree % (n)	p-value
If my child is asleep in another room, or away from home at the time, he or she will not be affected by an abusive incident that might happen in the house			p<0.05
Pre-test	44% (11)	56% (14)	
Post-test	85% (11)	15% (2)	
Children from families where there is domestic violence cannot recover unless they receive intensive counseling from a professional			
Pre-test	48% (12)	52% (13)	
Post-test	62% (8)	38% (5)	
My local domestic violence program/shelter has a special "child advocate" who could talk to my child about his or her feelings			
Pre-test	16% (4)	84% (21)	
Post-test	8% (1)	92% (12)	
Normal responses that children have to domestic violence include nightmares, bed-wetting, excessive crying, aggression towards other children, or becoming very introverted and shy.			
Pre-test	13% (3)	88% (21)	
Post-test	0% (0)	100% (13)	
Being exposed to domestic violence can affect children's mental health, but not their physical health (i.e., it can't change how well they grow).			
Pre-test	64% (16)	36% (9)	
Post-test	69% (9)	31% (4)	
Children who grow up with a parent who has used violence against an intimate partner are at increased risk of experiencing physical abuse or sexual abuse			
Pre-test	24% (6)	76% (19)	
Post-test	8% (1)	92% (12)	
As long as a man is treating his children well, it means that he is a good father—even if that man is abusing his partner.			
Pre-test	88% (21)	13% (3)	
Post-test	85% (11)	15% (2)	

\*25 respondents completed the pre-test and 13 completed the post-test

Table 4. Adult clients' parenting behaviors (N=25)\*

Answer Options	Disagree % (n)	Agree % (n)	p- value
1. In the past month, I have spent at least 10 hours per week playing games, reading books, or doing other interactive activities with my child or children.			
Pre-test	28% (7)	72% (18)	
Post-test	7% (1)	93% (13)	
2. In the past month, my child has told me his/her thoughts about the violence that happened in our family.			
Pre-test	36% (9)	64% (16)	
Post-test	62% (8)	38% (5)	
3. In the past month, I laughed or joked with my child at least once a day.			
Pre-test	12% (3)	88% (22)	
Post-test	14% (2)	86% (12)	
4. In the past month, I thought of at least 3 new things my child and I could enjoy doing together soon.			
Pre-test	24% (6)	76% (19)	
Post-test	7% (1)	93% (13)	
5. Lately, I feel like I have really started to get to know my child as a "real person," and understand them for who they truly are.			p<0.10
Pre-test	20% (5)	80% (20)	
Post-test	0% (0)	100% (14)	
6. I feel successful as a mother			p<0.10
Pre-test	32% (8)	68% (17)	
Post-test	7% (1)	93% (13)	
7. I am often unsure of what to say to my child			
Pre-test	36% (9)	64% (16)	
Post-test	50% (7)	50% (7)	
8. It's very hard for me to think of activities to do with my child.			
Pre-test	60% (15)	40% (10)	
Post-test	71% (10)	29% (4)	
9. I almost never truly enjoy the activities that my child and I do together, even if my child likes them.			
Pre-test	80% (20)	20% (5)	
Post-test	86% (12)	14% (2)	
10. I know a website or place where I can get new ideas for things to do with my child to bring us closer together.			
Pre-test	36% (9)	64% (16)	
Post-test	21% (3)	79% (11)	
11. I know at least one other adult that I can talk to about ways to grow closer to my child.			
Pre-test	12% (3)	88% (22)	
Post-test	0% (0)	100% (14)	

\*Each parent contributed one response for each of their children, thus there were a total of 25 respondents on the pre-test and 14 respondents on the post-test

Table 5. Parent perception of parent-child bonding, on a scale of 1 (disagree) to 8 (agree) (N=23)\*

Answer Options	Pre-test	Post-test	t-test p-value
1. I find some way to tell my child "I love you" every day	7.0	7.4	NS
2. I feel close to my child	6.4	7.2	NS
3. I often touch or kiss my child affectionately	6.1	6.1	NS
4. My child respects me as a person	5.2	6.7	p<0.05
5. I can tell that my child cares about me very much	6.4	7.0	NS
6. My child likes me	6.5	6.9	NS
7. My child will talk to me openly about his/her feelings	6.1	6.6	NS
8. I am proud of my child	7.9	7.9	NS
9. I would believe me child if she or he told me about being sexually abused	7.3	7.8	NS
10. I like my child	7.9	7.9	NS
11. I have fun with my child	6.6	7.5	p<0.10
12. My child is usually glad to see me	7.3	7.6	NS
13. My child often smiles and laughs when with me	6.7	7.6	p<0.05
14. My child finds ways to tell me that he/she loves me often	7.0	6.9	NS

\*Based on responses to an index child (child 1); 23 participants in pre-test and 14 participants in post-test;

Adapted "Fondness in my relationship" scale by Gottman, 1999



Table 6. Social support (N=25)\*

Answer Options	False % (n)	True % (n)
1. If I wanted to go on a trip for a day, I would have a hard time finding someone to go with me		
Pre-test	67% (16)	33% (8)
Post-test	85% (11)	15% (2)
2. I feel that there is no one I can share my most private worries and fears with		
Pre-test	75% (18)	25% (6)
Post-test	69% (9)	31% (4)
3. If I were sick, I could easily find someone to help me with my daily chores.		
Pre-test	50% (12)	50% (12)
Post-test	38% (5)	62% (8)
4. There is someone I can turn to for advice about handling problems with my family.		
Pre-test	17% (4)	83% (19)
Post-test	0% (0)	100% (13)
5. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.		
Pre-test	38% (9)	63% (15)
Post-test	15% (2)	85% (11)
6. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.		
Pre-test	17% (4)	83% (20)
Post-test	0% (0)	100% (13)
7. I don't often get invited to do things with others.		
Pre-test	48% (11)	52% (12)
Post-test	61% (54)	38% (5)
8. If I wanted to have lunch with someone, I could easily find someone to join me.		
Pre-test	33% (8)	67% (16)
Post-test	0% (0)	100% (13)
9. If I was stranded 10 miles from home, there is someone I could call who could come and get me		
Pre-test	17% (4)	83% (20)
Post-test	0% (0)	100% (13)
10. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it		
Pre-test	63% (15)	38% (9)
Post-test	69% (9)	31% (4)
11. For this question a "friend" means someone who lives near you, who would come over to help you when you needed help or were feeling sad or blue. Today, how many friends would you say that you have?		p<0.10
Pre-test (mean average)	3.8	
Post-test (mean average)	6.2	

\* 25 responded to the pre-test and 13 to the post-test

Table 7. Adult clients' safety planning behaviors in the past six months (N=25)\*

Answer Options	Yes
Plan a safety code word you could say to a friend or neighbor if you need help	
Pre-test	16% (4)
Post-test	14% (2)
Stash extra money at friend's house	
Pre-test	8% (2)
Post-test	0% (0)
Plan to exchange my child or children for visitation in a safe public place, or with the help of a family member or friend	
Pre-test	16% (4)
Post-test	21% (3)
Plan an escape route out of your bedroom or house	
Pre-test	8% (2)
Post-test	0% (0)
Make a grab bag with necessities	
Pre-test	12% (3)
Post-test	0% (0)
Set up a personal bank account	
Pre-test	24% (6)
Post-test	21% (3)
Locate your children's birth certificates and put them in a safe place	
Pre-test	36% (9)
Post-test	29% (4)
Change your travel routes and routines to avoid your abuser	
Pre-test	28% (7)
Post-test	29% (4)
Made your child's school aware of a relief from abuse order	
Pre-test	24% (6)
Post-test	21% (3)
Monitored your children's whereabouts more closely	
Pre-test	36% (9)
Post-test	21% (3)

\* 25 respondents completed the pre-test and 14 respondents completed the post-test

Table 8. Adult clients: instructions parent have to child regarding partner violence in past six months (N=25)\*

Answer Options	Response % (n)
Go to their room	
Pre-test	36% (9)
Post-test	14% (2)
Leave the house and go somewhere safe: a neighbor's house, a relative's house, or outside	
Pre-test	12% (3)
Post-test	7% (1)
Stay out of the way	
Pre-test	28% (7)
Post-test	14% (2)
Dial 911 if there is a phone where their Dad or abuser can't hear them	
Pre-test	20% (5)
Post-test	21% (3)
Don't ever try to physically stop the violence	
Pre-test	32% (8)
Post-test	14% (2)

\* 25 respondents completed the pre-test and 14 respondents completed the post-test

Table 9. Participants' satisfaction with program, on a scale from 1 to 8 where 1=not true and 8=very true (N=12)

	Mean (average)
I enjoyed this program	7.4
I plan to stay in touch with this program/the agency	7.5
I would not hesitate to contact this program if I need help	7.9
I would recommend this program to a friend in a similar situation	7.8
I felt respected and heard during this program	7.8
This program met my needs almost perfectly	7.3
I am sorry that I agreed to do this program	1.1
I wish that this program was going to last longer	6.8
This program helped me feel more connected to my community	5.9

Table 10. What other thoughts, comments or advice do you have about this program?

It's a great program for children.

The advocates are wonderful with people and children.

Hard to answer some questions because my son is DCF custody and I was only getting 2 visits a week with my son. Now DCF has taken away all my visits and I am very frustrated - it is not fair.

The program was great but it made the assumption that I did not have a healthy, strong relationship with my child because of DV. It would have been better if the assumption was not made and then just go from there.

It's a really nice thing to be able to have!

I wish I had had a more detailed plan about what to do if the abuser was at my home during a planned visit.

Table 11. Child clients, demographic and situational variables (N=15)\*

	%(n)
<u>Agency</u>	
Clarina	20% (3)
AWARE	33% (5)
Umbrella	40% (6)
Circle	7% (1)
<u>Age in years</u>	
Range	4-18 years old
Average (mean)	10.2 years old
<u>Sex</u>	
Male	47% (7)
Female	53% (8)

\* 15 children completed the pre-test and 7 completed the post-test

Table 12. Children's feelings about time with mother (N=15)\*

Answer Options	Not at all	Not really	A little	Yes
Do you do at least one thing special and fun with your Mom every day, or almost every day?				
Pre-test	7% (1)	13% (2)	53% (8)	27% (4)
Post-test	0% (0)	14% (1)	43% (3)	43% (3)
Have you talked to your Mom about things that worry you about your family?				
Pre-test	14% (2)	29% (4)	29% (4)	29% (4)
Post-test	0% (0)	29% (2)	29% (2)	43% (3)
Do you and your Mom do joking or silly things almost every day?				
Pre-test	7% (1)	27% (4)	40% (6)	27% (4)
Post-test	0% (0)	29% (2)	29% (2)	43% (3)
Lately, do you and Mom do some new things together, that you have never tried before?				
Pre-test	20% (3)	26% (4)	33% (5)	20% (3)
Post-test	14% (1)	29% (2)	43% (3)	14% (1)

\*Only 7 respondents completed the post-test

Table 13. Children's feelings about relationship with mother (N=15)\*

Answer Options	Never	Sometimes	Most of the time	Always
My Mom finds some way to let me know she loves me every day				
Pre-test	7% (1)	7% (1)	20% (3)	66% (10)
Post-test	0% (0)	14% (1)	29% (2)	57% (4)
I feel like my Mom is a really good friend to me				
Pre-test	7% (1)	0% (0)	7% (1)	86% (12)
Post-test	14% (1)	0% (0)	29% (2)	57% (4)
I get good hugs and kisses from my Mom all the time				
Pre-test	7% (1)	7% (1)	33% (5)	53% (8)
Post-test	14% (1)	29% (2)	29% (2)	29% (2)
I like spending time with my Mom				
Pre-test	7% (1)	0% (0)	7% (1)	87% (13)
Post-test	14% (1)	0% (0)	0% (0)	86% (6)
I feel like I can talk to my Mom about anything				
Pre-test	20% (3)	7% (1)	27% (4)	47% (7)
Post-test	14% (1)	14% (1)	0% (0)	71% (5)
I feel like I can talk to my Mom about the things that bother me				
Pre-test	13% (2)	27% (4)	20% (3)	40% (6)
Post-test	14% (1)	14% (1)	14% (1)	57% (4)
I am sure my Mom is proud of me				
Pre-test	20% (3)	20% (3)	7% (1)	53% (8)
Post-test	17% (1)	0% (0)	17% (1)	67% (4)
I think my Mom likes me as a person				
Pre-test	7% (1)	20% (3)	7% (1)	67% (10)
Post-test	0% (0)	14% (1)	29% (2)	57% (4)
My Mom is fun to be with				
Pre-test	7% (1)	13% (2)	13% (2)	67% (10)
Post-test	14% (1)	0% (0)	14% (1)	71% (5)
I am glad to see my Mom				
Pre-test	7% (1)	0% (0)	7% (1)	87% (13)
Post-test	14% (1)	0% (0)	0% (0)	86% (6)

\* 3 respondents completed the post-test

**Open-ended question: "Name three things that you like to do with your Mom"**

Do homework, go to the circus, hold my brother	go outside
walk and talk	Play Wii
draw, watch movies, dance	Joke around and laugh
go on adventures	Bake, color, play board games
cook	Make dinner, play with dog
play	play drums
fishing, hunting	do homework
watch TV	go out to dinner
hang out	



Table 14. Staff survey participant agencies, by survey version (N=16)\*

	Pre-test %(n)	Post-test % (n)
<u>Agency</u>		
Clarina	6% (1)	17% (2)
AWARE	19% (3)	33% (4)
Umbrella	50% (8)	33% (4)
Circle	25% (4)	17% (2)

\* 12 respondents also did the post-test

Table 15. The extent to which staff members agree with various statements about their preparedness to provide home-based advocacy, where 1 means "No, not at all" and 8 means "Yes, very true" (N=16)

	Average (mean)	t-test
I have provided home-based domestic/sexual violence advocacy to someone before this project		
Pre-test	2.9	
Post-test	3.0	
I feel 100% ready to provide long-term home-based advocacy		p<0.001
Pre-test	5.4	
Post-test	7.4	
I am not really sure if this program is going to work out		
Pre-test	2.5	
Post-test	2.2	
Sometimes I have my doubts about whether home-based DV/SV advocacy is going to be useful in the long-run		
Pre-test	2.1	
Post-test	1.5	
I am not sure how to help a woman with the issues that this project is trying to address		
Pre-test	1.8	
Post-test	1.3	
I feel like I have all the skills I need to do a terrific job with this project		p<0.05
Pre-test	5.3	
Post-test	6.7	
I wish I had more training in order to be truly prepared to do this project		p<0.05
Pre-test	4.5	
Post-test	2.5	
I feel 100% confident about my ability to empower a woman by providing long-term home-based advocacy		p<0.05
Pre-test	5.9	
Post-test	6.8	
I am a bit nervous to go into someone's home and provide advocacy		p<0.05
Pre-test	3.8	
Post-test	2.2	
I feel well supported by my agency to do this work		
Pre-test	7.6	
Post-test	7.6	

**Table 16.** The extent to which staff members agree with various statements about their preparedness to provide home-based advocacy in a culturally competent manner, where a score of 1 means "No, not at all" and 8 means "Yes, very true" (N=16)

	Average (mean)	
I can picture what "culturally competent advocacy" would look like in a home visiting situation		p<0.05
Pre-test	6.5	
Post-test	7.3	
When I think of "culturally competent advocacy" the first thing that comes to mind is translating our materials into other languages		
Pre-test	2.4	
Post-test	2.6	
While I was on the job, if a woman told me that in her culture, the belief is that "A man should be in charge of his home," I would go along with it.		
Pre-test	4.5	
Post-test	4.5	
There are things about our materials, our approach, or our work that I see are not a perfect fit for some of the women that we serve.		
Pre-test	6.1	
Post-test	6.0	
I have ideas about how we could change our materials, approach or work to be a better fit for some women who are not part of the dominant culture in my area.		p<0.05
Pre-test	4.6	
Post-test	5.9	
In the past year, I have become aware of the ways in which my advocacy needs to change in order to be a better provider to women from the non-dominant culture in my area.		
Pre-test	5.6	
Post-test	5.5	
When home visiting, I know what to do if I have feelings about a family's lifestyle (i.e. cleanliness, parenting, etc.) that conflict with my values.		
Pre-test	7.1	
Post-test	7.4	
When home visiting, I can very easily create comfortable relationships with all kinds of families.		p<0.05
Pre-test	6.8	
Post-test	7.6	
When I arrive at a home with a "Take Back Vermont Sign" it makes me feel unable to really connect with the people who live there.		
Pre-test	2.2	
Post-test	2.1	
I am outraged when I meet someone who keeps a loaded gun in their home to the point where I could barely speak to them.		
Pre-test	1.8	

Post-test	1.3
If someone has very strong religious beliefs, I have a very difficult time figuring out how to do advocacy without offending them.	
Pre-test	2.1
Post-test	1.3
If a participant is alcohol or drug dependent, I honestly feel a bit judgmental or “turned off.”	
Pre-test	1.9
Post-test	1.6

Table 17. What does “culturally competent advocacy” mean to you, today?

Pre-test	Post-test
Being understanding and aware of a culture different then the norm.	Culturally competent advocacy means to me being aware that there is no one frame around how DV/SV is perceived/handled... someone's background/culture/life circumstances
We all are very different and unique in what we believe to be the right way to live, and or raise our children. I believe being "culturally competent", is to know that there is no one [correct way?]	Being aware that each and every person has a unique and different culture that they have inside of them. Being culturally competent means taking the time to explore through...
For me it has a deep connection with 'meeting the client where they are at'. As we know there are many sub cultures within a culture and spans beyond race, religion, location and other demographics. Being culturally competent for me is being in the moment with each client and learning what they need while understand the wider cultural tones.	I still believe that it means meeting the families that I work with where they are at. Yes, there may be religious beliefs that that a man is in charge, I would still listen to those beliefs, but validate that it doesn't mean that she has to be abused. I would word it so much better then that though.
Being open-minded and non-judgmental of people from all walks of life	Accepting a person's full humanity, understanding that today's environment, thoughts, feelings and habits are built upon that person's lived, individual experience up to that very moment. It is my job to be present and respectful to that person as she is.
Listening to the survivor.. Understanding and respecting different cultural perspectives surrounding many of the issues that you will be working with the survivor on. Such as Male and Female roles etc.. Obtaining cultural information and applying that respectfully while advocating for survivors when appropriate. Also being aware of personal beliefs, privileges.. etc.	To be able to identify with someone else's cultural and belief system, especially when it is different from my own.
To me, a culturally competent advocate is someone who brings awareness and sensitivity to the values of cultures different from their own. Cultural competency allows room for education in an empowering way. Being open allows a dialogue to happen, and advocacy to bring positive change.	understanding and tolerance
Know the family's culture, respect it and work with that.	Culturally competent advocacy to me today means having the awareness that people are going to have different outlooks, belief systems, cultural beliefs and habits, and/or personal issues/problems - and it is our job as advocates merely to support them as best we are able

	where they are at (physically and metaphorically) without compromising their values/beliefs by letting any differences between us get in the way or influence how we provide advocacy.
Meeting our clients where they're at.	Knowing and understanding the people you are working with as it relates to the service you provide
<p>Culturally competent advocacy means cultivating an awareness of the intersections of identity that come into play as a woman develops her relationship to power, agency and locus of control within the world. It also means developing an awareness of how those diverse elements of identity (ex: gender, sexuality, culture, class, race, immigration status, family of origin, etc) impact how she views the world and her place within it.</p> <p>Meeting survivors where they are; accepting different life styles and choices and values; understanding how economics and class influence people from childhood and effect life choices; being non-judgmental about all the above</p> <p>Understanding that individuals are made up of many different influences that determine their feelings beliefs and actions</p>	
<p>Being able to handle different cultures, belief systems and situations with ease and reliability.</p> <p>Meeting people where they are at. Not judging. If you are appropriate for our services, every attempt will be made to provide services to you and your children.</p>	
<p>Being sensitive to not only racial, ethnic, religious, gender orientation, etc. but also environmental culture acceptance, the rural poverty,</p>	
<p>Being sensitive to all cultural aspects of the victim/survivors world</p>	
<p>Examining my own values and beliefs being nonjudgmental about someone's culture and lifestyle</p>	

Table 18. What have you learned about culturally competent advocacy in the past year?

Pre-test	Post-test
I think I knew the basics and the philosophy, but have been able to 'flesh out' what the details might look like.	I think it's very important, even when there is very little cultural diversity in our service area. The more culturally competent we are, the more welcome people from diverse cultural backgrounds will feel when they join our community.
I have learned about how to best support the latin@ community and pay better attention to where an individual falls on the generational spectrum (first, second, third etc. generation advocacy needs to be adapted and approach tweaked as each generation can and do have completely different lenses on what being a latin@ in this country means and how they see societal issues unfolding	
That it is always changing and every client has something to teach you. I do not believe that you just become culturally competent and that's it. It is always evolving, and you need to be flexible to move with it	That every family is different and things will come up that will intervene with your plans with them, but it's okay as long as they know that they can still reach you.
Nothing yet - still very new to the job and haven't actually done any advocacy work yet	I've learned that culturally competent must take into primary consideration disparate messages, demands or expectations that other social service agencies are overlaying that family's experience.
In some cultures leaving an abusive relationship means dishonoring family and further abuse or becoming "cut off" is really common. Safety planning emotionally as well as physically is really important so survivors are making informed choices about leaving. Because sometimes they are leaving behind an entire community and culture as leaving is against their culture and considered "dishonoring".	People live differently than I do. They treat each other differently, talk differently, eat different foods, etc...I have found that I am much more accepting of other people's lifestyles and I've learned a lot from my home visiting family about love and life.
Through the population I served with Laraway Youth and Family services, I learned more about language. The language we use in our specialized field does not necessarily read clear to the population we serve. For example, as a behavior interventionist I had to collect data daily on my student. Once a month we would meet with the family and discuss results of the data. I would often catch myself and other professionals using purely scientific terminology and I could see the confusion on families' faces. I have learned that it	In the past year, I would say the most I've learned about cultural competency I gleaned from the DV/SV conference I attended in MA: "Breaking Silos, Bridging Communities" I believe it was called. The main piece related to cultural competency I think was in the discussion about classism and how that can affect the work we do and how it varies among the populations we work with. Opportunities and help limited simply due to class; how to be aware of that and break it

is most important to explain information in a welcoming, accessible way, while at the same time empowering the families.	down/prevent it from happening in our organizations and ideally in our communities.
You have to meet a person where they are. You are there to provide a service, not judge or "fix" anyone.	I have had a lot of trainings throughout the years in culturally competent advocacy.
That sometimes you have to look at things a little differently then what you may believe or feel	
Since I've only returned to work in this last year after an extended maternity leave and had previously been providing home visiting in urban areas, I've been working to develop a greater understanding of how rural Vermont is experienced by individuals of non-dominant cultures, as well as how rural Vermont views those of non-dominant cultures.	
I think I knew the basics and the philosophy, but have been able to 'flesh out' what the details might look like.	
Remembering that all people are different and my way is not the only way. Keep an open mind.	
Our organization has long since practiced culturally competent advocacy. I have learned that our organization is and has been progressive in this area. There is however, always more to learn and ways to be better at what we do.	
I feel I learn every day from the people I work with	
I consistently enhance my cultural competency through open mindedness and experience	
incorporating family's culture into our work with them	



Table 19. How important do you think cultural competence is to your work? Why?

Pre-test	Post-test
Very important - it's about meeting people where they are and not forcing them into my own belief system. Advocacy based in what the person thinks they need, not what I think	
100% important, for the reasons listed above. However the overarching idea is that we need to be able to recognize the smallest connection, once we have, we have something to build on. Being culturally competent allows us as advocates to recognize connections and build a relationship.	It's very important for us to understand who are families are and where they are coming from, so that we can provide the best services that we can possibly can.
Incredibly important. If we're not culturally competent, people who could really use our services might not seek them out and they might not know where else to go to get help. Any of us in this field should be pioneers for cultural competency and social justice in general because, otherwise, we are only practicing cultural incompetency.	It has to be a core value in our work. Without attention on this value, we can too easily, if unconsciously, judge the very people we want to support.
Very. Understanding and being understood. Conveying respect also.	Very important as we must work with all types of people and be genuine and accepting!
Cultural competence is one of the most important components to working with the population Umbrella serves. A lack of cultural competency would be a strong barrier to advocacy success. As advocates we must make connections with people. Our goal is to offer support, empowerment and education. If we are aware of other cultural values, then we can learn more about them, and meet their needs further.	if we are to be open to everyone who needs our help, then we have to be accepting of everyone's culture and reflect that in our work, our manner, our materials and our processes
It is very important. I need to be able to connect with people in a comfortable, respectful manner.	Extremely important because it affects the families we work with in very real, significant, and often damaging ways, particularly when systems and organizations NOT competent culturally fail in aiding these families through best practice.
It's very important - we need to understand where they are coming from to be able to communicate and interact effectively with our clients.	It is very important. We need to be respectful of all cultures in order to build a successful relationship.
Cultural competence is the keystone of any advocacy experience. It means developing a genuine curiosity about how others experience, view and interpret the world around them, based on their particular context and history. When we	

make assumptions about how any individual survivor experiences the world around them, we are failing to hear and appreciate them as individuals. If advocacy hinges on empowering survivors to identify their own unique experiences power and control (as they has been used or misused against them by individuals, systems or groups,) genuine, authentic cultural curiosity is the stage on which this plays out.	
Extremely important. If I cannot keep cultural competency front and center in this work, the relationships will not flourish - instead women could feel less empowered!	
Very important - it's about meeting people where they are and not forcing them into my own belief system. Advocacy based in what the person think they need, not what I think they need.	
Very important if we want to reach all sectors.	
It is probably the single most important aspect of our work. I believe that if we do not practice this we cannot be effective in supporting families and creating change.	
Critical, we cannot connect with people if we aren't	
Paramount. this is needed to ensure the most thorough and effective advocacy is being implemented	
Way big responding to what folks are asking for	

Table 20. Number of sessions delivered and hours spent on project, by agency

	Number of visits	Number of hours spent
<u>Agency</u>		
Aware	83	161.50
Circle	52	75.90
Clarina	79	148.00
Umbrella NEK	31	52.75
Umbrella South	42	50.75
Total	287	488.90

Activities done:

Bedtime beads	Played card
Time in vs. time out	
"All about one" collages	Playdough
Art activities	Hand prints and foot prints
Planning for school	Journals
Read book: "Sometimes it's Grammas & Grandpas not Mommies and Daddies"	"If I could be a superhero" from writing manual
Empathy books	"When Sophie Gets Angry" book
Safety planning	Feelings poster
Read a newspaper article together	Talked about plans for Thanksgiving
Walk and talk	Made breakfast
Insurance paperwork	Wrote affidavit
Court appearance	Talked about court hearings
Played peek-a-boo	Talked about a family member's wedding
Discussed things to take to the DCF visit	
Floor time with baby	
Created timeline of DCF involvement for Mom and Mom's lawyer	
Coloring	
Reading aloud	
Painting	
Brought car to mechanic	
Had lunch	
Anger pledge	
Made a family tree	
Made a "hands" garland	
Valentine's Day cards	
Hands are not for hitting	
Got ice cream	
Went to block party for youth	
Crocheted hat	

## APPENDIX: Program logic model

### Journeys Home Visiting Project 3/15 Logic Model

3/24/15

red: work for programs; 3/15 changing logic model to incorporate strengthening bonds with caregivers in addition to moms

